

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee

Date: Thursday, 16 September 2021

Time: 10:30

Format: Zoom video conference

Contact: Email: committee.admin@west-dunbarton.gov.uk

Dear Member

Please attend a meeting of the **West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee** 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

JULIE SLAVIN

Chief Financial Officer of the
Health and Social Care Partnership

Distribution:-

Voting Members

Rona Sweeney (Chair)
Denis Agnew (Vice Chair)
Jonathan McColl (WDC)
John Mooney (WDC)
Lesley Rousselet (GGC)
Michelle Wailes (GGC)

Non-Voting Members

Anne MacDougall
John Paterson

Chief Officer – Beth Culshaw
Chief Financial Officer – Julie Slavin
Chief Internal Auditor – Andi Priestman
External Audit Representatives – Christopher Gardner, Zahrah Mahmood, Jack Kerr

Date of issue: 13 September 2021

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD
AUDIT AND PERFORMANCE COMMITTEE**

THURSDAY, 16 September 2021

1 APOLOGIES

2 DECLARATIONS OF INTEREST

3 RECORDING OF VOTES

The Committee is asked to agree that all votes taken during the meeting will be done by roll call vote to ensure an accurate record.

4 MINUTES OF PREVIOUS MEETING 5 - 10

Submit for approval, Minutes of Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held on 24 June 2021.

5 ANNUAL PERFORMANCE REPORT 2020/21 11 - 80

Submit report by Head of Service Strategy and Transformation providing an overview of the HSCPs performance in planning and carrying out integrated functions, produced for the benefit of Partnerships and their communities.

6 EXTERNAL ANNUAL AUDIT REPORT 2020/21 81 - 127

Submit report by Chief Financial Officer presenting the Annual Audit Report and Auditor's letter, for the audit of the financial year 2020/21, as prepared by the Health and Social Care Partnership Board's external auditors, Audit Scotland.

7 AUDITED ANNUAL ACCOUNTS 2020/21 129 - 188

Submit report by Chief Financial Officer presenting for consideration the audited Annual Accounts for the year ended 31 March 2021.

8/

8 AUDIT PLAN PROGRESS REPORT 189 – 197

Submit report by Chief Internal Auditor to enable WD HSCP Board Audit Committee members to monitor the performance of Internal Audit and gain an overview of the WD HSCP Board's overall control environment.

9 QUARTERLY PERFORMANCE REPORT 2021/22 197 - 211
QUARTER ONE

Submit report by Head of Service Strategy and Transformation ensuring the West Dunbartonshire HSCP Audit and Performance Committee fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCPs Strategic Plan.

10 STRATEGIC RISK REGISTER – SIX MONTH REVIEW 213 - 224

Submit report by Head of Service Strategy and Transformation presenting the updated Strategic Risk Register for the West Dunbartonshire Health and Social Care Partnership (HSCP).

11 MENTAL WELFARE COMMISSION REPORT ON 225 - 236
FRUIN AND KATRINE LOCALITIES

Submit report by Head of Service - Mental Health, Learning Disability and Addiction advising on the Mental Welfare Commission visit and report to Fruin and Katrine Localities Older People Mental Health Localities, Vale of Leven Hospital.

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE
PARTNERSHIP BOARD AUDIT AND PERFORMANCE COMMITTEE**

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held via video conference on Thursday, 24 June 2021 at 10.00 a.m.

Present: Bailie Denis Agnew and Councillors John Mooney and Jonathan McColl; Mr Allan MacLeod, Ms Rona Sweeney* and Ms Audrey Thompson; and lay member Mrs Anne McDougall.

*Arrived later in the meeting.

Attending: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Service for Mental Health, Addictions and Learning Disabilities; Jonathan Hinds, Head of Children's Health, Care and Criminal Justice; Andi Priestman, Chief Internal Auditor; Val Tierney, Chief Nurse; Barry Sheridan, Strategy Officer; Nigel Ettles, Principal Solicitor and Lynn Straker, Committee Officer.

Also Attending: Christopher Gardner, Senior Audit Manager, and Jack Kerr, Audit Manager, Audit Scotland.

Apology: An apology for absence was intimated on behalf of Chief Superintendent John Paterson, Police Scotland.

Bailie Denis Agnew in the Chair

VALEDICTORY – COUNCILLOR MARIE MCNAIR

Bailie Denis Agnew, Chair, congratulated Councillor Marie McNair on her election to Member of Scottish Parliament and thanked her on behalf of the Health and Social Care Partnership Board Audit and Performance Committee for her hard work and commitment throughout her role as Chair. Other Members were heard in similar terms and, commending her hard work and dedication over the years, the Committee wished her well in her new role.

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 West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held on 25 February 2021 were submitted and approved as a correct record.

ROLLING ACTION LIST

A note of the Audit and Performance Committee's Rolling Action List was submitted for information. After discussion, and having heard an update on the one action within the Rolling Action List from Chief Financial Officer, the Committee agreed to close and remove this item as no further action was required.

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 Vice Chair Councillor Marie McNair relinquishing her position on the HSCP Board due to a change in circumstances.

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

- (1) to record its 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 West Dunbartonshire Council's nominated representative on the Health and Social Care Partnership Board, joining Councillor John Mooney and Bailie Denis Agnew;
- (3) to note that until the 30 June 2021 Bailie 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; and
- (4) to note that a further report would be brought to the next meeting of the Health and Social Care Partnership Board Audit and Performance Committee detailing formal Voting Members going forward for the next three year period.

Q4 PERFORMANCE REPORT

A report was submitted by Head of Strategy and Transformation providing information on how the West Dunbartonshire HSCP Audit and Performance Committee fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCPs Strategic Plan.

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

- (1) to note the content of the HSCP Quarterly Performance Report 2020/21 Quarter Four and performance against the Strategic Plan 2019 - 2022 by exception;
- (2) to note that due to timing issues and service priorities during the current COVID-19 pandemic this report presented partial Quarter Four data;
- (3) to note that Quarter Three information previously unavailable to the Committee was contained within this report; and
- (4) to agree to postpone the publication of the Annual Performance Report until 30 September 2021 to allow for more detailed information to be available.

RISK MANAGEMENT POLICY

A report was submitted by Head of Strategy and Transformation presenting the findings of the desktop review and internal audit of the Risk Management Policy and supporting strategy for the Health and Social Care Partnership.

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

- (1) to note the content of this report;
- (2) to recommend approval of the Risk Management Policy (Appendix A) for the Health and Social Care Partnership to the HSCP Board; and
- (3) to note the supporting strategy for Risk Management.

AUDIT PLAN PROGRESS REPORT

A report was submitted by Chief Internal Auditor providing information on the performance of Internal Audit and an overview of West Dunbartonshire's Health and Social Care Partnership Board's overall control environment.

After discussion and having heard the Chief Internal Auditor in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the progress made in relation to the Internal Audit Annual Plan for 2020/21; and
- (2) to a meeting being arranged between Rona Sweeney and Councillor John Mooney in relation to sharing knowledge with West Dunbartonshire Council's Audit Committee and actions going forward.

INTERNAL AUDIT ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2021

A report was submitted by Chief Internal Auditor providing details based on the internal audit work carried out for the year ended 31 March 2021, and containing an independent opinion on the adequacy and effectiveness of West Dunbartonshire's Health and Social Care Partnership Board's internal control environment that can be used to inform its Annual Governance Statement.

After discussion and having heard the Chief Internal Auditor in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

2020/21 LOCAL CODE OF GOOD GOVERNANCE ANNUAL REVIEW AND ANNUAL GOVERNANCE STATEMENT

A report was submitted by Chief Financial Officer providing detail on the 2020/21 Local Code of Good Governance Annual Review and Annual Governance Statement.

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

- (1) to approve the minor changes to the current West Dunbartonshire Health and Social Care Partnership Board Local Code of Good Governance;
- (2) to note the outcome of the annual self-evaluation, the issues identified and the update of the improvement actions; and
- (3) to approve the 2020/21 Annual Governance Statement.

2020/21 UNAUDITED ANNUAL REPORT AND ACCOUNTS

A report was submitted by Chief Financial Officer detailing the 2020-21 Unaudited Annual Report and Accounts.

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

- (1) to approve the 2020/21 unaudited Annual Report and Accounts; and
- (2) to note that the unaudited Accounts should be presented for final approval no later than 30 November 2021, prior to submission to the Accounts Commission.

*Note: Rona Sweeney joined the meeting in discussion of this item.

ALCOHOL AND DRUG PARTNERSHIP (ADP) UPDATE – SCOTTISH GOVERNMENT PARTNERSHIP DELIVERY FRAMEWORK TO REDUCE THE USE OF AND HARM FROM ALCOHOL AND DRUGS

A report was submitted by Head of Mental Health, Addictions and Learning Disabilities informing of the progress in relation to the Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs in relation to the expectations of local governance arrangements for ADPs.

After discussion and having heard the Head of Mental Health, Addictions and Learning Disabilities and Strategy Officer in further explanation of the report and in answer to Members' questions, the Committee agreed to note the progress in relation to Section 4 of the report and noted that a more detailed report would be brought back to the Board in six months time.

CARE INSPECTORATE INSPECTION REPORT FOR AN OLDER PEOPLE'S CARE HOME OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE

A report was submitted by Head of Health and Community Care providing an update on a Care Inspectorate inspection report for one independent sector residential older people's care home located within West Dunbartonshire.

After discussion and having heard the Chief Officer in further explanation of the report and in answer to Members' questions, the Committee agreed to note the content of this report.

STATEMENT BY CHAIR

Bailie Denis Agnew, Chair, wished to put on record his thanks, on behalf of the Health and Social Care Partnership Board Audit and Performance Committee, to those members who would be moving on from their role within the Committee, Mr Allan MacLeod and Audrey Thomson, and noted the exceptional hard work and dedication they had shown throughout their time and that their exceptional knowledge and experience would be greatly missed.

The meeting closed at 11.34 a.m.

DRAFT

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
AUDIT AND PERFORMANCE COMMITTEE**

Report by Head of Service Strategy and Transformation

16 September 2021

Subject: West Dunbartonshire HSCP Annual Performance Report 2020/21

1. Purpose

- 1.1** The purpose of the Annual Performance Report is to provide an overview of the HSCPs performance in planning and carrying out integrated functions. The Annual Performance Report is produced for the benefit of Partnerships and their communities. This report also includes a complaints management overview for the year 2020/21.

2. Recommendations

- 2.1** It is recommended that the Audit and Performance Committee:
- 2.1.1** Recommend to the HSCP Board that the West Dunbartonshire HSCP Annual Performance Report 2020/21 and the Annual Complaints Report 2021/21 be approved for publication.

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services in Scotland under either an Integration Joint Board or Lead Agency model.
- 3.2** Section 42 of the 2014 Act requires that Performance Reports are prepared by the "Integration Authority". This term broadly means the person or body which is responsible for the planning and direction of integrated health and social care services. Section 42 of the 2014 Act covers both the Integration Joint Board and Lead Agency model.
- 3.3** To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.
- 3.4** The required content of the performance reports is set out in The Public Bodies (Joint Working)(Content of Performance Reports)(Scotland)

Regulations 2014. These requirements are adhered to within the 2020/21 Annual Performance Report:

- 3.5** The content and structure of the 2020/21 annual report has been informed by the Scottish Government's 'Guidance for Health and Social Care Integration Partnership Performance Reports' and guidance from West Dunbartonshire HSCP's external auditor in relation to Best Value.

4. Main Issues

- 4.1** The main issues pertaining to the year 2020/21 are contained within the Annual Performance Report (Appendix I). As has been the custom in previous years, it is accompanied by a complaints management overview for the corresponding period (Appendix II).

- 4.2** The Annual Performance Report summarises the progress made by the HSCP over the past year and it should be acknowledged that this was in the context of the global coronavirus pandemic.

- 4.3** Despite the obvious challenges of the last year, this report highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community. Teams across the HSCP have embraced innovative new approaches to our key strategic priorities of Early Intervention; Access; Resilience; Assets and Inequalities, have ensured a continued emphasis on joining up services, improving care and support for people who use services, their carers and their families.

5. Options Appraisal

- 5.1** Not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

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

- Performance Management Information: Failure to review and scrutinise performance management information; creates a risk of the HSCP being

unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.

8.2 The performance information is considered by relevant Managers in line with operational risk registers. No risks have been identified which would be proposed for escalation to 'strategic risk' status for the HSCP Board.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

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

12. Strategic Assessment

12.1 Not required for this report.

13. Directions

Not required for this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 4 September 2021

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Appendices: West Dunbartonshire HSCP Annual Performance Report
2020/21 (Appendix I)
Annual Complaints Report 2020/21 (Appendix II)

West Dunbartonshire
Health & Social Care Partnership

Annual Performance Report 2020/2021

www.wdhscp.org.uk



Contents

Foreword	2
Summary	3
Introduction	7
Overview of the HSCP	7
Aims of the Annual Performance Report	9
Policy Context	9
National Performance Measurement	14
Performance Against Strategic Priorities	17
Priority 1: Early Intervention	18
Priority 2: Access	26
Priority 3: Resilience	32
Priority 4: Assets	38
Priority 5: Inequalities	41
Best Value and Financial Performance	47
Good Governance	52
Appendix 1: Core Integration Indicators	59
Appendix 2: Ministerial Steering Group Performance	60
Appendix 3: Local Government Benchmarking Framework	62
Appendix 4: Strategic Plan Key Performance Indicators	63

Foreword

Welcome to West Dunbartonshire Health and Social Care Partnership's (HSCP) 2020/21 Annual Performance Report. The report summarises the progress made by the HSCP over the past year.

This has been a year like no other for the HSCP Board (Integration Joint Board) as the global coronavirus pandemic continued to take a terrible toll and resurge within our communities despite comprehensive efforts to control its progress.

The full impact of the pandemic on our communities has yet to fully reveal itself, school closures, increased vulnerability to abuse, mental health pressures, isolation and reduced access to vital services have had a significant impact on our communities. However, not all our communities have been affected equally. The pandemic has exposed deep inequalities that have existed for too long, with the most severe impact on those communities who were already disadvantaged. The experience of the coronavirus pandemic and its impact, particularly on the most vulnerable in society, will be with us for a long time.

Our hugely successful vaccination programme was launched in early 2021 and although out with the scope of this annual report, at the time of writing, we see a gradual return to normal interaction with the increased mobilisation of services.

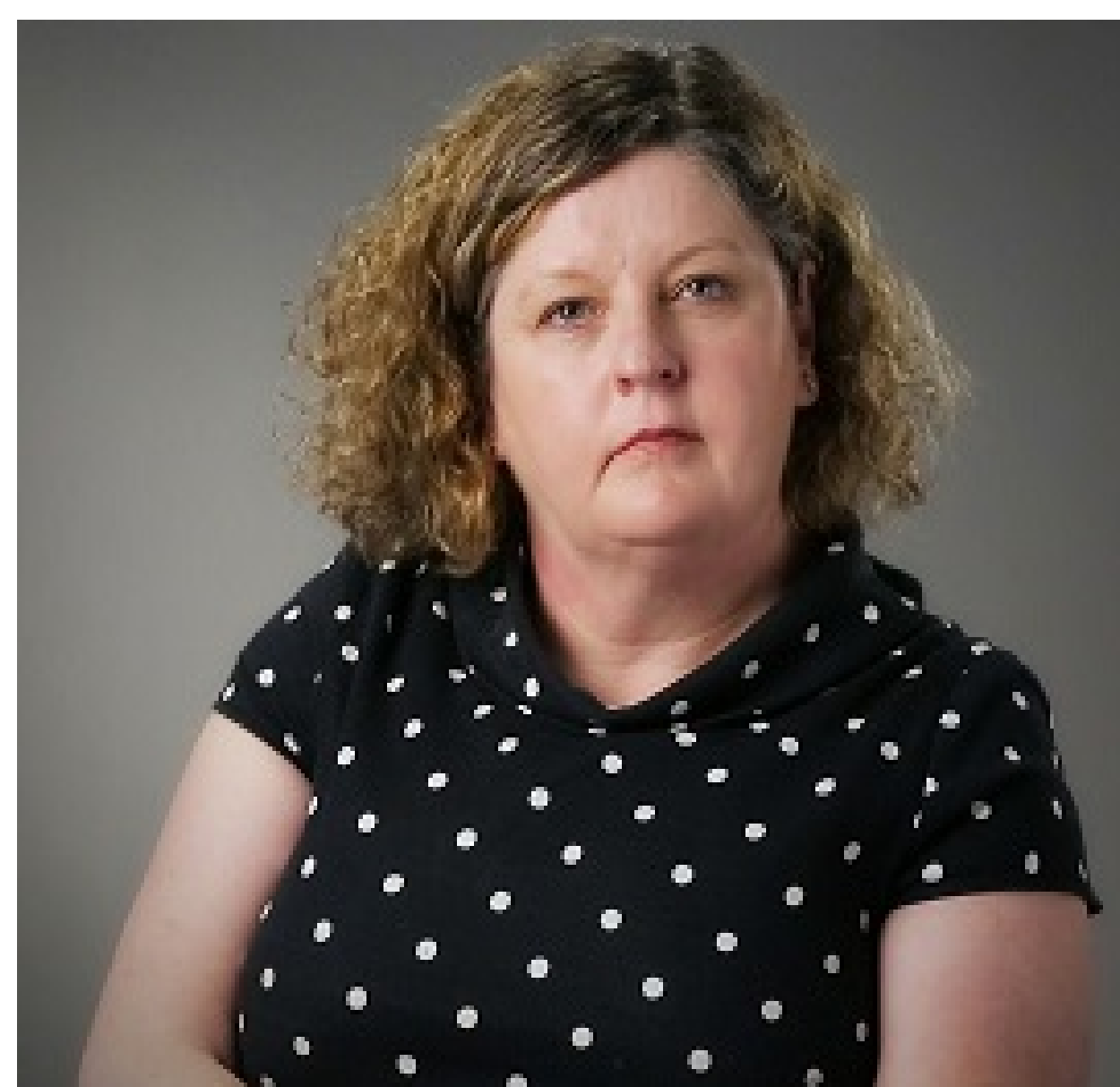
Despite the obvious challenges of the last year, the HSCP Board continues to be ambitious for our communities and this report highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community.

The pandemic has brought out the best in our teams as staff have embraced innovative new approaches to our key strategic priorities of Early Intervention; Access; Resilience; Assets and Inequalities, have ensured a continued emphasis on joining up services, improving care and support for people who use services, their carers and their families.

We remain at a critical point in this pandemic and we continue to plan for further outbreaks. We have taken steps to understand the lessons from Covid-19 and have the knowledge to apply them so we can continue to work in partnership with our communities, providers and stakeholders in order to achieve an effective and efficient response to future challenges.

The HSCP Board are committed to coming together with our partners in order to work collaboratively, whilst maintaining a focus on place ensuring people feel a sense of belonging and community where the direct work of health and social care services take place.

In closing I would like to acknowledge that many of our staff have worked enormously long hours over many months and would like to extend my personal thanks and admiration for the teams who have worked tirelessly over the last year, they have truly embodied our vision of improving lives with the people of West Dunbartonshire.



Beth Culshaw
Chief Officer

Summary

Purpose of Report

This annual performance report outlines West Dunbartonshire Health and Social Care Partnership's performance in relation to national and local priorities during the period 1st April 2020 to 31st March 2021. It will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022 and will seek to demonstrate our commitment to Best Value in the commissioning and delivery of services.

Key Achievements 2020/21

During 2020/21 West Dunbartonshire Health and Social Care Partnership (HSCP), while reacting, adapting and endeavouring to retain and recover services during the Covid-19 pandemic, made significant progress against the key strategic priorities outlined in our Strategic Plan 2019-2022: early intervention; access; resilience; assets; and inequalities.

Priority 1: Early Intervention

- Work with NHS Greater Glasgow and Clyde and associated partnerships to develop a HSCP Unscheduled Care Commissioning Plan to improve the area-wide response to unscheduled care and develop models of care fit for purpose for the future needs of our ageing population.
- Review of hospital discharge processes and timescales particularly in relation to Adults with Incapacity legislation and peer review with Glasgow City HSCP to identify potential gaps and improvements.
- Continued to meet waiting times target for the delivery of drug and alcohol treatments and the establishment of a local drug death prevention group.
- Development of a local Child Protection Minimum Dataset.
- Our looked after children and young people have continued to receive high levels of care and support during the pandemic, with services adapting and taking innovative approaches to minimise the impact of Covid-19 restrictions.
- West Dunbartonshire was the first HSCP within NHS Greater Glasgow and Clyde to open a Covid Assessment Centre to help combat Covid-19 by providing a local service to assess people presenting with symptoms.
- Local rollout of a successful Coronavirus vaccination programme in partnership with NHS Greater Glasgow and Clyde and West Dunbartonshire Council.

Priority 2: Access

- Opening of Queens Quay Care Home in Clydebank, welcoming residents in December 2020 and progress on the new Health and Care Centre for Clydebank.
- 72% of people on the Palliative Care Register supported to die at home by close working between District Nursing and Care at Home services.
- Significant improvement in Musculoskeletal Physiotherapy Waiting Times at a time when staff were redeployed to assist Acute colleagues with the response to the pandemic.
- The continued provision of information to individuals, organisations and statutory bodies in the form of Subject Access Requests, Freedom of Information responses, Scottish Government and Public Health Scotland reports while both local and national reporting requirements and scrutiny had increased significantly due to the pandemic.

Priority 3: Resilience

- Waiting List Initiative implemented in November 2020 to tackle long waits for Child and Adolescent Mental Health Services: 100% of all children seen within the target time of 18 weeks by February 2021.
- Improvement in waiting times for Psychological Therapies and the HSCP also supported the development of Mental Health Assessment Units, where all emergency mental health referrals from Police, Ambulance and GPs will be routed instead of attending Emergency Departments.
- Young People in Mind service continued to promote the mental health and wellbeing of West Dunbartonshire's children and young people who are looked after/accommodated. The service assists foster carers, residential house staff, and other key link professionals to gain awareness, understanding and essential skills in supporting these children and young people.
- Learning Disability Services supported the resilience of service users and their carers during the pause of some services due to the pandemic.

Priority 4: Assets

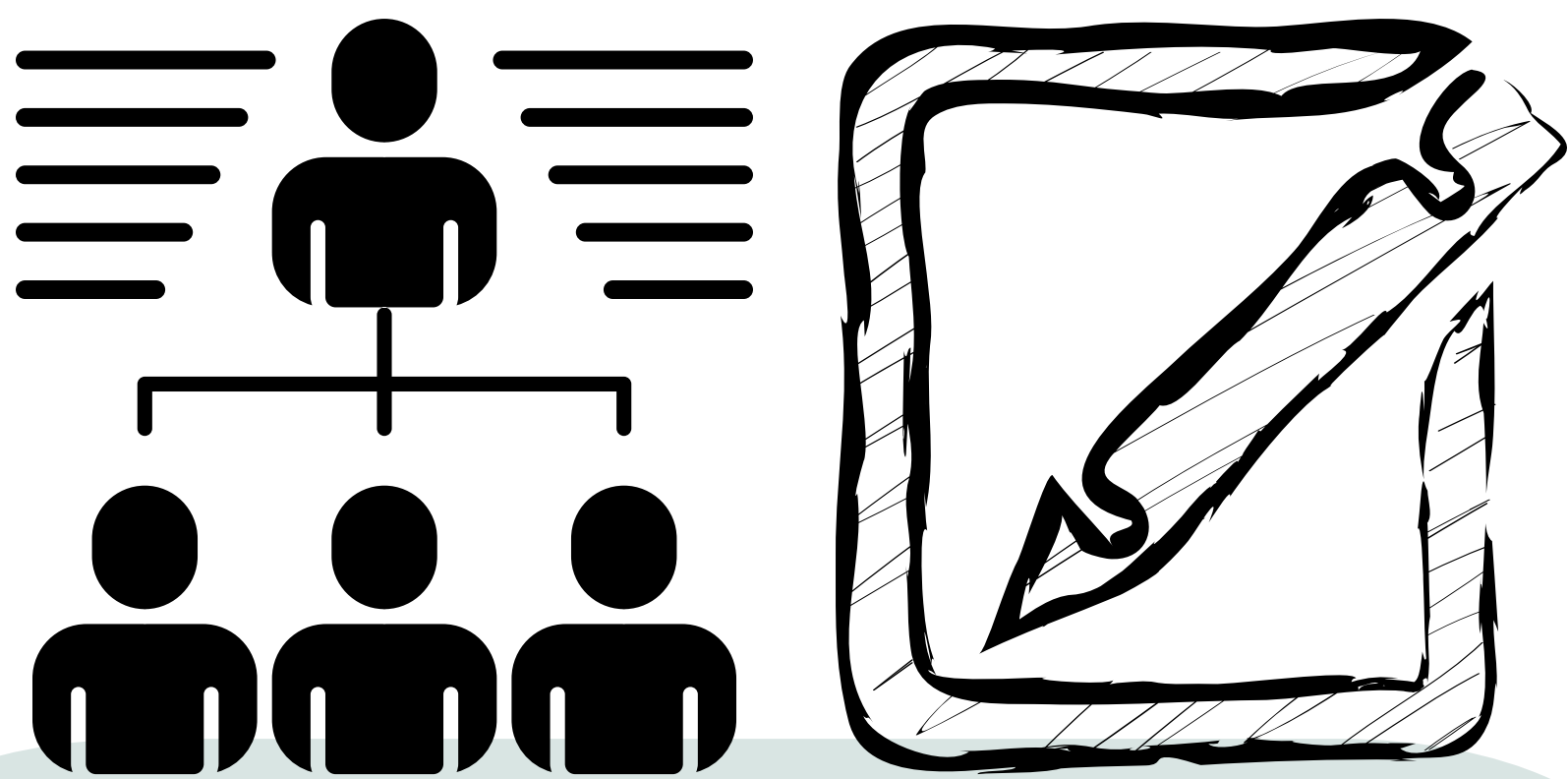
- 3,500 people on the Shielding List contacted by HSCP, Council and West Dunbartonshire Community and Volunteering Services to check on people's welfare, inform them of a range of supports available locally and nationally and offer to make an online referral to the Crisis Support Team on their behalf.
- HSCP staff supported with their health and wellbeing while working through the pandemic/home-working by a variety of online tools and resources and mental health check-ins run by NHS Greater Glasgow and Clyde.
- Innovative work to maintain and develop links during the pandemic with West Dunbartonshire's care experienced young people through the Champions Board.

Priority 5: Inequalities

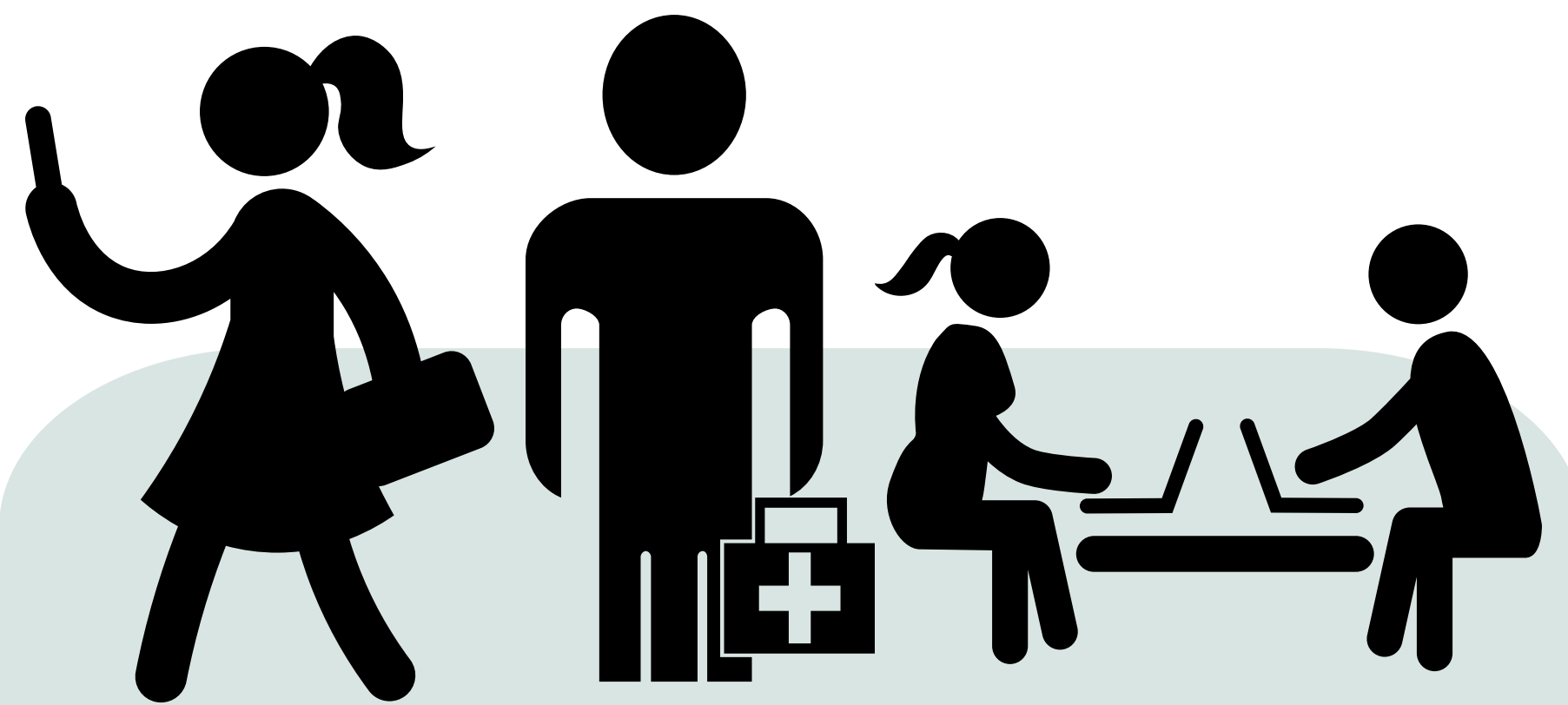
- The establishment of a working group for children and young people's mental health in June 2020.
- Audit of training needs by Criminal Justice staff and managers to inform workforce development.
- Co-production of an Arrest Referral Scheme which will support adults who find themselves in police custody and/or the justice system, as a result of offending behaviour associated with, or influenced by, substance use including alcohol.
- The provision of 48 devices and data packages to digitally excluded young people resulting in a 'Connecting Scotland' award for Throughcare Services.
- The development and successful pilot of a new assessment tool My Life Assessment to more effectively and fairly target the right support to those who need it and help those with lower level needs to access supports.

Early Intervention
Access
Resilience
Assets
Inequalities

Overview of the HSCP



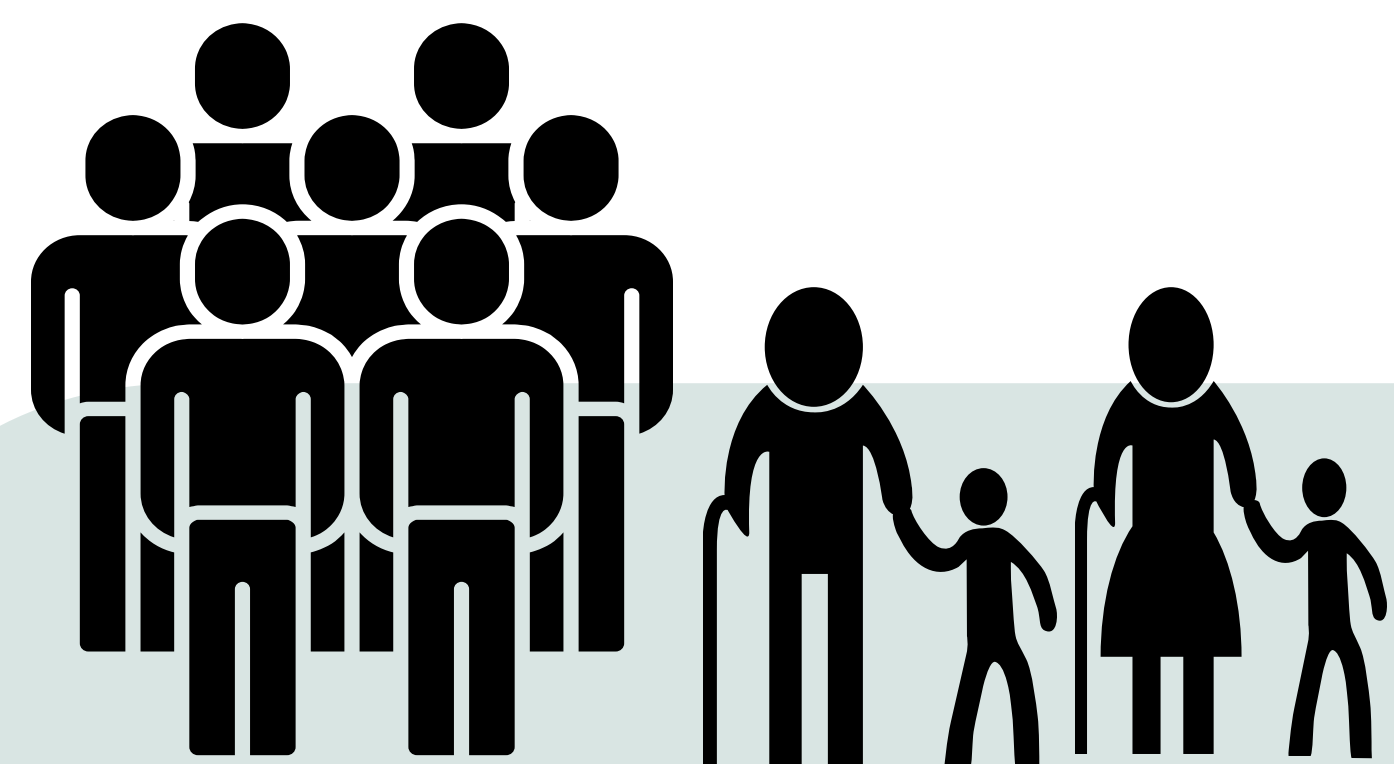
West Dunbartonshire Health and Social Care Partnership formally established 1st July 2015



Employing 2,240 health and social care staff across Adult, Children's and Criminal Justice services (1,796 FTE)



2020/21 budget of £186 million

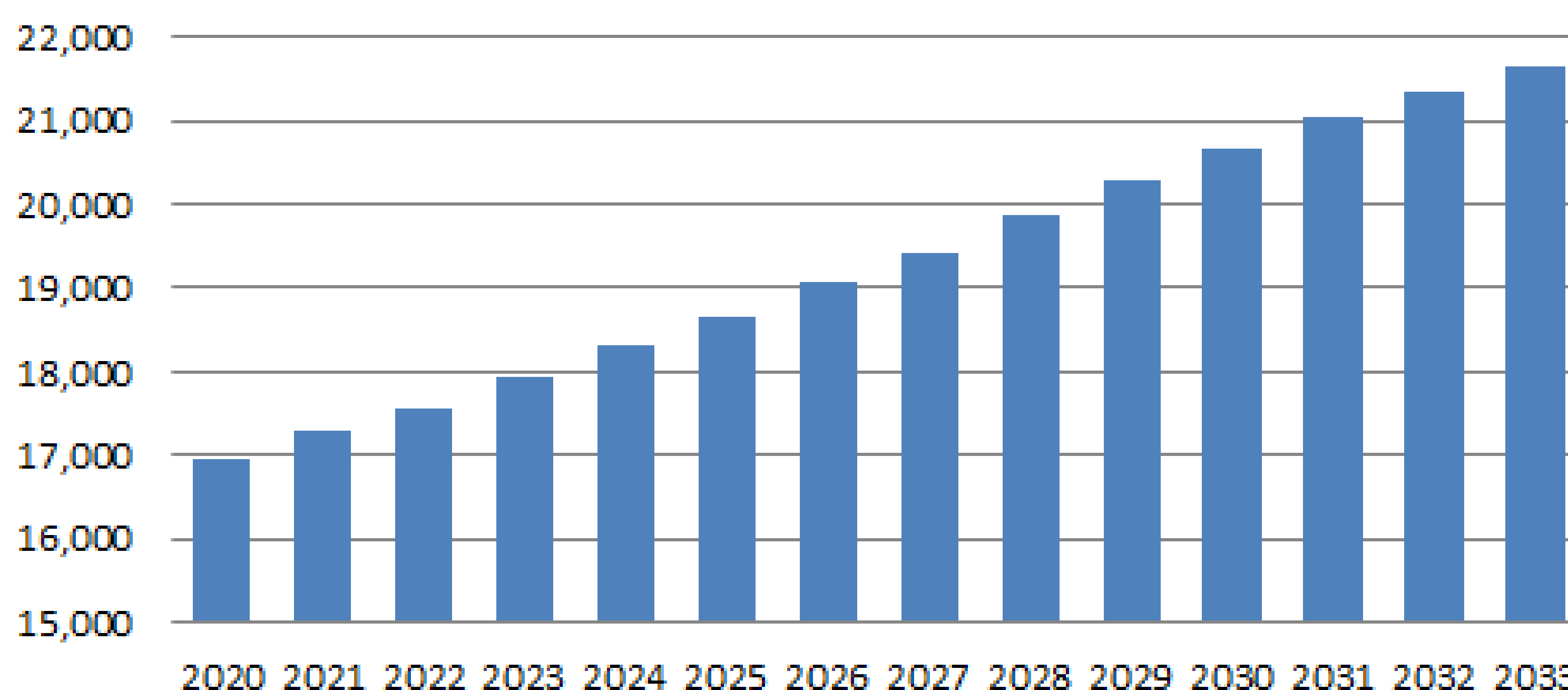


Delivering health and social care services to support the people of West Dunbartonshire: population 88,340

Challenges and Areas for Improvement

West Dunbartonshire's overall population is in decline however the proportion of older people within the authority is steadily increasing. From 2018-based population estimates it is predicted that the pensionable age and over population will increase by 15.2% by 2033 and the over 75 population will increase by 34%. People are living longer with more complex health needs and therefore may require more input from health and social care services.

**West Dunbartonshire Projected Population 65+
(Source: National Records of Scotland)**



The most significant challenge going forward by far, for all HSCPs, will be the long term physical, mental and economic impacts of the Coronavirus (Covid-19) pandemic on the people within our communities, our staff and our resources. West Dunbartonshire is an area of high deprivation and the prospect of unemployment, economic decline and potential public funding decreases will have a huge impact upon the area.

Specific challenges faced during 2020/21 were:

- Finding new and innovative ways to deliver services during lockdown and continued Covid-19 restrictions.
- Lengthy legal processes for Guardianship applications resulting in extended delayed discharges for some adults with incapacity.
- Concern for the health and wellbeing of our frontline staff and the development of supports and resources.
- Keeping apace with, and implementing promptly and clearly, Government and Public Health guidance.
- Staff absence due to Covid or shielding.
- Waiting times for Child and Adolescent Mental Health Services and adult Psychological Therapies.
- Increased demand on Mental Health Services.
- Keeping in touch with and supporting our vulnerable children and young people during Covid restrictions.
- Tackling MSK waiting times while staff were redeployed to support Acute colleagues.
- Ensuring staff had access to the appropriate technology and equipment for working from home.
- Implementing recording and tracking mechanisms to meet the increased demand for service and financial information to allow statutory bodies such as the Scottish Government, the Care Inspectorate, National Records of Scotland and Public Health Scotland to monitor the impacts and resource requirements of the pandemic.
- Supporting vulnerable people who used services which were paused during the pandemic, such as day care and day opportunities for people with a learning disability, and trying to minimise social isolation.
- Endeavouring to make contact with everyone on the Shielding List during the first lockdown to offer support and resources.
- Criminal Justice Services providing inductions and allowing for the fulfillment of unpaid work orders during Covid restrictions.

Introduction

The Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across Scotland. In line with the Act, West Dunbartonshire Health and Social Care Partnership (WDHSCP) was established on 1st July 2015. The Integration Joint Board for West Dunbartonshire is known as the West Dunbartonshire Health and Social Care Partnership Board and is responsible for the operational oversight of WDHSCP.

All Health and Social Care Partnerships are required to produce an annual report outlining their performance in the previous financial year by the end of July each year and these reports should be produced in line with the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

Due to the global Coronavirus (COVID-19) pandemic, paragraph 8 of Schedule 6 of the Coronavirus (Scotland) Act granted public bodies powers to postpone the publication of reports. At the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee meeting of 24th June a proposal to postpone publication till 30th September 2021 was approved, recognising the ongoing impact of the pandemic on the provision of vital services to our communities during this unprecedented time.

Overview of the HSCP

West Dunbartonshire HSCP was formally established on 1st July 2015 in line with the Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014 which sets out the arrangements for the integration of health and social care across the country.

The HSCP's vision is:

Improving lives with the people of West Dunbartonshire

This vision will be implemented through the delivery of our key strategic priorities:

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

The HSCP is committed to:

- Children and young people reflected in Getting It Right for Every Child.
- Continual transformation in the delivery of services for adults and older people as reflected within our approach to integrated care.
- The safety and protection of the most vulnerable people within our care and within our wider communities.
- Support people to exercise choice and control in the achievement of their personal outcomes.
- Manage resources effectively, making best use of our integrated capacity.

West Dunbartonshire Health and Social Care Partnership

With a continued emphasis on joining up services and focusing on anticipatory and preventative care, our approach to integration aims to improve care and support for people who use services, their carers and their families.

The Health and Social Care Partnership has delegated responsibility to deliver services for:

- Adult and Older People's services across all disciplines within integrated community teams
- Children and Young People's services across all disciplines and in partnership with Education Services
- Criminal Justice Social Work
- Community Mental Health, Learning Disability and Addictions services within integrated community teams and inpatient services

West Dunbartonshire HSCP hosts the Musculoskeletal (MSK) Physiotherapy Service for the NHS Greater Glasgow and Clyde area. Work is ongoing within the service to ensure the delivery of high quality outcomes for patients whilst striving to meet national waiting time targets.

The HSCP also hosts a programme of diabetic retinal screening on behalf of NHS Greater Glasgow and Clyde and leads the Community Planning Partnership Alcohol and Drugs Partnership.

Children & Families Social Work	Children's Specialist Health Services	Community Addiction Services	Community Older People's Services
Looked After Children	Children with Disabilities	Adult Care Services	Residential and Day Care Services
Health Visiting Service	Learning Disability Services	Community Hospital Discharge	Care at Home Services
Family Nurse Partnership	Community Mental Health Services	District Nursing	Criminal Justice Social Work
Community Pharmacy Service	Musculoskeletal (MSK) Physiotherapy	Diabetic Retinal Screening	

West Dunbartonshire has an estimated population of 88,340 people and the HSCP has a workforce of approximately 2,240 which equates to 1,796 full time equivalent at March 2021. A large proportion of HSCP staff live within West Dunbartonshire providing services to people within their own communities. Services are delivered across the two localities within West Dunbartonshire: Dumbarton/Alexandria and Clydebank.

During 2020/21 the HSCP had responsibility for a budget of just over £186 million.

Aims of the Annual Performance Report

The aim of this annual performance report is to provide an open and transparent account of the work carried out across all service areas within the HSCP during 2020/21: improvements and challenges and the direction of travel in our efforts to improve outcomes for residents of West Dunbartonshire. The report will also seek to demonstrate the HSCP's commitment to Best Value in the commissioning and delivery of services.

This report will cover our performance between 1st April 2020 and 31st March 2021 and will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022.

Due to the unique circumstances we currently find ourselves in, it is difficult to evaluate performance without recognising the huge impact of the Coronavirus (COVID-19) pandemic on all of our services from late February/early March 2020. In what has been a truly unique year, comparing 2020/21 performance to that of previous years may prove difficult, however what this year's performance has shown us: is how we can adapt; new ways of service delivery which while born out of necessity may prove to be very successful moving forward; and perhaps most importantly the resilience and commitment of our staff.

Policy Context

West Dunbartonshire HSCP's Strategic Plan 2019-2022 was developed in line with our five key strategic priorities: early intervention, access, resilience, assets and inequalities.

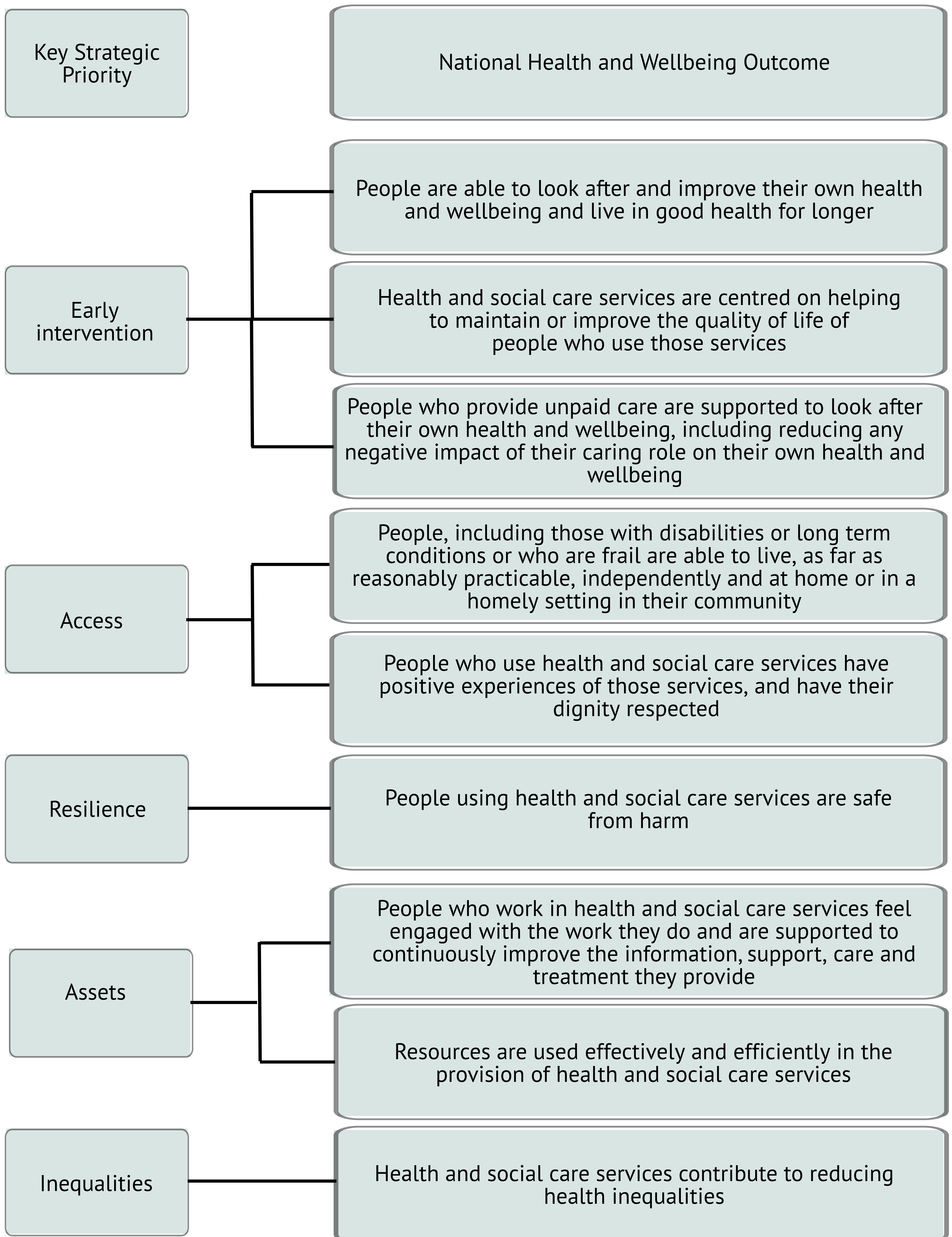
These key strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework which states that:

'Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community. Key to this is that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive, and that people using services, whether health or social care, can expect a quality service regardless of where they live.'

The Health and Wellbeing Outcomes are embodied in the ethos of the Social Care (Self-directed Support) (Scotland) Act 2013 which aims to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes; and respects the person's right to participate in society.

Self-directed Support (SDS) is embedded in the HSCP's assessment process across all adult and children's services. The HSCP's Integrated Resource Framework continues to support indicative personal budgeting assessment, with the aim of this framework being to support fairness and equality across all individuals assessed as eligible for local authority funded support.

The diagram overleaf depicts the links between our strategic priorities and the National Health and Wellbeing Outcomes which focus on an individual's experience of health and social care and how that care has impacted on their lives.



Public Protection

Public Protection provides a range of measures which can be used together to 'protect our people'. This includes protection from harm for children and young people, vulnerable adults and the effective and robust management of High Risk Offenders through our Multi-Agency Public Protection Arrangements (MAPPA). As such Public Protection is integral to the delivery of all adult and children's services within the HSCP.

The HSCP has a significant role within the Public Protection Chief Officers Group (PPCOG), with both the Chief Officer and Chief Social Work Officer providing the necessary leadership, scrutiny and accountability. This includes the management of high risk offenders and in assuring that each of the services in place for child and adult protection are performing well and keeping the citizens of West Dunbartonshire safe.

Since April 2020, in response to the impact of the Coronavirus (COVID-19) pandemic and subsequent lockdowns, the Scottish Government have been closely monitoring activity in relation to Public Protection with weekly returns covering vulnerable adults and children and their contact with statutory services being submitted.

A key focus has been vulnerable children with multi-agency involvement, experience of care and those registered on the Child Protection Register who were not being seen on a daily basis in our schools. Work has been ongoing across the HSCP and Education Services to keep in touch with these children and young people during this difficult period. A specific area of concern is a potential increase in domestic abuse.

During 2020/21, the HSCP Board approved funding to support the creation of two distinct lead officer posts: one for Adult Protection and one for Child Protection. This followed recognition that the previous arrangement of one combined post presented challenges in terms of the span of responsibility. The Child Protection Lead Officer was appointed in January 2021 and recruitment for the Adult Protection post carried over into 2021/22.

Public Protection priorities during 2020/21 have been:

Child Protection - ensuring clear pathways for new referrals from agencies and continuing to see and support children at greatest risk, including those on the child protection register.

Adult Support and Protection, - ensuring clear pathways for referrals and methodology to progress investigations and provide robust decision-making.

Justice Social Work - prioritising supervision of those deemed to require a higher level of supervision and support. Developing new opportunities to address the suspension of unpaid work as well as the impact of periods of closure of Dumbarton Sheriff Court for routine business.

West Dunbartonshire's Adult Protection Committee (APC) continues to meet on a quarterly basis, with an independent chair. Members include Police Scotland, Trading Standards, Care Inspectorate, Adult HSCP Social Work and Health Services, Community Health, Advocacy Services, Scottish Care, Scottish Ambulance Service and the Scottish Fire and Rescue Service. The Care Inspectorate provided notice in early 2020 that West Dunbartonshire Adult Support and Protection services would be inspected within a joint model of inspection with Her Majesty's Inspectorate of Constabulary and Healthcare Improvement Scotland, however this activity was suspended as a result of the pandemic. This inspection activity will, however, recommence during 2021/22.

West Dunbartonshire is part of North Strathclyde MAPPA arrangements, along with five other local authority areas, Police Scotland, NHS Greater Glasgow & Clyde, NHS Highland and the Scottish Prison Service which are all deemed 'responsible authorities'. A dedicated MAPPA Co-ordinator provides professional advice and guidance within a small MAPPA Unit which supports responsible authorities to fulfil their statutory duties around information sharing and joint working to assess and manage the risk of individuals managed within MAPPA.

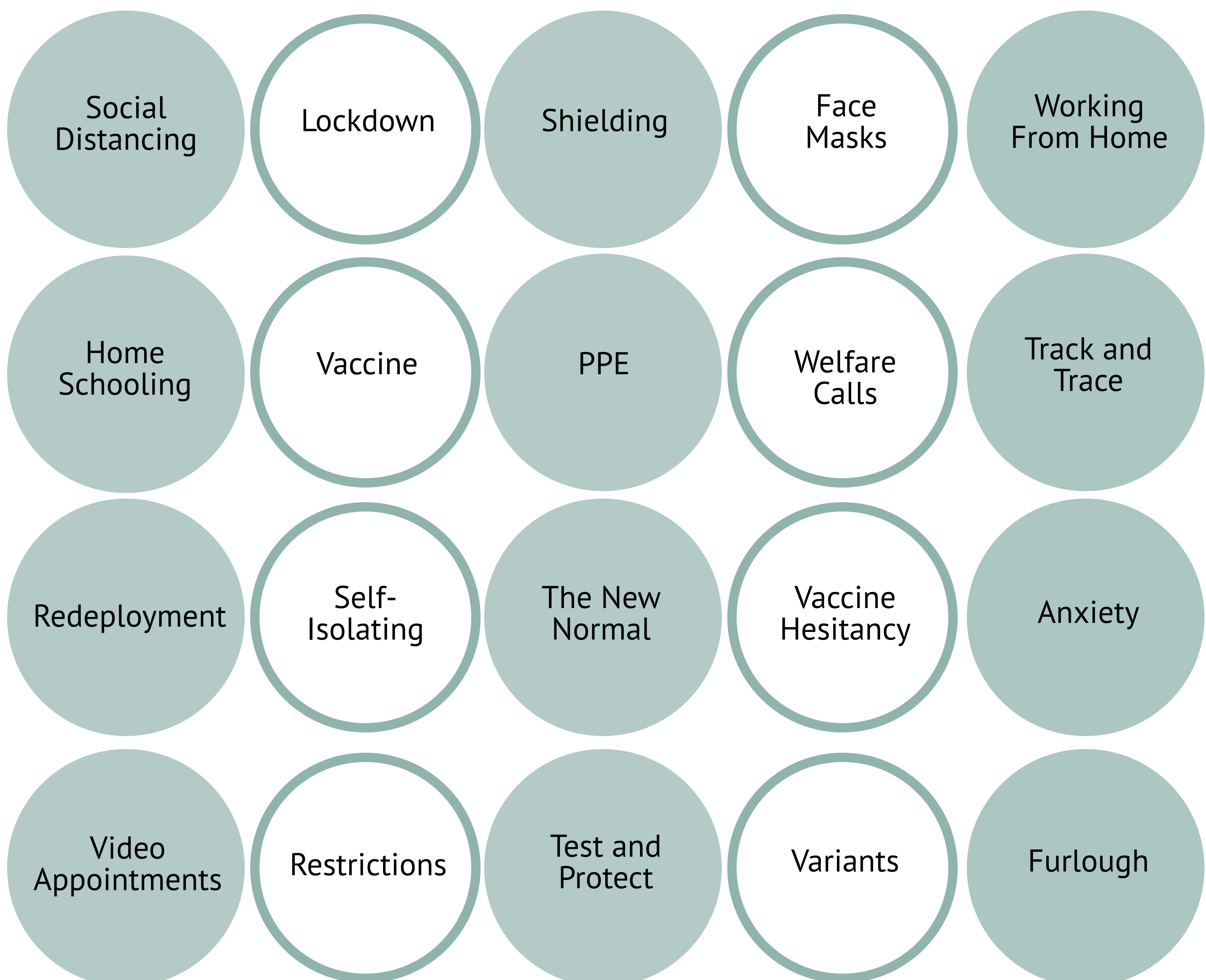
The local service achieved 100% compliance with key performance indicators for cases managed at level 2 and 3 (multi-agency risk management) being reviewed no less than 12 weekly. Furthermore, Justice Services were fully compliant with all national key performance indicators related to MAPPA meetings being convened and notifications submitted to the MAPPA Unit within fixed timescales; no exceptions were reported during 2020/21.

Coronavirus (Covid-19) Pandemic

As at the time of writing of this report, National Records of Scotland show that 250 people living in West Dunbartonshire tragically lost their lives 28 days after testing positive for Covid-19. Sadly some of these people were being cared for within our own care homes for older people and independent sector care homes within the local authority area. The HSCP will play a full part in any and all inquiries into the circumstances around these tragic deaths and extend our deepest sympathy to all who have lost a loved one in this dreadful pandemic.

Almost 8,000 people living in West Dunbartonshire have thus far tested positive for Covid-19 and the implications for their longer term physical and mental health and wellbeing is yet to be discovered. For those who have not contracted the virus, fear, anxiety and the stress of adapting to an ever-changing landscape of guidance and restrictions have also had an impact on people's wellbeing.

The Coronavirus (Covid-19) Pandemic has touched every aspect of people's lives and the words below capture some of the new experiences and terminologies we have all been confronted with on a daily basis.



At its meeting on 25 March 2020, the HSCP Board approved the suspension of normal governance arrangements during the Covid-19 pandemic and accepted alternative Board meeting arrangements. The Board approved delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, to be enacted “if required”, to meet immediate operational demand on decisions normally requiring Board approval. The Chief Officer and the Chief Financial Officer have continued to meet weekly with the Chair and Vice Chair of the HSCP Board to provide an opportunity for scrutiny of the delegated responsibilities. The frequency of Board meetings also increased to provide appropriate oversight of key issues and allocation of additional Scottish Government funds to support changes to service provision.

It will become clear through this report that there are recurring themes across services as they have adapted to face the challenges presented by the pandemic. The initial focus was in providing a quick response to an escalating threat: prioritising the care of those most vulnerable; redeploying less essential services to support critical services; gaining access to the necessary volume of personal protective equipment (PPE) in line with Government requirements and the effective distribution of this equipment; providing the technology for staff to mobilise services from home; and continuing to provide vital services while dealing with the impact of staff absences due to Covid-19 and staff being required to shield from the pandemic.

As the scale and impact of the Covid-19 pandemic unfolded on a daily basis from March 2020, services moved rapidly to reflect guidance from Public Health Scotland and legislative changes within the Coronavirus (Scotland) Act 2020. Actions were focused on ensuring provision of essential services, within the context of protecting staff, service users and our wider communities.

Sections 16 and 17 of the Coronavirus (Scotland) Act 2020 allowed local authorities to dispense with specific social care assessment duties for children, adults and carers to enable a response to urgent care needs without undue delay. Locally, HSCP services did not require to use these powers and this is reflected in continued survey responses to Scottish Government to monitor the extent to which these powers have been used.

Throughout the past year the key focus for service planning and delivery has remained on those individuals and families at risk and this model of prioritisation continues to be kept under ongoing review by operational managers. HSCP services moved quickly to a largely remote model of working, with some core work continuing in premises primarily focused on duty services for child protection, justice and adult services, where a joint hub for all adult services was implemented. This model reflected the moves of the Council and NHS Greater Glasgow and Clyde to protect staff by supporting home working wherever possible and to limit the need for staff to travel to work or enter buildings where alternative, home-based working allowed. Alongside this, a significant move to virtual and digital working included meetings taking place by teleconference and using a range of online meeting platforms including Microsoft Teams and Zoom.

The following summarises a number of key developments over the past year, many of which are explored in greater detail later in the report. This is by no means exhaustive but highlights the wide-ranging activity within the HSCP, as well as with key partners, in ensuring services continued to be provided for vulnerable people within West Dunbartonshire.

- Joint work between social work, education and health teams to maintain contact with the most vulnerable children and families
- Local rollout of a successful Coronavirus vaccination programme in partnership with NHS Greater Glasgow and Clyde and West Dunbartonshire Council
- The provision of a personal protective equipment (PPE) store for HSCP, Council and third sector organisations
- A combined duty team for all adult services, ensuring consistent overview of concern referrals, including adult support and protection
- Comprehensive local guidance written and implemented across teams and regularly reviewed and updated as national guidance, including from Scottish Government and Public Health Scotland, was issued and amended
- Daily care home meetings to review access to PPE, infection rates, Covid-19 testing, clinical and care requirements of residents and staffing needs
- Redeployment of a number of social care and administrative staff from HSCP teams to the Council’s Humanitarian Assistance Centre to support children and adults who were shielding, vulnerable or at risk
- Daily reports on staffing capacity, absence and PPE needs across HSCP services to assist service planning and redeployment as required
- Weekly contact and ‘eyes on’ children whose names were on the child protection register
- A comprehensive resource tracker across all services to direct budgets and supplies to areas of increased demand or vulnerability

- Business continuity plans and service prioritisation models, particularly in the early weeks and months of the pandemic, to plan for the impact of staff absence and other critical events
- Working with key partners to support their reduced operating models including the Scottish Court Service and the Scottish Children’s Reporter Administration including virtual and blended children’s hearings combining in-person and online attendance
- Workforce models for children’s houses and residential care homes for adults
- Managers’ database for high risk offenders including an agreed communications protocol with partners
- Planning with the Scottish Prison Service for early release from prison of eligible individuals to manage the impact of Covid-19 in custodial settings
- Weekly data returns to the national Covid-19 dataset to monitor and manage public protection activity and continued service provision across children, adult and justice services
- Weekly monitoring of service delivery and demand across HSCP services
- Monitoring of Covid-19 case numbers, hotspots, testing and vaccination rates with West Dunbartonshire
- Additional support and remote assistance to care-experienced young people including the provision of digital devices to address social isolation, digital exclusion and support access to education
- Continued planning for Brexit including the impact on staff, children and young people from the European Union
- Recovery plans developed as services adapted to the pandemic and prepared for services to move towards pre-pandemic provision and scaling these back as infection rates entered a second and third wave

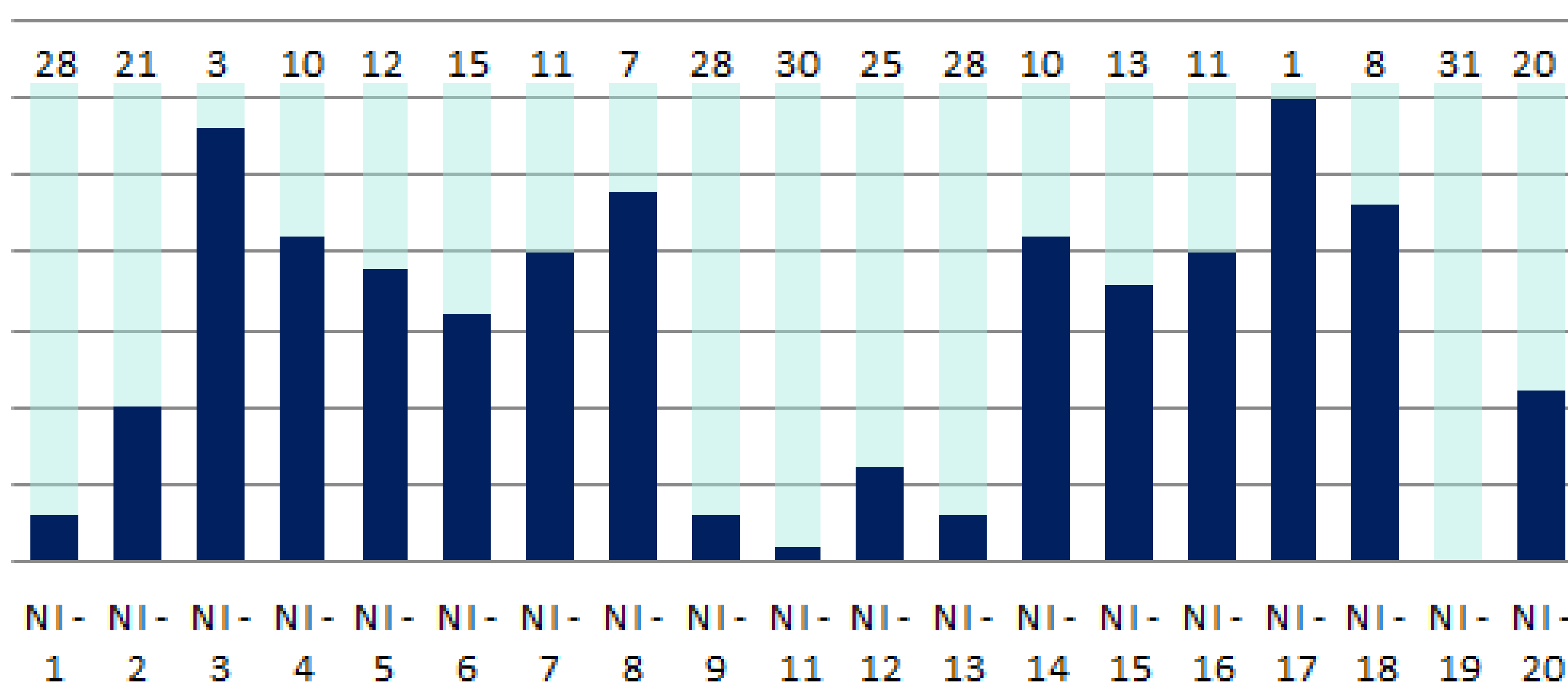
National Performance Measurement

Core Integration Indicators

The Scottish Government has developed a suite of 23 Core Integration Indicators to help HSCPs monitor their performance against the National Health and Wellbeing Outcomes and allow for comparison nationally and by partnership. Of these indicators, 4 are not currently being reported nationally.

The chart below shows West Dunbartonshire's position in comparison with the other 30 HSCPs in Scotland and Appendix 1 provides comparison with West Dunbartonshire and the national figure.

**West Dunbartonshire Ranking
Core Integration Indicators**



Core Integration indicators 1-9 are gathered from the Health and Care Experience Survey which is carried out every 2 years. The latest data is from the 2019/20 survey which was sent out to respondents in October 2019, therefore prior to the onset of the pandemic.

West Dunbartonshire residents had the 3rd lowest response in Scotland to feeling able to look after their health very well or quite well and in relation to feeling safe. The latter was a significant drop from the 2017/18 survey where 88.5% felt safe, the 2nd highest in Scotland. By contrast, 82.9% of West Dunbartonshire residents supported at home agreed that they had a say in how their help, care or support was provided: the 3rd highest figure in Scotland.

The remaining indicators are collated from real time hospital and service activity data and these will reflect the impact of the pandemic.

In 2020 West Dunbartonshire had the 2nd highest premature mortality rate in Scotland, that is the rate of deaths per 100,00 for people aged under 75 years. We had the 7th highest emergency admission rate and the 4th highest bed day usage for emergency admissions although these were significantly reduced on previous years. These combine to reflect not only the impact of the pandemic but the complex health needs of our population. Delayed hospital discharge was also a significant challenge for the HSCP during 2020/21 and the rate of bed days for people aged 75 and over whose discharge was delayed was the highest in Scotland.

WDHSCP services were the best performing in Scotland for the proportion of Care Inspectorate Inspections graded at 4 (Good) or above during 2020/21. However advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading Covid-19 in Scotland's care homes. Therefore, to limit the spread of Covid-19, and with agreement from Scottish Government, the Care Inspectorate restricted their presence in services unless necessary. This approach resulted in the majority of services not being graded as normal and retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic. Crosslet House care home was graded 5 (Very Good) on the Quality Theme of 'How good is our care and support during the COVID-19 pandemic?' on 28th October 2020.

Delivering support to people at home continues to be a strongly performing area for WDHSCP. In 2020 the percentage of adults with intensive needs being supported at home was the 8th highest in Scotland and the highest across Greater Glasgow and Clyde at just over 70%: the Scotland figure was 63%. The proportion of people spending their last 6 months of life at home or in a community setting was also the highest across the 6 partnerships within Greater Glasgow and Clyde at 90.7%.

Ministerial Steering Group

The Ministerial Steering Group (MSG) for Health and Community Care is closely monitoring the progress of HSCPs across Scotland in delivering reductions in: delays in hospital discharge; unnecessary hospital admissions; attendances at accident and emergency (A&E); and shifting the balance of care from hospital to community settings. In light of the integration of health and social care services significant improvements in ways of working and efficiencies are expected.

Unlike previous years, no national targets for these measures were agreed for 2020/21, possibly in recognition of the fact that the pandemic was likely to mean a very different year in terms of hospital and community activity. Instead local targets were agreed on the basis of the potential impact of a number of workstreams which will be explored further in the Unscheduled Care section of this report. All of these local targets, except those for delayed discharges, were met.

Compared with the previous year, in 2020/21 there was: a 13% decrease in emergency admissions to hospital for people aged 18 and over; an 8% decrease in the number of unplanned acute hospital bed days used by people aged 18 and over; and a 30% decrease in attendances at A&E. When looking at these on a monthly basis the impact of Covid-19 and national restrictions can clearly be seen with increases in all activity during March 2021. A similar pattern can be seen across all of the HSCPs within NHS Greater Glasgow and Clyde.

Charts detailing monthly trends for the MSG indicators over the previous 4 years can be found at Appendix 2.

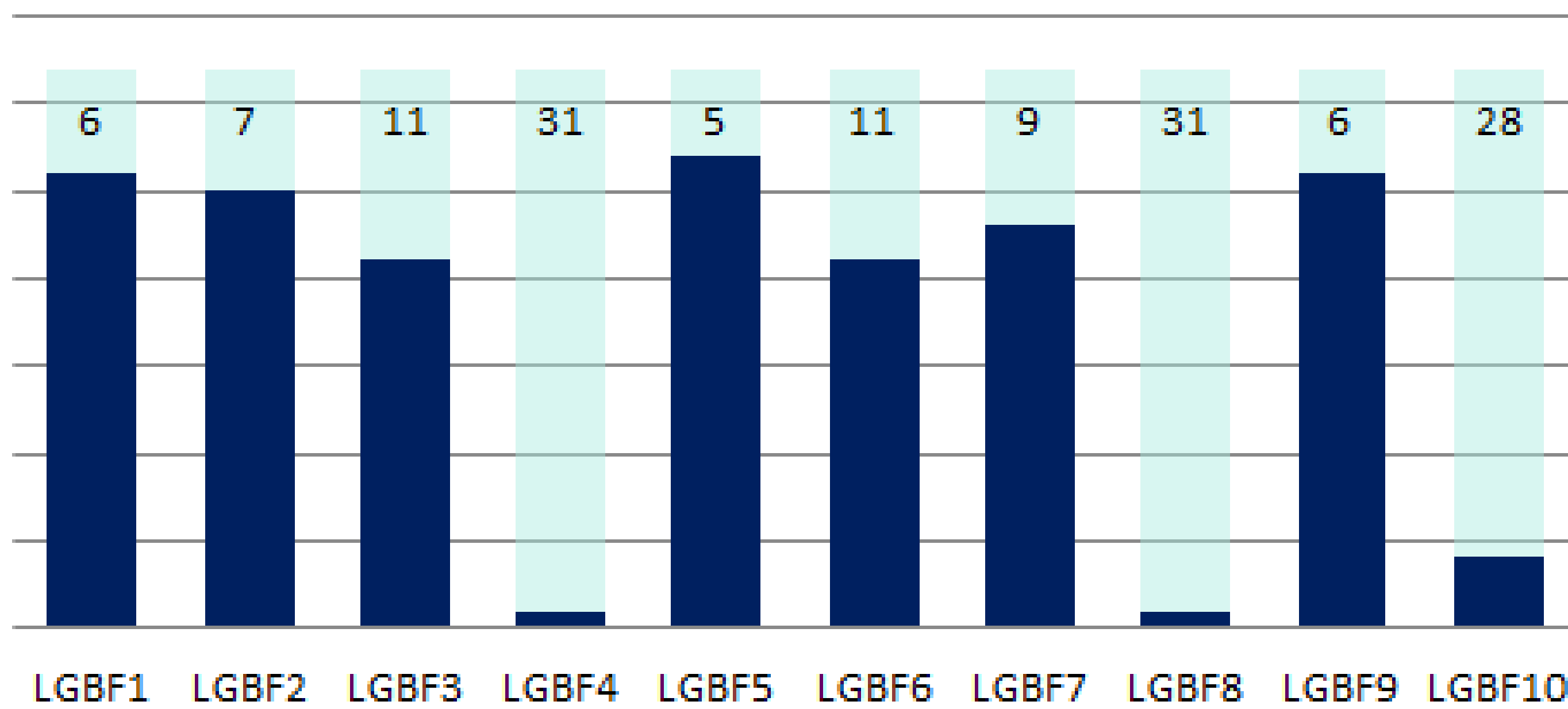
Local Government Benchmarking Framework

The Local Government Benchmarking Framework (LGBF) is a benchmarking tool designed to allow councils and the public to measure performance on a range of high level, comparable indicators that cover all areas of local government activity. The LGBF was developed by the Improvement Service and the Society of Local Authority Chief Executives (SOLACE Scotland). LGBF indicators cover efficiency, output and outcomes for those who use council services. The framework is designed to focus questions on variation of costs and performance as a catalyst for improving services and more effectively targeting resources.

The chart below shows West Dunbartonshire's position in 2019/20 in comparison with the other 31 Local Authorities in Scotland for those indicators the HSCP has responsibility for and Appendix 3 provides comparison with the national figure.

During 2019/20 new indicators were added to the existing LGBF suite which have been pulled directly from the Core Integration Indicators. To avoid duplication these will not be included in this section or in Appendix 3.

West Dunbartonshire Ranking Local Government Benchmarking Framework



Of the remaining 10 indicators, the HSCP performed better than the Scottish national figure in 6 of the indicators during 2019/20. West Dunbartonshire had the 6th lowest weekly cost for children looked after in a residential setting and the 7th lowest cost for children looked after in the community. We also had the 5th lowest percentage of Child Protection re-registrations within 18 months with 2.3% of children being re-registered within that timeframe compared with 6.92% nationally. The proportion of people aged 65 and over receiving personal care at home was the 6th highest in Scotland and the cost of delivering home care per hour was the 9th lowest in Scotland at £21.57.

The HSCP's worst performing indicators were: expenditure on Direct Payments or Personalised Budgets, as a proportion of overall Social Work spend with the 2nd lowest figure in Scotland; and the percentage of children reaching their developmental milestones. In relation to Direct Payments and Personalised Budgets, these are Options 1 and 2 of Self-directed Support. This indicator does not take account of expenditure on services for people who select Option 3 under Self-directed Support which means they have made a choice to request that the local authority arrange and pay for services on their behalf.

The weekly cost for residential care for older people was the 4th highest in Scotland in 2019/20, however this reflects the significant investment locally in our care homes and support through the transition period.

Performance against Strategic Priorities

This section of our report will describe our performance against our 5 strategic priorities during 2020/21 with specific regard to the areas outlined below. Performance against our Strategic Plan indicators can be found at Appendix 4.

Priority 1: Early Intervention

- Unscheduled Care
- Delayed Discharge
- Addiction Services
- Child Protection and Looked After Children
- Case Study: Collaborative Working

Priority 2: Access

- New Care Home and Health and Care Centre, Clydebank
- Supporting People to Die at Home
- MSK Physiotherapy
- Access to Information

Priority 3: Resilience

- Child and Adolescent Mental Health Services
- Psychological Therapies
- Young People in Mind
- Learning Disability Services

Priority 4: Assets

- Partnership Working: Supporting Our Shielding Citizens
- HSCP Staff Health and Wellbeing
- West Dunbartonshire Champions Board

Priority 5: Inequalities

- Tackling Health Inequalities
- Criminal Justice Social Work Services
- Throughcare and Aftercare
- My Life Assessment

Priority 1: Early Intervention

Unscheduled Care

Unscheduled care refers to any unplanned contact with health services including urgent care and acute hospital emergency care. It can be in the form of attendance at Accident and Emergency departments (A&E), hospital Assessment Units, unplanned or emergency admission to hospital and delays in discharge from hospital when a person has been deemed medically fit for discharge. Increased demand on acute hospitals and the impact of an ageing population has resulted in a drive to tackle unscheduled care by developing more early intervention initiatives to prevent unnecessary hospital admissions and to provide more health services within the community.

During 2020/21 the HSCP worked with NHS Greater Glasgow and Clyde (NHS GGC) and the 5 other HSCPs within the Health Board area to develop a HSCP Unscheduled Care Commissioning Plan focusing on adapting service models in response to an increasingly older population and changes in how and when people choose to access services: aiming to meet patients' needs in different ways, ensuring services are integrated and that people understand more clearly how to use them.

While unscheduled care was significantly reduced across NHS GGC during 2020/21 as a direct result of the pandemic, when compared with the other 5 HSCPs within Greater Glasgow and Clyde, West Dunbartonshire's use of unscheduled care showed less of a reduction.

2020/21 Performance Compared with 2019/20

Health and Social Care Partnership	Emergency Admissions	Unplanned Bed Days
West Dunbartonshire	-13%	-8%
East Dunbartonshire	-14%	-11%
East Renfrewshire	-14%	-8%
Glasgow City	-14%	-13%
Inverclyde	-20%	-16%
Renfrewshire	-21%	-13%

Extensive work has been undertaken within the HSCP to understand our unscheduled care demands and to address any gaps in service provision which may be contributing to this demand. This includes:

- Analysis of bed usage by people with conditions which account for the highest levels of unscheduled care.
- Roll out of Rockwood Frailty Scoring as an integral part of all assessments.
- Increased use of Anticipatory Care Plans and Electronic Key Information Summaries (eKIS) for patients to allow for more effective sharing of information vital in providing the correct and chosen care. At the onset of the pandemic District Nursing and GPs increased the number of eKIS recorded from 5,930 to 19,861 to help protect and care for the most vulnerable people in our community.
- Full roll out of the Focused Intervention Team (FIT) across West Dunbartonshire, providing rapid, multi-disciplinary and intensive care at home, where conditions escalate and where hospital attendance may become likely.
- Agreement reached with the Scottish Ambulance Service that referrals will be redirected to FIT as an alternative pathway to conveying residents of West Dunbartonshire to acute when presenting with a fall or breathing difficulties. A joint HSCP and Scottish Ambulance Service programme of training and awareness raising with paramedic crews undertaken to highlight this new pathway.

- Work with the Vale of Leven Hospital to ensure best use of day hospital and clinic capacity for people who are suffering from frailty and who would benefit from hospital services.
- Detailed regular analysis of those frequently attending A&E, and proactive contact with these individuals to develop more appropriate supports.
- A proactive approach to ensuring high vaccination rates for influenza for both staff and vulnerable patient groups.
- Very proactive in-reach work within hospitals using an electronic dashboard to monitor all emergency admissions by residents of West Dunbartonshire, ensuring early contact with the patient, and the ward, to start planning for an effective and timely discharge.
- Better communication and networks across all parts of our local unscheduled care system.

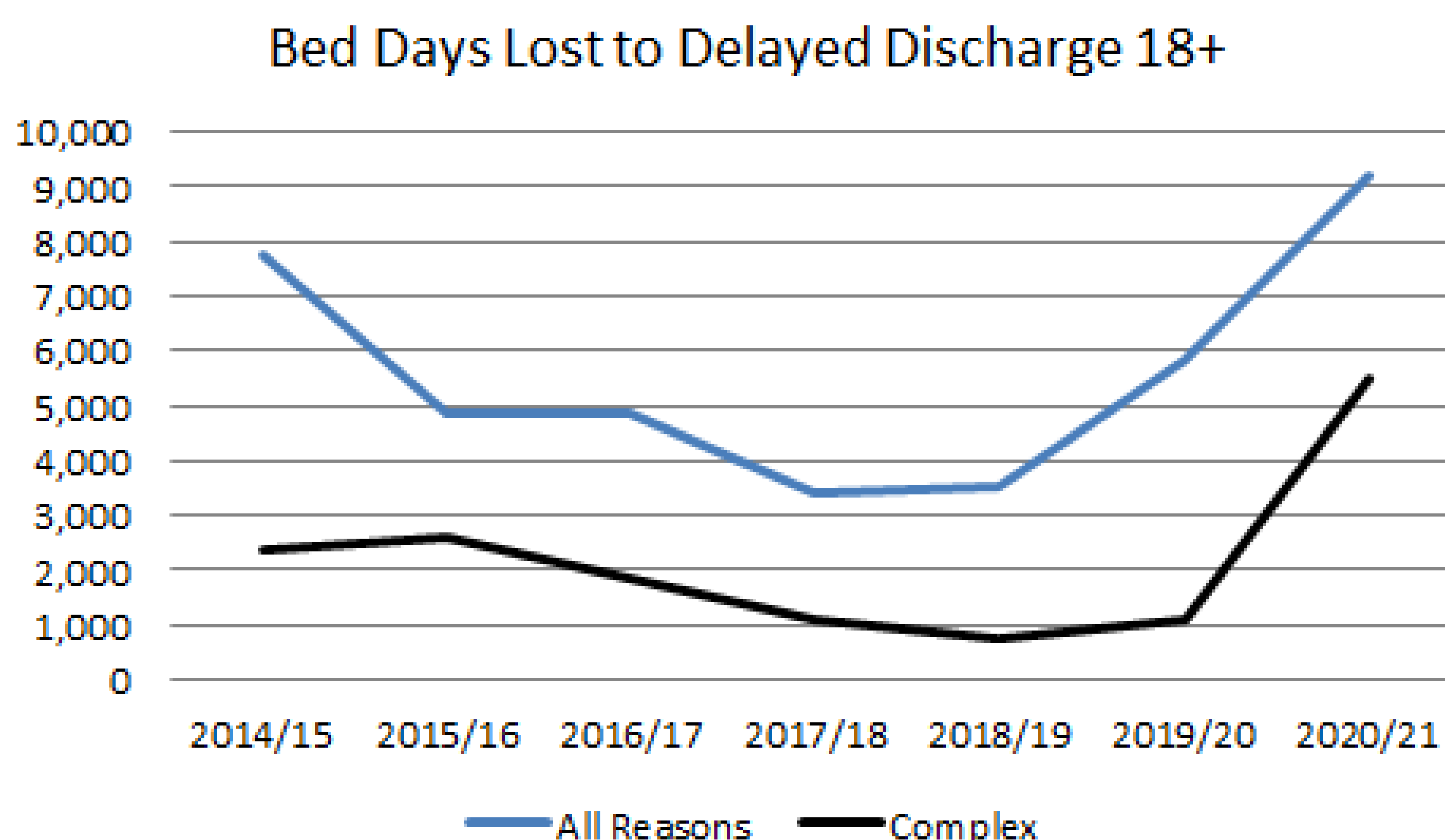
The anticipated impact of these various workstreams was used to develop local 2020/21 Ministerial Steering Group (MSG) targets for unscheduled care using 2019/20 performance, that closest to the onset of the pandemic, as a baseline. While targets for emergency admissions, unplanned bed days and A&E attendances were met, changes in ways of working and people's behaviour due to the pandemic is more likely to have contributed towards this success.

However, those positive changes in practice which we are uncovering as we evaluate the lessons learned during this extraordinary period can be harnessed to further improve our response to unscheduled care: ensuring we have the capacity going forward to meet the needs of the people of West Dunbartonshire.

Delayed Discharge

Admission to hospital is often necessary and effective and timely discharge from hospital to the most appropriate setting is vital to improve outcomes for individuals and to avoid readmission. A delayed discharge is where a person has been deemed medically fit for discharge back home or to a care home but the discharge is unable to take place. This may be due to lack of services within the community, the availability of an appropriate care home placement, or the person's lack of capacity to make a decision about their future care needs. The latter may entail a guardianship application under Adults with Incapacity (AWI) legislation to allow the decision to be made on the person's behalf: a process which can be lengthy and complex particularly where family members have differing views on the best care setting for their loved one.

Since the HSCP's inception in 2015, West Dunbartonshire had seen an improving trend in the number of bed days lost to delayed discharges with a slight increase in 2019/20. However bed days lost in 2020/21 increased to the 4th highest in Scotland when converted to rate per population.



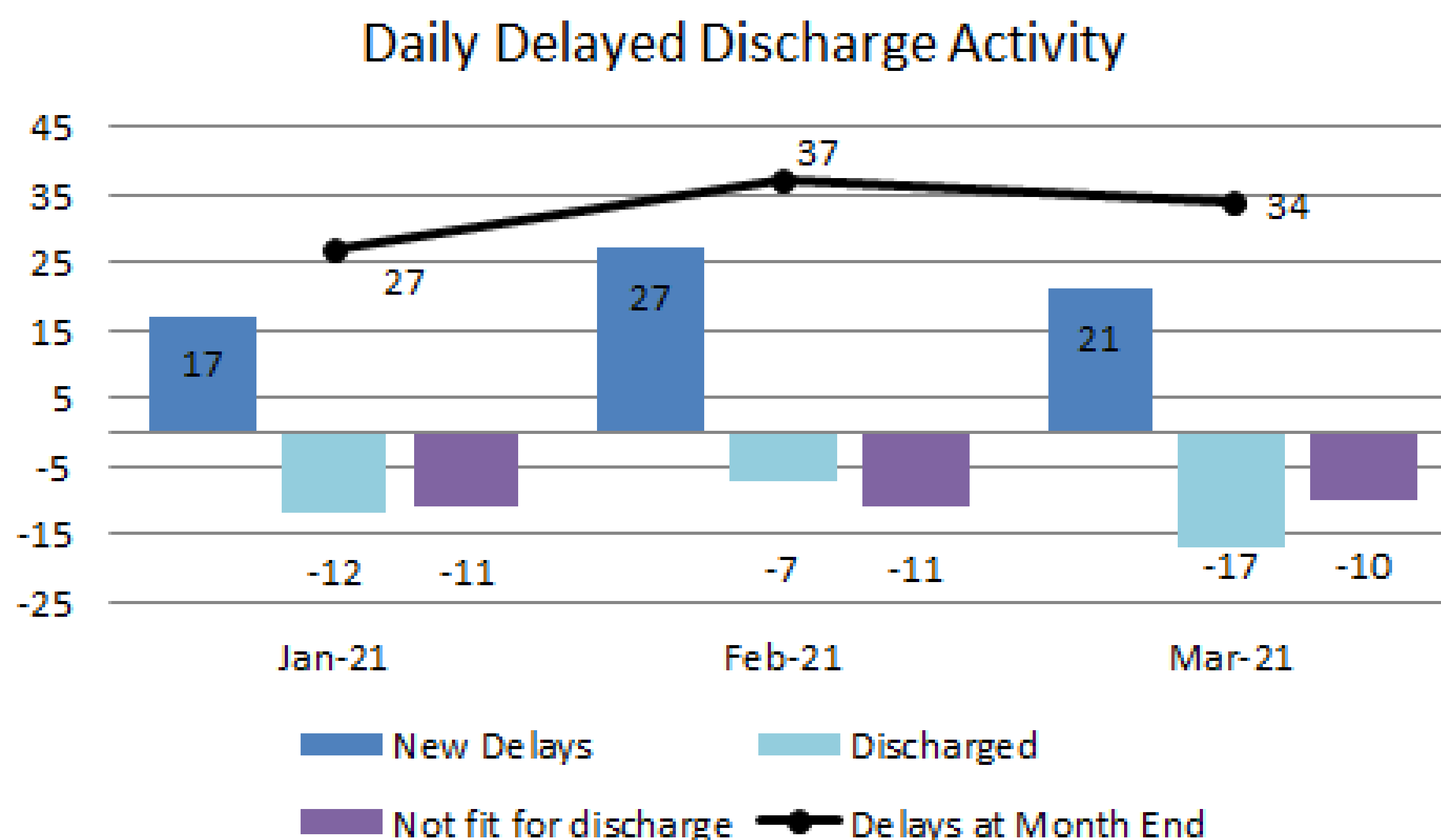
Closure of the Scottish Courts in March 2020 in response to the pandemic clearly had an impact on the ability to discharge people home where AWI legislation applied, however West Dunbartonshire was not unique in this respect. West Dunbartonshire had the 3rd highest proportion of delayed discharge bed days lost to complex cases involving AWI legislation at just under 60%. However those other HSCPs with higher proportions of complex cases than West Dunbartonshire did not see this converted into higher rates of bed days per population. In relation to a lack of services within the community there have been no delayed discharges due to an inability to provide homecare services and homecare is provided by no later than the day after discharge has taken place.

Significant work has been undertaken to identify the root causes of our increased numbers and address any gaps or blockages in our processes including:

- Peer review with Glasgow City HSCP to identify any inconsistencies and seek opportunities for improvement.
- Review of the internal AWI process and the setting of agreed timescales for each part of the process within our control.
- Additional Mental Health Officer and Agency Social Worker capacity.
- Weekly meetings established across the Hospital Discharge team, Mental Health and the Council's Legal Services to progress AWI discharges.
- Weekly meetings with NHS Greater Glasgow and Clyde discharge co-ordinators to review all delays.
- Weekly meetings with Vale of Leven Hospital to review delays.
- Additional capacity to improve daily reporting.

Further work in 2021/22 will involve the development of detailed chronologies for AWI discharges to identify any patterns or potential solutions and the design of a West Dunbartonshire awareness campaign in relation to Power of Attorney and Guardianship.

Despite the difficulties presented by Covid, Hospital Discharge staff continue to deliver a hospital in-reach role, identifying patients, through hospital dashboards, who have been in hospital for 10 days or more. These patients are proactively engaged with to gain an understanding of their needs and wishes and are tracked by staff through any ward or hospital transfers with a view to supporting discharge as soon as they are medically fit.



The number of people with a delayed discharge peaked mid-February 2021 and the above demonstrates the volume of new delays and discharges being managed by the Hospital Discharge Team. Where a person becomes medically unwell again they are removed from the delayed discharge dashboard as 'not fit for discharge' but often a great deal of planning and communication with families will have taken place with a view to discharge before the person has reached this stage.

Addiction Services

West Dunbartonshire Alcohol and Drug Partnership continue to deliver services across the local authority area in line with the Scottish Government's Rights, Respect and Recovery Strategy. The four priorities of which are:

- Education, prevention and early intervention on alcohol and drugs
- A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths
- A whole family approach on alcohol and drugs
- A public health approach to justice for alcohol and drugs

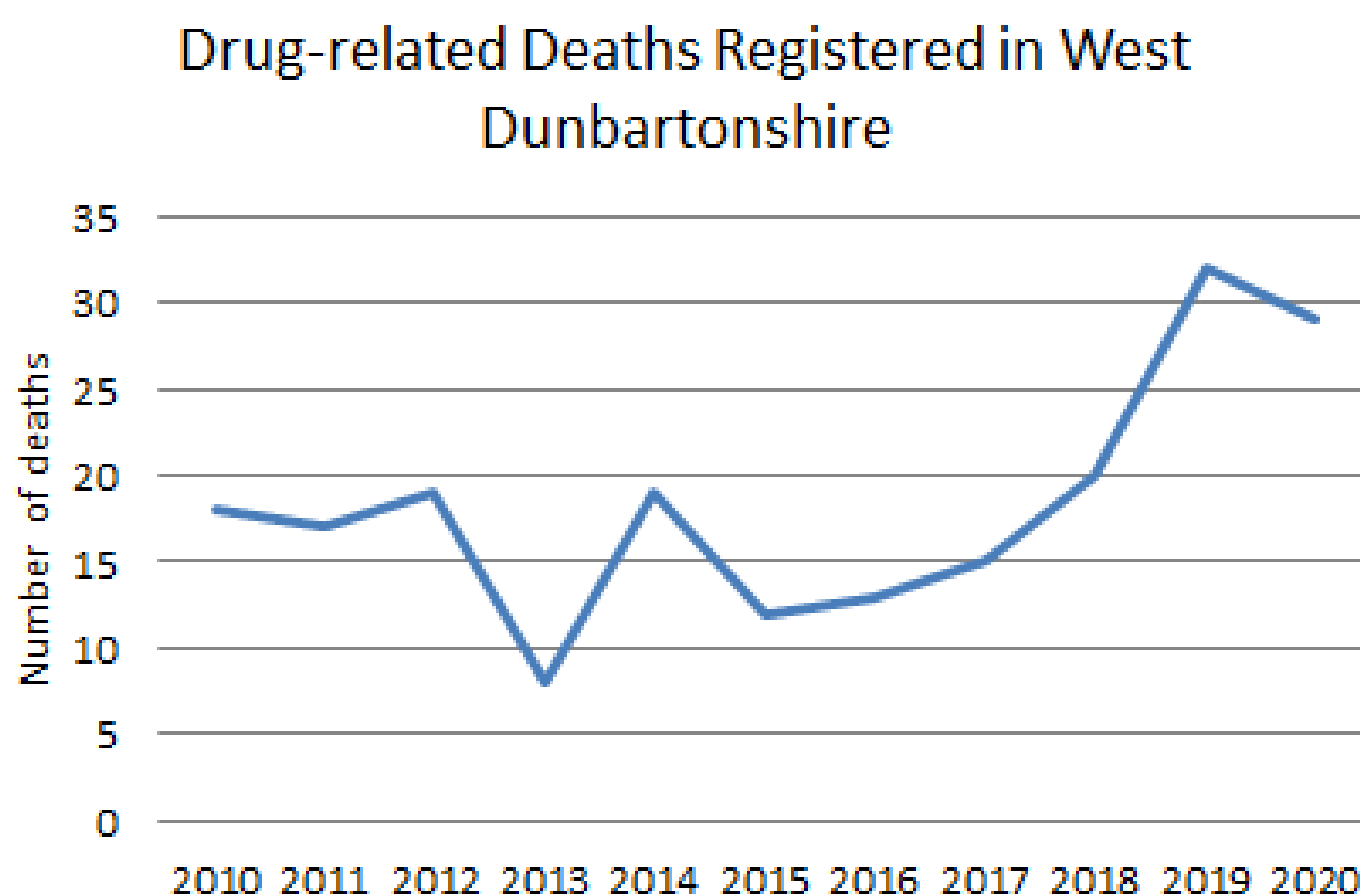
During 2020/21 there were 851 referrals to addiction services including WDHSCP community addiction teams and our third sector partners Alternatives West Dunbartonshire and Dumbarton Area Council on Alcohol (DACA).

The Scottish Government standard is that 90% of people referred for help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. Within West Dunbartonshire performance has exceeded 95% throughout the year with a final annual figure of 96.6% receiving treatment within the timescale.

The pandemic and associated restrictions saw the team quickly adapt to new ways of service delivery. The assertive outreach service continued to be delivered by a team of health and social care staff to the most vulnerable and high risk adults with chaotic and complex drug and alcohol use, often with co-existing mental health issues, to support their engagement with services. This was a mixture of face to face, telephone and Attend Anywhere appointments. The team also continued to support the Special Needs in Pregnancy (SNIPS) multi-professional model of care to vulnerable women throughout their pregnancy and post-birth. This intensive support is offered by a dedicated Addictions SNIPS worker.

The number of drug-related deaths in Scotland was published in July 2021 and has risen dramatically from 485 in 2010 to 1,339 in 2020: an increase of 176%. Public Health Scotland have recognised the challenges of tackling drug deaths during the pandemic and have also highlighted that the pandemic has brought many of the factors contributing to drug deaths more sharply into focus: deprivation, isolation, financial uncertainty and digital exclusion. Almost 73% of 2020 drug deaths were of males and the average age of those who died was 42.6 years.

Drug deaths within West Dunbartonshire are roughly in line with the national pattern and when average figures for 2016-2020 are converted to a rate per 100,000 population, West Dunbartonshire has the 7th highest rate of drug-related deaths in Scotland. A local drug death prevention group has been formed to tackle drug deaths within the area. It will utilise data and local intelligence to inform service provision going forward.



During 2020/21 the Scottish Government announced additional funding to tackle drug deaths and West Dunbartonshire have been allocated just under £80,000 for the following:

- Just under £46,000 for residential rehabilitation placements offering different rehabilitation treatment options
- Further development of the Navigator Project initially funded by the Drug Deaths Taskforce providing rights-based advocacy training to staff to ensure they can advocate on behalf of people who may have multiple and complex needs and will target people with an unplanned discharge from services to ensure they can access services if required.
- The development of a mobile harm reduction unit providing access to wound care, increased access to Blood Borne Virus testing and increased access to Naloxone which can be used to counteract opioid overdose. The mobile unit will be leased over a 4 year period and will be located within communities where drug harms and drug deaths are occurring.
- £7,500 further investment into non-fatal overdose pathways within the Greater Glasgow and Clyde and local area to support localised responses to the NHS Greater Glasgow and Clyde pilot located within Glasgow.

As part of our commitment to a Whole Family Approach, joint work was undertaken with Children's Services colleagues to develop and co-produce a Parental Capacity, Strengths and Support Assessment. This assessment integrates wellbeing indicators and focuses on the adult service user's strengths and achievements as well as pressures and areas for improvement in relation to their child's wellbeing. This will be embedded fully into current practice of all health and social care staff in July 2021.

The Scottish Government's public health approach to justice aims to ensure equivalence of support in criminal justice settings. A further development during 2020/21 was the co-production of an Arrest Referral Scheme. Funding for this project was secured through additional Scottish Government funding. West Dunbartonshire Council, incorporating WDHSCP have commissioned Alternatives West Dunbartonshire Community Drug Services and Dumbarton Area Council on Alcohol (both jointly identified as "the Providers") to deliver a Drug Deaths Task Force-funded arrest referral service for adults in West Dunbartonshire whose life is adversely affected by substance misuse.

The arrest referral service will support adults in West Dunbartonshire who find themselves in police custody and/or the justice system as a result of offending behaviour associated with, or influenced by, substance use including alcohol. The service will facilitate the engagement, informing and enabling of people in custody to secure timely, managed access to specialist addictions support services within West Dunbartonshire and in doing so, will help reduce the risk of harm for people whose lives are adversely affected by their substance misuse.

Child Protection and Looked After Children

To help protect our most vulnerable and at risk children and young people, 2020/21 saw the development of a local Child Protection (CP) dataset in line with the format of the national CP minimum dataset created by the Centre for Excellence for Children's Care and Protection (CELCIS). These indicators were developed and agreed with CELCIS following extensive consultation with CP Committees and national partners that include the Scottish Government, Care Inspectorate, Scottish Children's Reporter Administration (SCRA), Police Scotland and NHS/ISD Scotland. The dataset aims to provide CP Committees with intelligence about our vulnerable children and young people and the workings of our local child protection system. Going forward it should support improvement activities as the data helps to highlight local issues and priorities. The data will also monitor the impact of new approaches and improvement activities and increase the opportunities to benchmark and learn from other CP Committees.

The dataset was implemented in a highly unusual year where children and young people have been adhering to strict Government restrictions, home-schooling and generally spending more time at home with their families or carers and without the same levels of oversight as previously. To that end weekly monitoring of CP registrations and face-to-face contacts with Social Work, Health or Education professionals has been gathered from each local authority since mid-April 2020. A particular concern was registrations where domestic abuse was a factor, acknowledging the pressures on vulnerable families during lockdown.

There were 38 children registered on the CP Register at March 2020. This increased significantly in the first phase of the pandemic, peaking at 66 mid-July to mid-August and gradually dropping down to 40 at March 2021. The most noted concern reported for children at the time of child protection registration was domestic abuse: 53% of all factors noted in registrations. Parental mental health was the next most reported concern and represented 41% of all factors noted at registration. Both of those showed an increase on the previously reported academic years of August 2018 - July 2019 and August 2019 - July 2020. Lockdown pressures are widely perceived to have had an impact on perpetrator behaviours and mental health problems in children, young people and their parents. The impact of school closures and restrictions on interacting with others outwith the family home will have also impacted on the mental and emotional wellbeing of children, young people and their families.

Despite the challenges experienced since March 2020, services have continue to work together to reduce the risk to children and young people. This has been achieved by convening additional CP Committee meetings to monitor Covid-19 related issues.

Due to the impact of the pandemic, there was reduced capacity to develop and deliver training and learning sessions as well as additional complexities around the virtual nature of training which limited methods of interaction. To address this, the training subgroup of the CP Committee is taking forward a range of activities to support the multi-agency workforce. This includes the development of a training strategy, completing a training/learning needs analysis and sharing learning resources between multi-agency partners.

The Scottish Children's Reporter Administration moved children's hearings from face-to-face to virtual hearings as a response to the pandemic. Despite some challenges with technology, meeting the needs of those most vulnerable and at risk children has been achieved and all orders have been reviewed and emergency transfers, along with Child Protection Orders, have been ratified at children's hearings. Plans are in place to deliver virtual hearings on a new, more stable IT platform in 2021/22 along with the gradual return to face to face hearings as lockdown eases.

Partners have worked well together to improve access to digital means of communication, for example by providing iPads to vulnerable families to ensure they could engage in children's learning. This also assisted families in continuing to receive contact from agencies, whether by virtual support or attending meetings such as CP case conferences where meeting the 21 day timescale was particularly challenging in 2020/21.

The most vulnerable children in West Dunbartonshire have continued to receive robust support from our partners and young people with emotional wellbeing issues have been prioritised. Our Specialist Children's Services focused on a quick response for those young people with mental health problems who were most at risk. In addition, visits were also made to families to ensure they had the resources they needed prior to lockdown, to minimise the negative impact lockdown would cause.

Children and young people who become looked after are among the most disadvantaged children in society and in general experience poorer outcomes than their peers. Reasons for becoming looked after vary for each child but in every case children will have been through difficult or traumatic life experiences which can result in poor emotional and physical health, distress, a lack of stability and often a lack of social and educational development.

The HSCP supports children and families through effective early intervention, prevention and providing families with the support they need, when they need it. We strive to increase the proportion of looked after children and young people who are looked after in the community, to help them maintain relationships and community links, which may result in better outcomes.

There were 502 looked after children in West Dunbartonshire at March 2020. This number steadily increased as the pandemic progressed peaking at 515 late September 2020. As with CP registrations, this number dropped over the ensuing months and stood at 491 in March 2021. The HSCP's local target is that at least 90% of looked after children are looked after in the community. This target had been exceeded since September 2017 however as overall numbers fell this proportion slipped below 90% during February and March 2021. This was due to the fact that the majority of children and young people whose orders were removed were those living in the community while there was a small increase in residential placements.

In line with our equalities monitoring, we also monitor the proportion of children from Black and Minority Ethnic (BAME) communities who are looked after in the community. Although there is a slight variance against the overall figure, 73.3% at the end of March 2021 against 89.2% for all looked after children, the numbers of

BAME children are very low therefore small changes in numbers will see percentages fluctuate more significantly. Looked at overall, 3% of looked after children are from BAME communities and 2.5% of all children looked after in the community are BAME. This 0.5% difference while slight will continue to be monitored.

Our looked after children and young people have continued to receive high levels of care and support during the pandemic, with services adapting and taking innovative approaches to minimise the impact of Covid-19 restrictions. Within our three children's houses, staff continued to provide reassurance and the best possible care to children and young people within a homely, loving environment.

Staffing levels were impacted by the occasional need for individuals to isolate however close working with Public Health Scotland was invaluable in the early months to provide guidance and reassurance that all measures to manage the impact of Covid-19 to reduce transmission were being implemented successfully. In addition to necessary physical changes, it has been particularly important to provide emotional support and continuity for our children and young people.

Staff continued to maintain strong links with families, social work teams, Young People in Mind (for mental health and wellbeing support), the Children's Reporter and other key services. They have also supported our children and young people with online learning and with the impact of loss of routine due to Covid-19 restrictions.

Although no formal inspections took place, regular contact continued with Care Inspectorate colleagues, during which no issues were identified which would have impacted on the inspection grades previously achieved.

Despite the challenges of the past year, there have been a number of achievements, including:

- Supporting young people to return home and maintaining links with staff and other young people
- Review of staff supervision arrangements
- Activities to support young people's wellbeing and learning
- Eco garden project
- Equine supported learning project
- Cycling proficiency certificates awarded to young people
- Cultural awareness days
- A number of young people secured places on or completed college courses and secured employment

To assist children moving into our children's houses and other care settings, the service worked with the Scottish Throughcare and Aftercare Forum (STAF) to introduce wellbeing boxes for every child who moves to a care setting. This included research-based, well considered items to help a child or young person feel more secure in those early days. Initial feedback has been positive and, as part of the commitment to The Promise, training is being rolled out across residential staff, social workers and foster carers. The team will continue, with children and young people, to review and improve the initial experience of moving into care settings.

The Promise Scotland is responsible for driving the work of change demanded by the findings of the Independent Care Review. It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can **#KeepThePromise** it made to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential.

During 2020/21, the HSCP's Family Placement service, continued to assess people wishing to be foster carers, adoptive parents and supported carers. The service has also provided support and training to existing carers and, despite the pandemic, there has been a steady, positive interest in both fostering and adoption across West Dunbartonshire.

Staff have developed alternative ways to work with carers and prospective adopters such as regular online support meetings and informal drop-in sessions to enable carers to come together for peer support and to share views around a variety of issues, including those arising from Covid-19. All foster carer reviews took place within timescales and the team has used this learning to schedule all reviews for the year ahead, ensuring support, evaluation and oversight of fostering placements.

Our carers have always been a significant support to our children and over the past year their dedication in difficult, unprecedented circumstances has been outstanding. They have coped well with additional demands which arose from periods of isolation, home schooling and unpredictable developments within some children's care plans. Carers have navigated these with limited face-to-face contact with professional supports and have worked tirelessly to ensure that children's experiences have been positive and that their wellbeing and interests continue to be met.

Activity to engage new carers and adoptive parents has continued using virtual training and engagement sessions including home study assessments for new carers/adopters. Staff have worked imaginatively with children and carers to enable them to make connections with new 'forever families' through adoption. Despite the challenges, this led to positive outcomes and these new ways of working will be consolidated into custom and practice for the future. This will reflect the principles of The Promise, recognising the need for children being able to remain in their local area.

The adoption service has continued to work co-operatively with other local authorities and approved voluntary sector agencies to identify families for children. During 2020-21, a number of permanent family destinations have been found, with more children in pre-adoptive placements awaiting legal support to move to adoptive homes.

Case Study: Collaborative Working



West Dunbartonshire Covid Assessment Centre

West Dunbartonshire was the first HSCP within NHS Greater Glasgow and Clyde to open a Covid Assessment Centre to help combat Covid-19 by providing a local service to assess people presenting with symptoms. West Dunbartonshire hosts two of the four Covid Assessment Centres currently in operation across Greater Glasgow and Clyde.

West Dunbartonshire's Covid Assessment Centres in Clydebank and Renton have been a success story of collaborative working between the employees of West Dunbartonshire's HSCP Community Treatment and Care Service and local GP practices, who came together to ensure the residents of West Dunbartonshire's health needs continued to be met over the course of the pandemic.

This appointment only hub ensures that Covid-19 symptomatic people and those self-isolating due to close contact can be assessed and treated within the local community. The Covid Assessment Centre is supported by patient transport services to ensure all residents who have mobility issues are still able to access this service. In addition to this, close links have been developed with Acute Services' Specialist Assessment and Treatment Area, in order to expedite patients who require further investigation following their Covid Assessment Centre assessment.

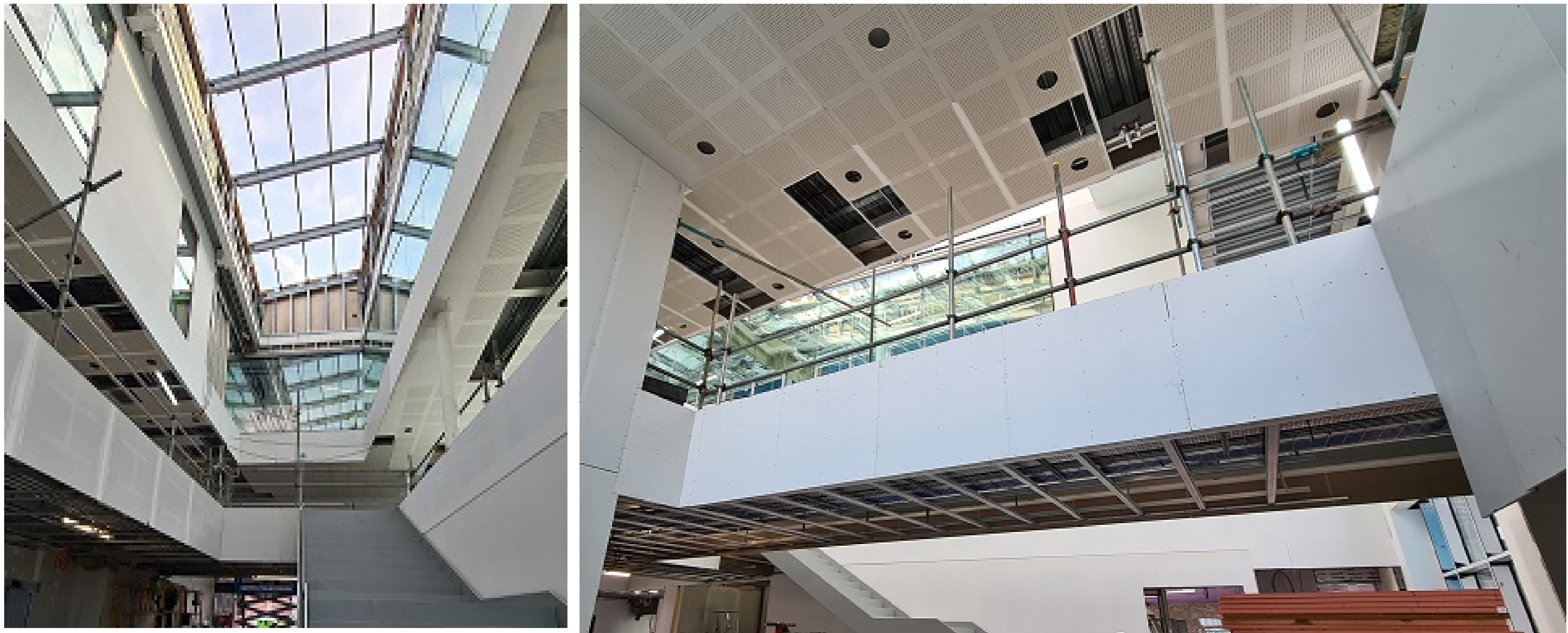
This interpersonal working relationship benefited over 1,000 residents of West Dunbartonshire during 2020/21 and continues to date. It has assisted in ensuring hospital capacity is used for those with the most serious illnesses and helped reduce the exposure of patients at GP surgeries. It also allows GPs to focus on providing care to patients with other complex health issues.

Priority 2: Access

New Care Home and Health and Care Centre

Queens Quay, the HSCP's new care home for older people in Clydebank, welcomed its new residents in December 2020. Work had been paused at the site due to the Covid-19 pandemic in March 2020 however was able to resume in May 2020. Queens Quay provides residents, their relatives and staff with a modern living and working environment which enables better person-centred care within more eco-friendly facilities. Although all HSCP day care services were paused in 2020/21 due to the pandemic, the care home also incorporates a range of health and care services including therapeutic and rehabilitative facilities as well as social and recreational activities for the use of residents and day care users.

Another feature of the exciting new developments at the Queens Quay site is the new Health and Care Centre. The new three storey healthcare facility will bring together six local GP practices to serve 40,000 members of the local population. In addition to GP services the new centre will accommodate district nurses, health visitors and social work, and dental and podiatry departments to provide a full range of enhanced healthcare on site. Again work was paused temporarily during the pandemic but since returning to the site progress has been excellent and the contractor has indicated that the HSCP will receive the building mid-November 2021. Once completed this will begin the 8-10 week commissioning period where the building will be fitted out with furniture, fittings and IT systems to be able to welcome GP practices, HSCP staff and patients into our new modern facility at the heart of the new Queens Quay development towards the beginning of February 2022.



Supporting People to Die at Home

The HSCP's integrated palliative care services care for the increasing number of people with complex long term conditions and palliative care needs: giving people the choice of being supported in the place most appropriate to them when it comes to the end of their life. District Nursing services work closely with Care at Home staff to provide a sensitive and responsive model of care to support people to remain at home with their families where possible and where this is their wish. This has been particularly important during a global pandemic where people requiring palliative care and their families have been concerned about the risk of infection and admission to hospital where strict visiting restrictions have been in place.

All palliative and end of life care patients have an Anticipatory Care Plan and an electronic palliative care summary which is shared with hospital acute services and the Scottish Ambulance Service and additional support is provided from specialist nursing e.g. Diabetic Specialist Nurses, COPD Nurses and Pharmacy teams as requested.

During 2020/21, 72% of all people being supported by palliative care services were cared for and supported to die at home. While we strive to ensure people die in their chosen place of care, and most choose to die at home, this plan needs to be adaptable, and for some people the safest place of care to ensure prompt symptom management can be within a hospital setting. We also need to care for carers, and occasionally admissions can happen due to the sense they may have of being overwhelmed by their role at such an emotional time, particularly if the symptoms their loved one is experiencing are significant.

Case Study

Patient A was referred to the District Nursing team for palliative care. On initial assessment by the District Nurse (DN), Patient A's main concerns were identified as loss of mobility and the risk of Covid-19 infection. The DN in conjunction with Patient A and his family members constructed a plan of care to address these concerns.

Loss of Mobility

Due to his condition, Patient A had become bedbound. The DN identified that he would benefit from a hospital bed with a pressure relieving mattress in order to maintain skin integrity, allow him to mobilise from a lying to sitting position with ease and to assist nurses, carers and family when carrying out moving and handling procedures. In order to transfer Patient A from his current bed to a hospital bed a hoist would be required to carry this out safely. Unfortunately the layout of Patient A's room meant that it would not support all of the equipment in the room at the same time. The DN consulted with Occupational Therapy who agreed with this stance. Patient A was then concerned that in order to be cared for safely a long term care facility may be more suitable. Patient A's stated wish was to remain at home.

In order to accommodate Patient A's wishes the DN at this time consulted with Patient A and his family, Home Care Services and Equipu, who provide Occupational Therapy equipment to the HSCP, to ascertain if there was an alternative solution. Equipu suggested that any hoist provided to enable the transfer from one bed to another would need to be dismantled before entering the room, reassembled in the room, used for the purpose of transfer, then dismantled again and removed from the premises. All services agreed at this time to move forward with this plan and dates and times were agreed across all services taking into consideration the current restrictions imposed by the Covid19 pandemic to carry this out. Patient A was moved safely without issue due to this collaborative approach.

Risk of Infection Covid19

Patient A and his family had identified a main concern at this time was the increased risk of Covid19 being brought into the home environment by District Nursing and Home Care staff who visited on a daily basis. Both of these services were crucial in allowing Patient A to remain at home. Home Care were visiting 4 times daily for personal care and positional changes, District Nursing Service visited at least once daily for symptom management and support. The DN coordinating Patient A's care liaised with the Home Care Organiser to ensure that services visited at predetermined times and where possible the same staff would carry out visits in order to reduce footfall in the house.

The DN explained and reassured Patient A and his family that control measures were being put in place to reduce the risk of being infected by Covid19. This included the Personal Protective Equipment (PPE) that would be utilised at each visit by both services; infection control measures of hand washing/sanitising and wiping of equipment before and after use with recommended 70% alcohol wipes; social distancing of 2 metres where possible; and safe disposal of PPE and any other items that were required to be discarded after each visit. The DN encouraged Patient A's family to be involved with preventative measures and they were happy to engage with this by providing a designated bin, equipment storage area and designated work space.

Patient A's preference to remain at home safely and comfortably till the time of his death was achieved due to the collaboration of multiple services. Family members of Patient A provided positive feedback with regards to the successful management and delivery of his care.

Musculoskeletal Physiotherapy Service



Musculoskeletal (MSK) conditions affect bones, joints, muscles and tendons and interfere with people's ability to carry out their normal activities. They range from those conditions that arise suddenly and are short lived, such as fractures and sprains; to lifelong conditions associated with ongoing pain and disability.

MSK conditions can significantly limit mobility and dexterity, leading to early retirement from work, reduced accumulated wealth and reduced ability to participate in social roles. These conditions are the second largest contributor to disability worldwide with low back pain being the single leading cause of disability globally.

MSK Physiotherapists have expertise in the assessment, treatment and prevention of muscle and joint conditions. They employ advanced clinical assessment and diagnosis methods and have been trained in a broad range of treatment techniques to help patients recover and return to normal activities. They also have a vital role in preventing ill health, maintaining mobility and encouraging older patients to remain active, thus contributing to falls prevention.

MSK Physiotherapists are highly skilled in assessing and treating people with physical problems caused by accidents, ageing, disease or disability. They aim to:

- Totally relieve or reduce pain
- Provide strategies to manage injuries or conditions
- Help patients recover quicker and return to normal activities
- Help prevent future injuries
- Assist patients to achieve their goals
- Improve flexibility, muscle strength and quality of movement

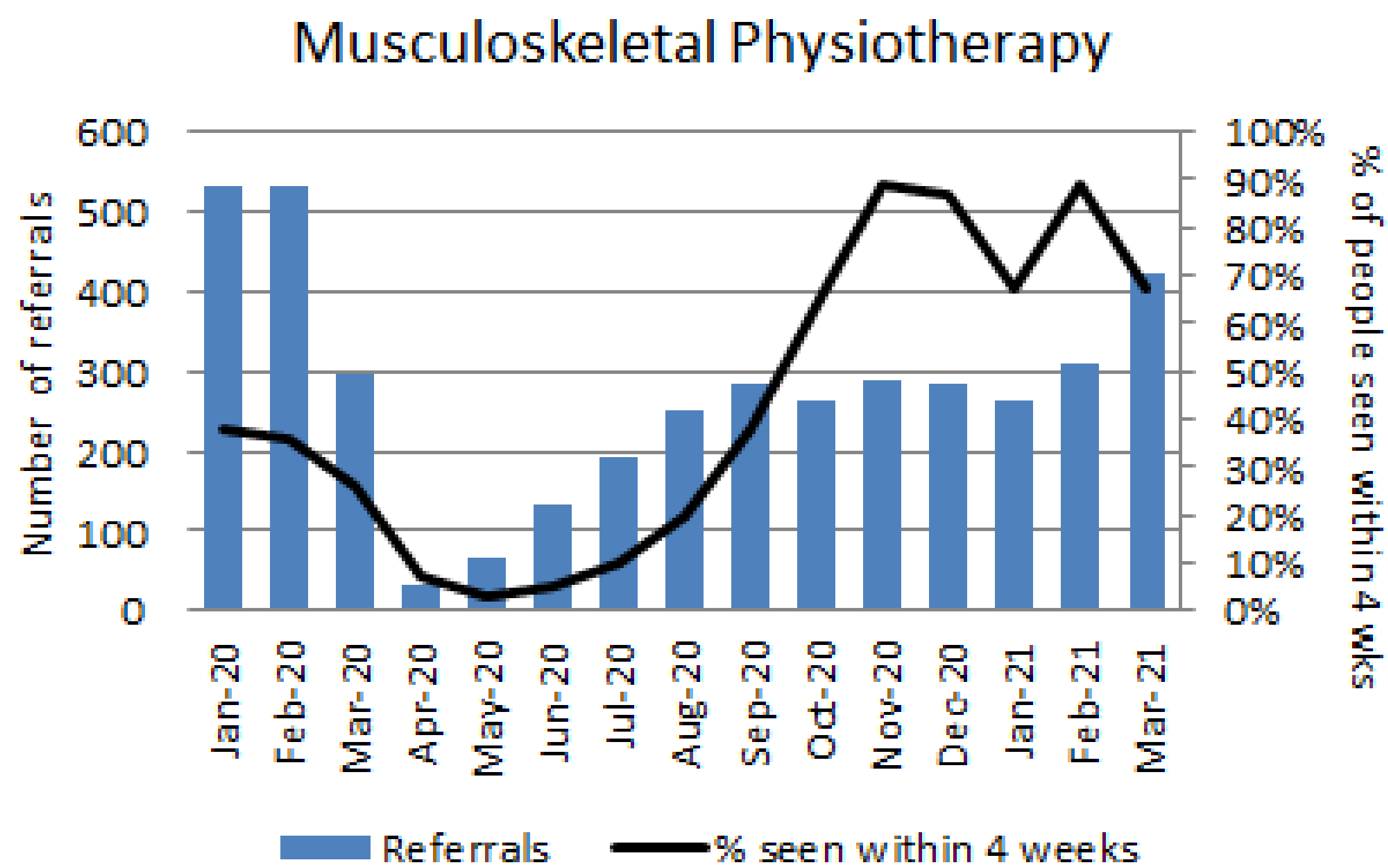
The NHSGGC MSK Physiotherapy Service is hosted by West Dunbartonshire HSCP on behalf of all HSCPs within Greater Glasgow and Clyde and the Acute Service Division of NHS GGC. The MSK Physiotherapy Service Manager reports to the Chief Officer of West Dunbartonshire HSCP and the service is included within the HSCP's development plans and governance structures.

In March 2020, 26% of people were seen by the MSK service within the target time of 4 weeks. The national target is for 90% of people to be seen within the 4 week timescale. From April 2020 onwards 80% of MSK staff were redeployed to support the pandemic effort. Redeployment was to various locations, primarily to support Acute colleagues, but also to support Community Assessment Centres; the Covid vaccination programme (including inpatient vaccination, prisons and mass vaccination clinics); and to a lesser extent Community Rehabilitation teams.

In reaction to the pandemic, referrals to the service reduced significantly and while accepting all referrals, initially only those patients deemed to have a life altering condition were assessed and treated. All urgent referrals were seen within the 4 week target time, predominately by Virtual Patient Management in the first instance to minimise face to face contacts.

By July 2020 remobilisation plans were underway and the service recommenced routine appointments and some face to face provision based on clinical decision making and clinical need. Due to the ongoing infection control and social distancing requirements, face to face capacity in Physiotherapy sites across Greater Glasgow and Clyde was around 30% of normal service provision mid-year. Capacity for face to face consultation was increased when the service began to provide clinics within the NHS Louisa Jordan Hospital which was temporarily set up in the Scottish Event Centre (SEC) in Glasgow to assist with the pandemic response. This boosted face to face capacity to just over 50% and typically 1,000 patients a month from across Greater Glasgow and Clyde were seen at the Louisa Jordan Hospital which was closed in March 2021. The service was also able to provide student placements within the Louisa Jordan which meant that Physiotherapy students had no delay in graduation as a result of the pandemic.

Although referral numbers initially plummeted in Spring 2020, they increased steadily over the year roughly in reaction to Covid case numbers and restriction levels. While receiving around half of pre-Covid levels of referral and with depleted staff numbers, the service managed to effectively tackle the challenge of waiting times, significantly increasing the proportion of people waiting less than 4 weeks. The service was able to meet the Allied Health Professionals waiting times target of 90% patients being seen within a 4 week period.



During March 2021 referrals were back up to almost pre-pandemic levels. The majority of staff had returned from redeployment meaning an increase in new patient appointment capacity. However, 18 staff were still redeployed to support Acute at this point with return to the service forecast for May 2021.

First assessment for the majority of patients remains by Virtual Patient Management (i.e. telephone). Thereafter patients are escalated to “near me” or face to face appointments based on clinical need. The service is still limited to just over 30% face to face capacity due to ongoing social distancing requirements. This will only be addressed when there is a shift in Scottish Government requirements.



Access to Information

West Dunbartonshire Council and NHS Greater Glasgow and Clyde as public authorities have a legal requirement to provide requested information in line with the Freedom of Information (Scotland) Act 2002 and the UK General Data Protection Regulation (UK GDPR), tailored by the Data Protection Act 2018.

The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005. Under FOISA, a person who requests information from a Scottish public authority which holds it, is entitled to be given this information by the authority subject to certain conditions and exemptions set out in the Act. This information should normally be provided within 20 working days of receiving the request. The HSCP's Integration Joint Board also has a responsibility to provide information under FOISA in relation only to the functions of the Integration Joint Board.

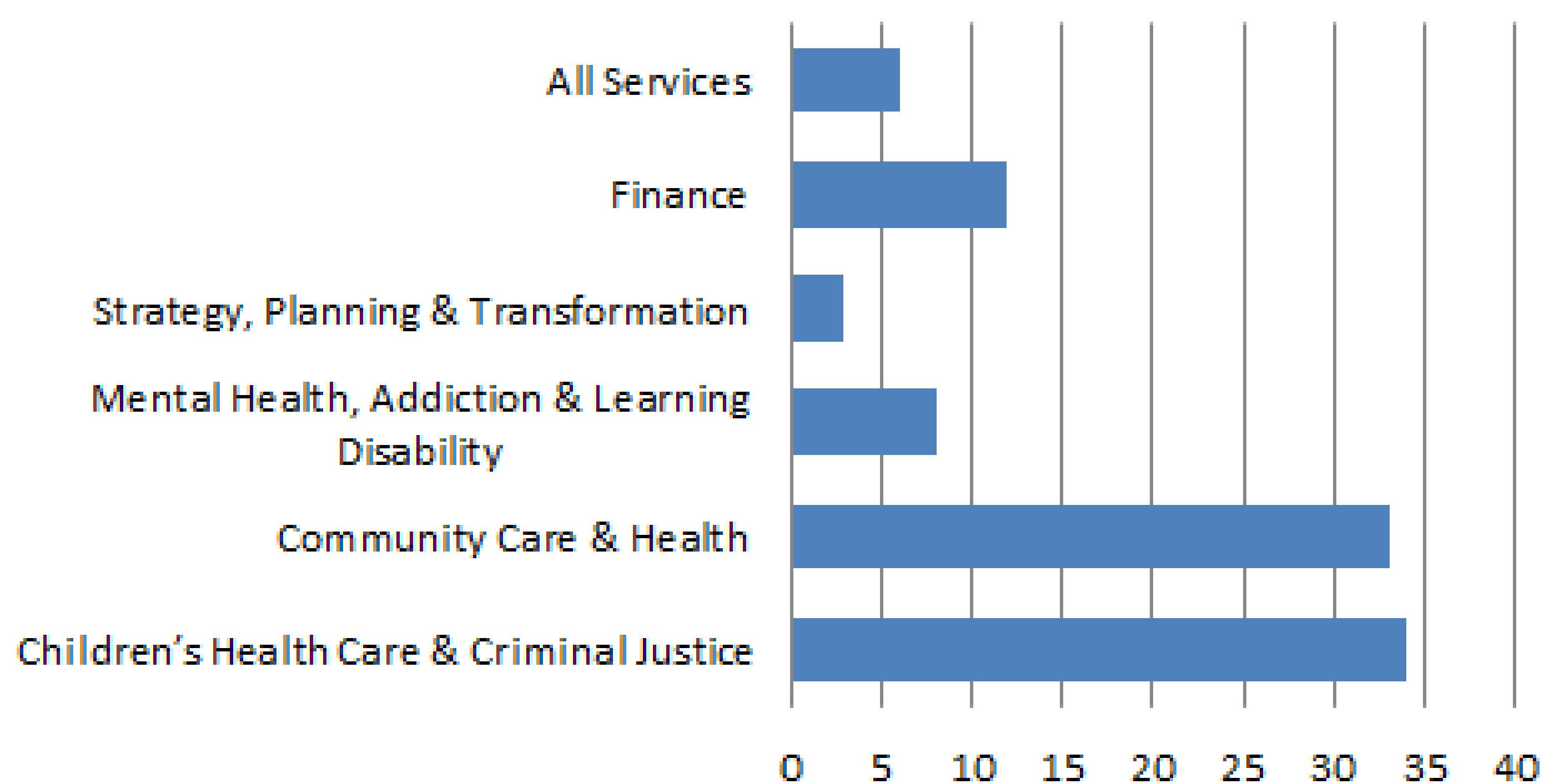
Through television, newspapers and social media, people's right to request information under FOISA and the power of national or locally aggregated information can have, has become widely known. Public authorities can refuse to provide information under very strict exemptions contained within the Act and individuals have the right to request a review of these decisions by the public authority. If they are subsequently unhappy with the outcome of the review they can appeal the response with the Scottish Information Commissioner.

There were 96 Freedom of Information requests relating to HSCP services received in 2020/21, a drop of 50 on the previous year. This decrease may have been a result of the pandemic although there were a number of requests which were either directly or indirectly related to Covid-19.

The Coronavirus (Scotland) Act 2020 (the Coronavirus Act) made temporary amendments to a range of legislation, including FOISA. The Coronavirus Act initially increased the maximum timescales within which Scottish public authorities must respond to FOI requests, including requests for information and requests for review, from 20 to 60 working days effective from 7th April 2020. However, this change was later removed by the subsequent Coronavirus (Scotland) (No.2) Act 2020 on 26th May 2020 and the 20 working day timescale reinstated.

Of the 96 requests, 74% were responded to within the timescale when measured against 20 working days with most delays involving complex information, information being requested from services under pressure due to the pandemic, or information being collated from a number of different sources across services. The numbers below represent the main service area covered in the request however many requests cover both service delivery and the associated financial information.

Freedom of Information Requests 2020/21



Often information requests under FOISA relate to information which is already published either on the HSCP, Council or Health Board website or on the websites of organisations the HSCP submits data to, such as the Scottish Government or Public Health Scotland. In that event we will signpost an individual to the published information to maintain the consistency of information held in the public domain.



Under the Data Protection Act 2018 individuals have the right to access their own information held by an organisation. They can do this in the form of a Subject Access Request (SAR). Organisations have one month to provide the information and this can be extended by up to two months if the request is complex or an individual has made a number of requests.

A SAR can also be made on behalf of another individual where the individual has provided their permission. The information collated for a SAR response may contain reference to other individuals or third parties. Where this third party is not an HSCP employee carrying out the functions of their role and authorisation has not been provided to release their information, this information will be removed or redacted from the response.

During 2020/21 the HSCP received 79 SARs, slightly lower than the 95 received in the previous year. Many SAR responses are lengthy and involve significant checking and redaction by HSCP staff.

The HSCP also provides information to the Scottish Government and Public Health Scotland. Quarterly and annual returns on service volume and the demographics of people who use HSCP services are submitted for all HSCP services: Older People, Adult, Children's and Criminal Justice services. The Scottish Government and Public Health Scotland use this information for a number of specific purposes such as: monitoring the implementation of national policies or legislation; to inform funding and planning decisions; to predict the future needs of Scotland and local populations; and to develop models of care and service delivery and inform policy makers. Much of this information is published at aggregate level on their websites and therefore available in the public domain.

In line with Data Protection and UKGDPR the HSCP has a requirement to inform people of how their information will be used. Privacy Notices relating to the various types of information we submit are available on the HSCP website. These outline how we hold, manage, process and submit an individual's information and an individual's rights with regard to their own information.

The HSCP also provides information in the form of complaint responses. Full details of how to make a complaint can be found on the HSCP's website and more detailed information on the HSCP's performance in relation to complaints handling can be found in our Annual Complaints Report 2020/21.



Priority 3: Resilience

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) in West Dunbartonshire are a multi-disciplinary team consisting of Psychiatrists, Clinical Psychologists, Nurse Therapists, Allied Health Professionals and other disciplines, for example Family Therapist and Business support. The team offers assessment and intervention for children and young people 0–18 years who are experiencing moderate to severe mental health difficulties. CAMHS provides the following services:-

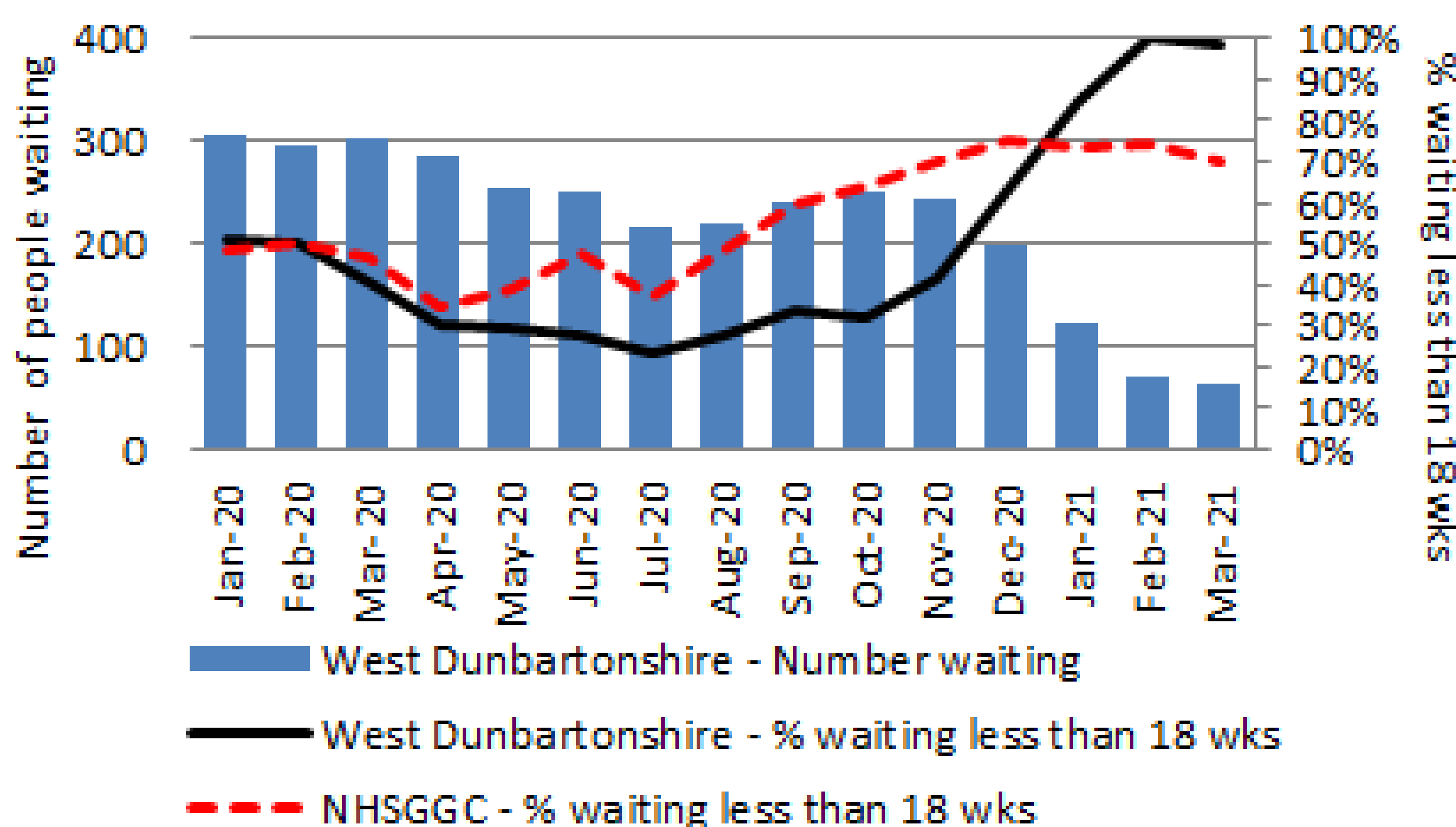
- The assessment and treatment of psychiatric disorders and moderate-severe psychological difficulties in childhood and adolescence which may be evidenced in challenging behaviour. This may be delivered directly to children and young people with the support of parents/carers or staff working directly with the young person.
- Consultation and liaison with health professionals and with other agencies working with young people and their families.
- The provision of teaching and training for medical undergraduates, psychiatric trainees, and other professionals involved in working with children and young people.
- The provision of a medico-legal and forensic service such as providing reports to the children’s panel and to the courts whilst children and young people are part of the CAMHS service.
- Participation in audit, service review, and research activities.

CAMHS aim to see 90% of all young people for treatment within 18 weeks of referral. In March 2020 there were almost 300 young people waiting for treatment and 54% of them had been waiting longer than 18 weeks: the average wait for treatment was 21 weeks.

With the onset of the pandemic CAMHS, in common with other HSCP services, moved to telephone and video appointments and consultations. NHS Near Me (Attend Anywhere) had been implemented across Greater Glasgow and Clyde CAMHS services during 2019/20 which facilitated this transition.

Referrals to the West Dunbartonshire service averaged 40 per month during 2019/20. In April 2020 to August 2020 monthly referrals dropped to an average of 22. From September 2020 however average monthly referrals rose to 47, peaking at 81 in March 2021, the highest number of monthly referrals since reporting began in 2011/12. This was towards the end of a protracted period of Level 4 restrictions within West Dunbartonshire stretching back to 20th November 2020 with only one week’s relaxation during the festive period.

Child and Adolescent Mental Health Services



2020/21

524 First Appointments
2,825 Return Appointments

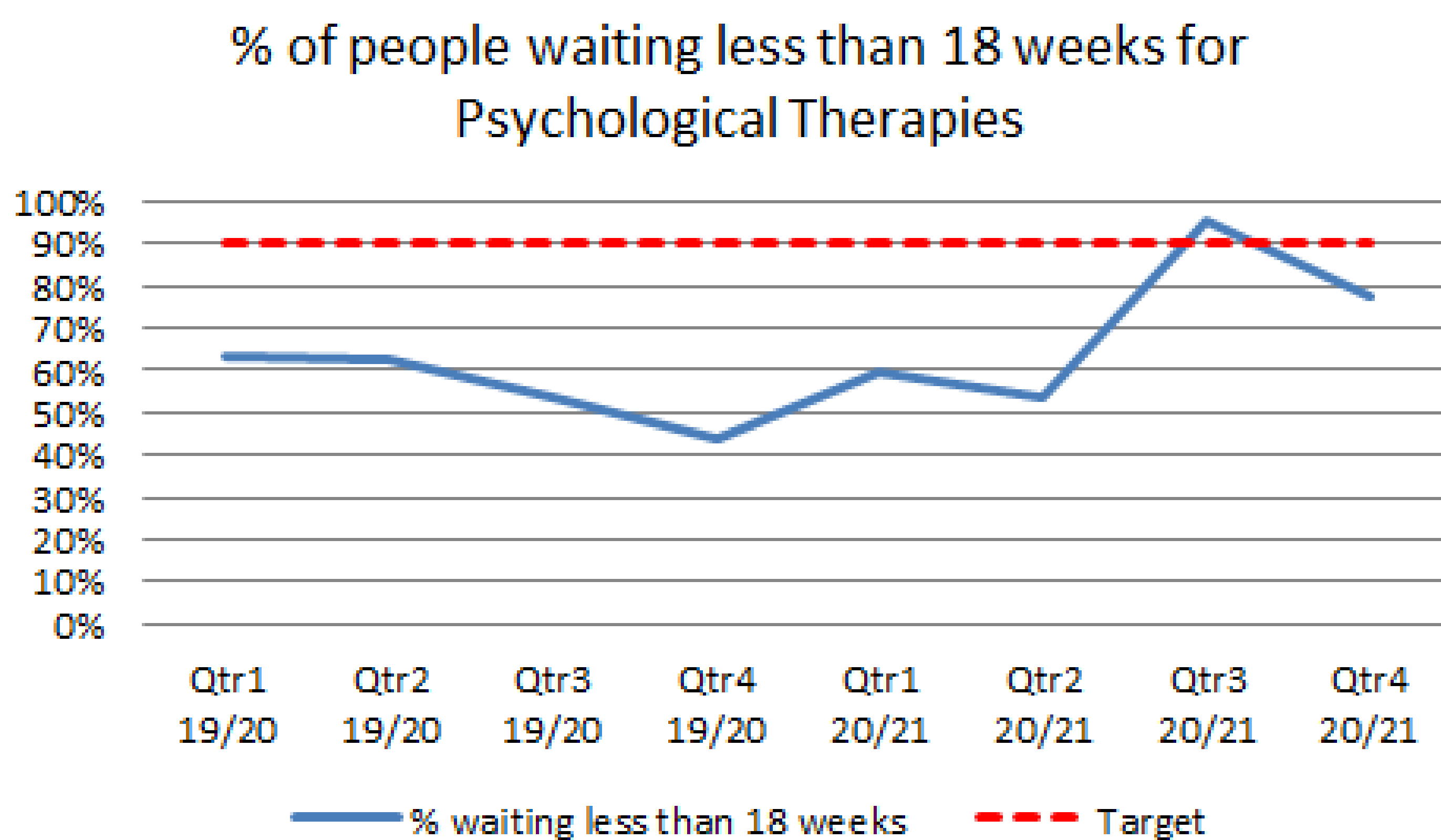
West Dunbartonshire Health and Social Care Partnership

Waiting times peaked April to September 2020 with an average wait of 27 weeks during this period. In November 2020 a Waiting List Initiative was commenced to reduce waiting times for young people to be seen within the target. This initiative saw the proportion of young people waiting less than 18 weeks increase from its lowest point in July 2020 of 24% to 100% in February 2021 exceeding NHS GGC wide performance which stood at 74% at the same point.

Substantive staffing capacity stabilised and additional staffing was funded during the year which included an additional experienced Band 7 nurse who was pivotal in leading the improvements around the Waiting List Initiative. The Scottish Government has confirmed additional funding to support CAMHS and a workforce plan is underway to sustain progress and enable continuous improvement.

Psychological Therapies

The Primary Care Mental Health Team have continued to focus on meeting the Psychological Therapies target of delivering treatment within 18 weeks of referral. Staff capacity and increasing demand on Mental Health services have meant targets have proved challenging longer term.



The percentage of completed waits within the 18 week timescale hit a low of 43.6% in January to March 2020. However 2020/21 saw the majority of psychological work being delivered by telephone or Attend Anywhere which increased service capacity to meet the growing demand for assessments, particularly in the Primary Care Mental Health Team. The national target of 90% was exceeded in October to December 2020.

An internet enabled Cognitive Behavioural Therapy service was made available across NHS Greater Glasgow and Clyde early 2021 and additional staff from NHS Greater Glasgow and Clyde's OPTIMAL Psychology Team commenced two sessions per week from February 2021 to assist with waits within Older People's Mental Health services. Recruitment to a vacant Clinical Psychology post should also reduce waits moving forward.

Throughout 2020/21 we have continued to review the configuration of psychological therapies in West Dunbartonshire, including ongoing negotiations to develop a new Consultant Psychologist post to cover the Primary Care Mental Health Team and Helensburgh, to increase capacity and improve access to therapies in these teams.

Mental Health services adapted and transformed in response to the Covid-19 pandemic from March 2020 onwards, introducing remote team working and enhanced digital technology including remote service user video conferencing.

During 2020/21, there were 4,838 referrals to Mental Health services, an increase of 4.9% on the previous year. This rise is less than in previous years and may be a result of lockdown. Latterly referrals during March 2021 began to increase, compared to the same period in the previous year.

Despite Covid restrictions, 53,378 service user appointments were offered, an increase of 26.1% on the previous 12 months. Different methods of contact were adopted, including telephone and video contact via the NHS Near Me model and the service continued to provide an immediate same-day response service to known service users. The team were also responsible for providing isolation and support welfare calls to people who received a positive Covid-19 test result.

The HSCP supported the development of Mental Health Assessment Units, where all emergency mental health referrals from Police, the Scottish Ambulance Service and GPs will be routed instead of attending Emergency Departments. This service will operate 24 hours, 365 days a year and has an in-reach capability, with unscheduled care staff being able to attend homes or community sites as necessary. The service will have direct medical supervision and is an enhanced service from previous unscheduled care provision.

During 2020/21, the peer support worker role, commissioned from a third sector partner, enabled individuals to make better links with community assets. This development will be monitored going forward to measure the impact on discharge from statutory services and supporting self-recovery.

Mental Health Services also commenced a non-medical therapist service that provides mentalisation-based therapy for people with a borderline Personality Disorder in 2020/21. Two additional staff are delivering this enhanced service provision.

Learning from the pandemic is reflected in the service's recovery plan which includes extensive review of systems following staff consultation and process mapping. An example of this is how new requests and existing clients' needs are reviewed by an Area Resource Group to support social care needs within the model of Self Directed Support. This enhanced governance process for social care packages has supported the team to meet demand alongside the introduction of a revised policy and new eligibility criteria in addition to the newly developed assessment tool 'My Life Assessment'.

The Covid-19 pandemic had a very significant impact on statutory activity related to interventions under the Adults with Incapacity (Scotland) Act 2000, and the Mental Health (Care and Treatment) (Scotland) Act 2003. In terms of the Adults with Incapacity (Scotland) Act 2000, there was a suspension of all but the most urgent Sheriff Court business during the initial lockdown period, April to August 2020. A small number of applications were processed and orders granted on the basis that the welfare of individuals was considered to be significantly compromised should statutory measures not be in place. The consequence of this suspension in activity was a considerable backlog of applications and renewal applications which had to be addressed once court restrictions started to ease. This inevitably impacted upon the MHO service resource, where prioritisation of cases was based on those individuals in need of immediate attention, notably where a Guardianship Order was required to facilitate the discharge of a person from hospital.

Some provision was made within temporary amendments to legislation to process, among other things, statutory interventions, as outlined in sections 16 and 17 of the Coronavirus (Scotland) Act 2020. The team ensured adherence to all relevant legislation and good practice guidance and continued to liaise closely with key partners, particularly colleagues in the Council's Legal Services team.

Interventions under the Mental Health (Care and Treatment) (Scotland) Act 2003 decreased markedly during the initial lockdown period. Subsequent to the easing of restrictions, there was a significant increase in activity, albeit not unexpected and is likely to be due in part to the impact of the pandemic on people with existing mental health conditions and those who were unknown to services but found the circumstances of the pandemic to be challenging.

One impact of the pandemic was the decrease in community support provision which impacted on care packages. Reduced home support services, closure of day centre provision, and respite services are likely to have contributed to the wider impact on people's mental health and wellbeing needs and increased reliance on carers and informal support networks.

Vacancies in the MHO team were successfully filled during 2020/21 and the service is once again at full complement. In addition, a social worker from another team successfully completed the MHO training programme and will be eligible to practice.

Young People in Mind

The aim of the Young People in Mind (YPIM) service is to promote the mental health and wellbeing of West Dunbartonshire's children and young people who are looked after/accommodated (LAAC). The service assists foster carers, residential house staff, and other key link professionals to gain awareness, understanding and essential skills in supporting these children and young people. In recent years the service has been extended to support young people in the geographical area who are vulnerable to homelessness. This includes young people who are homeless, living in supported accommodation, or at risk of becoming homeless.

New referrals that meet the basic criteria for referral i.e. West Dunbartonshire child who is LAAC, post Adoption, or open cases to Alternatives To Care are initially offered a professional and carers consultation only. This is used as an information gathering session and to allow clinicians to determine the most appropriate course of action. In addition to this there is ongoing work and intervention with young people who are vulnerable to homelessness and who need support in accessing mental health services or other services suitable to their needs.

Although the aim of YPIM is primarily training and consultation to the networks around our looked after and accommodated young people, there will inevitably be a proportion of young people who will require direct psychological support. YPIM offer one to one psychological assessment and intervention to children and young people on an individual basis including (but not exclusive to) low mood, anxiety, self-harm, emotional regulation, and attachment/trauma.

The team play their part in fulfilling West Dunbartonshire Council's role as corporate parents and over the years have demonstrated this by supporting children and young people to develop trust: patiently working with them to build relationships that might enable future intervention from the team or other services such as Child and Adolescent Mental Health Services (CAMHS) and perhaps other adult mental health services.

While most of our looked after and accommodated children and young people are placed within the local authority area, some are placed with foster carers who live outwith West Dunbartonshire. The team have an understanding of the particular difficulties these young people face and endeavour to offer the same level of service that children and young people accommodated in the local area can expect. This is especially important for young people who do not necessarily meet the criteria for mental health services in the geographical area in which they have been placed.

Traditionally we have supported children placed in these areas by visiting them at home, however Covid-19 travel restrictions meant only the few considered the most vulnerable having face to face appointments in outside spaces. On-line video appointments have been widely used during 2020/21 and are available for foster parents, children and young people.

YPIM have developed good working relationships with foster parents and many will contact the service directly to request support. Providing a space for foster parents to discuss their thoughts and feelings on a whole range of parenting challenges can and does often assist these foster carers' understanding of the child's journey and how they might be communicating their feelings. Foster parents employed by external providers should have access to support and training from their own agency but often benefit from additional support from YPIM.

Towards the end of 2019/20 the service introduced Attend Anywhere, a web-based video conferencing tool which is used to provide video consultations to patients and service users through virtual clinics. Attend Anywhere was designed to offer patients and social service users an opportunity to attend appointments online, freeing up time taken in booking processes and travel that can contribute to waiting times and additional travel costs as well as the logistics of balancing family life.

At that point it was envisaged that this system would be useful to extend to drop in consultations for West Dunbartonshire foster carers and in addition to this we thought it would increase the availability of access to appointments for young people in foster placements outside the local authority area. As the system was being introduced the Covid-19 pandemic took hold and this accelerated use of the technology which has become the key method of appointments and consultations, something which will be of benefit beyond the life of the pandemic. In 2021/22 the service proposes to extend drop in consultations to the 3 Children's Houses and offer these to individual workers, teams and managers. This approach should enhance the consultation model and make it easier to access psychological supports and advice that support the children and young people of West Dunbartonshire.

Foster Carer

The service I have received from YPIM is great, I have had to use the services a lot over the period of the first lockdown and being able to use the NHS attend anywhere service has made this easier for me as I'm a non driver.

All the staff I have had encounters with from arriving at the service to the professionals have been nothing but professional and informative with the information I have been given, I have spoken to the same person regularly and its great as the follow up is with the same person and don't need to repeat things as staff know the case.

Young Person

I have liked going to see A before the lockdown and i was worried about not seeing her for a while. But she phones me every 2 weeks now and it has really helped me. I like telling her my worries so that i dont worry my gran too much. She tells me how to cope with stuff that worries me about covid and how to go to a safe spot when things are bad and my head doesnt hurt as much after i tell A things. she sent gran things online that has helped me with my worries and i know if gran is worried she will phone A too.it is nice to talk to somone else rather than my family and sometimes we just talk about nice stuff. I hope A will still phone me until i can go back and see her once things go back to normal. thank you xxxx :)

Residential Worker

After working directly with YPIM over several years I am delighted to refer to them as the most excellent and beneficial service. Anytime I have contacted them directly when I have a YP in crisis they have offered support and advice immediately and followed this through over the following weeks with both advise for myself as a worker dealing with the crisis but more importantly with the YP offering strategies within the house and sessions for the young people to attend within the acorn centre. I have personally benefitted from the consultations B and her team have offered when dealing with a YP who is not willing to engage with them but their needs are requiring professional input. They offer help via phone calls, input into safety plans and direction tools for us to use when dealing with the young people day to day care.

This is an invaluable service that continues to be our go to agency for advice when dealing with our young people and their trauma.

YPIM also provide support to young people who are homeless or at risk of homelessness. Direct therapeutic work is provided to help vulnerable young adults, who often struggle in engaging with services, to develop improved mental health. Mental health issues that young people have presented with include anxiety, low mood, depression, complex trauma, drug and/or alcohol misuse, bereavement and attachment disorder. Additional factors that impact on service users' mental health and resiliencies can include learning difficulties, sleep disturbance, social isolation and criminality.

Young people who access the service are typically lacking a secure base from which they can access emotional support and guidance with decision making, with the risk of repeated cycles of homelessness being reflective of internal confusion, difficulties with problem solving and goal planning. Lack of practical skills such as budgeting on a low income can impact on self-esteem, often with low expectations of future outcomes. Interventions are tailored to individual needs in order to improve resilience and mental health, with a high level of inter-agency working being essential in creating a secure base.

Young people can be signposted to Child and Adolescent Mental Health Services or Adult Mental Health Service when their presentation suggests that medication, crisis intervention or a multi-disciplinary approach may be required. They may also be signposted to voluntary agencies such as Stepping Stones, Working 4U or Employability Scotland.

During the Covid 19 pandemic direct contact only stopped at the periods when the risk of contagion was at its highest, and fully resumed with the introduction of lateral flow testing. During the high risk periods telephone consultations were offered twice weekly in order to reduce the risk of young people experiencing a deterioration of their mental health due to social isolation.

Learning Disability Services

In 2020/21 Learning Disability Services continued to implement the key recommendations from the national strategy, The Keys to Life and have embedded its four strategic outcomes, Independence, Choice and Control, Healthy Life and Active Citizen, in support planning and care review processes.

The Keys to Life: Launched in 2013, is a joint commitment with COSLA and builds on the success of 'The same as you?' the previous strategy which was published in 2000 following a review of services for people with learning disabilities. The Keys to Life strategy recognises that people who have a learning disability have the same aspirations and expectations as everyone else and is guided by a vision shaped by the Scottish Government's ambition for all citizens.

Everyone – including people with learning disabilities - should be able to contribute to a fairer Scotland where we tackle inequalities and people are supported to flourish and succeed.

People with learning disabilities should be treated with dignity, respect and understanding. They should be able to play a full part in their communities and live independent lives free from bullying, fear and harassment.

The HSCP's integrated approach to service delivery across community health and care, as well as third sector providers, has supported the delivery of effective and targeted specialist services, prioritised around the key aims of people with a learning disability using an outcome-focused approach to promote person-centred assessment and planning. This has been achieved at a time of immense challenge due to the pandemic, which required significant adjustment to service provision to meet client and carer need.

During 2020/21 there were 527 people with a learning disability living in West Dunbartonshire who were known to the HSCP's Learning Disability Services. Support for these individuals ranges from a variety of day opportunities and activities within the community or within Dumbarton Centre; housing support within their own homes; to more complex supports with daily living. As well as HSCP Learning Disability staff, the HSCP commission services from a number of third sector providers such as Key Housing, Cornerstone Community Care, Share Scotland and Enable.

Risk assessments at the onset of the pandemic helped to ensure the most vulnerable people continued to receive support during restrictions and lockdown. This was particularly important when day care provision ceased, albeit the service operated an emergency support for clients in critical need. Some day care support roles moved to enhance this community support whilst frontline services such as housing support, supported living and care at home continued to offer face-to-face contact.

Carers in particular have had to meet the challenge of reduced day care services and the service sought to support them during this time, whilst also recognising their resilience and capacity to navigate the challenges of lockdown and restrictions over the past year. Meanwhile, the Work Connect service supported the wider community through the Council's resilience group, including welfare calls and food parcel distribution to vulnerable residents.

Other developments included review of the Transition Group that supports joint working with key partners including education, children's services and other adult services who contributed to improvements in the transition of young people with additional support needs, including learning disability, into adult services. More young people had their adult service needs identified up to two years in advance, in recognition of the importance of this significant transition for young people to support their care in a person-centred, compassionate approach.

Joint work with colleagues in housing services and housing developers also progressed during 2020/21 to identify future housing stock that can best support people within a 'core and cluster' model of support. A number of people moved to new build accommodation within the Dumbarton harbour area and the service will continue to work in partnership to expand on further housing provision during this year.

Priority 4: Assets

Partnership Working: Supporting our Shielding Citizens

At the onset of the Coronavirus (Covid-19) pandemic, Public Health Scotland, NHS and GP Practices began to compile lists of people with specific health conditions or who were receiving specific medical treatments that were felt would make them more at risk of serious illness or possible death if they contracted Covid-19. This was known as the Shielding List.

These lists were sent to Local Authorities to allow them to target support towards people who were being advised to shield. As the medical community gained greater understanding of the potential impact of Covid-19 on specific groups, these lists grew and evolved over time.

The HSCP worked with West Dunbartonshire Council colleagues across service areas to offer support to people on our Shielding List. The Scottish Parliament sent out a number of letters to people on the list from April 2020 onwards to offer specific guidance for shielding individuals and to make them aware of national helplines to arrange food parcels and to gain information on how to access priority slots for home deliveries from supermarket chains and signposting to their local councils for local resources.

West Dunbartonshire Council had quickly set up a Crisis Support Team available to take telephone and online referrals for assistance with deliveries of essential groceries and medicines as well as advice and onward referrals on financial and benefit issues which may have arisen from the requirement to shield. A bank of HSCP staff made telephone calls to people on the Shielding List in West Dunbartonshire. These calls were made to check on people's welfare, inform them of supports available and offer to make an online referral to the Crisis Support Team on their behalf while on the call.

A number of key local Third and Community Sector organisations offered a range of supports, both independently and in partnership with the HSCP. As the Third Sector Interface, West Dunbartonshire Community and Volunteering Services (WDCVS) established a community helpline service, linking members of the community with local services and offering a targeted programme of welfare calls, shopping collections, exercise prompts and food and prescription deliveries to vulnerable residents, shielding either by instruction or choice. The WDCVS volunteer-led welfare call check-in service was available to anyone contacting the helpline for advice and support, and also extended, in partnership with Care at Home services, to those in receipt of the HSCP's Community Alarm Service, in particular those people who did not receive any other services and therefore were not being regularly visited by HSCP staff.

WDCVS also assisted by picking up people on the formal shielding list who the HSCP had been unable to make contact with by telephone, making new calls and taking forward doorstep visits to check on their welfare and offer support. Doorstep visits were also carried out by West Dunbartonshire Council Housing staff for those who had proved very hard to reach. By the end of July 2020, approximately 3,500 people on the Shielding List had been contacted by HSCP, WDCVS or Housing colleagues.

Carers of West Dunbartonshire were also contacting carers to offer support at a time where services such as respite or short breaks for the carer had been paused due to the risk of Covid-19 infection, increasing the pressure of caring responsibilities and social isolation. The HSCP's Mental Health services have also been responsible for providing isolation and support welfare calls to people who have received a positive Covid-19 test result and been required to self-isolate.

HSCP Staff Health and Wellbeing

Our staff are our most valuable asset and the HSCP is committed to providing ongoing support and training to all staff to ensure they are working effectively and are well prepared to deliver services in a complex system.

Both employing organisations, West Dunbartonshire Council and NHS Greater Glasgow and Clyde, have continuous development as well as supervision and management programmes for staff at all levels. Frontline practitioners continue to have the opportunity to access a range of training and learning resources as well as access to professional forums for all disciplines for reflective practice, case review and learning, peer support and professional discussions.

Along with continuous development, the health and wellbeing of our staff is paramount and the HSCP works closely with both employing organisations and our Trade Unions to develop effective and innovative programmes of work to support our staff. This has possibly never been as important as it is moving from the onset of the pandemic late 2019/20 into the 'new normal' of 2020/21.

Through West Dunbartonshire Council and NHS Greater Glasgow and Clyde's staff intranet sites, employees are able to access supports, electronic learning modules and signposting information on a wide range of health and wellbeing areas including mental wellbeing, physical activity, nutrition, smoking cessation, financial wellbeing, employee and bereavement counselling.

A range of supports were promoted to staff within staff briefings, team meetings and Trade Union meetings including the National Wellbeing Helpline and the National Wellbeing Hub. Coaching for Wellbeing was a further support online option for staff including support in building resilience, improving wellbeing and, where appropriate, how to lead and support others who may be struggling.

In addition, all HSCP staff were encouraged to take part in mental health check-ins, provided by NHS Greater Glasgow and Clyde, which took place in August 2020 and February 2021 and which will be repeated.

West Dunbartonshire Council provided a series of wellbeing webinars which were available to all HSCP staff, covering a number of topics including supporting a remote workforce and Mindfulness. Furthermore, staff were encouraged to use their annual leave allowance and managers encouraged staff to fully utilise their leave to maintain a healthy work/life balance.

Many services continue to work in response mode as the pandemic continues. Many staff having been working from home since March 2020 and all employees have had to adapt their normal working practices. As part of restart planning and scaling up direct service provision, it will be essential to continue to support the wellbeing of all employees.

During 2020/21, HR colleagues, operational managers and trade unions have worked together to highlight, respond to and support frontline HSCP staff in particular, who have continued to work during the pandemic despite the very real impact on their roles and personal lives. Meetings of the Joint Staff Forum were held weekly to ensure that trade unions and staff were able to raise any concerns relating to, or support required for, employees in a timely manner.

Recruitment and retention of staff proved to be challenging in certain service areas as the pandemic appears to have, understandably, impacted on the number of people seeking new job opportunities. Nevertheless, as part of the Learning Network West consortium, a number of social work student placements are being developed across the HSCP for 2021/22, enabling future social workers to gain diverse, challenging and supportive experience prior to qualification.

The return to the workplace for staff will primarily be dependent on Scottish Government guidance and Public Health advice, however in all instances this will be based on the requirements of the role being carried out and will also take into account any personal circumstances of individuals. Going forward we will continue to develop innovative supports and training opportunities to care for the health and wellbeing of our staff and will continue to recognise the huge and invaluable contribution our staff make to improve the lives of people of West Dunbartonshire particularly during the most challenging of times.

West Dunbartonshire Champions Board

As with many other services within almost all local authorities across Scotland, our Champions Board has had a challenging year due to the Covid-19 global pandemic. The aim of the Champions Board is to create a platform for all care experienced young people across West Dunbartonshire, to build strong positive and long lasting relationships with some of their many Corporate Parents. Key to this being effective, is the ability for our young people to meet with their Corporate Parents and take part in activities and events which promote positive relationships.

Since March 2020, when the global pandemic struck, interactions between young people and their Corporate Parents have been restricted to digital and online methods. This has been particularly frustrating as many positive relationships had been built up since our Champions Board was established in November 2017. Our young people have been particularly understanding and have also been very grateful for the efforts made in continuing to have the opportunity to keep in touch with Champions Board staff, and indeed some of their Corporate Parents.

Online events and activities during the pandemic period have included cooking classes, treasure hunts, one to one meetings, drop in sessions and many others. The Champions Board Social Media platforms, such as Facebook, Instagram and TikTok, have also provided invaluable opportunities for us to engage with our young people, often providing information and online links to help and support in relation to Covid-19.

Groups of our young people have also taken part in online meetings and working groups, including; 'Creating a Gold Standard practice for Accessing Care Records' and 'Better Hearings' (Children's Hearings Scotland). Our care experienced young people have also been part of interview panels for new Children's Hearings Scotland panel members and have taken part in various research working alongside Research Scotland. Regular National Networking online meetings with other Champions Boards have also allowed for the sharing of best practice during these challenging times. West Dunbartonshire Champions Board has also played a pivotal part in creating a National group across many Scottish local authorities in looking at the impact, challenges and opportunities of the introduction of 'The Promise' – a Scottish Government led document, responsible for driving the work of change demanded by the findings of the Independent Care Review.

Other positive news has been the confirmation of our Champions Board securing a new premises to work from, as soon as Government restrictions and guidelines allow. These new premises are more central to the local community, and will create a fantastic opportunity for young people, their families, Corporate Parents and many other professionals to have the chance to meet within the building on a regular basis.

As restrictions start to lift, the Champions Board have plans in place to ensure the re-engagement of young people and their Corporate Parents in a physical way, as this is an essential way of promoting positive relationships. Whilst we are almost certain that things will never go back to exactly the way they were prior to the pandemic, the Champions Board is confident in adapting to the 'new way of working' which is likely to be a mixture of online/digital methods and physical interaction.

Following publication of the Independent Care Review in February 2020, The Promise Scotland was established to enable Scotland to 'keep the Promise' to care experienced children and young people, in the broad context of changes to policy, culture and practice to enable children and young people to grow up 'loved, safe, respected and able to realise their full potential'.

The local commitment to The Promise principles is reflected in many of our staff, children and young people who contributed to the findings of the Independent Care Review and are already committed to ensuring the change required is met positively. Since the creation of The Promise, teams across the HSCP and key partners within the West Dunbartonshire Community Planning Partnership's Nurtured Delivery and Improvement Group have met with the national Promise team to consider how existing practice can be built on to continue our local improvement journey for children and young people.

During the last quarter of 2020/21, funding from the Promise Partnership Fund was secured to enable a fixed term dedicated lead officer post. Supported by match funding from the HSCP Board to develop the post for two years, the post will support corporate parents and other stakeholders to understand and develop changes to practice and other developments that uphold The Promise at a local level and support staff, partners, children and young people, to assist with the developments around the first Promise Plan for 2021-2024.

Priority 5: Inequalities

Tackling Health Inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

West Dunbartonshire has the 4th highest proportion of datazone areas in the most deprived 20% of Scotland compared to other councils. The Scottish Index of Multiple Deprivation identifies 5 quintiles ranging from SIMD1 most deprived to SIMD5 least deprived. Within West Dunbartonshire 66% of the population live in areas categorised as SIMD1 and SIMD2: 40% within SIMD1. By contrast, just 6% of the population live in SIMD5 areas. Deprivation impacts upon life expectancy, healthy life expectancy and health inequalities.

In West Dunbartonshire, life expectancy is lower for both males (75.1) and females (79.2) compared to the rest of Scotland. Healthy Life expectancy, the years a person can expect to live in good health, are similarly lower in West Dunbartonshire: with males expecting to spend 59.1 years in good health and females 60.6 years. This compares to 61.7 and 61.9 for males and females, respectively in Scotland.

West Dunbartonshire has an ageing population and in 2019/20 around 21% of people were living with one or more long term health conditions. GP Practice data from December 2017 shows that rates per 1,000 population for a number of these chronic health conditions are higher within West Dunbartonshire than the national picture.

Long Term Condition	West Dunbartonshire	Scotland	Variance
Hypertension	148.6	138.1	+10.5
Depression	82.9	73.0	+9.9
Chronic Obstructive Pulmonary Disease	29.6	23.8	+5.8
Coronary Heart Disease	45.1	39.8	+5.3
Diabetes	56.0	50.9	+5.1
Peripheral Arterial Disease	11.6	8.5	+3.1
Atrial Fibrillation	20.9	18.1	+2.8
Heart Failure	11.1	8.4	+2.7
Stroke	25.0	22.4	+2.6
Cancer	26.8	25.7	+1.1

In 2020/21 emergency admissions to hospital and unplanned hospital bed days in West Dunbartonshire were among the highest across Greater Glasgow and Clyde when looked at as a rate per population. Rates of hospital episodes and bed days between April 2020 and December 2020 were also highest in the health board area for five of the six conditions which have high levels of bed usage: Chronic Obstructive Pulmonary Disease, Urinary Tract Infections, Lower Respiratory Infections, Heart Failure and Cerebral Infarction.

Poor physical health and deprivation can both impact on mental health and in 2019/20 just over 23% of the population in West Dunbartonshire was prescribed drugs treating anxiety, depression or psychosis.

West Dunbartonshire Health and Social Care Partnership

Tackling inequalities begins with child and maternal health and wellbeing: giving each child the best possible start in life. As part of the NHS Child Health Programme, the HSCP has implemented the Universal Health Visiting Pathway. Early years have a significant impact on an individual's future experience of health and wellbeing. Health professionals, particularly Health Visitors, have a vital role to play in supporting children and families in the first few years of a child's life.

The Universal Health Visiting Pathway provides a home visiting programme which is offered by Health Visitors to all families as a minimum standard. One of the crucial contacts is at 27-30 months of age. At this stage there are a number of topics for discussion including parenting, immunisation, financial inclusion, oral health and, if the opportunity presents, a routine enquiry relating to domestic violence within the family home.

During 2019/20, there were 694 reviews carried out at 27-30 months of age for children in West Dunbartonshire. As part of these reviews, 20.6% of children were identified as having a developmental concern in at least one area of child development. This early identification of concerns allows for prompt referral to Specialist Children's Services such as Speech and Language Therapy and Community Paediatrics.

Children in Scotland are protected through immunisation against many serious infectious diseases. Immunisation policy and vaccination programmes are set by the Scottish Government and aim both to protect the individual and to prevent the spread of these diseases within the wider population. As a public health measure, immunisations are very effective in reducing infection and provide children and teenagers with the best possible protection against disease. Discussions relating to the immunisation of children take place at every contact in the Health Visiting programme.

	Immunisations at 24 months				Immunisations at 5 years		
	West Dunbartonshire		Scotland		West Dunbartonshire		Scotland
	2019/20	2020/21	2020/21		2019/20	2020/21	2020/21
6 in 1	97.3%	98.2%	97.3%	6 in 1	98.9%	98.8%	97.9%
MMR1	92.3%	94.6%	94.9%	MMR1	97.6%	98.1%	96.6%
Hib/Men C	93.7%	95.4%	95.0%	Hib/Men C	97.8%	98.3%	96.0%
Men B	93.3%	95.1%	94.5%	4 in 1	92.3%	94.1%	92.8%
PCV B	94.1%	95.3%	95.1%	MMR2	92.0%	93.1%	92.3%

Immunisation rates in West Dunbartonshire were higher in almost all cases in 2020/21 than in 2019/20 and in many cases were significantly higher than the Scotland figure. Proactive work by Health Visitors and NHS Greater Glasgow and Clyde's immunisation team may have contributed to this along with the parental worry that children not vaccinated would be at greater risk of Covid.

All services across the HSCP attempt to tackle health inequalities in West Dunbartonshire. The HSCP's Health Improvement Team has a specific focus on health inequality and works across services on a range of workstreams such as:

- West Dunbartonshire Adverse Childhood Experience (ACEs) Programme
- Community Planning Nurtured Delivery and Improvement Group
- Substance Use Prevention
- Suicide Prevention

The West Dunbartonshire Adverse Childhood Experiences (ACEs) Programme continues to address childhood adversity and trauma across the lifecourse. In 2020/21, tACEs workforce development activities moved online. Since the relaunch of West Dunbartonshire's ACEs Hub as a strength-based 'Resilience' Hub in Feb 2020, the membership has remained at around 400. The Hub, which is a community of practice, includes staff working across the Council, HSCP and third sector. The first virtual Resilience Hub meeting was held in March 2021 with 70 local staff attending. The theme was Bereavement and Loss and had inputs from WDC Educational Psychology and Stepping Stones.

West Dunbartonshire Health and Social Care Partnership

The ACEs documentary film, 'Resilience: The Biology of Stress and the Science of Hope' continues to be a key resource to increase ACEs awareness among the local workforce. The film was shown online in December 2020 with 60 people attending and participating in the post-film panel discussion. Since 2018 a total of 1,060 people have seen the film.

Planning is underway to look at implementing the national Trauma Training Plan locally, supplemented by the range of national training material. This is being co-ordinated by the local Trauma Champion alongside local Scottish Trauma Informed Leaders in agencies including Justice, Education and Human Resources. Collectively, they are working to implement the six elements of the Improvement Service and Scottish Government's Trauma-Informed Approach to Scotland's COVID-19 Recovery, Renewal and Transformation through a reformed ACEs/Trauma Reference Network.

National Policy and investment to support measures to improve mental health services for children, young people and adults remains a priority. Locally within West Dunbartonshire Community Planning's Nurtured Delivery and Improvement Group, a working group for children and young people's mental health and wellbeing community supports and services was established in June 2020. The working group works in line with the national framework. The framework promotes a 'whole system' approach and sets out the kind of support children and young people, aged 5 to 24 years, or 26 years if care experienced, should be able to access for their mental health and emotional wellbeing within their community. Activity this year includes:

- Glasgow University were commissioned by the HSCP on behalf of wider Community Planning partners to undertake a comprehensive review and analysis of children and young people's community mental health and wellbeing services and supports. The review sought to understand the prevalence of collaboration and explored how sectors worked together to support children and young people's mental health and emotional wellbeing.
- The working group developed an 'animation' outlining the purpose of the group. This was co-produced with our lead young person from the Champions Board who co-wrote and provided the voiceover. The animation aims to convey the key work of the group to the wider community, in particular children and young people.
- A number of short-term projects were delivered to support children and young people with emotional wellbeing, isolation and loneliness, access to physical activity opportunities and support for parents and carers of children with complex needs.
- The planning and development of a new distress brief intervention associate programme. This new service will provide time limited support to young people experiencing distress who are aged 16 to 24 years or 26 years if care experienced.

The HSCP continues to contribute to a number of substance use prevention programmes as a key partner in West Dunbartonshire's Alcohol and Drug Partnership with a range of partners including Education, Greenspace and Working4U. This includes:

- Developing the Icelandic Prevention Model a community-based approach aiming to delay young people's substance use through reducing risk factors and increasing protective factors as part of the Scottish pilot of this approach.
- A Smokefree playparks programme with new signage being manufactured for playparks after a successful schools' poster competition.
- A test of change to assess the impact of positive alternative activities for young people as part of the summer programme to inform future substance use prevention activity.

Work is ongoing to update the Community Planning West Dunbartonshire Suicide Prevention Action Plan 2021–2023 based on the COSLA Covid recovery recommendation. This action plan will be delivered by a range of both statutory and third sector partners. It has also been agreed that three specific subgroups will be formed to delivery on key suicide prevention action plan outcomes. These subgroups will cover: self-harm, suicide audits/reviews and locations of concerns.

Suicide prevention and self-harm training has continued to be provided over the Covid recovery period to a wide range of frontline staff and our new Bereavement and Loss Service which was established in December 2020 has had a high uptake with agencies from both statutory and third sector referring into this third sector commissioned service.

Justice Social Work

Justice Services have continued to provide support, interventions and monitoring to individuals subject to statutory orders and licences. Despite the impact of Covid-19 on service delivery, the team has continued to take forward a range of improvement actions during 2020/21 in relation to public protection and reducing reoffending. These included an audit of training needs by staff and managers to inform workforce development and updated Level of Service Case Management Inventory (LSCMI) risk assessment guidance.

As the pandemic began late 2019/20, all work-related risk assessments were reviewed to include the risk associated with Covid-19 to enable staff to maintain office working safely, albeit on a reduced basis. As the unpaid work service re-started in July 2020 it was introduced incrementally in each locality across the local authority area: work squad capacity was reduced to maintain social distancing and all control measures were implemented to help the sustainability of the service.

During 2020/21, Justice Social Work services experienced some notable decreases in demand compared to the previous year. This is fully reflective of the impact of the global pandemic which saw the closure of Scottish courts, the cessation of temporary release of prisoners and requests for statutory reports.

Within recovery planning, service modelling anticipated a growth in community-based sentencing, including the need to address a backlog of cases. Additional funding as part of the Scottish Government response in December 2020 supported Justice Services to start to address the backlog of unpaid work hours by commissioning third sector partners to provide online workshops with service users. Services were also commissioned to provide digital support and learning to service users to mitigate digital poverty and develop access to Justice Services on a virtual platform.

Community-based services were suspended twice during 2020/21 on the advice of the Chief Medical Officer, for approximately seven months in total. During the first period of suspension, staff moved to primarily working from home, continuing to support individuals by telephone and digital contact, with prioritisation of direct contact focused on those who presented the highest risk of re-offending and harm. A number of staff were reassigned to assist with the Council's Humanitarian Response Centre, including calls to individuals who were shielding.

In January 2021 the service built on learning from the first suspension of services and, with the support and guidance of the national Unpaid Work Forum, home learning packs were introduced to provide educational support to individuals subject to a Community Payback Order (CPO) whilst encouraging learning at home. Targeted learning packs about drugs/alcohol and relationships were also used whilst unpaid work squads were deployed as national guidance and restrictions permitted. This included ongoing collaborative work with the Council's Greenspace project where individuals worked to restore memorial benches across West Dunbartonshire.

Third sector partners, Street Cones, were commissioned to deliver creative workshops using online platforms, designed around lived experiences. This work will continue in addition to unpaid work squads during 2021/22.

Having secured a new workspace for unpaid work orders in the previous year, work is ongoing to configure these premises to enable delivery of a wider range of supports and learning for the recovery phase of the service onwards. The team continues to maintain face-to-face contact with service users in line with assessed risk levels and these continue to increase incrementally in line with public health guidance.

During 2020/21, the Diversion from Prosecution service provided Diversion services to 21 people (a decrease of 9 on the previous year) who had not been convicted of an offence. Here, individuals were supported to address the underlying causes of their behaviour such as addiction support, mental health and emotional wellbeing, housing, income maximisation and employability.

The Drug Treatment and Testing Orders (DTTO) service is provided by an integrated care team hosted by West Dunbartonshire and working across East Dunbartonshire, West Dunbartonshire and Argyll and Bute, to support individuals whose offending is primarily due to their established addiction issues, encouraging recovery, reduced offending behaviour and promoting stability.

2020/21 required new and diverse ways of working to continue to support individuals. The easing of restrictions will enable more direct contact alongside the use of mobile technology. Testing has also been reintroduced and is being continually reviewed to ensure best practice for service users and stakeholders within a safe, robust community-based model.

The provision of services to individuals prior to their release from custody and into the community, Community Throughcare, continues to support successful reintegration. All temporary home leaves were suspended during 2020/21 in line with Government pandemic guidance and it is expected that these will restart early in 2021/22. Meanwhile, staff completed further training in the assessment and management of high risk offenders during Autumn 2020.

Community Justice activity during the year focused on three pathways: Point of Arrest; Custody to Community and Community Sentences, reflecting key components of the community justice continuum. A Justice Settings sub-group of the Alcohol and Drug Partnership facilitated good progress with aligning and developing activity to these community justice pathways and outcomes.

Other key developments included:

- Arrest Referral Scheme (Point of Arrest): Third sector partners submitted a successful bid to the Drug Deaths Taskforce Fund which has enabled a 2 year pilot in Clydebank Custody Suite to be implemented in partnership with Police Scotland.
- Prison Custody and Liberation data (Custody to Community): The Council's Homeless Service Lead Officer offered a housing options service to the majority of individuals being released from custody to the local area, minimising pandemic-related barriers and, through existing relationships, maximising the use of technology to assist.
- Strengthening Partnership Working (Community Sentences): Justice Social Work and Police Scotland colleagues worked together at strategic and operational levels, including through the Alcohol and Drug Partnership Justice Settings sub-group, to develop and implement short, medium and long-term improvements for people in the justice system affected by addiction.

Throughcare and Aftercare

During 2020/21, the Throughcare and Aftercare team supported over 90 young people as they prepared to move towards independent living, as well as offering support, advice and guidance to young people taking up aftercare support up to the age of 26.

The team has two services registered with the Care Inspectorate: Adult Placement and Housing Support, however no inspections took place during 2020/21 due to the pandemic. Nevertheless, regular contact has been maintained with the Care Inspectorate representative and there has been positive feedback received on the work of the service during the last year.

Contact with young people receiving support from the service was also monitored and reported weekly to the Scottish Government as part of the Public Protection initiatives established in April 2020 to protect our vulnerable children, young people and vulnerable/at risk adults.

Throughout 2020/21 the team has continued to build on close working relationships with housing colleagues. Through the development of the local Care Leavers Housing Protocol, young people have been able to access quality housing as a priority. Full rent abatement has been implemented for young people in full time education and this initiative continues to be further refined. The team promote, and are the check point for, care experienced young people applying for council tax exemption.

Multi-agency work continued through 2020/21 to ensure our continuing care guidance aligns with the requirements of the Children and Young People (Scotland) Act 2014. These supports, along with the Care Experienced Bursary have supported young care leavers into full time education: 15 young people were supported via these initiatives to attend further education in 2020/21.

With the impact of Covid-19, working remotely meant adopting new ways of service delivery, particularly around communication with young people, utilising a range of digital platforms. Home working has impacted on how services have continued to be provided, however a model of remote and office based activity will shape the service into the future. In addition, a further social worker post was developed in the team to strengthen the skill mix of support to young people.

The team worked to ensure provision of mobile phones and devices to enable young people to access electronic transfer of allowances and links to the Department for Work and Pensions have been strengthened to support young people to make electronic claims. Furthermore, the team gained a 'Connecting Scotland' award for 48 devices and data packages which were distributed to young people who were digitally excluded.

In recognition of the impact of Covid-19 on young people's mental health, the team applied for funding to support physical activity amongst care leavers. Our Active Care leavers grant allowed the provision of sports equipment such as bikes, weights and online classes which all promoted physical activity.

Further support from the Scottish Government Winter Support Fund enabled the service to provide or replace household items for supported carers during the pandemic. These additional funding opportunities were important, positive developments during a time of significant challenge.

Finally, the manager of the service has been working with partners in the public and third sector to develop a joint Asylum, Migration and Integration Fund (AMIF) bid for two support workers to provide dedicated support to unaccompanied asylum seeking young people and to help them to engage in their local communities.

My Life Assessment

In September 2020, the HSCP Board approved the implementation of a new eligibility criteria to support the HSCP priority of early intervention by ensuring those who require HSCP support receive it while, at the same time, ensuring those who require less specialist interventions are supported to access these. As part of the implementation a new assessment tool, My Life Assessment (MLA), was developed and piloted across services.

Development of the MLA involved stakeholders from across HSCP services, the third sector and people with lived experience and their input directly shaped the design of the assessment.

The MLA will assist the HSCP with tackling inequalities by ensuring people are assessed and supported based on need, risks and strengths. Data will be assessed in relation to Protected Characteristics and socioeconomic status which can inform any future decision making regarding practice and how to better tackle inequalities. Training for staff on taking a strengths based approach, how to have strengths based conversations, how strengths can mitigate risks and how to build upon strengths will be developed.

The MLA tool will go live on 1st April 2021 and its implementation will be monitored and reported on a six monthly basis.

Through the successful implementation of the eligibility criteria and MLA, it is intended that the resilience of both the HSCP and people who use services will increase. Supporting people to access the right support, from the right place, at the right time and for the right length of time will lead to more sustainable situations for people accessing services as well as help develop a more sustainable position for the HSCP.

Best Value and Financial Performance

The HSCP Board is required to make arrangements for the proper administration of its financial affairs and to ensure that the proper officer of the board has responsibility for the administration of those affairs (s95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer (CFO). The CFO and the finance team provide advice, guidance and manage the totality of the financial resource across the partnership, promoting financial sustainability as well as working closely with a wide range of stakeholders including the Council, Health Board, neighbouring Health and Social Care Partnerships and the Scottish Government.

The financial reporting responsibilities of the CFO include preparing financial statements and performance reports. Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at meetings of both the HSCP Board and its Audit and Performance Committee.

The global health emergency brought about by the rapid spread of Coronavirus (Covid-19) across the world from early January 2020 impacted on all aspects of daily life and work. As Scotland went into lockdown on the 23 March 2020 with the clear message to stay at home, health and social care services mobilised and re-organised to protect life and care for the most vulnerable in our society.

During 2020/21 West Dunbartonshire HSCP has responded to this unparalleled challenge as our staff throughout the HSCP, our commissioned services and our local carers displayed extraordinary commitment, resilience and resourcefulness in keeping critical services operational.

There have been many setbacks in the national road to recovery as the virus altered and infection rates varied, however the success of the Vaccination Programme together with strong public compliance with public health restrictions has seen a significant easing of restrictions in June 2021 and recovery will gather pace.

Going forward over the next year and beyond, the HSCP Board together with its partners and stakeholders will move through this crisis into recovery and renewal phases with the overarching strategic intent of delivering better services with the residents of West Dunbartonshire, improving health and reducing inequalities.

The HSCP Board approved the 2020/21 revenue budget on 25 March 2020. The report set out the funding offers from our partners WDC and NHS GGC as well as specific funding streams from the Scottish Government including Primary Care, Mental Health Action 15, Alcohol and Drug Partnership, Carers, Scottish Living Wage and Investment in Integration.

While there were budget gaps identified, the HSCP Board accepted recommendations to balance the budget by the application of new funding streams, the release of funds from previously agreed savings programmes and additional resource transfer funds. All financial performance reports are available on the HSCP website: <http://www.wdhscp.org.uk/>

Budget Performance 2020/21

The 2020/21 budget available for delivering directly managed services was £186.167m, which included £13.038m to address the Covid-19 pandemic, and is detailed in the table below along with comparative data from the inception of the West Dunbartonshire HSCP Board on 1st July 2015.

West Dunbartonshire Health and Social Care Partnership

BUDGET PERFORMANCE 2020/21

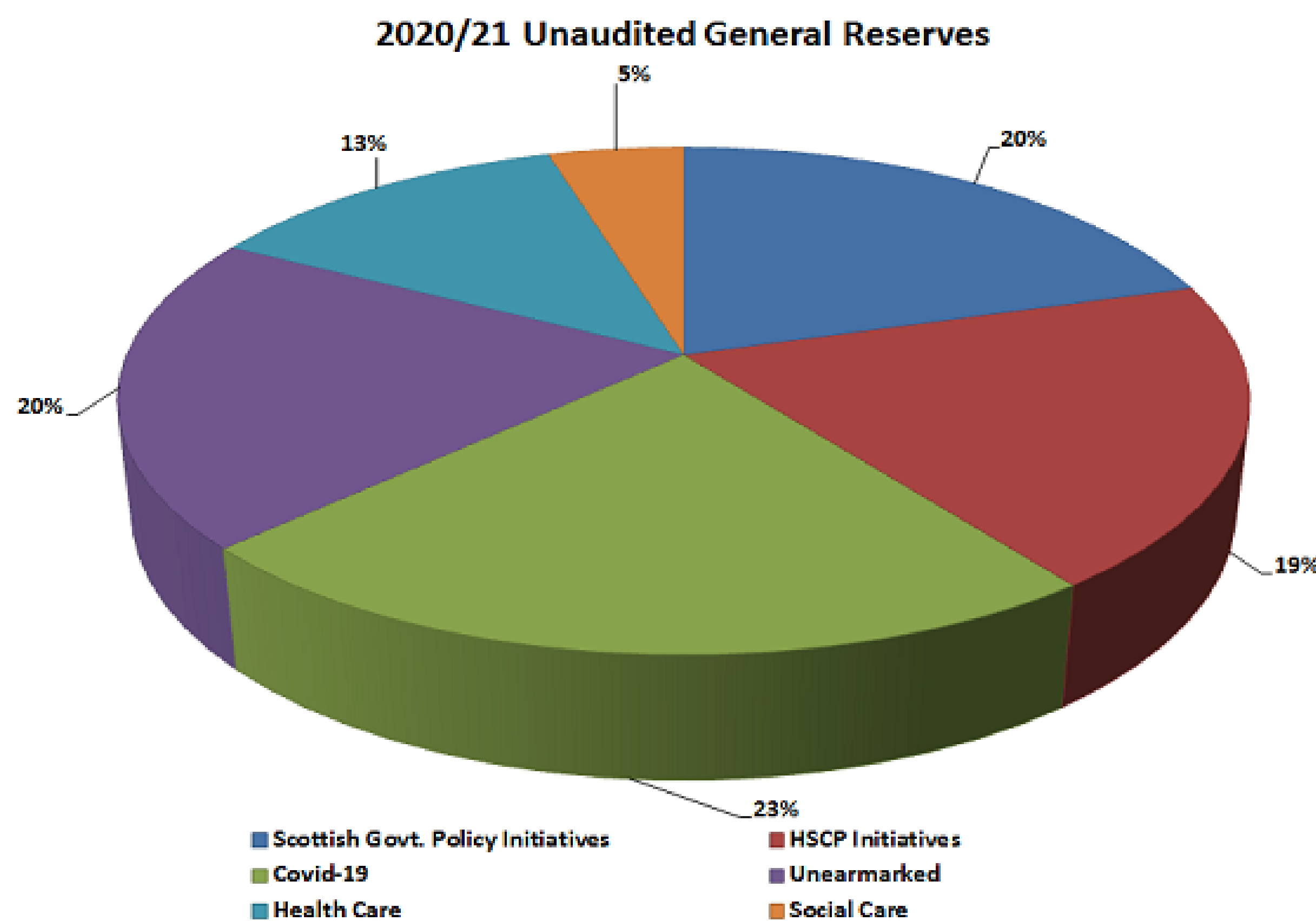
2015/16 * Net Expenditure £000	2016/17 Net Expenditure £000	2017/18 Net Expenditure £000	2018/19 Net Expenditure £000	2019/20 Net Expenditure £000	West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2020/21 Annual Budget £000	2020/21 Net Expenditure £000	2020/21 Underspend/ (Overspend) £000
28,244	39,046	44,110	45,008	44,207	Older People, Health and Community Care	47,983	45,717	2,266
1,808	2,509	2,782	3,007	2,748	Physical Disability	3,278	3,214	64
13,481	19,113	20,901	22,511	24,898	Children and Families	25,255	25,500	(245)
7,360	9,580	9,034	8,949	9,317	Mental Health Services	11,342	10,244	1,098
2,353	2,859	2,921	2,568	2,859	Addictions	3,520	2,933	587
10,941	15,163	15,740	16,655	16,258	Learning Disabilities	17,511	16,868	643
1,485	1,878	1,597	1,351	1,301	Strategy, Planning and Health Improvement	1,862	1,392	470
15,591	23,418	23,962	25,738	27,427	Family Health Services (FHS)	29,959	29,955	4
14,010	19,294	19,887	19,383	19,432	GP Prescribing	19,432	19,003	429
4,556	6,064	5,777	6,254	6,370	Hosted Services - MSK Physio	6,703	6,247	456
572	745	741	755	824	Hosted Services - Retinal Screening	840	719	121
0	16	0	0	0	Criminal Justice - Grant funding	198	(6)	204
1,568	772	993	1,892	6,100	HSCP Corporate and Other Services	7,145	4,468	2,677
244	0	283	270	281	Covid-19	10,810	5,840	4,970
102,213	140,457	148,728	154,341	162,022	IJB Operational Costs	329	329	0
13,040	17,066	17,066	29,522	28,389	Cost of Services Directly Managed by West Dunbartonshire HSCP	186,167	172,423	13,744
0	702	927	577	661	Set aside for delegated services provided in large hospitals	32,276	32,276	0
0	11,775	11,997	11,289	11,021	Assisted garden maintenance and Aids and Adaptions	505	505	0
0	(6,263)	(6,337)	(6,128)	(6,655)	Services hosted by other IJBs within Greater Glasgow and Clyde	11,429	0	11,429
0					Services hosted by West Dunbartonshire IJB for other IJBs	(6,390)	0	(6,390)
115,253	163,737	172,381	189,601	195,438	Total Cost of Services to West Dunbartonshire HSCP	223,987	205,204	18,783

* West Dunbartonshire HSCP Board was established on 1st July 2015 and integrated delivery of health and social care services commenced on this date. Consequently the figures for 2015/16 are for the 9 months to 31 March 2016.

The total cost of delivering services amounted to £205.204m against funding contributions £218.948m, both amounts including notional spend and funding agreed for Set Aside of £32.276m. and spend and funding managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptations of £0.505m. This therefore leaves the HSCP Board with an overall surplus (including planned transfers to earmarked reserves) on the provision of services of £13.744m..

This surplus in funding is retained by the HSCP Board in reserve and is carried forward for use by the HSCP Board in later years. The reserves are classified as either:

- Earmarked Reserves – separately identified for a specific project or ring fenced funding stream e.g. Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drug Partnership (as detailed in table above), Covid Recovery and Service Redesign and Transformation. Further explanation is provided under “Key Messages”
- Unearmarked or general reserves – this is held as a contingency fund to assist with any unforeseen events or to smooth out the financial position of current year finances if approved savings programmes do not deliver as anticipated. The HSCP Board have an approved Reserves Policy (available on the website) which strives to hold 2% of total budget or approximately £2.8m in general reserve.



The main areas of under and overspend reported in 2020/21 are:

- Older People, Health and Community Care reports an underspend of £2.266m mainly related to the timing of the opening of the new Queens Quay Care Home, reducing demand for care home/nursing beds arising from shorter stays, supporting people at home for longer and the impact of the pandemic on both care home resident numbers and the cost of care at home services.
- Mental Health Services reports an underspend of £1.098m mainly due to additional Action 15 funding, staffing vacancies and recruitment delays and additional income due from NHS Highland under the terms of the Service Level Agreement for access to in-patient beds. This is based on a 3 year rolling average.
- HSCP Corporate and Other Services reports an underspend of £2.677m mainly due to additional primary care funding and non recurring underspends from Scottish Government funding initiatives..
- Covid-19 reports an underspend of £4.970m mainly due to reduced spend on Community Assessment Centres and providers sustainability along with additional funding received in advance of need from the Scottish Government. This underspend has been transferred to an earmarked reserve for the ongoing response to the pandemic in 2021/22.
- The movement in earmarked reserves is an overall increase of £12.186m, bringing the closing balance to £17.440m. There were a number of drawdowns and additions amounting to £0.104m and £12.290m respectively.
- The movement in unearmarked, general reserves is an overall increase of £1.558m, bringing the closing balance to £4.367m which is in excess of the 2% target as set out in the Reserves Policy.

Since mid-March the HSCP has been detailing its response to the COVID-19 pandemic in the Local Mobilisation Plan (LMP) and associated costs through the financial tracker returns to the Scottish Government. The final submission for 2020/21 was submitted in late April and detailed full year costs for the HSCP of £8.068m as detailed below.

2020/21 Covid-19 Spend against Funding

Covid-19	2020/21 £000's
Delayed Discharge Reduction- Additional Care at Home Packages	675
Personal Protection Equipment	384
Additional Staff Costs	1,486
Social Care Provider Sustainability	2,164
Mental Health Services	206
GP Support	423
Community Hubs	211
Hospice Support	2,228
Other	291
Total Spend	8068
Social Care Funding	-5,880
Health Care Funding	-1,754
Hospice Funding	-2,228
GP Funding	-423
Funding received in advance	-2,753
Total Income	-13038
Excess funding transferred to Earmarked Reserves	-4970

Financial Outlook and Best Value

Financial risk has been identified as one of the HSCP Board's main strategic risks. The requirement to both remain within budget in any given financial year and identify savings and efficiencies in the medium to long term places significant risk on the HSCP Board's ability to set a balanced budget and continue to deliver high quality services. Although underpinned by legislation this risk may impact on the ability of the HSCP Board to ensure that the Best Value principles of economy, efficiency and effectiveness continue to be a top priority of the Board and the Senior Management Team.

The HSCP Board approved its Risk Management Strategy and Policy at its August 2015 meeting, however as part of the HSCP Board's 2020/21 Internal Audit Plan an audit was undertaken in tandem with the review and revision of the 2015 version. The outcome of the audit and the supporting revised Risk Management Strategy and Policy documents were presented to the 24 June 2021 HSCP Audit and Performance Committee for their approval.

The key risks are summarised below and the full Risk Register Report details scoring and mitigating actions:

- Financial Sustainability/Resource Allocation and Savings Targets;
- Procurement and Commissioning;
- Performance Management Information;
- Information Communication;
- Outcome of external scrutiny: Inspection recommendations
- Delayed Discharge and Unscheduled Care;
- Workforce Sustainability;
- Waiting Times;
- Brexit;
- Pandemic – COVID-19 Variations; and
- Public Protection

Financial Outlook and Medium Term Financial Plan

The first medium term financial plan was approved by the Board on 25 March 2020 covering the period 2020/21 to 2024/25.

The 2021/22 revenue budget was approved on 25 March 2021 while the HSCP continued to react to, and look to recover from, the Covid-19 pandemic. The identified budget gaps and actions taken to close these gaps, to present a balanced budget, took into account current levels of service, however it was recognised that the longer term impact of the pandemic are unquantifiable at this time.

The HSCP Board revenue budget for 2021/22 to deliver our strategic priorities is £200.948m, including £30.851m relating to set aside (notional budget allocation). The budget identified a potential funding gap of £0.941m which will be addressed through an application of earmarked reserves totalling £0.323m and a number of approved savings programmes equating to £0.618m, mainly relating to service redesign projects currently underway.

In 2021/22 the HSCP Board will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes and its Project Management Office (PMO). As part of its commitment to a strong governance framework around regular and robust budget and performance monitoring and on-going assessment of risk, the HSCP Board and its senior officers will monitor such developments and will take appropriate action as required.

Agreeing a mechanism to transfer actual funding from the notional set aside resource must be progressed, but there is a risk that it will come with a savings target attached. The six partnerships within NHSGGC continue to further develop the Unscheduled Care Commissioning Plan which will strive to mitigate this risk.

The longer term impact of Britain's exit from the European Union is still a threat, however it has been overshadowed by the ongoing reaction to and recovery from the Covid-19 pandemic and its devastating impact on families, jobs, business, education and health and social care services including disruption to the medicines supply chain and global markets. All current predictions on economic growth, plans for taxation both in a national context and devolved tax raising powers of the Scottish Government will require significant revision.

The risk of financial sustainability has long been identified as a key strategic risk of the HSCP Board and the ongoing reaction to and recovery from the pandemic adds a further layer of risk to its stability going forward. The indicative budget gaps for 2022/23 and 2023/24 are detailed below and illustrate the scale of the risk.

Indicative Budget Gaps for 2021/22 to 2023/24

Indicative Budget Gaps	2021/22 £000	2022/23 £000	2023/24 £000
Indicative Revenue Budget	170,604	174,756	178,313
Indicative Funding (including application of earmarked reserves)	170,604	171,211	174,110
Indicative Budget Gaps	- 0	3,544	4,203

Due to uncertainties surrounding the legacy impact of the Covid-19 pandemic the update of the Medium Term Financial Plan has been delayed and the refresh is anticipated to be reported to the Board in November 2021.

It is also anticipated that this refresh will incorporate any quantifiable impact of the Scottish Government progressing with the recommendations of the Independent Review of Adult Social Care published on 3 February 2021.

The review had been commissioned by the Scottish Government in September 2020 as part of their Programme for Government. The review's principal aim was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care.

The overriding approach to the review has been one of social care support as right and a measure of Scotland's commitment to equalities and human rights.

The report makes 53 recommendations which can be summarised into 3 key themes:

- Shifting the Paradigm – change the old way of thinking about social care as a burden instead consider it an investment;
- Strengthening the Foundations – bridging the gap between policy intent and lived experience; and
- Redesigning the System – a new delivery system through the creation of a National Care Service.

It is acknowledged within the report that Integration Authorities are still new organisations with complicated governance arrangements and funding constraints, however the review heard evidence:

“that those Integration Joint Boards, which have gone beyond the statutory delegation minimum of all adult social care, and that have all children's services and criminal justice social work also delegated, have performed well in relation to those services.”

Many of the recommendations have a financial consequence and the report estimates those to be £0.660 billion per annum, which is equivalent to a 20% increase in real terms over the 2018/19 investment in social care. Given the projected required level of investment it is likely that any reform would be implemented in stages and could include reforms to current Integration legislation.

Good Governance

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. It also has a statutory duty to make arrangements to secure Best Value under the Local Government in Scotland Act 2003.

To meet this responsibility the HSCP Board continues to have in place robust arrangements for the governance of its affairs and the effectiveness of its functions, including the identification, prioritisation and the management of risk. It has an established Audit and Performance Committee to support the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge and promoting a culture of continuous improvement in performance.

In discharging this responsibility the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk to a reasonable level and to support the delivery of the HSCP Board's policies, aims and objectives. Reliance is also placed on Greater Glasgow and Clyde Health Board and West Dunbartonshire Council's systems of internal control that support compliance with both partner organisations' policies and promotes the achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The Chief Internal Auditor reports directly to the HSCP Board's Audit and Performance Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit and Performance Committee on any matter.

Impact of Covid-19 Response on Governance Arrangements

From mid-March 2020 in response to the Covid-19 pandemic, those charged with the delivery of public services, especially health and social care services, had to mobilise rapidly to support vital frontline services to meet the challenge of the pandemic and adapt, as appropriate, current governance frameworks.

The HSCP Board reacted quickly, with the support of WDC Committee Services, to move to virtual meetings. For the first virtual meeting on 25 March 2020 the members considered an urgent item - Temporary Decision Making Arrangements which recommended:

- Approve the suspension of normal governance arrangements during the Covid-19 pandemic and accept the alternative Board meeting arrangements; and
- Approve delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, be enacted "if required", to meet immediate operational demand on decisions normally requiring Board approval.

Only one meeting of each of the Audit and Performance Committee (1 April 2020) and of the HSCP Board (27 May 2020) were cancelled with any relevant reports, decisions log/approval tracker and action sheets published on the HSCP Website. From June 2020 the meeting schedule resumed on a virtual platform (accessible by press and public on request), with agendas streamlined to cover required statutory and strategic reports requiring board noting and/or approval. These arrangements continue to remain in place with all board reports and minutes available on the HSCP website.

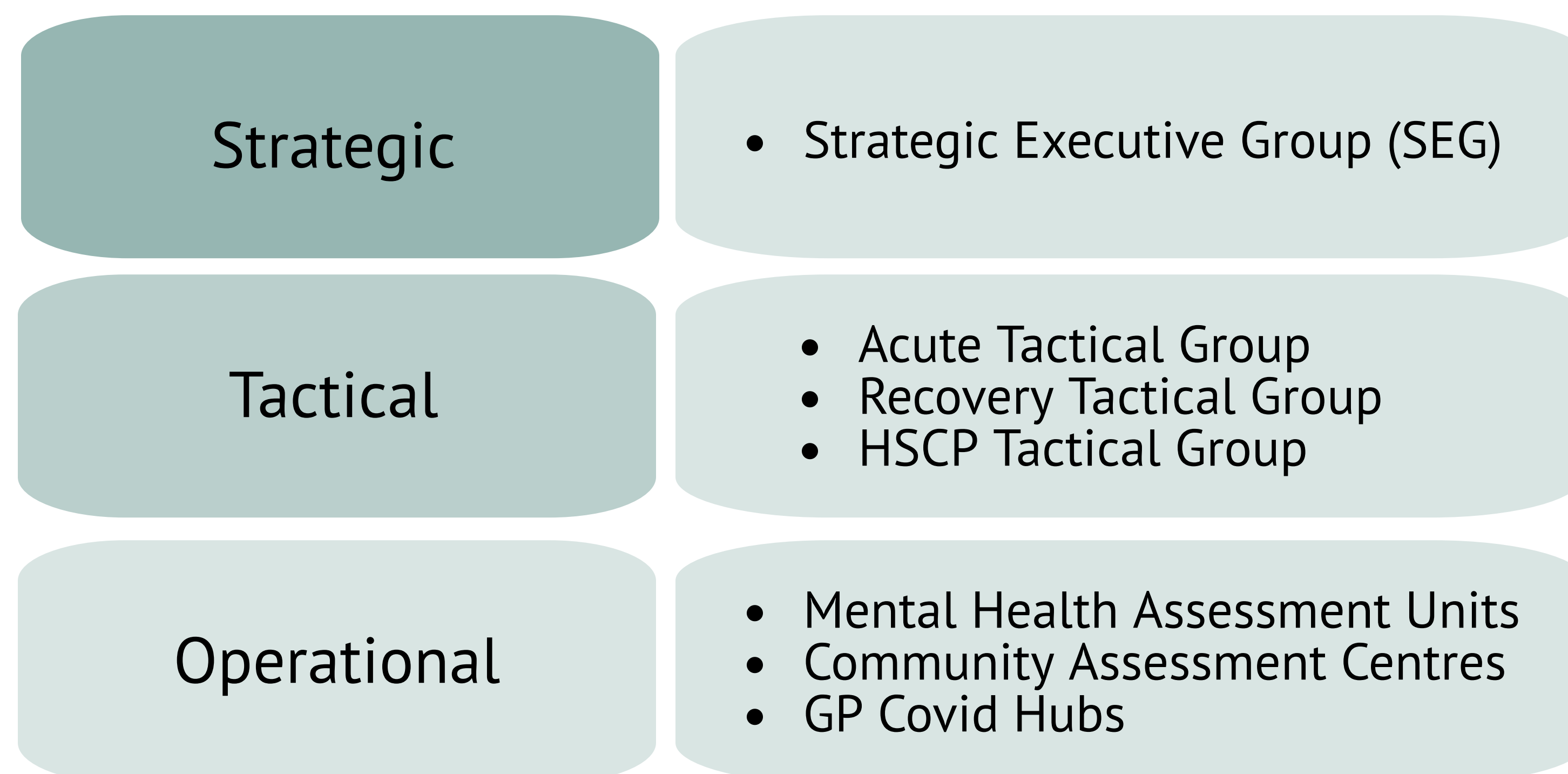
There has also been a schedule of weekly meetings with the Chief Officer, Chief Financial Officer, Chair and Vice Chair of the HSCP Board to cover a variety of local issues including infection rates, impact of local and national restrictions, vaccination programme, mobilisation and re-mobilisation plans. The Chief Officer issued briefings to all board members (weekly in the early months of the pandemic and then monthly) which updated on key service impacts of Covid-19 and the interpretation of national guidance on local services. The HSCP Senior Management Team also contributed to the comprehensive WDC "Covid-19 Update Reports" presented monthly at full council.

The Civil Contingencies Act 2004 requires both Local Authorities and NHS Bodies to prepare for adverse events and incidents as Category One Responders. The Chief Officer and the HSCP Senior Management Team, through their roles as senior operational leaders within WDC and NHSGGC formally contributed to the pandemic response and recovery plans by being key participants in Covid-19/Business Continuity response, tactical and strategic resilience groups. The Health and Sport Committee recognised the contribution made by HSCPs and questioned why Integrated Joint Boards (IJBs), responsible for the strategic delivery of health and social care services since 2015, did not have the same legal status as Local Authorities and Health Boards. After a period of Scottish Government consultation from 12 October to 22 November 2020 the Civil Contingencies Act 2004 has been amended to include IJBs as Category One Responders, effective from the 16 March 2021.

A comprehensive Covid-19 Impact Risk Register was developed covering all aspects of service delivery ranging from risk to service delivery from staff absence, system failure, insufficient PPE, carer illness and increased demand for emergency support for various vulnerable individuals and families. To help mitigate some of these risks there were daily Situation Reports (Sit Reps) and absence reports aligned to a newly developed "Resource Requirements" spreadsheet. These captured the composition of all teams across the HSCP, their minimum staffing requirements to deliver on statutory responsibilities and staff potentially available for redeployment: e.g. the transfer of Day Centre support workers to Care Homes and Care at Home to reduce the risk of absence on service delivery.

The Scottish Government required that NHSGGC and each of the six HSCPs within Glasgow's boundary prepared a Local Mobilisation Plan. The Local Mobilisation Plan (LMP) and associated Financial Cost Tracker set out the impact of the pandemic on services and their response as well as considering new service areas that required to be established to support health and care services. New services included the opening of two Covid-19 Hubs (Clydebank and Dumbarton) to distribute the necessary Personal Protective Equipment (PPE), two Community Assessment Centres (Clydebank and Renton) to support the clinical assessment and testing of people referred with potential Covid-19 symptoms, a Mental Health Assessment Unit, as an alternative to presentation at Emergency Department and the creation of vaccination teams to support the delivery of the ongoing vaccination programme.

The performance of these new services was captured daily and their effectiveness reviewed by HSCP Chief Officers and other senior health officials through revised governance arrangements, an extract of which is shown below:



The financial costs aligned to the LMP were submitted at least monthly to the Scottish Government and formed the basis of all funding received. The HSCP Board, through the regular financial performance reports, considered the impacts of this on the overall projected position including the impact on savings programmes, demand for services and financial support to social care providers for commissioned services including care homes and support delivered to individuals and their carers.

The Governance Framework and Internal Control System

The governance framework is comprised of systems and processes and cultures and values by which the HSCP is directed and controlled. It is not static and is updated to reflect new legislative requirements and best practice. This has never been more apparent as the HSCP Board, its partner organisations and numerous stakeholders have had to adapt to respond to the impact of the Covid-19 pandemic.

The system of internal control is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. It enables the HSCP Board to monitor and evaluate the achievements of the strategic objectives laid out within its Strategic Plan and consider whether these have been delivered in an appropriate and cost effective manner.

The HSCP Board adopted governance arrangements are consistent with the Chartered Institute of Public Finance and Accounting (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) framework “Delivering Good Governance in Local Government”. Based on the framework’s seven core principles a Local Code of Good Governance is in place which is reviewed annually and evidences the HSCP Board’s commitment to achieving good governance and demonstrates how it complies with the recommended CIPFA standards. The Code was revised and approved in May and June 2021 respectively to take account of minor amendments required to the introductory paragraphs to reflect the 2019 – 2022 Strategic Plan priorities.

The main features of the HSCP Board’s governance framework and system of internal control is reflected in its Local Code, with the key features for 2020/21 summarised below:

- The HSCP Board is the key decision making body, comprising of a Chair, five other voting members and a number of professional and stakeholder non-voting members;
- The HSCP Board is formally constituted through the Integration Scheme which sets out the local governance arrangements, including definition of roles, workforce, finance, risk management, information sharing and complaints;
- The HSCP Board has two governance sub-committees; Audit and Performance Committee and the Strategic Planning Group;
- In line with statutory guidance the Directions Policy was approved on 23 September 2020;
- Reports considered by the HSCP Board and the Audit and Performance Committee are published on the HSCP website;
- The scope, authority, governance and strategic decision making of the HSCP Board and Audit and Performance Committee is set out in key constitutional documents including the HSCP Strategic Plan 2019 – 2022, terms of reference, code of conduct, standing orders and financial regulations (reviewed by HSCP Board on 5 August 2020), records management and complaints handling;
- The Performance Management Framework commits to regular performance and financial reporting to the HSCP Board and Audit and Performance Committee, enhanced by a programme of development sessions, enabling members to interrogate performance and policy in greater detail. This includes the weekly Chief Officer reports considered by the SMT and used as the basis for reporting at an executive level to our partners at corporate management teams and formal Organisational Performance Reviews (OPRs);
- Establishment of the Programme Management Office (PMO) – to support, oversee and implement the strategic work programme and projects to the delivery of key objectives at a local level. The PMO meets monthly to consider project updates and critical issues and possible steps for resolution;
- Clinical and Care Governance Group – provide oversight and scrutiny of all aspects of clinical and care risk and effectiveness as well as how patient centred care is delivered;
- The Risk Management Strategy, including the risk management policy and strategic risk register (underpinned by operational and Covid-19 related risk registers), are scrutinised at least annually by the Audit and Performance Committee (25 February 2021) with level of risk, its anticipated effect and mitigating action endorsed before being referred to the HSCP Board. The current policy and strategy was reviewed at the 24 June 2021 meeting;

- The Reserves Policy is reviewed as part of the annual budget setting process and has identified a reasonable level of both general and earmarked reserves;
- A performance appraisal process is in place for all employees and staff who are also required to undertake statutory and mandatory training to reinforce their obligations to protect our service users, including information security; and
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings, recommendations and associated action plans by Audit Scotland, Ministerial Strategic Group, our external and internal auditors and the Care Inspectorate.

The governance framework described, operates within the system of internal financial controls, including management and financial information, financial regulations, administration (including segregation of duties), management supervision and a system of delegation and accountability. Development and maintenance of these systems is undertaken by the Council and the Health Board as part of the operational delivery arrangements of the HSCP.

Compliance with Best Practice

The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement "The Role of the Chief Financial Officer in Local Government (2010)". To deliver these responsibilities the Chief Financial Officer must be professionally qualified and suitably experienced and lead and direct a finance function that is resourced and fit for purpose.

The HSCP Board complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2010". The HSCP Board's appointed Chief Internal Auditor has responsibility for the internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service generally operates in accordance with the CIPFA "Public Sector Internal Audit Standards 2013".

The HSCP Board's Audit and Performance Committee operates in accordance with CIPFA's "Audit Committee Principles in Local Authorities in Scotland" and "Audit Committees: Practical Guidance for Local Authorities (2018)". In September 2020, the Committee considered Audit Scotland's – "Covid-19 Guide for Audit and Risk Committees" and agreed that the Chair and Vice Chair, supported by the Chief Internal Auditor consider the key issues posed. The Chief Internal Auditor has initially worked with the HSCP SMT throughout February to complete the template covering:

- Internal Controls and Assurance;
- Financial Management and Reporting;
- Governance; and
- Risk Management

The responses have been considered by the Chief Internal Auditor and the Chief Financial Officer and no significant issues were identified by the review. The Chair and Vice Chair have been briefed on the conclusion of the review and reassured that the committee has had effective arrangements in place throughout 2020/21 to support the HSCP Board decision making throughout the pandemic.

Review of Adequacy and Effectiveness

The HSCP Board is committed to continuous improvement and is responsible for conducting at least annually, a review of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who has the responsibility for the development and maintenance of the governance environment and the work of internal and external audit and other review agencies including the Care Inspectorate.

As stated above the HSCP Board adopted “The Code of Practice for Local Authority Accounting”, recommendation that the local code is reviewed each year in order that it can inform the Governance Statement. For the June 2021 review the 24 June HSCP Board agreed that there were no areas assessed to be non-compliant and more than three quarters were considered fully compliant.

There were a number of improvement actions identified in 2018/19 and 2019/20 and an update on these is provided below under “Update of Previous Governance Issues”. This year’s review has recognised that as the HSCP responded to the global health emergency to safeguard the delivery of essential services, some of the improvement actions remain ongoing. The priority for 2021/22 will be to progress these actions to further strengthen the governance framework.

Also supporting the review of the HSCP Board’s governance framework are the processes of internal controls of West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

Within WDC Chief Officers complete a Local Code of Governance Checklist which is a self-assessment against each aspect of council’s local code. These are considered by the Chief Internal Auditor and inform each Chief Officer’s Certificate of Assurance as well as the Council’s Governance Statement.

Within NHSGGC a similar process is in operation which required the Chief Officer to complete a “Self Assessment Checklist” covering all the key areas of the internal control framework.

Other reviews to support continuous improvements and the control environment include the work undertaken by WDC & NHSGGC internal audit teams. Any specific control issues emerging from these audits are considered through each organisation’s own Audit Committee and recommendations on improvements agreed. The HSCP Board are updated on any control issues that would impact on HSCP service performance through regular performance and financial updates reports.

There were no new social care audits undertaken in 2020/21; however two audits completed in 2019/20 had their recommendations and action plans finalised.

- Social Care – Attendance Management; and
- Social Work – Case Management

These audits and associated actions were reported in the 2019/20 Annual Governance Statement. Each audit identified control risks and recommendations agreed by management used to populate action plans to be delivered within appropriate timescales. Progress of actions is reviewed regularly by the HSCP Chief Officer, the WDC Performance Management Review Group (PMRG) and the WDC Audit Committee. The HSCP service response to the Covid-19 pandemic did impact on the target dates for implementation for some actions, however in consultation with the Chief Internal Auditor, and approvals by the PMRG, dates were reviewed and progress regularly reviewed.

There were no health care based audits carried out by the internal auditors of NHSGGC that directly impacted on HSCP service priorities.

In 2020/21 in relation to the HSCP Board’s, the appointed Chief Internal Auditor undertook review work to assess aspects of the HSCP Governance Framework which were:

- Review of the Adequacy and Effectiveness of the Risk Management Process;
- Assess the new Directions Policy to ensure compliance with statutory guidance; and
- Monitor the progress of the implementation of the agreed internal audit action plans by HSCP management.

Update on Previous Governance Issues

The 2019/20 Annual Governance Statement set out a number of Improvement Actions based on the annual review of the Local Code and Areas for Improvement by each Head of Service. These are updated below:

- Develop a robust Commissioning Plan – this is ongoing and will be considered as part of the development of the new Strategic Plan for 2022 and includes the production of Joint Strategic Needs Assessments (JSNAs). The JSNAs will assess the care needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities;
- Increase the % of spend on commissioned social care services being compliant with financial and procurement regulations – significant progress continues to be made and compliance maintained. Since 2019/20 the % of compliant commissioned spend of £48.3m has increased from 79.2% to 97.1% as reported within WDC’s Annual Procurement Report;
- Improve Children and Families case recording and assessment – all actions have been completed and will be maintained through ongoing case sampling, activity reports and a programme of quality assurance being developed by the Lead Officer for Child Protection;
- Improve sickness absence rates – this is ongoing with targeted interventions for areas with higher absence levels to support line managers and ensure individual absences are being managed in an appropriate manner to support return to work;
- Ministerial Strategic Group Review on the Progress of Integration Action Plan – progress continues to be made including the implementation of the Directions Policy. The strong partnership approach (Local Government, Health Boards and HSCPs) in responding to the pandemic including streamlining processes, sharing data and intelligence and supporting Chief Officers supports a number of the improvement actions;
- Strengthen budget setting arrangements with WDC and NHSGGC and produce a robust Medium Term Financial Plan (MTFP) – the 25 March 2020 HSCP Board agreed the MTFP 2020/21 – 2024/25 which was developed based on pre-Covid activity levels and demand assumptions. At the 25 March 2021 meeting the Board accepted the funding offer from WDC and the indicative funding offer from NHSGGC subject to confirmation of all recurring budgets. The MTFP anticipated budget gaps for 2022/23 to 2023/24 were updated with the commitment to revisit them as the HSCP progress through their “Recovery and Renewal Plan”; and
- Review and revise the format of reports to reflect the guidance on Statutory Directions – this is complete. As stated above the new Directions Policy was agreed by the Board on 23 September 2020 and all HSCP Board reports consider the requirement to issue directions.

Governance Issues 2020/21

The 2020/21 Internal Audit Annual Report for the HSCP Board identifies no significant control issues. As stated above the HSCP Board must also place reliance on the Council and Health Board’s internal control framework. The Council’s Internal Audit Annual Report has concluded that the Council’s control procedures in key areas are operating as expected during 2020/21.

As stated above under “Review of Adequacy and Effectiveness” the Chief Officer of the HSCP completes a self-assessment of the HSCP’s operational performance against the WDC local code. The council’s Chief Internal Auditor has considered this and has identified some areas for improvement which form part of the WDC Annual Governance Statement and progress will be monitored through the Performance Management Review Group (PMRG) and the WDC Audit Committee. These include:

- Further team development and maintenance of strong supervision practices;
- Continue to undertake targeted interventions in high absence areas;
- Stronger process for tracking audit action plans and meeting agreed deadlines; and
- Progress with service reviews within Learning Disability Services, Children and Families and Care at Home to ensure services are fit for the future, post pandemic.

The Health Board's Internal Audit Annual Report has concluded that NHSGGC has a framework of governance and internal control that provides reasonable assurance regarding the effective and efficient achievement of objectives, except in relation to:

- Risk Management; and
- Records Management.

Recovery and Renewal

While there have been fluctuating local infection rates the progress on the lifting of restrictions has been variable. However in recent months with the success of the ongoing Covid-19 Vaccination Programme many services have now fully re-mobilised and others continue to make steady progress. The 23 September HSCP Board considered the "Covid-19 Recovery and Renewal Plan – Keep Building Better, A Journey of Continuous Improvement" (Item 10). A copy of the plan is available [here](#) (Appendix 1, 14) on the HSCP website.

This plan defined: the strategic recovery objectives; an overview of how these objectives would be delivered; the impact of the pandemic on our services and communities; the capacity and financial implications and the governance arrangements. In the months since the HSCP Board has continued to be updated and the 24 June meeting will consider the significant strengths identified in the "Covid-19 Reflection and Learning Strategic Analysis Report", based on the self –assessment online survey undertaken in February, and the identified improvement actions.

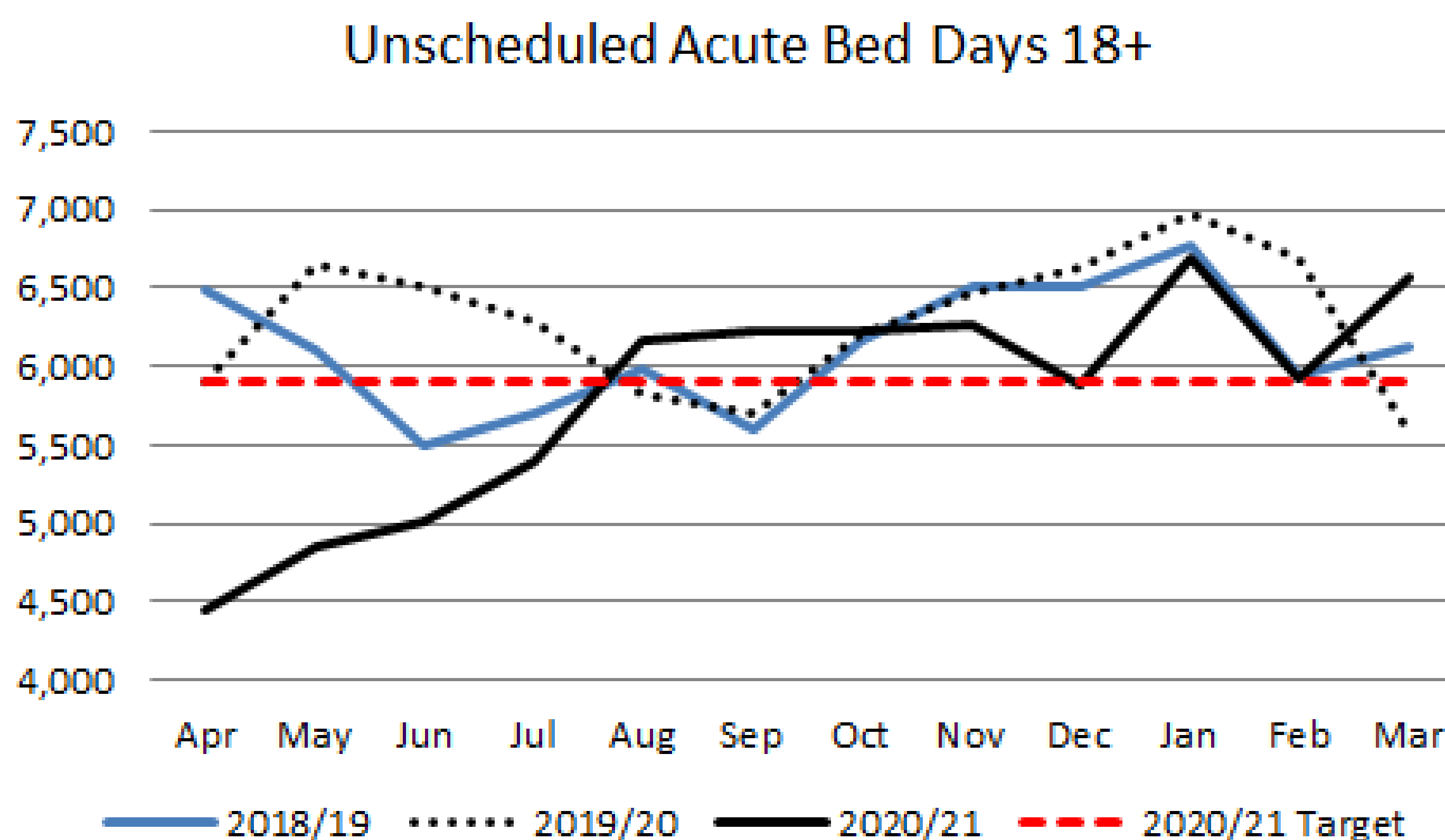
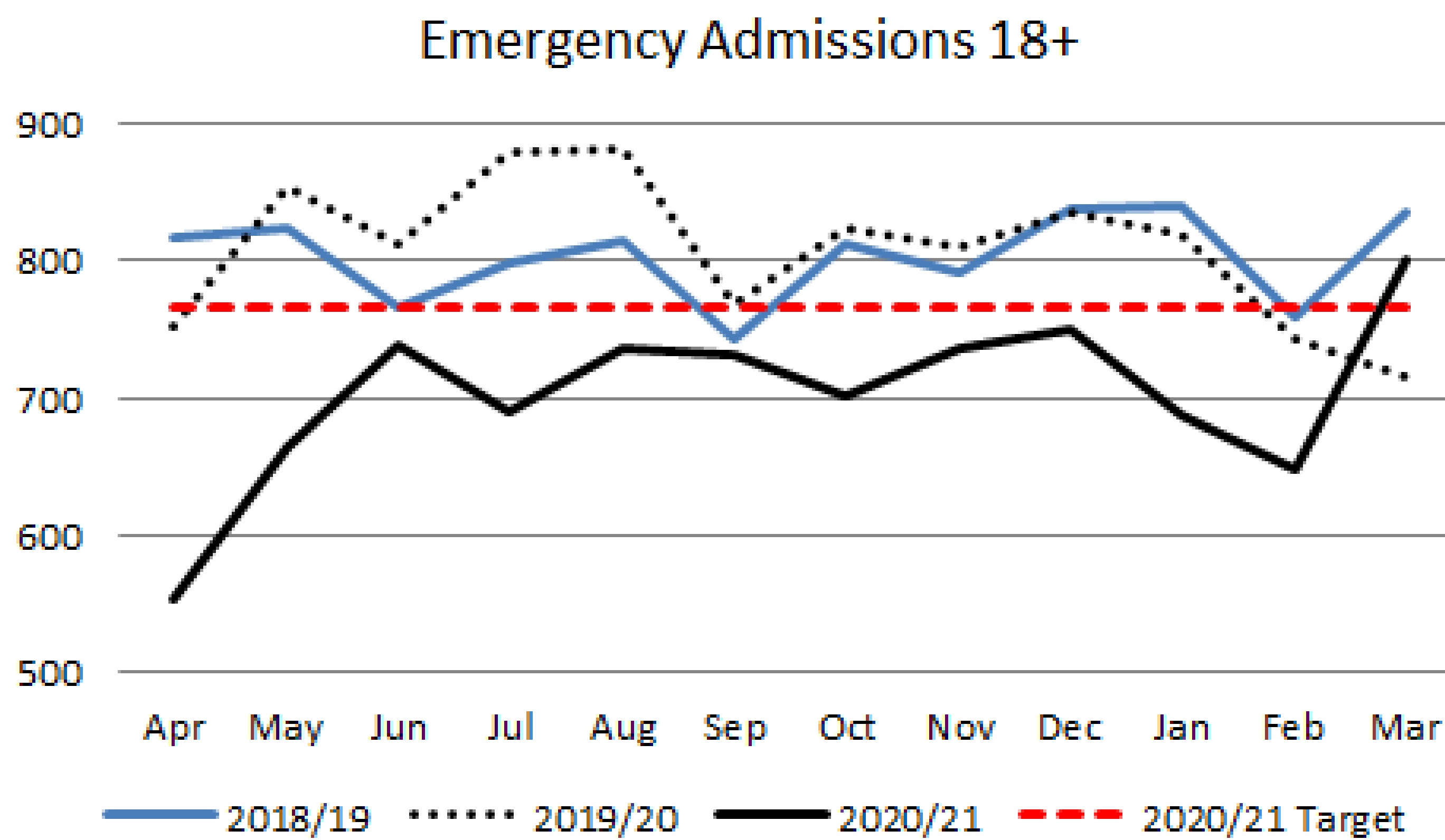
The "new normal" will have an impact on service demand and the financial consequences of this will have to be clearly laid out within the current performance reporting framework.

Appendix 1: Core Integration Indicators

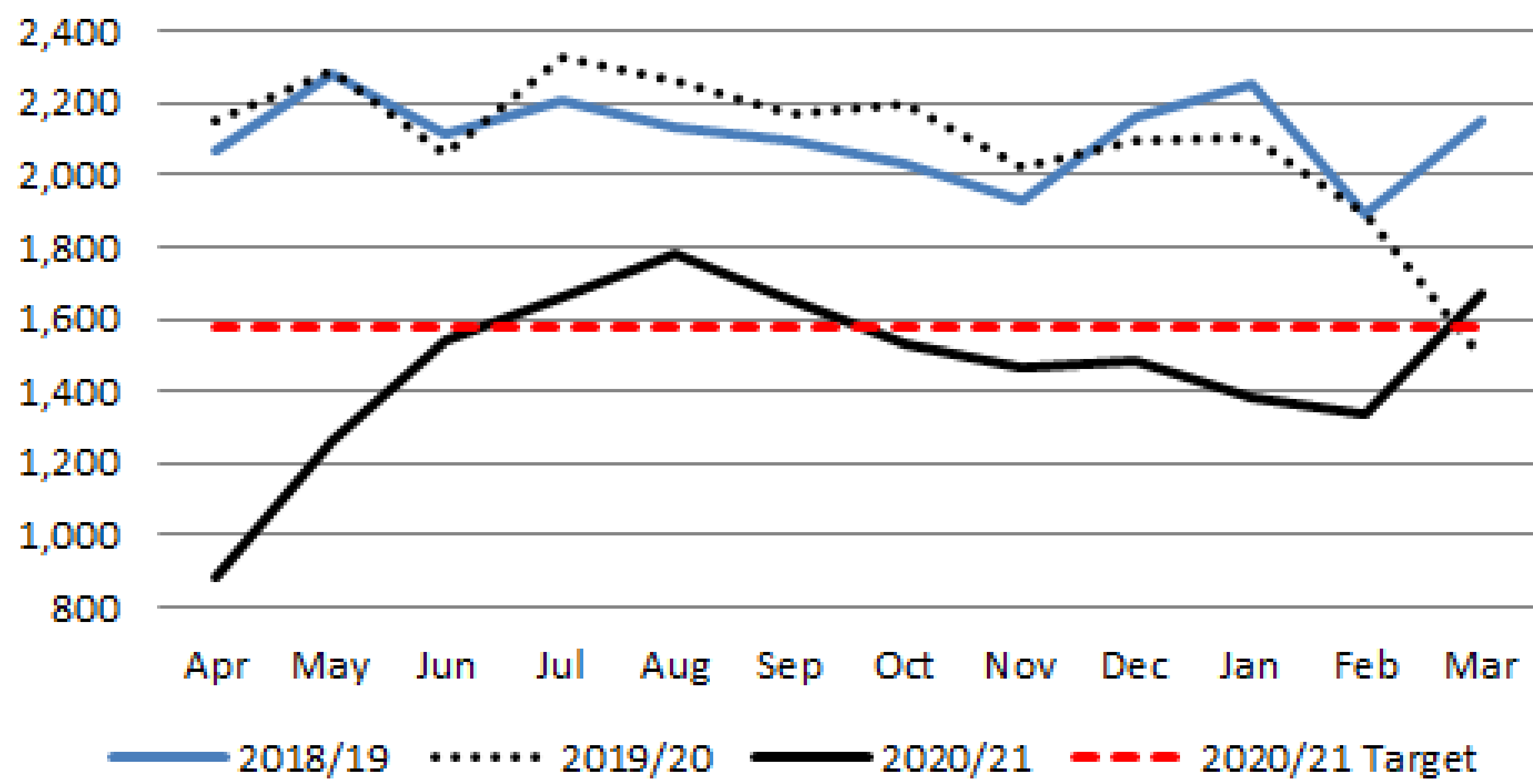
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2019/20	90.70%	92.90%	28	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible*	2019/20	79.70%	80.80%	21	
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided*	2019/20	82.90%	75.40%	3	
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	2019/20	76.50%	73.50%	10	
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	2019/20	82.80%	80.20%	12	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	2019/20	80.60%	78.70%	15	
NI-7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life*	2019/20	82.10%	80.00%	11	
NI-8	% of carers who feel supported to continue in their caring role*	2019/20	36.80%	34.30%	7	
NI-9	Percentage of adults supported at home who agree that they felt safe	2019/20	78.90%	82.80%	28	
NI-11	Premature mortality rate per 100,000 persons	2020	608	457	30	
NI-12	Rate of emergency admissions per 100,000 population for adults	2020	12,613	11,100	25	
NI-13	Rate of emergency bed days per 100,000 population for adults	2020	121,300	101,852	28	
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges*	2020	102	114	10	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2020	90.70%	90.10%	13	
NI-16	Falls rate per 1,000 population aged 65+	2020	19.7	21.7	11	
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections*	2020/21	93.20%	82.50%	1	
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home	2020	70.30%	62.90%	8	
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population*	2020/21	904	488	31	
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2020	21.40%	21.00%	20	

* Also a Local Government Benchmarking Framework Indicator
Please note that NI-10, NI-21 and NI-23 are not currently being reported nationally

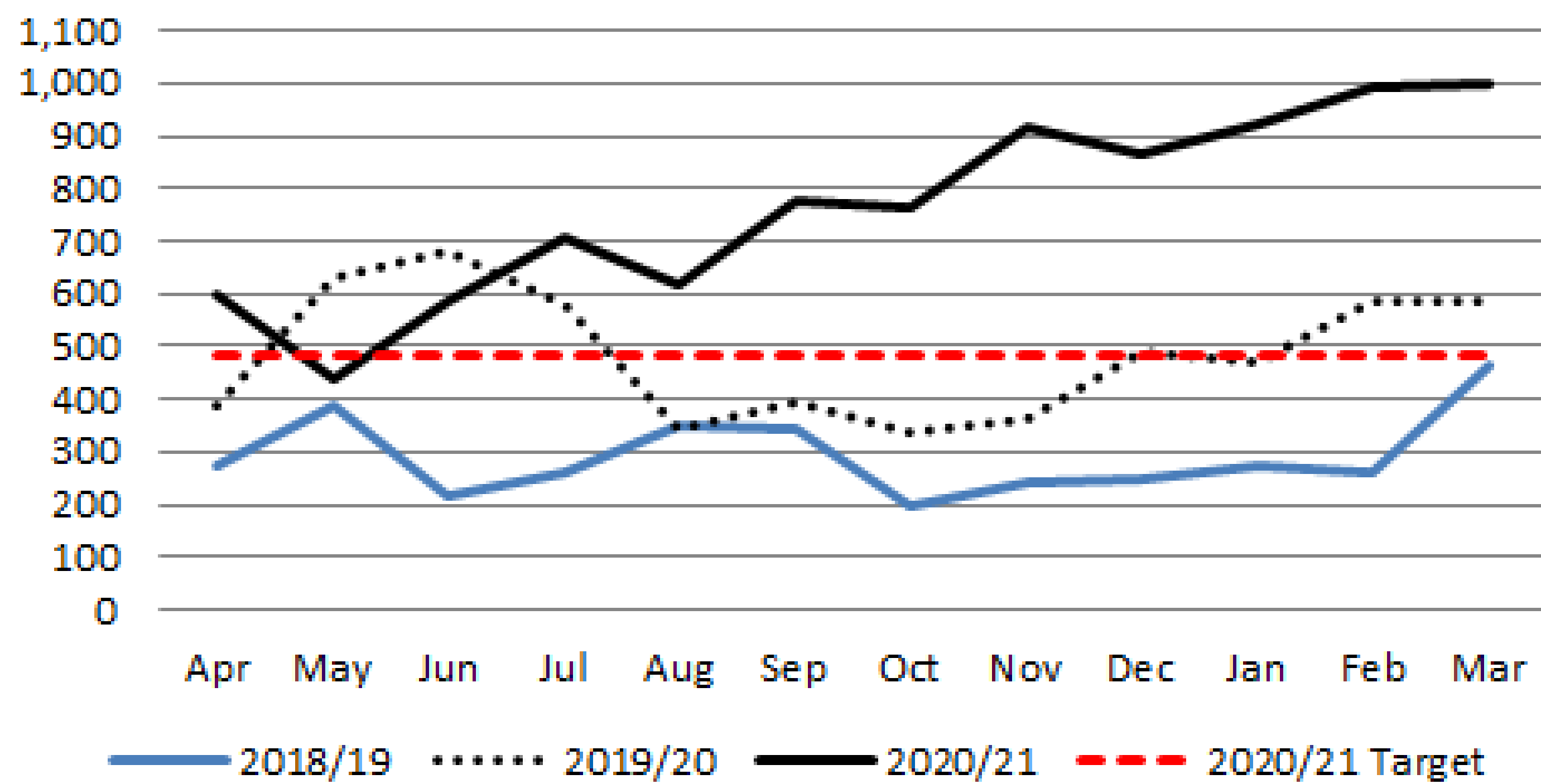
Appendix 2: Ministerial Steering Group Performance



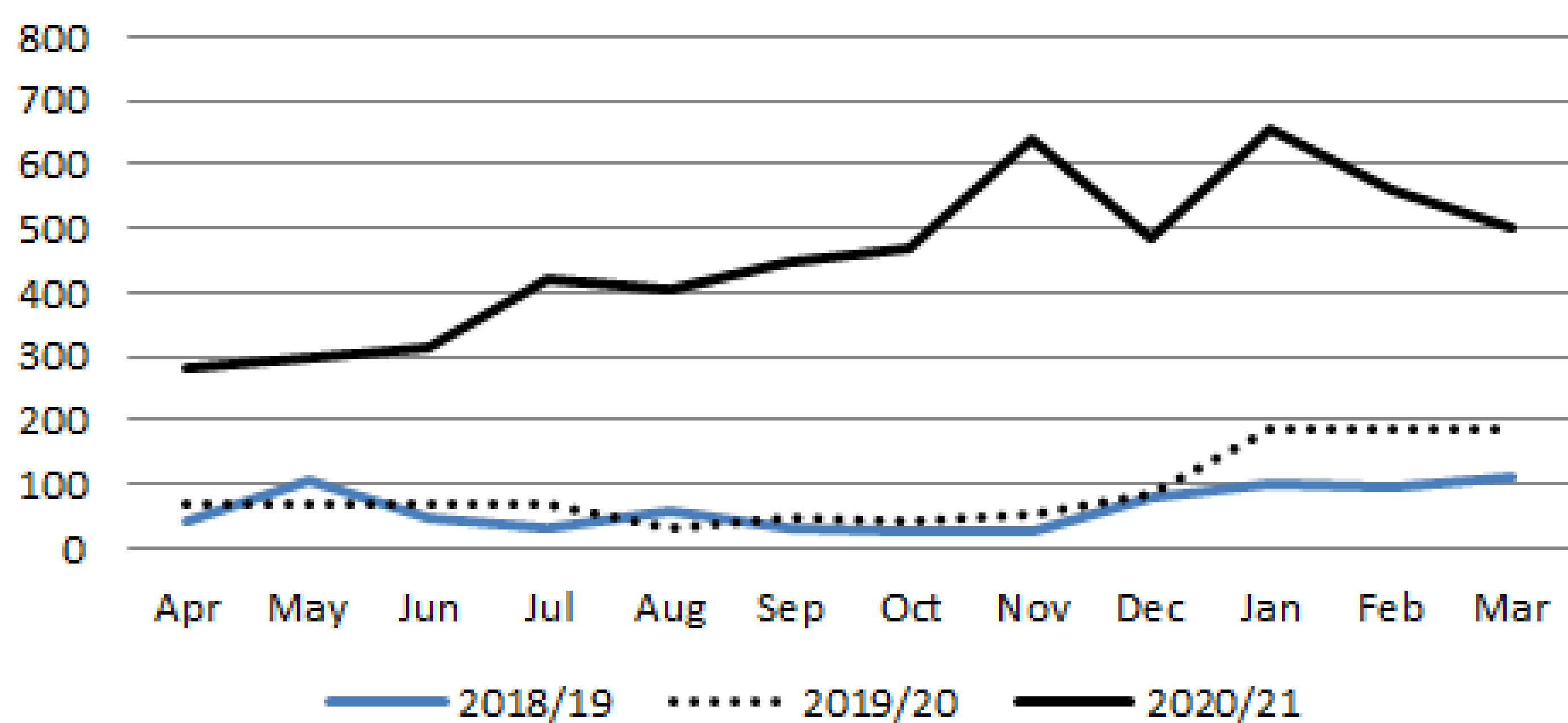
A&E Attendances 18+



Delayed Discharge Bed Days - All Reasons 18+




Delayed Discharge Bed Days - Complex Codes 18+






















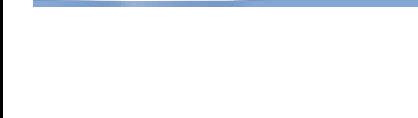














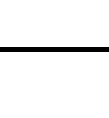
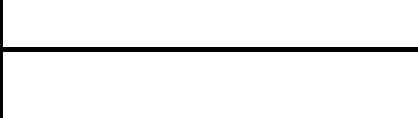


Appendix 3: Local Government Benchmarking Framework

Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
The gross cost of "children looked after" in residential based services per child per week £	2019/20	£2,937	£3,853	6	
The gross cost of "children looked after" in a community setting per child per week £	2019/20	£246.62	£349.72	7	
Balance of Care for looked after children: % of children being looked after in the Community	2019/20	91.11%	90.07%	11	
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review	2019/20	79.39%	85.70%	31	
% Child Protection Re-Registrations within 18 months	2019/20	2.30%	6.92%	5	
% Looked After Children with more than one placement within the last year	2019/20	17.59%	16.68%	11	
Home care costs for people aged 65 or over per hour £	2019/20	£21.57	£25.99	9	
Self directed support spend for people aged over 18 as a % of total social work spend on adults	2019/20	2.44%	7.77%	31	
% of people aged 65 and over with long-term care needs who receiving personal care at home	2019/20	68.50%	61.65%	6	
Net Residential Costs Per Capita per Week for Older Adults (65+)	2019/20	£525.00	£401.00	28	

Appendix 4: Strategic Plan Key Performance Indicators

-  Target achieved
-  Target narrowly missed
-  Target missed by 15% or more
-  Data only - no target set

Priority 1: Early Intervention					
Performance Indicator	2019/20	2020/21		Status	5 Year Trend
	Value	Value	Target		
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	92.3%	94.6%	95%		
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.6%	98.1%	95%		
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		
Percentage of child protection investigations to case conference within 21 days	84.5%	72.8%	95%		
Number of referrals to the Scottish Children's Reporter on care and welfare grounds*	259	370	N/A		
Number of referrals to the Scottish Children's Reporter on offence grounds*	171	120	N/A		
Number of delayed discharges over 3 days (72 hours) non-complex cases	11	14	0		
Number of bed days lost to delayed discharge 18+ All reasons	5,839	9,177	5,839		
Number of bed days lost to delayed discharge 18+ Complex Codes	1,088	5,481	N/A		
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	4,417	6,885	4,417		
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	597	3,538	N/A		
Number of emergency admissions 18+	9,699	8,434	9,180		
Number of emergency admissions aged 65+	4,785	4,114	4,537		
Emergency admissions aged 65+ as a rate per 1,000 population	286	245.9	271		
Number of unscheduled bed days 18+	75,401	69,627	70,940		
Unplanned acute bed days (aged 65+)	51,641	49,511	48,626		
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	3,086.5	2,959.2	2,906		
Number of Attendances at Accident and Emergency 18+	25,061	17,654	18,880		
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25%	25.6%	24%		

Performance Indicator	2019/20	2020/21			5 Year Trend
	Value	Value	Target	Status	
Number of clients receiving Home Care Pharmacy Team support	1,022	1,379	1,030		
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services – WDHSCP	26%	67%	90%		
Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	97%	94.8%	95%		
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	95.4%	96.6%	90%		
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%		
Number of people receiving Telecare/Community Alarm service – All ages	2,110	1,986	2,200		
Number of patients with an eKIS record	19,861	21,101	N/A		

Priority 2: Access					
Performance Indicator	2019/20	2020/21			5 Year Trend
	Value	Value	Target	Status	
Number of people receiving homecare – All ages	1,247	1,340	N/A		
Number of weekly hours of homecare – All ages	9,141	10,309	N/A		
Total number of homecare hours provided as a rate per 1,000 population aged 65+	461.3	515	570		
Percentage of people aged 65 and over who receive 20 or more interventions per week	33.1%	38.5%	35%		
Percentage of homecare clients aged 65+ receiving personal care	96.5%	98.3%	95%		
Number of people aged 75+ in receipt of Telecare – Crude rate per 100,000 population	20,000	19,220	20,945		
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	25.3%	14.5%	30%		
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	32.7%	37.1%	32%		
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	81%	74%	98%		
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	68%	65%	80%		
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	59%	7%	80%		

Priority 3: Resilience					
Performance Indicator	2019/20	2020/21			5 Year Trend
	Value	Value	Target	Status	
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	40.5%	98.4%	90%		
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	21	7	18		
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	56.2%	58.3%	90%		

Priority 4: Assets					
Performance Indicator	2019/20	2020/21			5 Year Trend
	Value	Value	Target	Status	
Prescribing cost per weighted patient	£165.07	£158.51	Average across NHS GGC	Not yet available	
Compliance with Formulary Preferred List	78.64%	78.22%	78%		

Priority 5: Inequalities					
Performance Indicator	2019/20	2020/21			5 Year Trend
	Value	Value	Target	Status	
Balance of Care for looked after children: % of children being looked after in the Community	91.11%	89.20%	90%		
Percentage of looked after children being looked after in the community who are from BME communities	73.68%	73.3%	N/A		
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	71.4%	100%	75%		

*Provisional figures pending the publication of Scottish Children's Reporter Administration Statistic on 30th September 2021.

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
AUDIT AND PERFORMANCE COMMITTEE**

Report by Chief Financial Officer

16 September 2021

**Subject: External Annual Audit Report 2020/21 – West Dunbartonshire
Integrated Joint Board**

1. Purpose

- 1.1** To present the Annual Audit Report and Auditor's letter, for the audit of the financial year 2020/21, as prepared by the Health and Social Care Partnership Board's external auditors, Audit Scotland.

2. Recommendations

- 2.1** It is recommended that the HSCP Board's Audit and Performance Committee:
- Consider the contents of the Annual Audit Report to the Board and the Controller of Audit for the financial year ended 31 March 2021;
 - Note the achievement of an unqualified audit opinion; and
 - Consider the key messages, the recommendations and agreed management actions contained in the attached appendices relating to the audited Annual Accounts.

3. Background

- 3.1** It is a statutory requirement of the accounts closure process (ISA 260) that those charged with the governance of the HSCP Board's financial affairs receives a report from the appointed external auditors, highlighting the main matters arising in respect of their audit of the financial statements.
- 3.2** The ISA 260 and Annual Audit Report covers the nature and scope of the audit, details any qualifications, any unadjusted misstatements, any material weaknesses in the accounting and internal control systems, gives a view on the qualitative aspects around accounting practices and any other matters specifically required to be communicated to the HSCP Board.
- 3.3** The letter containing Independent Auditor's Opinion to the HSCP Board and a copy of the letter of Representation from the Chief Financial Officer (ISA 580) is attached at Appendix 1 (B). The ISA 580 provides external auditors with

assurance around the key accounting requirements and judgements made by the Chief Financial Officer when closing the 2020/21 Accounts. The proposed Annual Audit Report is attached at Appendix 2.

4. Main Issues

4.1 It is the auditor's opinion that the financial statements give a true and fair view of the HSCP Board's financial position for the year ended 31 March 2021. The unqualified independent auditor's report is attached at Appendix 1 (A).

4.2 The 2020/21 Annual Audit Report, attached at Appendix 2 sets out the findings and main judgements arising from the audit and makes a number of recommendations covering the audit dimensions of:

- Financial sustainability;
- Financial management;
- Governance and transparency; and
- Best Value

4.3 The main judgements conclude that the Board has:

- Appropriate and effective financial management arrangements in place;
- Appropriate governance arrangements in place to support effective decision making and accountability and conducts its business in an open and transparent manner;
- Service pressures created by the impact of Covid-19 have been recognised by the Board and steps have been taken to address them; and
- There have been no material misstatements identified and therefore no change to the £13.744m reported surplus presented in the draft accounts.

4.4 This surplus has allowed the HSCP Board to exceed the 2% target for unearmarked reserves as set out in the Reserves Policy. For the year ended 31 March 2021 the target was £2.809m and the unearmarked reserves balance stands at £4.367m.

4.5 The audit identified three main issues/risks and these are included within an agreed action plan (Appendix 1 of the main Annual Audit Report). These are:

- Management Commentary - Management should review the format and content of the 2021/22 management commentary to make it more accessible for readers of the accounts and consider the appropriate use of infographics and trend analysis;
- Follow up of Previous Audit Point - The Board should ensure that audit recommendations are implemented in line with agreed timescales; and
- Review of Standing Orders - The Board should undertake a prompt review of the standing orders following the Health Board and Scottish Government approval of the revised Integration Scheme.

5. Options Appraisal

5.1 None required

6. People Implications

6.1 None associated with this report.

7. Financial and Procurement Implications

7.1 The HSCP Board achieved a surplus of £13.744m in 2020/21, which will be retained in accordance with the Integration Scheme and Reserves Policy.

7.2 The Section 95 officer (Chief Financial Officer) has provided written representations on aspects of the annual accounts, including the judgement and estimates made.

8. Risk Analysis

8.1 Detailed within the Annual Audit Report Action Plan.

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None required.

11. Consultation

11.1 This report has been completed in consultation with the HSCP Board's external auditor's Audit Scotland.

12. Strategic Assessment

12.1 This report is in relation to a statutory function and as such does not directly affect any of the strategic priorities.

13. Directions

13.1 None required.

Julie Slavin – Chief Financial Officer

Date: 9 September 2021

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street,
WDC Offices, Dumbarton G82 1QL
Telephone: 07773 934 377
E-mail: julie.slavin@ggc.scot.nhs.uk

Appendices: Appendix 1: ISA 260 – Independent Auditors Report and
ISA 580 Letter of Representation

Appendix 2: Annual Audit Report 2020/21

Background Papers: HSCP Audit and Performance Committee June 2021 –
Unaudited Annual Report and Accounts 2020/21

Localities Affected: All

8 Nelson Mandela Place
Glasgow
G2 1BT

T: 0131 625 1500
E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk



Audit and Performance Committee

16 September 2021

West Dunbartonshire Integration Joint Board Audit of 2020/21 Annual Accounts

Independent auditor's report

1. Our audit work on the 2020/21 annual accounts is now substantially complete. Subject to receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 20 September 2021 (the proposed report is attached at [Appendix A](#)).

Annual audit report

2. We also present for your consideration our proposed annual audit report on the 2020/21 audit. Under International Standards on Auditing in the UK we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. Within the proposed annual audit report, the section headed "Significant findings from the audit in accordance with ISA 260" sets out the issues identified in respect of the annual report and accounts.
3. The annual audit report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.
4. The annual audit report will be issued in final form after the audited annual accounts have been authorised for issue and the independent auditor's report has been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements identified during our audit, other than those of a trivial nature, and request that these misstatements be corrected.
6. We have no unadjusted misstatements to be corrected.

Fraud, subsequent events and compliance with laws and regulations

7. In presenting this report to the Audit and Performance Committee we seek confirmation from those charged with governance of any instances of any actual, suspected or alleged fraud; any subsequent events that have occurred since the date of the financial

statements; or material non-compliance with laws and regulations affecting the entity that should be brought to our attention.

Representations from Section 95 Officer

8. As part of the completion of our audit, we are seeking written representations from the Chief Financial Officer on aspects of the annual report and accounts including the judgements and estimates made.
9. A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Chief Financial Officer (Section 95 Officer) with the signed annual report and accounts prior to the independent auditor's report being certified.

Acknowledgement

10. We would like to thank all management and staff for their cooperation and assistance during the audit.

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board for the year ended 31 March 2021 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the 2020/21 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the West Dunbartonshire Integration Joint Board as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is 5 years. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the

body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Financial Officer and West Dunbartonshire Integration Joint Board for the financial statements

As explained more fully in the Statement of the Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The West Dunbartonshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of West

Dunbartonshire Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory other information

The Chief Financial Officer is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the statutory other information and, in doing so, consider whether the statutory other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this statutory other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the statutory other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of the Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Fiona Mitchell-Knight FCA

Audit Director

Audit Scotland

4th Floor, South Suite

The Athenaeum Building

8 Nelson Mandela Place

Glasgow

G2 1BT

20 September 2021

APPENDIX B Proposed Letter of Representation (ISA 580)

Fiona Mitchell-Knight FCA
Audit Scotland
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear Fiona

West Dunbartonshire Integration Joint Board Annual Accounts 2020/21

1. This representation letter is provided in connection with your audit of the annual report and accounts of West Dunbartonshire IJB for the year ended 31 March 2021 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and governance statement.
2. I confirm to the best of my knowledge and belief, and having made such enquiries as I considered necessary, the following representations given to you in connection with your audit of West Dunbartonshire IJB's annual accounts for the year ended 31 March 2021.

General

3. I have fulfilled my responsibilities for the preparation of the 2020/21 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual report and accounts have been made available to you for the purposes of your audit. All transactions undertaken by West Dunbartonshire IJB have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual report and accounts have been prepared in accordance with Part VII of the Local Government (Scotland) Act 1973 and directions made thereunder by the Scottish Ministers.
6. I have ensured that the financial statements give a true and fair view of the financial position of the West Dunbartonshire IJB at 31 March 2021 and the transactions for 2020/21.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the note included in the financial statements. The accounting policies are determined by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (2020/21 Accounting Code), where applicable. Where the 2020/21 Accounting Code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to West Dunbartonshire IJB's circumstances and have been consistently applied.

8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or because of new information or experience.

Going Concern Basis of Accounting

9. I have assessed West Dunbartonshire IJB's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on West Dunbartonshire IJB's ability to continue as a going concern.

Fraud

10. I have provided you with all information in relation to

- my assessment of the risk that the financial statements may be materially misstated as a result of fraud
- any allegations of fraud or suspected fraud affecting the financial statements
- fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

11. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

12. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2020/21 Accounting Code. I have made available to you the identity of all the West Dunbartonshire IJB's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

13. The Remuneration Report has been prepared in accordance with the requirements of the Local Authority Accounts (Scotland) Regulations 2014 and all required information of which I am aware has been provided to you.

Management Commentary

14. I confirm that the Management Commentary has been prepared in accordance with statutory guidance and the information is consistent with the financial statements.

Corporate Governance

15. I confirm that the West Dunbartonshire Integration Joint Board has undertaken a review of the system of internal control during 2020/21 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

16. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified since 31 March 2021 which require to be reflected.

Balance Sheet

17. All events subsequent to 31 March 2021 for which the 2020/21 Accounting Code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Julie Slavin
Chief Financial Officer

West Dunbartonshire Integration Joint Board

Proposed 2020/21 Annual Audit Report



Contents

Key messages	3
Introduction	5
1. Audit of 2020/21 annual accounts	7
Financial management and sustainability	11
3. Governance, transparency, and Best Value	17
Appendix 1	24
Appendix 2	28
Appendix 3	32

Key messages

2020/21 annual report and accounts

- 1 West Dunbartonshire IJB's financial statements give a true and fair view of the financial position for the year ended 31 March 2021. They were properly prepared in accordance with regulations and guidance.
- 2 The management commentary, audited part of the remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with proper accounting practices.

Financial management and sustainability

- 3 The Joint Board has appropriate and effective financial management arrangements in place.
- 4 Health and social care bodies are facing unprecedented challenges as they seek to balance the impact of Covid-19, the remobilisation of services and rising demand. This is against a backdrop of financial and workforce pressures; uncertainty over future financial settlements and social care reform.
- 5 The IJB reported an underspend of £13.744 million against the revised budget of £186.167 million for 2020/21. This was mainly due to unspent late funding received from the Scottish Government.
- 6 Covid-19 funding of £10.810 million was received in 2020/21. £4.970 million was unspent at 31 March and has been earmarked for 2021/22.
- 7 The IJB approved an indicative 2021/22 revenue budget of £170.097 million in March 2021. This included the application of £0.323m from earmarked reserves to balance the budget. This budget excluded any exceptional Covid-19 costs based on the assumption that additional funding would be provided.
- 8 A medium-term financial plan is in place with long term analysis to 2029/30. The annual review of the financial plan has been delayed to November 2021 due to the uncertainty caused by Covid-19.

Governance, Transparency and Best Value

- 9 The IJB has appropriate governance arrangements in place to support effective decision making and accountability and conducts its business in an

open and transparent manner. The IJB is currently discussing the incorporation of video/online conferencing to ensure greater access to meetings, per the *Covid-19 Recovery and Renewal Plan*. This digital transformation is likely to further improve the transparency of meetings.

- 10** The 2019/20 Annual Performance Report was reviewed, we found that improvements have been made in the content, structure and format.
- 11** The Annual Performance Report for 2020/21 has been delayed, in line with the Coronavirus Act 2020, and will be published by the 30 September 2021 extended deadline. We will review this as part of the 2021/22 audit.
- 12** The extent of the challenges facing IJBs means that services will need to change if they are to be sustainable in the future.
- 13** Service pressures have been created by the impact of Covid-19, these have been recognised by the IJB and steps have been taken to address them through the performance reports and the *Recovery and Renewal Plan*. Regular updates are provided to the Board.

Introduction

1. This report summarises the findings from our 2020/21 audit of West Dunbartonshire Integration Joint Board (the IJB), commonly known as the West Dunbartonshire Health and Social Care Partnership Board.

2. The scope of our audit was set out in our Annual Audit Plan presented to the Audit and Performance Committee meeting on 25 February 2021. This report comprises the findings from:

- an audit of the West Dunbartonshire IJB's 2020/21 annual accounts
- consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#).

3. The global coronavirus pandemic has had a considerable impact on the IJB and its partner bodies during 2020/21. This has had significant implications for services. We included one wider dimension risk relating to the pandemic in our Annual Audit Plan.

Adding value through the audit

4. We aim to add value to the IJB through the audit by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations
- sharing intelligence and good practice through our national reports ([Appendix 3](#)) and good practice guides
- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability.

Responsibilities and reporting

5. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

6. Our responsibilities, as independent auditor appointed by the Accounts Commission, are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice and supplementary guidance, and International Standards on Auditing in the UK. As public sector auditors, we give independent opinions on the annual accounts. Additionally, we conclude on the

appropriateness and effectiveness of the performance management arrangements, the suitability and effectiveness of corporate governance arrangements, and the financial position and arrangements for securing financial sustainability. Further details of the respective responsibilities of management and the auditor can be found in the Code of Audit Practice and supplementary guidance.

7. This report raises matters from our audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

8. Our Annual Audit Report contains an agreed action plan at [Appendix 1](#). It sets out specific recommendations, responsible officers, and dates for implementation. It also includes outstanding actions from last year and progress against these

Auditor Independence

9. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

10. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2020/21 audit fee of £27,330, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

11. This report is addressed to both the IJB and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

1. Audit of 2020/21 annual accounts

The principal means of accounting for the stewardship of the resources and performance

Main judgements

West Dunbartonshire IJB's financial statements give a true and fair view of the financial position for the year ended 31 March 2021. They were properly prepared in accordance with regulations and guidance.

The management commentary, audited part of the remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with proper accounting practices

Our audit opinions on the annual accounts are unmodified

12. The annual accounts for the year ended 31 March 2021 were approved by the IJB on 20/09/2021. As reported in the independent auditor's report:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the Remuneration Report, Management Commentary, and Annual Governance Statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

Despite the impact of Covid-19, the annual accounts were produced and audited in line with the original timetable

13. Despite the continued disruption caused by Covid-19, the Joint Board did not elect to postpone the preparation of its Annual Accounts. The unaudited Annual Accounts were submitted to us on 21 June 2021 in line with the original agreed timetable.

14. The working papers provided to support the accounts were of a good standard and the audit team received support from finance staff which helped ensure the final accounts audit process ran smoothly. The Independent Auditor's Report was issued and signed off, on 20 September, in line with the original timetable.

Our audit testing reflected the calculated materiality levels

15. We apply the concept of materiality in both planning and performing the audit and in evaluating the effect of any identified misstatements on the audit. We identify a benchmark on which to base overall materiality such as gross expenditure and apply what we judge to be the most appropriate percentage level for calculating materiality values.

16. The determination of materiality is based on professional judgement and is informed by our understanding of the entity and what users are likely to be most concerned about in the financial statements. In assessing performance materiality, we have considered factors such as our findings from previous audits, any changes in business processes and the entity's control environment including fraud risks.

17. Our initial assessment of materiality was carried out during the planning phase of the audit. This was reviewed and revised on receipt of the unaudited annual accounts and is summarised in [Exhibit 1](#).

Exhibit 1 Materiality values

Materiality level	Amount
Overall materiality	£3.319 million
Performance materiality	£2.323 million
Reporting threshold	£50 thousand

Source: Audit Scotland

Appendix 2 identifies the main risks of material misstatement and our audit work to address these

18. [Appendix 2](#) provides our assessment of risks of material misstatement in the annual accounts and any wider audit dimension risks. These risks influence our overall audit strategy, the allocation of staff resources to the audit, and indicate how the efforts of the audit team are directed. [Appendix 2](#) also identifies the work we undertook to address these risks and our conclusions from this work.

Significant findings from the audit

19. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the IJB's accounting practices covering accounting policies, accounting estimates and financial statements disclosures. One significant finding is summarised at [Exhibit 2](#).

Exhibit 2

Significant findings from the audit of the annual accounts

Issue	Resolution
<p>1. Hospital acute services (set-aside)</p> <p>The “set aside” budget is the Joint Board’s share of the budget for delegated acute services provided by hospitals on behalf of the Joint Board. A figure for the sum set aside is agreed each year with NHS Greater Glasgow and Clyde and included in the annual accounts. In 2019/20, calculation of this figure was revised to reflect actual cost and activity data rather than historical data uplifted for inflation.</p> <p>We reviewed and audited the 2020/21 WDIJB set aside figure. While we concluded that it is based on actual costs and doesn’t have the same reliance on historical data as in previous years, we identified an error. This error was due to a change in the formatting of the central Health Board spreadsheet, resulting in a 2019/20 restatement from £28.389m to £31.223m and a correction to the 2020/21 value, from £32.276m to £36.149m</p> <p>The corrected set aside value has increased by £4.926 million since 2019/20 representing a 15.78% increase. This is considered to be a consequence of the Covid-19 pandemic which has required additional costly protective measures to be introduced in hospital acute care (e.g., additional cleaning, testing and equipment).</p>	<p>For information only</p> <p>The 2020/21 accounts have been corrected for the set aside values for 2019/20 and 2020/21.</p> <p>It is noted that Covid-19 had a significant impact on the acute services delivered in 2020/21 which has impacted on the set aside figures. This is also impacting on services in 2021/22.</p>

Source: Audit Scotland

There are no unadjusted misstatements in the audited annual accounts

20. It is our responsibility to request that all misstatements above the reporting threshold are corrected. We have no unadjusted misstatements above our reporting threshold to report from the 2020/21 audit.

Some improvements have been made to the management commentary, however it could be enhanced further into a more user-friendly format

21. The management commentary that accompanies the financial statements should clearly explain how the IJB has performed against budget and how this is reconciled to the financial statements. For 2020/21, we found that the management commentary provided good coverage of the impact of the Covid-19 pandemic, specifically on service delivery.

22. In 2019/20, we identified improvements that should be made to the management commentary. This was in relation to the content and layout. We reported that the overall presentation and accessibility of information for readers of the accounts could be enhanced through greater use of infographics and trend analysis over time.

23. Some improvements were made but the 2020/21 management commentary also included a significant amount of detailed narrative, which can obscure the key messages for the reader. During the audit, we identified specific amendments to the narrative to place greater focus on key issues, these were accepted and amended by officers. We acknowledge that the impact of Covid-19 on service delivery and associated finances was a contributing factor for the detailed narrative for 2020/21 and further improvements have been delayed due to Covid-19 pressures. We now recommend that consideration be given to presenting the management commentary in a more user-friendly format for 2021/22.



[Recommendation 1 \(Appendix 1 - Action Plan\)](#)

Four audit recommendations remain outstanding or partially complete, two of these are from 2018/19

24. Four recommendations from previous annual audit reports remain outstanding or partially complete.

25. Two of the outstanding actions relate to 2018/19; the use of outcome data to shape future plans and improving the year-end reporting of performance against saving plans/targets. For actions not yet fully implemented, revised responses and timescales have been agreed with management, and are set out in [Appendix 1](#). The IJB should ensure that audit recommendations are implemented in line with agreed timescales.

Financial management and sustainability

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively

Main judgements

The Joint Board has appropriate and effective financial management arrangements in place.

Health and social care bodies are facing unprecedented challenges as they seek to balance the impact of Covid-19, the remobilisation of services and rising demand. This is against a backdrop of financial and workforce pressures; uncertainty over future financial settlements and social care reform.

The IJB reported an underspend of £13.744 million against the revised budget of £186.167 million for 2020/21. This was mainly due to unspent late funding received from the Scottish Government.

Covid-19 funding of £10.810 million was received in 2020/21. £4.970 million was unspent at 31 March and has been earmarked for 2021/22.

The IJB approved an indicative 2021/22 revenue budget of £170.097 million in March 2021. This included the application of £0.323m from earmarked reserves to balance the budget. This budget excluded any exceptional Covid-19 costs based on the assumption that additional funding would be provided.

A medium-term financial plan is in place with long term analysis to 2029/30. The annual review of the financial plan has been delayed to November 2021 due to the uncertainty caused by Covid-19.

26. The IJB does not have any assets, nor does it directly incur expenditure or employ staff. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records. The host bodies have sound systems of internal control in place over the key financial systems which the IJB rely upon to produce their accounts.

The IJB approved a 2020/21 revenue budget of £166.689 million in March 2020

27. The IJB approved its 2020/21 budget in March 2020. The 2020/21 IJB revenue budget was set at £166.689 million based on funding contributions of £70.650 million from West Dunbartonshire Council with an indicative funding contribution of £96.039 million from NHS Greater Glasgow and Clyde. This included anticipated savings of £1.705 million. The Board approved the application of a proportion of the new Scottish Government funding for investment in integration to address a £0.745 million funding gap.

28. During the year, the budget was revised, as additional funding was released by the Scottish Government to respond to the costs relating to the Covid-19 pandemic. The final budget for the year reported to the Board in June 2021 amounted to £186.167 million.

29. This represented an increase of £19.478 million (11.7%). Of this increase, £10.810 million related to additional Covid-19 funding to meet the costs of responding to the pandemic. The majority of the remaining increase related to £2.963 million of funding for primary care, £2.143 million for adult and older people services and £2.054 million for family health services.

The IJB reported an underspend in 2020/21 of £13.744 million

30. The IJB reported an underspend of £13.744 million against a budgeted breakeven position. The areas with significant underspends are shown in Exhibit 3. As is detailed further in [paragraphs 41-45](#) a significant portion of this underspend, £12.290 million, has been transferred to earmarked reserves to be used for known commitments or specific purposes.

Exhibit 3

Significant service underspends and overspends

Service area	Budget	Actual	(Overspend) / Underspend		
	£m	£m	£m	%	Main factors
Covid-19	10.810	5.840	4.970	46.0	<ul style="list-style-type: none"> Underspend mainly attributable to £2.754m Covid-19 funding received in advance.
HSCP Corporate & Other Services	7.145	4.468	2.677	37.5	<ul style="list-style-type: none"> Underspend relates to additional Scottish Government funding not budgeted for, relating to primary care and funding initiatives from Scottish Government.
Older People, Health and Community Care	47.983	45.717	2.266	4.7	<ul style="list-style-type: none"> Delay in the opening of the Queens Quay Care Home and reducing demand for care home/nursing home beds from shorter stays.

					<ul style="list-style-type: none"> The pandemic led to a reduction in demand for care home/nursing home beds for shorter stays.
Mental Health Services	11.342	10.244	1.098	9.7	<ul style="list-style-type: none"> Additional funding from Scottish Government and additional income. Staffing vacancies and recruitment delays contributed to an overall underspend.

Source: West Dunbartonshire Integration Joint Board 2020/21 Annual Accounts

Covid-19 funding of £10.810 million was received in 2020/21. £4.970 million was unspent and has been earmarked for use in 2021/22

31. The impact on public finances of the Covid 19 pandemic has been unprecedented, which has necessitated both the Scottish and UK governments providing substantial additional funding for public services as well as support for individuals, businesses and the economy. It is likely that further financial measures will be needed and that the effects will be felt well into the future.

32. The Covid 19 pandemic has had a significant impact on the IJB’s 2020/21 budget. As detailed in [paragraph 29](#), the IJB received £10.810 million of Covid related funding of which £5.840 million was spent in 2020/21.

33. During the year, the IJB submitted financial tracker returns to the Scottish Government to detail the additional costs incurred in responding to the pandemic. Of the funding incurred in 2020/21, £2.164 million was spent on social care provider sustainability costs and £1.486 million on additional staff costs. £4.970 million of Covid 19 excess funding has been transferred to an earmarked reserve. This was permitted within the 14 April 2021 Scottish Government letter to the Chief Finance Officer.

We found that the budget process and monitoring was appropriate and clear information was provided to board members throughout the year

34. Detailed budget monitoring reports were submitted to meetings of the IJB throughout the year. The outturn to date and forecast year-end outturn position were made clear within each report and the actual year-end outturn position was in line with expectations.

35. The content of the budget monitoring reports was updated to reflect the financial impact of Covid-19. An additional section was included that highlighted additional income received and expenditure incurred as a result of Covid-19. This ensured the IJB were aware of how Covid-19 impacted on the overall financial position and outturn.

36. We observed that senior management and members receive regular and accurate financial information on the IJB's financial position and have concluded the IJB has appropriate budget monitoring arrangements.

The IJB has a medium-term financial plan which includes long term analysis to 2029/30. An update is planned for November 2021.

37. Health and social care services across Scotland are facing a period of unprecedented challenge as they continue to address the impact of Covid-19 while remobilising services. Demand for services is increasing against a backdrop of financial and workforce pressures; uncertainty over future funding settlements and planned reforms in social care. Individually, these factors present complexities for IJBs, but collectively, they mean that services need to change if they are to remain financially sustainable.

38. Medium and long-term financial planning is an important part of strong financial management. It is important that the IJB considers possible future funding scenarios and options for services in the medium to long term, taking into account the impact of changes in demand for services.

39. The medium-term financial plan sets out anticipated income and expenditure based on assumptions around pay inflation, service demand, demographic changes and prescribing pressures, and used scenario planning to project potential future budget gaps based on the likely, worst case and best-case scenarios. The plan also included indicative financial data for the period to 2029/30.

40. In 2019/20 we recommended that the medium-term financial plan be revisited to take into account the longer-term financial impact of Covid-19 on health and social care services. An annual review was planned for March 2021; however, this has been delayed to November 2021, due to the continued uncertainty caused by Covid-19. We have agreed revised timescales as set out in [Appendix 1](#).

The IJB's unearmarked reserve balance as at 31 March 2021 was above the two per cent target set out in the reserves policy

41. The IJB's reserves policy recommends the level of unearmarked reserves be maintained at two per cent of net expenditure (excluding Family Health Services). This equated to £2.859 million for 2020/21 and the balance as at 31 March 2021 was £4.367 million, £1.508 million above the target set by the Board. The movement in the IJB's year-end reserve balances since 2016/17 is shown in [Exhibit 4](#).

42. It is important that amounts are only earmarked where there is a known commitment, or approval to use those amounts for a specific purpose, and this is clearly communicated to members and other stakeholders. As at 31 March 2021, £17.440 million of the IJB's reserve balance at has been earmarked.

43. A paper outlining earmarked reserves was presented to the Board meeting in June 2021. Members reviewed and scrutinised the analysis and approved the plans to earmark reserves. Earmarked reserves are mainly from the Scottish Government to support health and social care policy commitments, Covid-19 recovery and renewal and statutory duties including Primary Care Improvement, Mental Health Action 15, Alcohol and Drugs Partnership, Scottish Living Wage, Carers and Free Personal Care (under 65).

Good Practice – Earmarking of Reserves

At the meeting of the HSCP Board on 25 March 2021 it was agreed that, given the anticipated level of both un-earmarked and earmarked reserves, a report would be presented to Members detailing both the reason for the increase in overall reserves and plans around the use of earmarked reserves.

A paper outlining earmarked reserves was presented to the Board meeting in June 2021. Members reviewed and scrutinised the analysis and approved the plans to earmark reserves. 68 reserves proposals were considered, including:

- use of those earmarked reserves related to Scottish Government funding with detail of how the utilisation of these reserves will meet expected outcomes;
 - use of those earmarked reserves related to various HSCP initiatives such as unscheduled care, service redesign and transformation and Covid recovery; and
 - proposals for the creation of new earmarked reserves with submissions received ranging from small amount of funding requested to assist services to meet longer term objectives to larger amounts for cross cutting HSCP initiatives such as digital transformation and training.
-

44. We are pleased to note that all earmarked elements represent genuine commitments and have been clearly explained within the management commentary in the 2020/21 annual accounts.

Exhibit 4 Reserves 2016/17 to 2020/21

	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m
Unearmarked Reserves	2.080	1.706	2.457	2.809	4.367
Earmarked Reserves	3.488	4.436	4.723	5.254	17.440
Total Reserves	5.568	6.142	7.180	8.063	21.807

Source: West Dunbartonshire Integration Joint Board 2018/19 to 2020/21 Annual Accounts

45. The IJB is required to achieve efficiency savings of £2.372 million in 2021/22 to achieve financial balance. It was reported to the Board in August 2021 that only £0.633 million of these savings are likely to be achieved. The balance is now to be funded, with £1.008 million from the Covid-19 earmarked reserve, £0.364 million from other earmarked reserves and the remaining £0.367 million from anticipated underspends.

46. In 2019/20 we highlighted that the year-end outturn should include details of the final savings position for the year. The Board received updates on progress against planned savings in each of the financial performance reports, however no further update to the Board was provided on the final savings position. Revised timescales have been agreed with officers and reported in [Appendix 1](#).

3. Governance, transparency, and Best Value

The effectiveness of scrutiny and oversight and transparent reporting of information. Using resources effectively and continually improving services.

Main judgements

The IJB has appropriate governance arrangements in place to support effective decision making and accountability and conducts its business in an open and transparent manner. The IJB is currently discussing the incorporation video/online conferencing to ensure greater access to meetings, per the Covid-19 Recovery and Renewal Plan. This digital transformation is likely to further improve the transparency of meetings.

The 2019/20 Annual Performance Report was reviewed, we found that improvements have been made in the content, structure and format.

The Annual Performance Report for 2020/21 has been delayed, in line with the Coronavirus Act 2020, and will be published by the 30 September 2021 extended deadline. We will review this as part of the 2021/22 audit.

The extent of the challenges facing IJBs means that services will need to change if they are to be sustainable in the future.

Service pressures have been created by the impact of Covid-19, these have been recognised by the IJB and steps have been taken to address them through the performance reports and the Recovery and Renewal Plan. Regular updates are provided to the Board.

Governance arrangements operating throughout the Covid 19 pandemic have been appropriate and operated effectively

47. West Dunbartonshire IJB made significant changes to its governance arrangements in response to the pandemic. These have been set out in the Annual Governance Statement in the annual accounts and included an urgent matter discussed at the first virtual meeting on 25 March 2020:

- Approve the suspension of normal governance arrangements during the Covid-19 pandemic and accept the alternative Board meeting arrangements; and
- Approve delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, be enacted “if required”, to meet immediate operational demand on decisions normally requiring Board approval

48. Only one meeting of each of the Audit and Performance Committee (1 April 2020) and of the Board (27 May 2020) were cancelled with any relevant reports, decisions log/approval tracker and action sheets published on the website. From June 2020 the meeting schedule resumed on a virtual platform, accessible by press and public on request, with agendas streamlined to cover required statutory and strategic reports requiring board noting and/or approval. These arrangements continue to remain in place with all board reports and minutes available on the website.

49. We consider that governance arrangements are appropriate and support effective scrutiny, challenge and decision making.

The IJB should undertake a review of its standing orders, once the revised Integration Scheme has been approved by the Health Board and the Scottish Government

50. Standing orders are in place to regulate the procedures and business of the Joint Board. We noted in our 2020/21 Annual Audit Plan that the current standing orders were last reviewed and updated in 2015. An update to the Standing Orders was planned, after the revised Integration Scheme (together with the other 5 Glasgow IJBs) is presented to Scottish Ministers for approval.

51. A review of the integration scheme took place between the six Greater Glasgow and Clyde IJBs. The revised scheme was approved by West Dunbartonshire Council. The current status is that the Health Board has to take the revised Integration Scheme through their own governance structures to allow for an updated timeline to be submitted to the Scottish Government by the end of September. The IJB should undertake a review of the standing orders following this approval.



[Recommendation 2 \(Appendix 1 - Action Plan\)](#)

The Shared Service Manager – Audit and Fraud provided reasonable assurance over the adequacy and effectiveness of the systems of governance, risk management and internal control

52. Internal audit provides the Joint Board, the Chief Officer and the Chief Financial Officer with independent assurance on the organisation’s overall risk management, internal control and corporate governance processes.

The Internal audit function for West Dunbartonshire Integration Joint Board is provided by West Dunbartonshire Council, overseen by the Shared Service Manager – Audit and Fraud.

53. Our assessment of the internal audit function concluded that it has sound documentation standards and reporting procedures in place and complies with the main requirements of the Public Sector Internal Audit Standards (PSIAS).

54. PSIAS requires the “chief audit executive” to provide an annual internal audit opinion and report that can be used to inform the annual governance statement. The internal audit opinion was presented to the Joint Board on 24 June 2021 and, overall, provided reasonable assurance over the adequacy and effectiveness of the systems of governance, risk management and internal control for the year to 31 March 2021.

Internal audit reported that strategic risk registers should be supported by operational risk registers

55. We considered the following internal audit report findings as part of our audit work on governance arrangements:

- IJB Directions on how services are to be delivered by partners
- Risk Management Process.

56. Internal audit undertook a gap analysis of the specific requirements set out in the Statutory Guidance (Public Bodies (Joint Working) (Scotland) Act 2014) to ensure these were captured within the draft Directions Policy and Procedures documentation. The gap analysis confirmed that the majority of the statutory guidance has been included in the draft IJB Directions Policy and supporting documentation. The audit did identify some gaps and management agreed to address these gaps prior to the approval of the Policy at the Board meeting in September 2020.

57. The risk management process audit identified one amber risk relating to strategic risk registers should be supported by operational risks registers. Progress on all recommendations will be monitored through updates taken to the Audit and Performance Committee.

Four posts for non-voting Board members are currently vacant, including two chairs of locality groups. The IJB is proposing these posts be reviewed as part of the integration scheme

58. There are four posts for non-voting members which are currently vacant. These are:

- Chief Social Work Officer
- A registered medical practitioner employed by the Health Board and not providing primary medical services. Professional advisor (appointee)

- Chair of the HSCP's Locality Group for the Alexandria and Dumbarton area
- Chair of the HSCP's Locality Group for the Clydebank area

59. The Chief Social Work Officer left the post in August 2021, an interim Chief Social Work Officer has been appointed. The IJB has been actively recruiting for the role, and at the time of writing the Annual Audit Report, the post has been offered and accepted, pending reference checks. The IJB Chief Officer has written to NHS Greater Glasgow and Clyde to identify an appropriate registered medical practitioner.

60. The Chairs of the Locality Groups have been vacant for some time and when in place the Chairs have not attended the Board on a regular basis. As such, the Board is currently proposing that these posts are reviewed as part of the next review of the Integration Scheme.

Improvements have been made to the 2019/20 Annual Performance Report in the content, structure and format. However, a mechanism for undertaking a regular formal review of Best Value is not yet in place

61. Integration Joint Boards have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

62. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report covering areas such as: assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, and the inspection of services.

63. We reviewed the 2019/20 Annual Performance Report as part of the 2020/21 audit. We noted the following improvements:

- Better visualisation of where WDIJB sits in the Local Government Benchmarking Framework Indicators.
- Inclusion of a self-assessment template to demonstrate how WDIJB is delivering best value.

64. In previous years we have recommended that the IJB agree a mechanism for undertaking a periodic and evidenced formal review of how it is achieving best value to be reported through the Annual Performance Report. While the Best Value template is included at appendix six in the report, there is scope for improvement. The best value principles should be embedded in the regular performance reporting and a mechanism put in place for undertaking periodic and evidenced formal review of how the IJB is achieving Best Value.

65. Following on from the previous year, the Coronavirus (Scotland) Act 2020 has extended the deadline for publication of the Annual Performance Report

until 30 September 2021. We will therefore review and report on this as part of our 2021/22 audit activity.

Work is underway to develop a new web site

66. As part of the board's improvement of its communications. Work is underway to develop a new web site. It is intended that the new site will be fully compliant with the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018. Although recent documents are compliant with the regulations there is a risk that some historical information may not be. We will continue to keep this area under review in 2021/22.

The IJB assessed the review of adult social care services and held a members' session to discuss it in detail.

67. A national independent review of adult social care services was published in February 2021. This was requested by the Scottish Government in September 2020 with the primary aim of the review being to recommend improvements to adult social care services in Scotland. The review made a number of recommendations including the set-up of a National Care Service for Scotland that is equal to the NHS and that self-directed support must work better for people with decisions being based on their needs, rights and preferences.

68. The IJB assessed the review during a members' session in April 2021 and is continuing to monitor developments through discussions with partners and stakeholders.

Good Practice – Members' session on the review of Adult Social Care Services

The IJB assessed the review of Adult Social Care Services and reported this to the Board through a session held with Board members in April 2021. This session was dedicated to considering how well placed the IJB is to take forward the recommendations highlighted in the review and incorporated a range of breakout sessions with members and senior management from the IJB.

The IJB continues to monitor developments as a result of the review and is actively engaged in discussions around the implementation of the review with partners and stakeholders.

The quarter four performance report shows that out of 25 performance indicators available, 11 are classed as green, 7 as amber and 7 as red.

69. The pandemic is expected to have had a substantial impact on performance measures, particularly for services which have been temporarily suspended, are operating at a reduced level or have had to adapt to new ways of working.

70. Due to timing issues and service priorities during the current COVID-19 pandemic, partial quarter four data was presented to the June 2021 Audit and Performance Committee. The IJB has a suite of 45 performance indicators, of the 25 reported on in June 2021, seven indicators are classed as red which is outwith target tolerances. This is two less than the nine reported in the previous quarter.

71. Areas of positive performance included the number of weeks for referral to treatment for Children’s Mental Health Services, which has reduced to a mean of 7 weeks. There has been significant pressure on this service during 2020/21 and Q3 reported a mean value of 25 weeks and during the summer of 2020 the longest wait for assessment was 66 weeks. Improvements have been achieved through the implementation of project plans, such as:

- *Team Choice and Partnership Approach (CAPA) Implementation Plan*
- *Development of a Nurse Led Attention Deficit Hyperactivity Disorder (ADHD) Review Clinic Pathway*
- *Development of a Neurodevelopmental Assessment Pathway.*

72. The Board has also agreed to support some additional recruitment within the service through the drawdown of earmarked reserves.

73. There is are also some signs of improvement in criminal justice indicators such as the percentage of Community Payback Orders attending an induction session within 5 working days of sentence which has improved from 51% to 85% (since quarter three). However, other criminal justice indicators are not being met and this is recognised as an area of significant pressure due to the impact of Covid-19. The IJB is recruiting additional staff, following receipt of additional government funding. More unpaid work placements in the community are now being undertaken following easing of restrictions.

74. Areas of poorer performance included number of days lost to delayed discharges. This has increased in every quarter of 2020/21 and was an area of poorer performance in 2019/20. It's reported that the closure of Scottish Courts in March 2020 resulted in lengthy delays with complex cases where Guardianship applications were underway. Across the year, high Covid-19 cases resulted in care homes limiting the number of admissions. There are improvement actions in place to try and address this. Delayed discharges is a key focus as IJB's try to redirect care away from hospital settings and into the community, reducing the costs associated with hospital care and improving outcomes for service users.

75. Palliative care deaths in hospital have also deteriorated in both Q3 and Q4 of 2020/21 and are significantly outside the target of 32% (Quarter Four 41.4%). The pandemic is also have considered to have had an impact on this.

76. Overall, we have concluded that the IJB has good arrangements in place for managing and reporting performance.

Good Practice – Covid-19 Recovery and Renewal Plan

The IJB has developed a Covid-19 Recovery and Renewal Plan. This provides evidence of improving services and outcomes, learning from the Covid-19 pandemic and implementing improvement actions to re-build better, more equitable care services for West Dunbartonshire residents. Progress reports with evidence of good practice

and challenges are presented regularly to the Board with updates to continue in 2021/22.

National performance audit reports

77. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2020/21 we published some reports which may be of direct interest to the IJB as outlined in [Appendix 3](#).

Appendix 1

Action plan 2020/21

2020/21 recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>1. Management Commentary</p> <p>The 2020/21 management commentary included a significant amount of detailed narrative. This can obscure the key messages for the reader.</p> <p>Risk: The accounts are not readily accessible to users</p>	<p>Management should review the format and content of the 2021/22 management commentary to make it more accessible for readers of the accounts.</p> <p>Officers should consider the appropriate use of infographics and trend analysis.</p> <p>Paragraph 23</p>	<p>The response to the Covid-19 pandemic impacted on every service delivered by the HSCP throughout 2020/21 and still continues to shape service delivery. This year's Management Commentary tried to reflect both the positive response as well as the more challenging impacts. The content and layout for the 2021/22 Management Commentary will aim to tell the West Dunbartonshire story in a more reader friendly format.</p> <p>Chief Financial Officer and the Head of Strategy and Transformation.</p> <p>June 2022</p>
<p>2. Review of Standing Orders</p> <p>Standing orders are in place to regulate the procedures and business of the Joint Board.</p> <p>Current standing orders were reviewed in 2015. The review of the standing orders is currently dependent on when the revised Integration Scheme is approved by the Health Board and the Scottish Government.</p>	<p>The IJB should undertake a prompt review of the standing orders following the Health Board and Scottish Government approval of the revised Integration Scheme.</p> <p>Paragraph 51</p>	<p>The current version of the revised scheme requires formal approval by NHSGGC before submission to the Scottish Government. This can be used as the starting point for a review of Standing Orders.</p> <p>Head of Strategy and Transformation</p> <p>31 March 2022</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>Risk: The current standing orders do not reflect the arrangements of the IJB.</p>		

Follow-up of prior year recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>Revised financial plans to reflect Covid-19</p> <p>Both the 2020/21 budget and the medium-term financial plan were developed prior to the Covid-19 pandemic.</p> <p>There remains a risk that the additional funding may not be sufficient to cover all the additional costs, and lost income, incurred by the IJB.</p>	<p>The Board should ensure that that 2020/21 budget and medium-term financial plan are revisited as there is more certainty around the short, medium and longer-term financial impact of Covid-19 on health and social care services. Contingency plans should also be developed to assist it in responding to any potential shortfall in Scottish Government funding for Covid-19 costs.</p>	<p>Partially Complete</p> <p>The IJB has earmarked £4.970m of reserves to cover additional costs associated with Covid 19 in 2021/22.</p> <p>A revised medium term financial plan is due to be presented to the Board in November 2021.</p> <p>Chief Financial Officer November 2021</p>
<p>Use of outcome data to shape future plans</p> <p>As the IJB continues to gather more data on care pathways and outcomes, it is important to harness this information to drive further progress in shifting the balance of care.</p> <p>There is also the opportunity to share and exchange this data with other IJBs across Scotland to learn from experiences elsewhere.</p>	<p>When developing future plans, the IJB should ensure they consider all available data to inform where they can best direct resources to deliver the improved outcomes for residents.</p>	<p>Outstanding</p> <p>Management recognises the importance of using care pathways and outcome data to better support strategic service and financial planning.</p> <p>We agreed with management that it was not appropriate to take this action forward in 2020/21 due to the prevailing impact of Covid-19 on service delivery.</p> <p>Revised action: Management recognises the importance of data informed planning throughout the HSCP. Work is ongoing to develop and implement service redesign and quality assurance policies and</p>

Issue/risk	Recommendation	Agreed management action/timing
		<p>practices which embed the practices of data informed decision making and quality improvement through self-evaluation across the HSCP. This will be evidenced not only in policy development but through an enhanced approach to quality assurance and Best Value.</p> <p>Head of Strategy and Transformation</p> <p>September 2022</p>
<p>(2018/19) Savings Targets</p> <p>The IJB was expected to make savings of £1.216 million in 2018/19. An update on progress against these savings was presented to the August 2018 Board, showing a projected saving of £0.960 million for the year-end. However, no further individual updates were reported throughout the year or at year-end other than within the projected outturn position.</p> <p>There is a risk that the IJB is not achieving its savings targets.</p>	<p>The IJB should continue to improve on its mechanism for monitoring and reporting on its progress against efficiency savings targets on a regular basis</p>	<p>Partially Complete</p> <p>The IJB was expected to make savings of £2.675 million in 2020/21, including savings carried forward from previous years.</p> <p>The Board received updates on progress against planned savings in each of the financial performance reports, however no further update to the Board was provided on the final savings position.</p> <p>Revised action: The Board receives an update on the progress of savings and efficiencies as part of the suite of appendices attached to the regular Financial Performance Reports. After confirmation from the Scottish Government in early February 2021 that all unachieved savings would be covered by Covid-19 funding the year end position was broadly unchanged from the February update. However, this could have been displayed more clearly. In future the savings appendix</p>

Issue/risk	Recommendation	Agreed management action/timing
		<p>will form part of the Outturn Report.</p> <p>Chief Financial Officer</p> <p>May 2022</p>
<p>(2018/19) Best Value</p> <p>While there is evidence of elements of Best value being demonstrated by the IJB, there is no mechanism for formal review, and it is not being reported through the Annual Performance Report.</p> <p>Risk: Non-compliance with requirements outlining the content of the Annual Performance Report. Opportunities for continuous improvement are being missed</p>	<p>The IJB should agree a mechanism for undertaking a periodic and evidenced formal review of how it is achieving Best Value. This should be included and reported through the Annual Performance Report.</p>	<p>Partially Complete</p> <p>Improvements were made to the 2019/20 Annual Performance Report which better demonstrate how the IJB is delivering Best Value.</p> <p>A mechanism for undertaking a regular formal review of Best Value is not yet in place.</p> <p>Revised action: Action is required to establish an embedded mechanism to ensure regular and formal reviews of Best Value. This will encompass and seek to improve on established processes and will provide a holistic approach to continuous improvement including self-evaluation; assurance and improvement plans; inspections; appropriate use of the Local Government Benchmarking Framework and the HSCP Audit and Performance Committee</p> <p>Head of Strategy and Transformation</p> <p>September 2022</p>

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the Code of Audit Practice.

Risks of material misstatement in the financial statements ***

Audit risk	Assurance procedure	Results and conclusions
<p>1. Risk of material misstatement due to fraud caused by the management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position disclosed in the financial statements.</p>	<ul style="list-style-type: none">• Assurances will be obtained from the auditors of NHS Greater Glasgow and Clyde and West Dunbartonshire Council over the completeness, accuracy and allocation of the income and expenditure.• Detailed testing of journal entries.• Review of accounting estimates	<p>Results: Satisfactory written assurances were received from the external auditors of the council and health board regarding completeness, accuracy and allocation of IJB transactions.</p> <p>Journal entries and accounting estimates were tested, and no management override of control was identified.</p>
<p>2. Estimates and Judgements</p> <p>The “set aside” figure in the accounts is the Integration Joint Board’s share of the budget for delegated acute services provided by hospitals on behalf of the Joint Board.</p> <p>Since 2019/20, the set aside is calculated using actual spend and activity levels for the year where the information is available, and estimated annual activity where it is not. Any degree of estimation requiring judgement in a material</p>	<p>Review the calculation of the set aside figure in the 2020/21 accounts, including the basis for any estimated activity.</p>	<p>Results: The 2020/21 set aside figure was reviewed and audited. In 2019/20, calculation of this figure was revised to reflect actual cost and activity data rather than historical data uplifted for inflation.</p> <p>The corrected set aside value has increased by £4.926 million since 2019/20 representing a 15.78% increase.</p>

Audit risk	Assurance procedure	Results and conclusions
figure, such as the set aside, presents a risk of misstatement in the accounts.		

Risks identified from the auditor's wider responsibility under the Code of Audit Practice

Audit risk	Assurance procedure	Results and conclusions
<p>3. Financial Sustainability</p> <p>The Joint Board approved its medium-term financial plan covering the period 2020/21 to 2024/25 in March 2020.</p> <p>This set out anticipated income and expenditure for the next five years with indicative financial data to 2029/30. This projected budget gaps in each period to 2024/25 outlining best, likely and worst case scenarios.</p> <p>The Covid-19 pandemic will have a significant impact on the future financial plans of the IJB and presents a risk to the financial sustainability of health and social care services.</p>	<ul style="list-style-type: none"> • Review of Chief Financial Officer's assessment of going concern for the 2020/21 accounts. • Monitor claims submitted to the Scottish Government and the approval and receipt of additional income for Covid-19 costs. • Review of Covid-19 financial tracker. • Review of budget monitoring reports and final outturn position. • Review of the IJB's year-end reserves position including the earmarking of reserves for Covid-19 driven demand. • Monitor progress in developing a revised medium-term financial plan to reflect the impact of Covid-19. 	<p>Results: The IJB had an overall surplus of £13.744 million at the year-end.</p> <p>Despite this strong outturn position, there remains risk to financial sustainability in the medium-term. The continuing financial impact of Covid 19 is uncertain. Funding gaps of £3.976 million and £5.679 million are forecast for 2022/23 and 2023/24 respectively.</p> <p>The annual review of the medium-term financial plan has been delayed to November 2021 due to the uncertainty caused by Covid 19.</p>
<p>4. Services pressures created by Covid-19</p> <p>The Covid-19 pandemic continues to place significant pressure on the provision of health and social care services delivered by the Joint Board.</p>	<ul style="list-style-type: none"> • Review progress against strategic objectives reported within WDIJB's 2020/21 Annual Performance Report. • Review quarterly performance reports to assess the impact of Covid-19 on the Joint 	<p>Results: The Covid 19 pandemic has presented a range of challenges which the IJB have had to respond to during 2020/21. The management commentary includes good coverage of these challenges.</p>

Audit risk	Assurance procedure	Results and conclusions
<p>There is risk that the pressures caused by the pandemic will impact on the Joint Board's ability to meet its objectives within 2019-2022 Strategic Plan.</p>	<p>Board's performance targets.</p> <ul style="list-style-type: none"> Monitor progress of Covid-19 recovery planning against the West Dunbartonshire HSCP Covid-19 Recovery and Renewal Plan approved by the Board in September 2020. 	<p>The IJB have a <i>Recovery and Renewal Plan</i> in place with the aim of delivering better services, improving health and reducing inequalities. Progress against this plan is being reported regularly to the Board.</p>
<p>5. Risk management</p> <p>The Board's risk management policy and strategy was due to be reviewed on 1 April 2020 but has not yet been reviewed and updated.</p> <p>In addition, an annual review of the strategic risk register did not take place in 2020 as is required under the Integration Scheme. The most recent review was a mid-year review presented to the Board in February 2020.</p> <p>Without an up to date risk register, there is a risk that the Board's ability to take decisions to prioritise and manage risks appropriately is affected</p>	<ul style="list-style-type: none"> Review of the updated strategic risk register and the IJB's Covid-19 risk register. Review updated risk management policy and strategy, once available. Review the findings of Internal Audit's report on the IJB's risk management process. 	<p>Results: An updated risk management policy and strategy was approved by the Audit and Performance Committee in June 2021. This incorporated the recommendations from Internal Audit's review of the IJB's risk management arrangement – which concluded arrangements were satisfactory.</p> <p>The Strategic Risk Register was subject to an annual review by the Board in February 2021.</p>
<p>6. Standing orders</p> <p>Standing orders are in place to regulate the procedures and business of the Joint Board. The current standing orders were last reviewed and updated in 2015.</p> <p>There is a risk that the existing standing orders do not reflect the current procedures of the Joint Board.</p>	<ul style="list-style-type: none"> Review updated standing orders and confirm they accurately reflect the terms of the revised Integration Scheme. 	<p>Results: The standing orders have not been updated. Management have taken the decision to review the standing orders when the revised Integration Scheme is implemented.</p> <p>The revised Scheme is expected to be in place in 2021/22 once approved by the Health Board and Scottish Government.</p>

Audit risk**Assurance procedure****Results and conclusions**

Refer [recommendation 2](#)
[Appendix 1](#).

***- In our Annual Audit Plan for 2020/21 which was presented to the Audit Committee in February 2021, we identified a risk of material misstatement in the financial statements caused by fraud in expenditure. However, we reconsidered this risk taking into account the results of our early audit work and have now rebutted the presumption that a material risk exists from fraud for expenditure.

Appendix 3

Summary of national performance reports 2020/21

April

[Affordable housing](#)

June

[Highlands and Islands Enterprise: Management of Cairngorm mountain and funicular railway](#)

[Local government in Scotland Overview 2020](#)

July

[The National Fraud Initiative in Scotland 2018/19](#)

January

[Digital progress in local government](#)

[Local government in Scotland: Financial overview 2019/20](#)

February

[NHS in Scotland 2020](#)

March

[Improving outcomes for young people through school education](#)

West Dunbartonshire Integration Joint Board

Proposed 2020/21 Annual Audit Report

Audit Scotland's published material is available for download on the website in a number of formats. For information on our accessibility principles, please visit:

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**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
AUDIT AND PERFORMANCE COMMITTEE**

Report by Chief Financial Officer

16 September 2021

Subject: Audited Annual Accounts 2020/21

1. Purpose

1.1 To present for consideration to the Audit and Performance Committee the audited Annual Accounts for the year ended 31 March 2021.

2. Recommendations

1.2 Members are asked to consider the audited Annual Accounts for the period 1 April 2020 to 31 March 2021 and recommend their approval to the HSCP Board for signature by the Chair, Chief Officer and Chief Financial Officer.

3. Background

3.1 The Local Authority Accounts (Scotland) Regulations 2014 require that the Board or Committee responsible for overseeing and providing independent assurance on the internal control environment and the financial governance arrangements of the Partnership Board must consider the audited annual accounts and approve them for signature to the HSCP Board no later than 30 September immediately following the financial year end.

3.2 The HSCP Board's Audit and Performance Committee has this responsibility and will advise on:

- The financial governance and accounts of the Partnership Board, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors.

4. Main Issues

4.1 The 2020/21 Annual Accounts present the governance arrangements, management commentary, financial performance and the financial statements of the HSCP Board, including the level of usable funds that are being held in reserve to manage, unanticipated financial pressures from year to year which could otherwise impact on the ability to deliver on the Strategic Plan priorities. The impact on these arrangements arising from the Covid-19 pandemic from April through to the completion of the audit process is referenced throughout.

- 4.2** The audit of the 2020/21 Annual Accounts has now been completed by the HSCP Board's external auditor, Audit Scotland and the final set of accounts is appended to this report. Thereafter, the Annual Accounts will be presented to the HSCP Board for final approval.
- 4.3** Included in the September meeting papers is the 2020/21 Annual Audit Report prepared by Audit Scotland. This presents an unqualified audit opinion for the annual accounts for the year ending 31 March 2021.
- 4.4** During the course of the audit there were a number of presentational adjustments identified, mainly around the flow of the Management Commentary to strike an appropriate balance between including appropriately detailed narrative to tell the story while ensuring that key messages are not obscured for the reader.
- 4.5** In addition to the presentational changes the set aside actual activity costs for 2019/20 and 2020/21 have been restated to reflect a prior year error in the Health Board calculation. These adjustments make no impact on the reported financial performance and level of usable funds.
- 4.6** The final audit opinion is that the 2020/21 financial statements give a "true and fair view" of the HSCP Board's financial position for the year ended 31 March 2021 and the accounts have been properly prepared in accordance with regulations and guidance and the financial reporting framework. This position has been confirmed to the committee through the Annual Audit Report earlier in the agenda.
- 4.7** After consideration the members are asked to recommend their approval to the HSCP Board for signature by the Chair, Chief Officer and Chief Financial Officer the final set of annual accounts attached within Appendix 1.

5. Options Appraisal

- 5.1** None required

6. People Implications

- 6.1** None associated with this report.

7. Financial and Procurement Implications

- 7.1** The HSCP Board achieved a surplus of £13.744m in 2020/21, which will be retained in accordance with the Integration Scheme and Reserves Policy.
- 7.2** Integrated Joint Boards are specified in legislation as 'section 106' bodies under the terms of the Local Government Scotland Act 1973, and consequently are expected to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom. The following audited annual accounts comply with the code.

8. Risk Analysis

8.1 The Annual Accounts identify the usable funds held in reserve to help mitigate the risk of unanticipated pressures from year to year.

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None required.

11. Consultation

11.1 This report has been completed in consultation with the HSCP Board's external auditor's Audit Scotland.

12. Strategic Assessment

12.1 This report is in relation to a statutory function and as such does not directly affect any of the strategic priorities.

13. Directions

13.1 None required.

Julie Slavin – Chief Financial Officer

Date: 9 September 2021

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E-mail: julie.slavin@ggc.scot.nhs.uk

Appendices: HSCP Board's Annual Accounts for the year ended 31
March 2021

Background Papers: HSCP Audit and Performance Committee June 2021 –
Unaudited Annual Report and Accounts 2020/21

Localities Affected: All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Integration Joint Board

Commonly known as West Dunbartonshire
Health and Social Care Partnership

Annual Report and Accounts 2020/21

www.wdhscp.org.uk

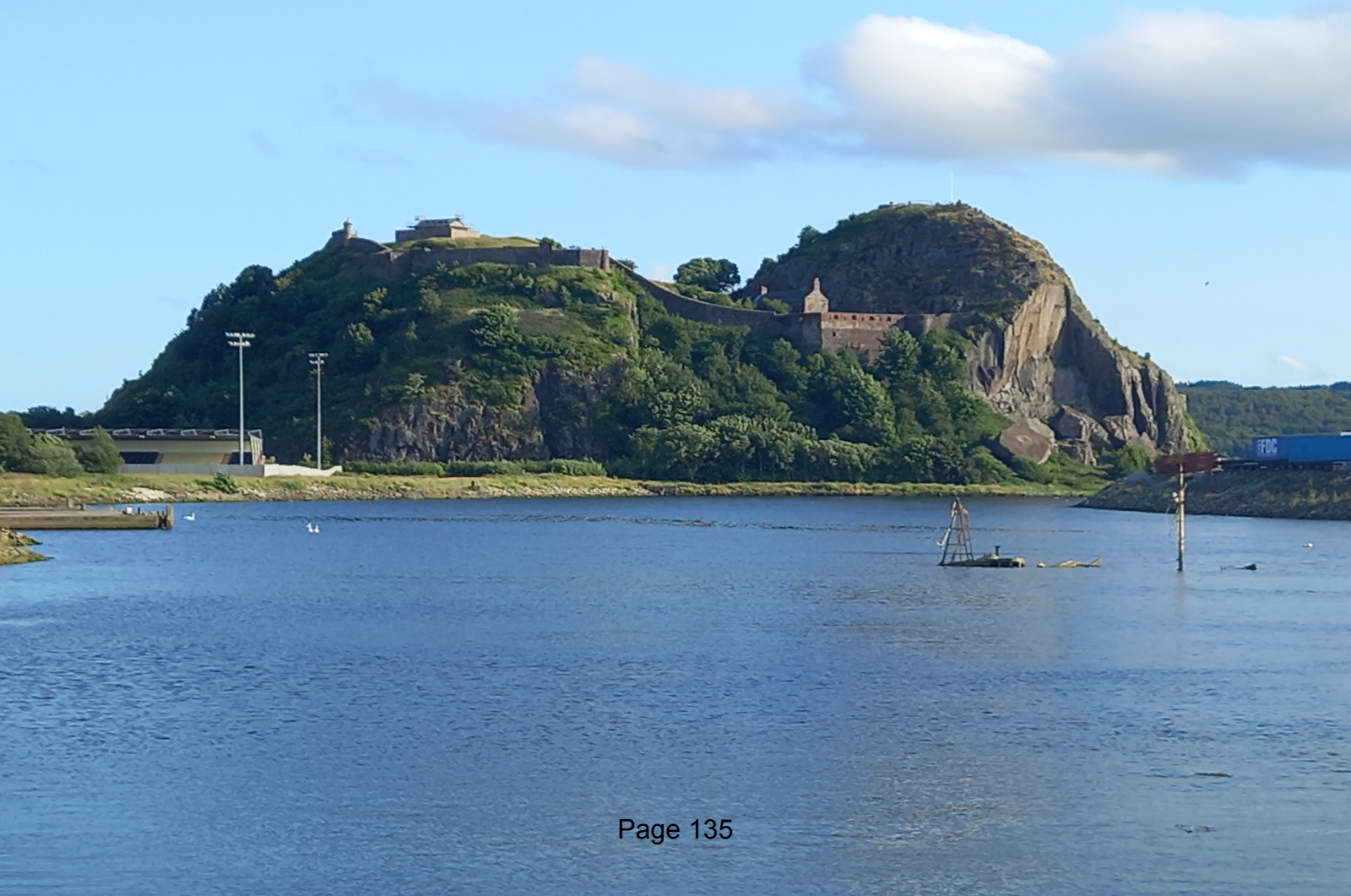


TABLE OF CONTENTS

MANAGEMENT COMMENTARY	1
Introduction	1
West Dunbartonshire HSCP Board – Remit and Vision	2
Strategic Planning for Our Population	3
Covid-19 Pandemic Impact and Response	5
Performance Reporting 2020/21	6
Performance Challenges 2020/21	8
Performance Highlights 2020/21	9
Recovery and Renewal 2020/21 and Future Years	10
Financial Performance 2020/21	12
Conclusion	23
STATEMENT OF RESPONSIBILITIES	24
REMUNERATION REPORT	26
ANNUAL GOVERNANCE STATEMENT	29
Introduction	29
Scope of Responsibility	29
Impact of Covid-19 Response on Governance Arrangements	29
The Governance Framework and Internal Control System	31
Compliance with Best Practice	33
Review of Adequacy and Effectiveness	34
Update on Previous Governance Issues	35
Governance Issues 2020/21	36
Recovery and Renewal	37
Conclusion and Opinion on Assurance	37
Assurance and Certification	38
COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT	39
MOVEMENT IN RESERVES STATEMENT	40
BALANCE SHEET	40
NOTES TO THE FINANCIAL STATEMENTS.....	42
INDEPENDENT AUDITOR’S REPORT	50
APPENDIX 1 - LIST OF WEBSITE LINKS.....	53

MANAGEMENT COMMENTARY

Introduction

This publication contains the financial statements for the West Dunbartonshire Integration Joint Board (IJB), hereafter known as the Health and Social Care Partnership Board (HSCP Board) for the year ended 31 March 2021.

The Management Commentary aims to provide an overview of the key messages in relation to the HSCP Board's financial planning and performance for the 2020/21 financial year and how this has supported the delivery of its strategic priorities as laid out in its Strategic Plan. The commentary also outlines the future challenges and risks which influence the financial plans of the HSCP Board as it delivers high quality health and social care services to the people of West Dunbartonshire.

The global health emergency brought about by the rapid spread of Coronavirus (Covid-19) across the world from early January 2020 impacted on all aspects of daily life and work. As Scotland went into lockdown on the 23 March 2020 with the clear message to stay at home, health and social care services mobilised and re-organised to protect life and care for the most vulnerable in our society.

During 2020/21 West Dunbartonshire HSCP has responded to this unparalleled challenge as our staff throughout the HSCP, our commissioned services and our local carers displayed extraordinary commitment, resilience and resourcefulness in keeping critical services operational.

There have been many setbacks in the national road to recovery as the virus altered and infections rates varied, however the success of the Vaccination Programme together with strong public compliance with public health restrictions has seen a significant easing of restrictions in June 2021 and recovery will gather pace.

Going forward over the next year and beyond, the HSCP Board, together with its partners and stakeholders, will navigate through recovery and renewal phases with the overarching strategic intent of delivering better services **with** the residents of West Dunbartonshire, improving health and reducing inequalities.

The attached annual accounts have been prepared in accordance with current regulations and guidance.

Our Partnership Vision Statement is:

Improving lives with the people of West Dunbartonshire

West Dunbartonshire HSCP Board – Remit and Vision

The Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. The West Dunbartonshire IJB, commonly known as the HSCP Board was established as a “body corporate” by Scottish Ministers’ Parliamentary Order on 1st July 2015.

The HSCP Board’s Integration Scheme details the body corporate arrangement by which NHS Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council (WDC) agreed to formally delegate all community health and social care services provided to children, adults and older people, criminal justice social work services and some housing functions. West Dunbartonshire also hosts the MSK Physiotherapy Service on behalf of all 6 Glasgow HSCPs and the Diabetic Retinal Screening Service on behalf of NHSGGC. This way of working is referred to as “Health and Social Care Integration”. The full scheme can be viewed [here](#) (see Appendix 1, 1).

The 2014 Act requires that Integration Schemes are reviewed within five years of establishment; the current scheme was revised during 2019/20 in partnership with the other five HSCPs within Greater Glasgow and Clyde. The revised scheme was considered by the HSCP Board at its 19 February 2020 meeting before being remitted to WDC and NHSGGC for their approval to move to consultation. While WDC approved the revised scheme on 26 February 2020 it did not go through NHSGGC Board approval as the response to COVID-19 pandemic delayed some board business. This has been recognised by NHSGGC and will be taken forward in the coming months. Meantime, the current Integration Scheme will remain in force.

The HSCP Board’s primary purpose is to set the strategic direction for the delegated functions through its Strategic Plan. Our third Strategic Plan was approved in March 2019, covering the three year period 2019 – 2022 and can be viewed [here](#) (see Appendix 1, 2.). The Plan, developed by the Strategic Planning Group, describes how we will use our resources to continue to integrate services in pursuit of national and local outcomes. There are nine [National Health and Wellbeing Outcomes](#) which provide the strategic framework for the planning and delivery of integrated health and social care services.

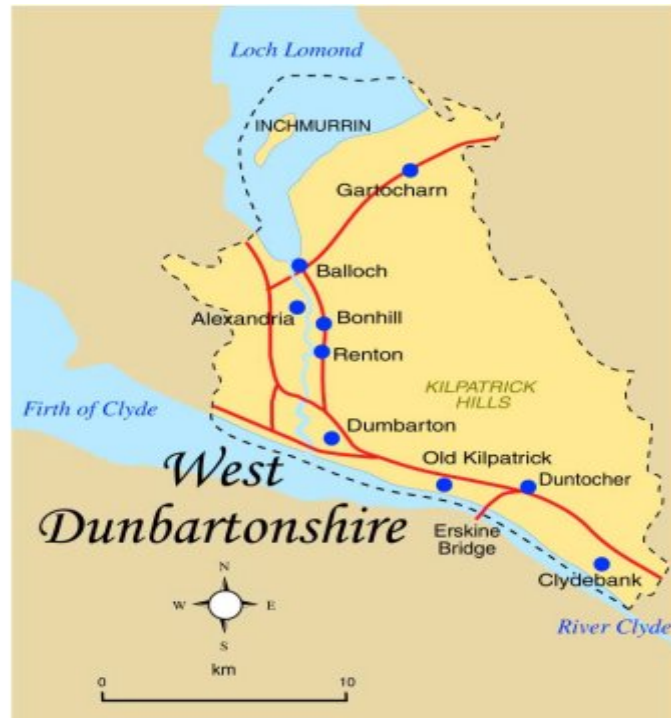
The pandemic response has not impacted on our vision despite a refocusing of priorities to protect our most vulnerable and their carers within their homes.

The current Strategic Plan clearly sets out the scale of the challenge around effective delivery of health and social care services in West Dunbartonshire in particular tackling multi-morbidity, poverty, addiction, domestic violence and mental health. As the full impact of the health, social and economic consequences of the COVID-19 pandemic reveal themselves the HSCP Board will continue to respond positively and plan for the future new model of service delivery.

Extracts on the profile of West Dunbartonshire along with the strategic priorities and outcomes are included below.

Strategic Planning for Our Population

West Dunbartonshire lies north of the River Clyde encompassing around 98 square miles of urban and rural communities across the two localities of Clydebank and Dumbarton & Alexandria. The area has a rich past, shaped by its world famous shipyards along the Clyde, and has significant sights of natural beauty and heritage from Loch Lomond to the iconic Titan Crane as well as good transport links to Glasgow. It has a population of just fewer than 89,000 which accounts for approximately 1.7% of the Scottish population.



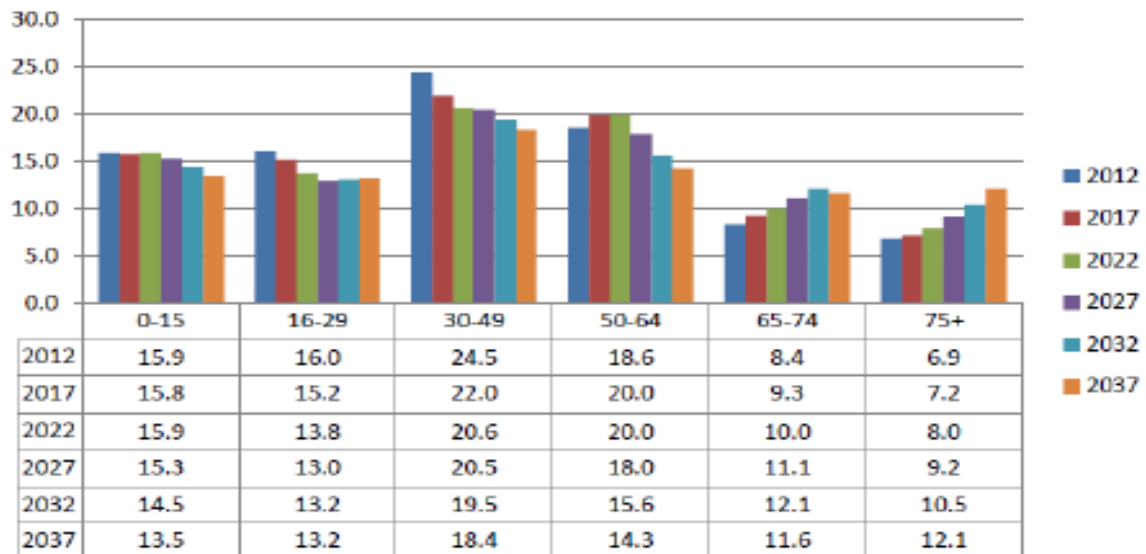
However the area has challenges in addressing deprivation, ill health and inequality, within the local population across the age categories, and is lower than the Scottish average in many key health and social care indicators e.g. income deprivation, employment and life expectancy. The 2020 Scottish Indices of Multiple Deprivation (SIMD) publication reported that [West Dunbartonshire](#) has one of the highest local share of data zones in the 20% most deprived (40%) and one of the lowest share of data zones in the 20% least deprived (5.8%). With an increase in the most deprived from 2019 to 2020 it can be concluded that the gap between the most deprived areas compared to the least deprived areas is widening.

West Dunbartonshire demographic profile is well documented within the strategic plan. Life expectancy is below the Scottish average and population projections indicate that the age groups of 65+ and 75+ will increase up to the year 2037 with other age bands decreasing.

Population Age Structure Estimates, 2019



Exhibit 1: Extract from Strategic Plan 2019 - 2022



Source: National Records for Scotland (2018) Population Projections

Pre Covid overall life expectancy in West Dunbartonshire was poor in comparison with Scotland as a whole as we ranked second bottom for mortality rates, with cancer being the main cause of death, however there are signs of improvement. Data published by the National Records of Scotland (NRS) in December 2020 revealed that over the period 2001-2003 and 2017-2019, male life expectancy rose by 6.1% (higher than the 5.0% Scottish average) and female life expectancy rose by 2.3% (lower than the 2.9% Scottish average).

The HSCP Board is committed to working with its partners and communities to focus services to respond to the needs of our citizens and maximise the resources available by integrating health and social care services effectively and seamlessly.

The Strategic Plan identified **five key Strategic Priorities** aligned to the HSCP Board's vision and Strategic Outcomes as follows:

- **Early Intervention** – clear pathways to support, anticipatory care planning, social prescribing, carers support, rehabilitation and re-ablement
- **Access** – primary care, self directed support, community link support
- **Resilience** – recovery groups, wellbeing support to staff and service users
- **Assets** – staff training and support, carers, partners, community
- **Inequalities** – locality groups, carers support, tackling poverty, employment opportunities

The case for integration was driven by the need to change the delivery of health and social care services as demand continued to rise and financial and staffing resources became more stretched. The case for change will be exacerbated by the legacy impact of the pandemic across our local population, bringing into sharper focus pre-existing inequalities.

Covid-19 Pandemic Impact and Response

The importance of delivering on this strategic vision has been magnified as health and care services mobilised to respond to the COVID-19 pandemic. Shifting the balance of care from hospital based settings to community alternatives and being supported to remain at home when access and travel was subject to restrictions shaped the response to mobilising new services with some examples provided below:

- Community Assessment Centres – we established 2 centres in Clydebank and Renton. Their purpose was to ensure that COVID-19 symptomatic people could be cared for within the community, while also ensuring hospital capacity was used for those with the most serious illnesses, reducing the exposure of patients at GP surgeries. Uniquely within NHSGGC, our local CACs were organised and delivered by the Primary Care team, reflecting the sense of ownership developed within the HSCP.
- Children and Families – the Alternatives to Care Service leased an additional property to support young people in crisis and unaccompanied young asylum seekers needing a safe place to be supported while necessary Covid testing was undertaken. This has been a valuable resource and the HSCP Board has committed to the lease in 2021/22.
- Care Homes – a multi-disciplinary care home oversight group met on a daily basis. The group offers enhanced support, scrutiny and assurances of care quality within local care homes. An early audit of our internal Care Home provision provided assurance in relation to staffing, infection control and PPE usage. Fortnightly meetings with Care Home managers across West Dunbartonshire provided both a regular communication route and space for development of local approaches as the pandemic evolved.
- PPE Hubs – two hubs were opened during April 2020 in Clydebank and Dumbarton to distribute PPE and Lateral Flow Test kits supplied by National Services Scotland (NSS). The hubs provided PPE to our own social care services and those commissioned from the independent and third sector. The resource could also be accessed by personal assistants and anyone who presented as a carer. To May 2021, 7.633 million items of PPE have been distributed which includes 1.715m Masks, 1.041m Aprons, 4.864m Gloves.
- Mental Health Services – a small team set up a hub model to support residents on the Shielding List. Each day call lists were generated for those shielding who required welfare support, food or medication with help to secure online shopping priority slots, referrals to the local crisis team, local food banks, and pharmacies. In excess of 4,000 calls were made with more than half of those contacted taking up some offer of support.
- MSK Physiotherapy Service – in the early months of the pandemic approximately 80% of MSK staff were redeployed to Acute Hospital sites, however by July the service recommenced virtually, by telephone and “Near Me” video consultation. The staff in MSK has also played a key roll in the delivery of the vaccination programme across the NHSGGC area.
- Care homes – care home staff received training from our Community Psychiatric Liaison Nurse on Stress/Distress behaviour which enabled staff to support residents in crisis, avoiding admissions to hospital.

Performance Reporting 2020/21

The HSCP Audit and Performance Committee receive a Quarterly Public Performance Report at each meeting, which provides an update on progress in respect of key performance indicators and commitments. These can be viewed [here](#) (see Appendix 1, 3).

The Joint Bodies Act also requires all IJBs to produce an Annual Performance Report (APR), by the 31 July. The report content is governed by the 2014 Act and must cover the HSCP Board's performance against the nine national outcomes and 23 national indicators.

The Coronavirus (Scotland) Act 2020 has made provision to allow an extension to the APR publication deadline until 30 September 2021. The 2020/21 APR will be presented to the HSCP Audit and Performance Committee in September for approval and publication thereafter. As an interim measure the data included within this report is derived from the latest version of the quarterly performance report presented to the Audit and Performance Committee (Item 6) on the 24 June and covers both quarter 3 for publication and quarter 4 in draft. The report can be viewed [here](#) (see Appendix 1, 4).

The HSCP Board continues to further develop a performance management culture throughout the Partnership. The presentation of performance data has been refreshed to categorise the statutory key performance indicators under the five strategic priorities as detailed above.

The performance report has 43 performance indicators; these include a suite of challenging targets which demonstrates how our performance compares to local and national targets. The HSCP Audit and Performance Committee scrutinise these reports on a quarterly basis and throughout 2020/21 Members have complimented Officers on what they consider to be improvements in the presentation and quality of performance reports.





Ongoing measurement against this suite of indicators provides an indication of how the HSCP Board is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.

Importantly they help to demonstrate how the HSCP Board is ensuring best value in respect of ensuring good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.
















It is recognised that the factors influencing changes in performance can be various and complex. Our response to the COVID-19 pandemic and the changes in activity and demand in some services by our population through lockdown has been the key influencing factor throughout 2020/21. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.

Some key areas of performance (as defined by the Scottish Government) over the past year are detailed below.

KEY

PI Status			
	Target achieved		Target missed by 15% or more
	Target narrowly missed		Data only - no target set

Extract from Annual Performance Report 2020/21

Strategic Priority and associated Performance Indicators	2019/20 Value	2020/21 Value	2020/21 Target	Status	5 Year Trend
Early Intervention					
Number of acute bed days lost to delayed discharges (including AWI) aged 65 years and over	4,417	6,885	4,417		
% of children on the Child Protection Register with a completed and current risk assessment	100%	100%	100%		
% of carers who feel supported to continue in their caring role when asked via their Carer Support Plan	97%	94.8%	95%		
% of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	26%	67%	90%		
Access					
% of people aged 65 and over who receive 20 or more interventions per week	33.10%	38.5%	35%		
% of identified patients dying in hospital for cancer deaths (Palliative Care Register)	25.3%	14.5%	30%		
% of Community Payback Orders attending an induction session within 5 working days of sentence	68%	65%	80%		
Resilience					
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	40.50%	98.4%	90%		
% of patients who started Psychological Therapies treatments within 18 weeks of referral	56.2%	58.3%	90%		
Assets					
Prescribing cost per weighted patient	£165.07	£158.51	NHSGG C Average	Not Yet Available	
Inequalities					
Balance of Care for looked after children: % of children being looked after in the Community	91.11%	89.2%	90%		

Performance Challenges 2020/21

The table above provides only a small extract of some strong and improving performance as we move from responding to the pandemic into recovery and renewal of services. The 2020/21 Annual Performance Report, when published, will bring this performance to life with real examples of how HSCP services positively impact on our service users and their families.

Even with the continued roll-out of the vaccination programme, delivering on the priority to protect our most vulnerable citizens and the front line staff who care for them, COVID-19 will be an on-going threat and our services will require to remain responsive to change. The following summary is intended to provide a snapshot in relation to the challenges the HSCP has experienced during the pandemic.

Child and Adolescent Mental Health (CAMHs)

By summer 2020, demand for WD CAMHs, alongside some staffing challenges, contributed to the longest wait for assessment of up to 66 weeks. The HSCP Board agreed to support some additional recruitment and this was augmented by NHSGGC as part of the CAMHS Waiting List Initiative. Consequently, by the end of March 2021 the performance had improved significantly and is now well within the 18 week waiting time to treatment target. However the wider implications of COVID-19 on younger people are still being revealed and the CAMHs team will continue to support the wider approaches of support being developed across children and young people's mental health and wellbeing.

Delayed Discharge

This has been a significant focus for the HSCP over the last year with the number of daily delays in the final quarter of the year peaking at 40 in mid-February and reducing to 34 at the end of March 2021. Closure of the Scottish Courts on March 2020 due to the Covid-19 pandemic has resulted in lengthy delays with complex cases where Guardianship applications are underway. While the courts have re-opened there are still significant backlogs. Public Health guidance on homes with suspected or confirmed Covid-19 cases also resulted in care homes limiting the number of admissions. Although performance continues to be challenging significant efforts; monitored by the SMT, include:

- The deployment of additional resources into the Hospital Discharge Team including additional Mental Health Officer and Social Work capacity;
- Learning events have been held with neighbouring HSCPs to ensure practice is of the highest quality and have informed the Delayed Discharge Action Plan which is monitored on a weekly basis;
- The Adults with Incapacity Protocol has been revised including standards at each point of the process to ensure timely action is taken to progress discharges; and
- The Area Resource Group continues to consider all hospital discharge cases on a daily basis to expedite the agreement of care home offers or homecare packages wherever possible.

Palliative and End of Life Care

The provision of palliative and end of life care continued throughout the pandemic provided by District Nursing with support from Care at Home Services. The District Nursing service strives to ensure people die in their chosen place of care, with most patients choosing to die at home.

Performance in relation to palliative care deaths in hospital has fluctuated due to the range of potential and unexpected complexities of non-cancer deaths. Improvement work is underway and a review of palliative care community needs has been commenced. This, alongside emerging data in respect of the impact of the pandemic, will inform future service models and delivery.

Criminal Justice Social Work

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

The service continues to experience a substantial backlog of cases to be heard at court. This has generated additional pressures on staff and other resources. However, utilising additional government funding the service are now recruiting additional staff to address the backlog of unpaid work orders created by the pandemic and ensuing restrictions placed on the service. This will also further increase the capacity for the completion of Court Reports.

Performance Highlights 2020/21

While the impacts and response to the COVID-19 pandemic dominated HSCP Service delivery in 2020/21 there are many examples of positive performance and progress on delivering on our strategic priorities which are testament to the dedication of our staff, communities and partners. Some examples are detailed below:

- **District nursing staff** continued to deliver face to face care and regular phone contact throughout 2020/21 and patients reported their visits to be highly valued given that they were potentially isolated and lonely. The service also successfully delivered on the annual Flu Vaccination programme as well as community COVID-19 clinics.
- All care home staff and residents were offered a first dose of the **COVID-19 vaccinations** before the end of December 2020.
- Bitesize training and development modules were undertaken by **care home staff** throughout the year on subjects such as infection control, recognising Sepsis and minimising the risk of UTIs (Urinary Tract Infections).
- After early COVID-19 related delays the new **Queen's Quay Care Home** was completed on 9 November. The home replaced two council owned homes, Frank Downie and Mount Pleasant, and delivered a modern home with 84 en-suite bedrooms, cinema, bistro, art room and accessible gardens and outdoor space.

- The new **Clydebank Health and Care Centre** is located on the same site as Queen's Quay Care Home. This too was subject to COVID-19 related delays but the lost time has been partially re-couped with completion scheduled for November 2021.
- **Wellbeing of our staff** – there are numerous examples of supporting staff wellbeing throughout 2020/21 including access to Mindfulness sessions, R&R Hubs, 30 minute physical activity breaks and Mental Health Check-ins. Individual teams also came up with a range of activities to support one another from MS Teams or WhatsApp coffee breaks, or armchair yoga to walking groups.

Recovery and Renewal 2020/21 and Future Years

On the 21 May 2020 the Scottish Government published a route map for lifting lock down restrictions, and on the 28 May 2020 the First Minister confirmed that Scotland would move into the first phase of a four phase recovery programme.

In anticipation of the HSCP's emergence from the response phase all HSCP services made plans for short and long term recovery, capturing the learning gained from the response phase and building on the agility and innovation demonstrated by teams to ensure the citizens of West Dunbartonshire continued to receive excellent services.

Throughout the pandemic the HSCP remained ambitious for the communities of West Dunbartonshire and approached recovery planning as an opportunity to build better services as part of its journey of continuous improvement. The HSCP has continued to work in partnership with its staff, trade union colleagues and citizens and, in line with its Strategic Plan, continued to focus on improving health and reducing inequalities.

The strategic intent of the HSCP's COVID-19 Recovery and Renewal Plan "Keep Building Better – A Journey of Continuous Improvement" was approved by the HSCP Board on the 23 September 2020:

"Over the next 18 months, driven by our staff and citizens, we will deliver better services to the people of West Dunbartonshire improving health and reducing inequalities."

The Plan included a set of overarching strategic principles as a framework for the HSCP's approach to recovery and renewal which were considered against the overarching priority of providing safe and effective services for all, including the need for social distancing, the provision of safe work practices and the potential disruption that future waves of COVID may bring.

There is no doubt that the redeployment of resources and the huge leadership effort to respond to COVID has had an impact on the ability of services to progress transformational programmes agreed as part of the 2020/21 budget.

Since September 2020 in line with the Recovery Plan there has been a renewed focus on the service improvement agenda with a number of key work streams now under development, with some nearing completion, these include:

- Distress Brief Intervention Associate Programme: An early intervention programme where if someone presents as 'in distress' they will be offered contact from a trained member of staff within 24 hours.
- Dementia Strategy: To improve health and social care services for people with dementia; recognising that a diagnosis of dementia should be the gateway to information, support, care and treatment.
- Digital Telecare: Full digital transition from current analogue systems.
- Re-opening of Day Services: Focusing on the post COVID-19 reopening of community-based day services.
- My Life Assessment: A strengths-based approach to care by seeking to build on what's strong in people as well as identifying areas that require support in relation to their health, wellbeing and independent living.
- Single Point of Access: Developing a Single Point of Access (SPA) as a gateway or front door for all incoming contacts into appropriate HSCP services.

The COVID-19 pandemic has brought both significant challenges and exciting opportunities to the HSCP. An example of these challenges, as evidenced by recovery data, is the increasing pressure on waiting times and backlog pressure. As we move into 2021/22 and the transition from recovery to business as usual, it is recognised that there will be an increase in demand for, and a backlog of, statutory services all of which will have wide ranging resource implications, primarily staffing and financial.

These challenges and resource implications were acknowledged by the Scottish Government in the summer of 2020 in their Roadmap to Recovery:

'The re-opening of the economy and society, as well as limiting damage, will in the medium to longer term provide an opportunity to do things differently to address long standing structural inequalities'

Successful and strong integration of health and social care services will address the challenges faced by the people of West Dunbartonshire by ensuring that people have access to the services and support they need, so that their care feels seamless to them, and they experience good outcomes and high standards of support.

"Access to the right care, at the right time and in the right place"

The HSCP is seeking to address these issues, through the use of reserves, mobilising short term additional resources in order to ensure these pressures are addressed in a timely, effective and efficient manner.

Financial Performance 2020/21

The Statement of Accounts contains the financial statements of the HSCP Board for the year ended 31 March 2021 and has been prepared in accordance with The Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at each meeting of the HSCP Board. The full year financial position for the HSCP Board can be summarised as follows:

Table 1: Summary Financial Position 2020/21

1 April 2020 to 31 March 2021	West Dunbartonshire Council £000	Greater Glasgow & Clyde Heath Board £000	Total £000
Funds Received from Partners	(71,377)	(151,444)	(222,821)
Funds Spent with Partners	66,068	143,009	209,077
Surplus in Year 2020/21	(5,309)	(8,435)	(13,744)

The Comprehensive Income and Expenditure Statement (CIES) on page 39 details the cost of providing services for the year to 31 March 2021 for all health and care services delegated or hosted by the HSCP Board.

The total cost of delivering services amounted to £209.077m against funding contributions £222,821m, both amounts including notional spend and funding agreed for Set Aside of £36.149m, (see Note 4 "Critical Judgements and Estimations" page 44). This therefore leaves the HSCP Board with an overall surplus (including planned transfers to earmarked reserves) on the provision of services of £13.744m, the composition of which is detailed within Note 13 "Usable Reserve: General Fund" page 48.

The HSCP Board's 2020/21 Financial Year

The HSCP Board approved the 2020/21 revenue budget on 25 March 2020. The report sets out the funding offers from our partners WDC and NHSGGC as well as specific funding streams from the Scottish Government including Primary Care, Mental Health Action 15, Alcohol and Drug Partnership, Carers, Scottish Living Wage and Investment in Integration. A total indicative net revenue budget of £166.689m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval.

While there were budget gaps identified the HSCP Board accepted recommendations to balance the budget by the application of new funding streams, the release of funds from previously agreed savings programmes and additional resource transfer funds.

Since the March HSCP Board report there were a number of budget adjustments, including full funding for the additional costs responding to the pandemic and new funding allocations resulting in a final net budget of £186.167m (excluding set aside and Hospice Covid-19 funding) as detailed below:

Table 2: Budget Reconciliations 2020/21

2020/21 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved on 25 March 2020	96,039	70,650	166,689
Rollover Budget Adjustments	102		102
Covid-19	13,038		13,038
£500 Thankyou Payments	808		808
Primary Care	2,963		2,963
Adult and Older People Services	2,143		2,143
Children's Services	14	233	247
Family Health Services	2,054		2,054
Other	362	(11)	361
Revised Budget 2020/21	117,533	70,872	188,395
Less Hospice Covid Funding	(2,228)	0	(2,228)
Reported Budget 2020/21	115,295	70,872	186,167

The regular financial performance reports provide members with a detailed analysis of progress of savings programmes, significant variances and reserves activity. The first quarter's financial performance report projected an underspend of £1.659m (0.97% of total budget), primarily as a consequence of the impact of the COVID-19 pandemic. This projection was heavily caveated on the Cabinet Secretary commitment to fund all reasonable COVID-19 costs identified through the financial tracker returns to the Scottish Government.

Since mid-March the HSCP has been detailing its response to the COVID-19 pandemic in the Local Mobilisation Plan (LMP) and associated costs through the financial tracker returns to the Scottish Government. The final submission for 2020/21 was submitted in late April and detailed full year costs for the HSCP of £8.068m as detailed below.

Table 3: Covid-19 Spend against Funding 2020/21

Covid-19	2020/21 £000's
Delayed Discharge Reduction- Additional Care at Home Packages	675
Personal Protection Equipment	384
Additional Staff Costs	1,486
Social Care Provider Sustainability	2,164
Mental Health Services	206
GP Support	423
Community Hubs	211
Hospice Support	2,228
Other	291
Total Spend	8,068
Social Care Funding	(5,880)
Health Care Funding	(1,754)
Hospice Funding	(2,228)
GP Funding	(423)
Funding received in advance	(2,753)
Total Income	(13,038)
Excess funding transferred to Earmarked Reserves	(4,970)

These costs have been fully funded by the Scottish Government and these accounts have been prepared on the assumption that this will continue to be the case moving forward into 2021/22. Total funding of £13.038m was received in 2020/21 resulting in a significant underspend of £4.970m which will be held in an earmarked reserve to address future COVID-19 cost pressures.

The hospice payments have been incurred by the HSCP Board under instruction from the Scottish Government and are therefore treated as an agency transaction within the annual accounts.

At the start of the pandemic the most significant cost that was yet to be fully understood was the cost of financial support to externally commissioned services, including residential care, especially for older people and social care support across all client groups. The Scottish Government had committed to support the social care sector throughout this pandemic to help the longer term sustainability of the sector. The HSCP Board currently commission approximately £47m with external providers, however the level of support and how long it will continue for is an ongoing and emerging issue making costs difficult to predict. Early estimates of £4.2m were included in the financial tracker with final costs for 2020/21 being £2.164m.

The most significant element of this £2.164m sustainability cost was related to support to our care homes totalling £2.097m with other provider support of £0.067m. The sustainability support for other providers was mainly in relation to small amounts of PPE or social care support fund payments in accordance with relevant guidance. With the exception of care

homes other providers continued to be paid based on planned levels of care until 30 November and at approved levels thereafter.

Within West Dunbartonshire as well as our two HSCP run older people residential care homes, we commission both adult nursing and residential care home placements from eight independent providers. These homes provide 495 places to both West Dunbartonshire citizens and those out of area who choose West Dunbartonshire to be their home. Pre Covid average occupancy was around 90%, however in the early months of the pandemic occupancy fell to below 70%. While there are early signs of recovery occupancy numbers are not yet back at pre pandemic levels.

The HSCP Board has followed all Scottish Government and COSLA Guidance to support social care commissioned services throughout 2020/21. The application of the providers sustainability principles have been complex and added a significant administrative burden on both providers and the HSCP. However we have ensured that all changes to guidance were communicated to providers and any requests for additional information were proportionate to the claims submitted while complying with best value and statutory responsibilities to ensure public funds are accounted for. The current guidance remains in place until 30 June 2021, however it is anticipated that there will an extension to some social care service areas.

Final Outturn Position 2020/21

The latest [Financial Performance Report](#) (Item 8) (see Appendix 1, 5.) issued to the HSCP Board on 25 March 2021, projected a total underspend of £11.349m (6.1%) for the financial year ended 31 March 2021. This figure excludes transfers to/from earmarked reserves along with transfers to general reserves with the components parts of this underspend (further explained below) being £7.140m for health care and £4.209m for social care.

The financial statements contained within these annual accounts finalise the outturn position for 2020/21 as at 31 March 2021. Again as above, excluding planned transfers to/from reserves and after accounting for all known adjustments, the recorded position is an underspend of £13.744m which is a movement of £2.395m mainly related to additional funding announcements, lower spend than anticipated within care homes, the final reported costs of the pandemic for 2020/21 along with the impact on provider sustainability payments. The 2020/21 accounts also include the £500 “thank you” payment to NHS employees funded by the Scottish Government. These payments were made prior to the year end and have been included as the HSCP has been determined to be acting as a principle in this respect.

The payment to Council employees and external providers were made post year end, and while this created a constructive obligation as at 31 March, this obligation has not been reflected within these accounts as the HSCP has been determined to be acting as agent. While the payments to external providers are a straight pass through the different classification of paid employees relates to the contractual terms and conditions of employment for both health and social care staff.

While significant quantities of PPE were distributed from the PPE Hubs to both HSCP social care services and those commissioned from the independent and third sector the cost of these items are not included within the 2020/21 accounts. All PPE distributed by the Hub

has been provided free of charge by the National Services Scotland (NSS) and the Hubs have been organised and operated by West Dunbartonshire Council on behalf of the HSCP. As a result the HSCP have been determined to be acting as an agent with regard to Hub PPE distribution.

Table 4: Final Outturn against Budget 2020/21

West Dunbartonshire HSCP Board	2020/21 Annual Budget £000	2020/21 Net Expenditure £000	2020/21 Underspend/ (Overspend) £000
Consolidated Health & Social Care			
Older People, Health and Community Care	47,983	45,717	2,266
Physical Disability	3,278	3,214	64
Children and Families	25,255	25,500	(245)
Mental Health Services	11,342	10,244	1,098
Addictions	3,520	2,933	587
Learning Disabilities	17,511	16,868	643
Strategy, Planning and Health Improvement	1,862	1,392	470
Family Health Services (FHS)	29,959	29,955	4
GP Prescribing	19,432	19,003	429
Hosted Services - MSK Physio	6,703	6,247	456
Hosted Services - Retinal Screening	840	719	121
Criminal Justice - Grant funding of £2.1m	198	(6)	204
HSCP Corporate and Other Services	7,145	4,468	2,677
Covid-19 (excludes Hospice support)	10,810	5,840	4,970
IJB Operational Costs	329	329	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	186,167	172,423	13,744
Set aside for delegated services provided in large hospitals	36,149	36,149	0
Assisted garden maintenance and Aids and Adaptations	505	505	0
Total Cost of Services to West Dunbartonshire HSCP	222,821	209,077	13,744

The Comprehensive Income and Expenditure Statement (CIES) on page 39 is required to show the surplus or deficit on services and the impact on both general and earmarked reserves. The final position for 2020/21 was an overall surplus of £13.744m with £1.558m transferred to general reserves and £12.186m transferred to earmarked reserves. Earmarked reserves are detailed in Note 13 of these accounts on page 48 coupled with some additional information detailed below in the “Key messages”.

While the CIES provides actual expenditure and income values for services in 2020/21 and their comparison to the previous financial year, it does not highlight the reported budget variations as the HSCP Board would consider them. Therefore the table above is presented to provide additional detail and context to the key financial messages listed below.

The key explanations and analysis of budget performance against actual costs are detailed below:

- Older People, Health and Community Care reports an underspend of £2.266m mainly related to the timing of the opening of the new Queens Quay Care Home, reducing demand for care home/nursing beds arising from shorter stays, supporting people at home for longer and the impact of the pandemic on both care home resident numbers and the cost of care at home services.
- Mental Health Services reports an underspend of £1.098m mainly due to additional Action 15 funding, staffing vacancies and recruitment delays and additional income due from NHS Highland under the terms of the Service Level Agreement for access to in-patient beds. This is based on a 3 year rolling average.
- HSCP Corporate and Other Services reports an underspend of £2.677m mainly due to additional primary care funding and non recurring underspends from Scottish Government funding initiatives..
- Covid-19 reports an underspend of £4.970m mainly due to reduced spend on Community Assessment Centres and providers sustainability along with additional funding received in advance of need from the Scottish Government. This underspend has been transferred to an earmarked reserve for the ongoing response to the pandemic in 2021/22.
- The movement in earmarked reserves is an overall increase of £12.186m, bringing the closing balance to £17.440m. There were a number of drawdowns and additions amounting to £0.104m and £12.290m respectively as detailed in note 13.
- The movement in un earmarked, general reserves is an overall increase of £1.558m, bringing the closing balance to £4.367m which is in excess of the 2% target as set out in the Reserves Policy.

Key Risks, Uncertainties and Financial Outlook

The HSCP Board Financial Regulations confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The HSCP Board Financial Regulations can be viewed [here](#) (see Appendix 1, 6).

The HSCP Board approved its Risk Management Strategy & Policy at its August 2015 meeting, however as part of the HSCP Board's 2020/21 Internal Audit Plan an audit was undertaken in tandem with the review and revision of the 2015 version. The outcome of the audit and the supporting revised Risk Management Strategy and Policy documents were presented to the 24 June 2021 HSCP Audit and Performance Committee (Item 7) for their approval and can be viewed [here](#) (see Appendix 1, 7).

Applying Audit Scotland's Best Value Risk Assessment toolkit, the audit focused on the high-level processes and procedures in relation to the Risk Management Policy and supporting strategy and concentrated on identifying areas of perceived higher risk, such as whether risk management is actively supported and promoted by senior officers.

The internal audit opinion was that the overall control environment was “Satisfactory” and three improvement actions were identified which were incorporated into the revised Strategy & Policy.

The Strategic Risk Register is reviewed by the Audit and Performance Committee before consideration by the HSCP Board. The latest review was February 2021 (Item 10) and the full report can be viewed [here](#) (see Appendix 1, 8).

The 11 key risks are summarised below with an extract of the main financial risk and mitigating actions to reduce the likelihood and impact of the risk.

- Financial Sustainability/Resource Allocation and Savings Targets;
- Procurement and Commissioning;
- Performance Management Information;
- Information Communication;
- Outcome of external scrutiny: Inspection recommendations;
- Delayed Discharge and Unscheduled Care;
- Workforce Sustainability;
- Waiting Times;
- Brexit;
- Pandemic – COVID-19 Variations; and
- Public Protection

Table 5: Strategic Risks

Strategic Risk	Mitigation Actions
Failure to deliver HSCP Board priorities within approved budget incorporating allocated savings targets.	<ul style="list-style-type: none"> • Senior Management Team regular review of monthly monitoring reports; • Detailed financial performance reporting to the HSCP Board; • Active engagement with partner bodies in budget planning process – WDC, NHSGGC, Scottish Government • Delivery and refresh of a medium to long term budget strategy to reflect impacts of new demand and service improvement programmes.
Failure to manage contracting arrangements and fail to demonstrate Best Value	<ul style="list-style-type: none"> • HSCP working with WDC and NHSGGC Procurement Teams to progress procurement pipeline work; • All budget managers and commissioners of service attend procurement training.

Reserves

The HSCP Board has the statutory right to hold Reserves under the same legal status as a local authority, i.e. “A section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes..., it is able to hold reserves which should be accounted for in the financial accounts and records of the Partnership Board”. Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies; and
- provide a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

Reserves are a key component of the HSCP Board's funding strategy. It is essential for the medium to longer term financial stability and sustainability of the board that sufficient useable funds are held for the reasons detailed above and to earmark specific funding to deliver on Scottish Government priorities.

The HSCP Board's Reserves Policy, which can be viewed [here](#) (Appendix 1, 9) recommends that its aspiration should be a general reserves level of 2% of its net expenditure (excluding Family Health Services). This would equate to approximately £2.9m, and for 2020/21 the final position is £4.367m (see Note 13: Usable Reserve: General Fund) which is approximately 1% in excess of the recommended target.

The overall movement in reserves is covered above in the "2020/21 Final Outturn against Budget" section. Detailed analysis of the movements in earmarked reserves is available at Note 13 Useable Reserves – General Fund.

A number of commitments made in 2020/21 in relation to local and national priorities will not complete until future years (£7.722m). This is higher than normal and is reflective of the scale and timing of the funding received which made it difficult to secure full spend before the financial year end. These include funding for expenditure linked to responding to the pandemic, primary care plans and alcohol and drug partnership funding. This relates to ring-fenced funding which has been received to meet specific commitments and must be carried forward to meet the conditions attached to the receipt of this funding.

We started the year with £5.254m earmarked reserves and during the year £0.104m was drawn down. The main areas of spend being funding of technology enabled care and child and adolescent mental health services (CAMHS). We also added £10.176m to earmarked reserves throughout the year with the main areas being for late allocation of Scottish Government funding (£7.722m), care home recovery (£0.891m), and underspends related to hosted services (£0.557m) and prescribing (£0.429m).

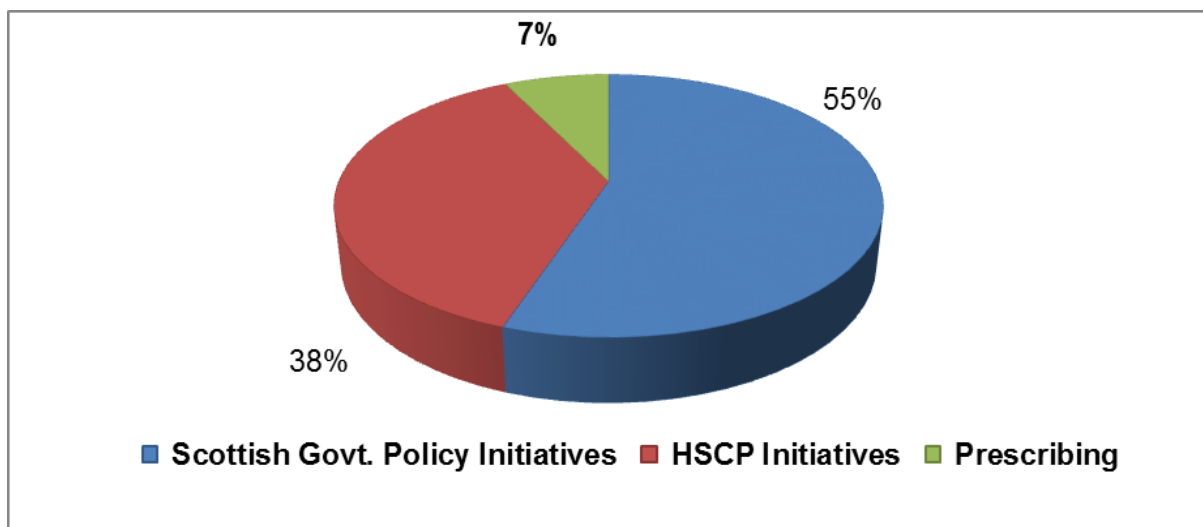
A robust review of all reserves was undertaken by the HSCP Senior Management Team and included a process of peer support and challenge considering 68 proposals for all earmarked reserves as well as for potential new earmarked reserves which could be funded from the additional un-earmarked reserves.

The outcome of the review was reported to the HSCP Board on 24 June 2021 and can be viewed [here](#) (see Appendix 1, 15) and recommended that £2.114m of un-earmarked reserves were earmarked to enhance existing transformation reserves and create new ones for future HSCP initiatives such as community engagement and recovery and renewal.

After reallocation the final balance of un-earmarked reserves is £4.367m which equates to approximately 3% of net expenditure (excluding Family Health Services). While this is above the 2% target detailed within the HSCP Board's Reserves Policy this is considered a prudent level of un-earmarked reserves to hold taking into account uncertainties related to the ongoing response and recovery from Covid-19 and the level of anticipated budget gaps as reported to the 25 March 2021 HSCP Board.

The balance of earmarked reserves is £17.440m and an analysis is detailed below.

Exhibit 2: Profile of Earmarked Reserves

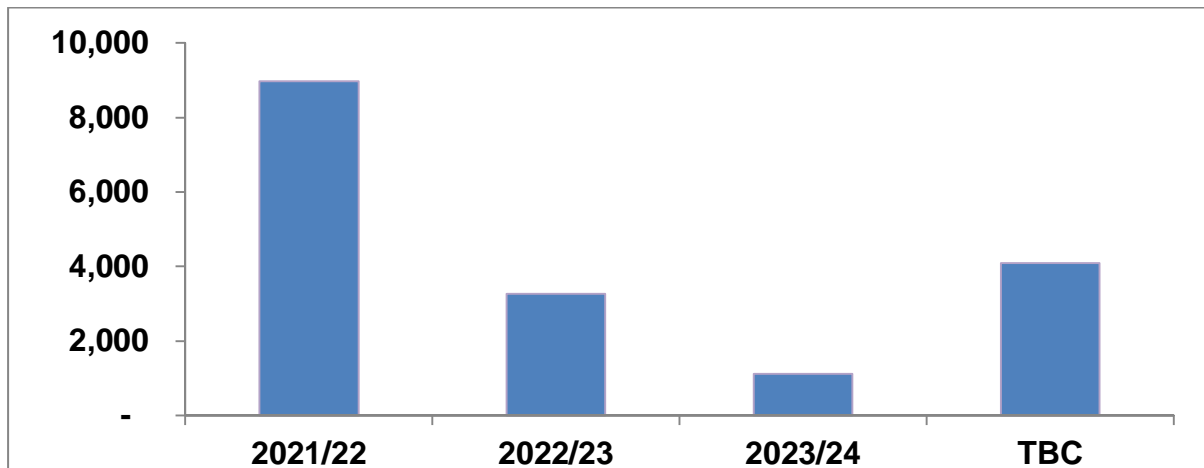


The analysis shows that:

- 55% relate to Scottish Government funding to COVID-19 recovery and renewal and Scottish Government policy commitments including Primary Care Improvement, Mental Health Action 15, Alcohol and Drugs Partnership, Scottish Living Wage, Carers and Free Personal Care (under 65). The flow of funding for some of these policy commitments is linked to quarterly returns detailing the activity and cost of various programme strands;
- 38% relate to HSCP initiatives to support service redesign and transformation, community engagement and recovery and renewal in services; and
- 7% relates to reserves held for prescribing to mitigate potential volatility in pricing and short supply issues arising from both Britain's exit from the European Union and the ongoing impact of the COVID-19 pandemic.

The review also included an analysis of the anticipated spend profile of earmarked reserves as summarised below. The analysis shows that approximately 50% of all earmarked reserves are anticipated to be drawn down in 2021/22.

Exhibit 3: Anticipated Spend Profile of Earmarked Reserves



Financial Outlook – Medium Term Financial Plan

The first medium term financial plan was approved by the Board on 25 March 2020 covering the period 2020/21 to 2024/25. The full report can be viewed [here](#) (Appendix 1, 10).

The 2021/22 revenue budget was approved on 25 March 2021 (Item 8) while the HSCP continued to react to, and look to recover from, the COVID-19 pandemic. The identified budget gaps and actions taken to close these gaps, to present a balanced budget, took into account current levels of service, however it was recognised that the longer term impact of the pandemic are unquantifiable at this time. The full report can be viewed [here](#) (Appendix 1, 11).

The HSCP Board revenue budget for 2021/22 to deliver our strategic priorities is £200.948m, including £30.851m relating to set aside (notional budget allocation). The budget identified a potential funding gap of £0.941m which will be addressed through an application of earmarked reserves totalling £0.323m and a number of approved savings programmes equating to £0.618m, mainly relating to service redesign projects currently underway.

In 2021/22 the HSCP Board will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes and its Project Management Office (PMO). As part of its commitment to a strong governance framework around regular and robust budget and performance monitoring and on-going assessment of risk, the HSCP Board and its senior officers will monitor such developments and will take appropriate action as required.

Agreeing a mechanism to transfer actual funding from the notional set aside resource must be progressed, but there is a risk that it will come with a savings target attached. The six partnerships within NHSGGC continue to further develop the Unscheduled Care Commissioning Plan which will strive to mitigate this risk.

The longer term impact of Britain's exit from the European Union is still a threat, however it has been overshadowed by the ongoing reaction to and recovery from the Covid-19 pandemic and its devastating impact on families, jobs, business, education and health and social care services including disruption to the medicines supply chain and global markets.

All current predictions on economic growth, plans for taxation both in a national context and devolved tax raising powers of the Scottish Government will require significant revision.

The risk of financial sustainability has long been identified as a key strategic risk of the HSCP Board and the ongoing reaction to and recovery from the pandemic adds a further layer of risk to its stability going forward. The indicative budget gaps for 2022/23 and 2023/24 are detailed below and illustrate the scale of the risk.

Table 6: Indicative Budget Gaps for 2021/22 to 2023/24

	2021/22 £m	2022/23 £m	2023/24 £m
Indicative Revenue Budget	170.097	174.269	177.847
Indicative Funding (including application of earmarked reserves)	170.097	170.293	172.168
Indicative Budget Gaps	nil	3.976	5,679

Due to uncertainties surrounding the legacy impact of the Covid-19 pandemic the update of the Medium Term Financial Plan has been delayed and the refresh is anticipated to be reported to the Board in November 2021.

It is also anticipated that this refresh will incorporate any quantifiable impact of the Scottish Government progressing with the recommendations of the [Independent Review of Adult Social Care](#) published on 3 February 2021.

The review had been commissioned by the Scottish Government in September 2020 as part of their Programme for Government. The review's principal aim was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care.

The overriding approach to the review has been one of social care support as right and a measure of Scotland's commitment to equalities and human rights.

The report makes 53 recommendations which can be summarised into 3 key themes:

- Shifting the Paradigm – change the old way of thinking about social care as a burden instead consider it an investment;
- Strengthening the Foundations – bridging the gap between policy intent and lived experience; and
- Redesigning the System – a new delivery system through the creation of a National Care Service.

It is acknowledged within the report that Integration Authorities are still new organisations with complicated governance arrangements and funding constraints, however the review heard evidence:

“that those Integration Joint Boards, which have gone beyond the statutory delegation minimum of all adult social care, and that have all children’s services and criminal justice social work also delegated, have performed well in relation to those services.”

Many of the recommendations have a financial consequence and the report estimates those to be £0.660 billion per annum, which is equivalent to a 20% increase in real terms over the 2018/19 investment in social care. Given the projected required level of investment it is likely that any reform would be implemented in stages and could include reforms to current Integration legislation.

Conclusion

In 2020/21 the West Dunbartonshire Health and Social Care Partnership Board has continued to demonstrate its commitment to strong financial governance while delivering on its strategic priorities. The Medium Term Financial Plan will be updated in 2021/22 along with a new Strategic Plan for 2022 and the Unscheduled Care Commissioning Plan as the HSCP moves through the renewal and recovery phase of the COVID-19 pandemic.

While the 2020/21 financial year has been dominated by the cost of responding to the pandemic, running in parallel is the well documented strategic priorities of shaping services that support the demographic profile of West Dunbartonshire and deliver on the ambitious Programme for Government against a climate of inflationary pressures and challenging financial settlements.

In 2021/22 the HSCP Board will respond to these challenges by continuing to build on the strong governance frameworks already in place as documented within the Governance Statement, continue to engage and collaborate with our stakeholders, manage and mitigate risk and invest in our workforce and communities.

Denis Agnew
HSCP Board Chair

Beth Culshaw
Chief Officer

Julie Slavin CPFA
Chief Financial Officer

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Health and Social Care Partnership Board

The Health and Social Care Partnership Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the HSCP Board on 20 September 2021.

Signed on behalf of the West Dunbartonshire Health & Social Care Partnership Board.

Denis Agnew
HSCP Board Chair

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- kept proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the West Dunbartonshire Health and Social Care Partnership Board as at 31 March 2021 and the transactions for the year then ended.

Julie Slavin CPFA
Chief Financial Officer

REMUNERATION REPORT

Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJB's in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

It discloses information relating to the remuneration and pension benefits of specified WDHSCP Board members and staff. The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and Chief Financial Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Membership of the HSCP Board is non-remunerated; for 2020/21 no taxable expenses were claimed by members of the partnership board.

Health and Social Care Partnership Board

The six voting members of the HSCP Board were appointed, in equal numbers, through nomination by Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. Nomination of the HSCP Board Chair and Vice Chair post holders alternates, every 3 years, between a Councillor from WDC and a NHSGGC Health Board representative.

The HSCP Board does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant nominating organisation.

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2020/21 no voting member received any form of remuneration from the HSCP Board as detailed below.

Voting Board Members 2020/21	Organisation
Allan Macleod (Chair until 30 June 2021)	NHS Greater Glasgow & Clyde Health Board
Marie McNair (Vice Chair until 31 May 2021)	West Dunbartonshire Council
John Mooney	West Dunbartonshire Council
Denis Agnew (Chair from 1 July 2021)	West Dunbartonshire Council
Rona Sweeney (Vice Chair from 1 July 2021)	NHS Greater Glasgow & Clyde Health Board
Audrey Thompson (until 30 June 2021)	NHS Greater Glasgow & Clyde Health Board

Senior Officers

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board has to be appointed and the employing partner has to formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board.

Ms Culshaw is employed by WDC, and holds an honorary contract with NHSGGC.

Chief Officer and Chief Financial Officer posts funding is included equally in the partner contributions.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included below.

Total Earnings 2019/20 £	Senior Officers	Salary, Fees and Allowance £	Compensation for Loss of Office £	Total Earnings 2020/21 £
113,721	B Culshaw Chief Officer	115,158	-	115,158
78,352	J Slavin Chief Financial Officer	86,378	-	86,378

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Officers	In Year Contributions		Accrued Pension Benefits		
	For Year to 31/03/2020 £000	For Year to 31/03/2021 £000		For Year to 31/03/2020 £000	For Year to 31/03/2021 £000
B Culshaw Chief Officer	22	23	Pension Lump Sum	6 -	9 -
J Slavin Chief Financial Officer	16	18	Pension Lump Sum	5 -	7 -

The officers detailed above are all members of the NHS Superannuation Scheme (Scotland) or Local Government Scheme. The pension figures shown relate to the benefits that the person has accrued as a consequence of their total public sector service, and not just their current appointment. The contractual liability for employer pension's contributions rests with NHS Greater Glasgow & Clyde and West Dunbartonshire Council. On this basis there is no pension liability reflected on the HSCP Board balance sheet.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Remuneration Band	Number of Employees 31/03/2020	Number of Employees 31/03/2021
£75,000 - £79,999	1	
£85,000 - £89,999		1
£110,000 - £114,999	1	
£115,000 - £119,999		1

Denis Agnew
HSCP Board Chair

Beth Culshaw
Chief Officer

ANNUAL GOVERNANCE STATEMENT

Introduction

The Annual Governance Statement explains the HSCP Board's governance arrangements as they meet the requirements of the "Code of Practice for Local Authority Accounting in the UK" (the Code) and reports on the effectiveness of the HSCP Board's system of internal control, including the reliance placed on the governance frameworks of our partners.

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. It also has a statutory duty to make arrangements to secure best value under the Local Government in Scotland Act 2003.

To meet this responsibility the HSCP Board has in place robust arrangements for the governance of its affairs and the effectiveness of its functions, including the identification, prioritisation and the management of risk. It has an established Audit and Performance Committee to support the board in its responsibilities for issues of risk, control, performance and governance and associated assurance through a process of constructive challenge and promoting a culture of continuous improvement across the partnership.

In discharging this responsibility the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk to a reasonable level and to support the delivery of the HSCP Board's policies, aims and objectives. Reliance is also placed on Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council's (WDC) systems of internal control that support compliance with both partner organisations' policies and promotes the achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The Chief Internal Auditor reports directly to the HSCP Board's Audit and Performance Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit and Performance Committee on any matter.

Impact of Covid-19 Response on Governance Arrangements

From mid-March 2020 in response to the Covid-19 pandemic, those charged with the delivery of public services, especially health and social care services, had to mobilise rapidly to support vital frontline services to meet the challenge of the pandemic and adapt, as appropriate, current governance frameworks.

The HSCP Board reacted quickly, with the support of WDC Committee Services, to move to virtual meetings. For the first virtual meeting on 25 March 2020 the members considered an urgent [item](#) - Temporary Decision Making Arrangements (Appendix 1, 12) which recommended:

- Approve the suspension of normal governance arrangements during the Covid-19 pandemic and accept the alternative Board meeting arrangements; and
- Approve delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, be enacted “if required”, to meet immediate operational demand on decisions normally requiring Board approval.

Only one meeting of each of the Audit and Performance Committee (1 April 2020) and of the HSCP Board (27 May 2020) were cancelled with any relevant reports, decisions log/approval tracker and action sheets published on the HSCP Website. From June 2020 the meeting schedule resumed on a virtual platform (accessible by press and public on request), with agendas streamlined to cover required statutory and strategic reports requiring board noting and/or approval. These arrangements continue to remain in place with all board reports and minutes available on the HSCP website.

There has also been a schedule of weekly meetings with the Chief Officer, Chief Financial Officer, Chair and Vice Chair of the HSCP Board to cover a variety of local issues including infection rates, impact of local and national restrictions, vaccination programme, mobilisation and re-mobilisation plans. The Chief Officer issued briefings to all board members (weekly in the early months of the pandemic and then monthly) which updated on key service impacts of Covid-19 and the interpretation of national guidance on local services. The HSCP Senior Management Team also contributed to the comprehensive WDC “Covid-19 Update Reports” presented monthly at full council.

The Civil Contingencies Act 2004 requires both Local Authorities and NHS Bodies to prepare for adverse events and incidents as Category One Responders. The Chief Officer and the HSCP Senior Management Team, through their roles as senior operational leaders within WDC and NHSGGC formally contributed to the pandemic response and recovery plans by being key participants in Covid-19/Business Continuity response, tactical and strategic resilience groups. The Health and Sport Committee recognised the contribution made by HSCPs and questioned why Integrated Joint Boards (IJBs), responsible for the strategic delivery of health and social care services since 2015, did not have the same legal status as Local Authorities and Health Boards. After a period of Scottish Government consultation from 12 October to 22 November 2020 the Civil Contingencies Act 2004 has been amended to include IJBs as Category One Responders, effective from the 16 March 2021.

A comprehensive COVID-19 Impact Risk Register was developed covering all aspects of service delivery ranging from risk to service delivery from staff absence, system failure, insufficient PPE, Carer illness and increased demand for emergency support for various vulnerable individuals and families. To help mitigate some of these risks there were daily Situation Reports (Sit Reps) and absence reports aligned to a newly developed “Resource Requirements” spreadsheet. These captured the composition of all teams across the HSCP, their minimum staffing requirements to deliver on statutory responsibilities and staff potentially available for redeployment: e.g. the transfer of Day Centre support workers to Care Homes and Care at Home to reduce the risk of absence on service delivery.

The Scottish Government required that NHSGGC and each of the six HSCPs within Glasgow’s boundary prepared a Local Mobilisation Plan. The Local Mobilisation Plan (LMP) and associated Financial Cost Tracker set out the impact of the pandemic on services and their response as well as considering new service areas that required to be established to support health and care services. New services included the opening of two Covid-19 Hubs (Clydebank and Dumbarton) to distribute the necessary Personal Protective Equipment (PPE), two Community Assessment Centres (Clydebank and Renton) to support the clinical assessment and testing of people referred with potential Covid-19 symptoms, a Mental Health Assessment Unit, as an alternative to presentation at Emergency Department and the creation of vaccination teams to support the delivery on the ongoing vaccination programme.

The performance of these new services was captured daily and their effectiveness reviewed by HSCP Chief Officers and other senior health officials through revised governance arrangements, an extract of which is shown below:

Exhibit 4: Revised Governance Arrangements



The financial costs aligned to the LMP were submitted at least monthly to the Scottish Government and formed the basis of all funding received. The HSCP Board, through the regular financial performance reports, considered the impacts of this on the overall projected position including the impact on savings programmes, demand for services and financial support to social care providers for commissioned services including care homes and support delivered to individuals and their carers.

The final position is set-out in detail within these accounts and confirms that full funding was received in 2020/21 to cover all Covid-19 related costs as well as advance funding for 2021/22 to support both the ongoing impact and the move to recovery.

The Governance Framework and Internal Control System

The governance framework is comprised of systems and processes and cultures and values by which the HSCP is directed and controlled. It is not static and is updated to reflect new legislative requirements and best practice. This has never been more apparent as the HSCP Board, its partner organisations and numerous stakeholders have had to adapt to respond to the impact of the Covid-19 pandemic.

The system of internal control is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. It enables the HSCP Board to monitor and evaluate the achievements of the strategic objectives laid out within its Strategic Plan and consider whether these have been delivered in an appropriate and cost effective manner.

The HSCP Board adopted governance arrangements are consistent with the Chartered Institute of Public Finance and Accounting (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) framework “Delivering Good Governance in Local Government”. Based on the framework’s seven core principles a Local Code of Good Governance is in place which is reviewed annually and evidences the HSCP Board’s commitment to achieving good governance and demonstrates how it complies with the recommended CIPFA standards. The Code was revised and approved in May and June 2021 respectively to take account of minor amendments required to the introductory paragraphs to reflect the 2019 – 2022 Strategic Plan priorities. A copy of the updated code is available [here](#) Appendix 1, 13) on the HSCP website.

The main features of the HSCP Board’s governance framework and system of internal control is reflected in its Local Code, with the key features for 2020/21 summarised below:

- The HSCP Board is the key decision making body, comprising of a Chair, five other voting members and a number of professional and stakeholder non-voting members;
- The HSCP Board is formally constituted through the Integration Scheme which sets out the local governance arrangements, including definition of roles, workforce, finance, risk management, information sharing and complaints;
- The HSCP Board has two governance sub-committees; Audit and Performance Committee and the Strategic Planning Group;
- In line with statutory guidance the Directions Policy was approved on 23 September 2020;
- Reports considered by the HSCP Board and the Audit and Performance Committee are published on the HSCP website;
- The scope, authority, governance and strategic decision making of the HSCP Board and Audit and Performance Committee is set out in key constitutional documents including the HSCP Strategic Plan 2019 – 2022, terms of reference, code of conduct, standing orders and financial regulations (reviewed by HSCP Board on 5 August 2020), records management and complaints handling;
- The Performance Management Framework commits to regular performance and financial reporting to the HSCP Board and Audit and Performance Committee, enhanced by a programme of development sessions, enabling members to interrogate performance and policy in greater detail. This includes the weekly Chief Officer reports considered by the SMT and used as the basis for reporting at an executive level to our partners at corporate management teams and formal Organisational Performance Reviews (OPRs);
- Establishment of the Programme Management Office (PMO) – to support, oversee and implement the strategic work programme and projects to the delivery of key objectives at

a local level. The PMO meets monthly to consider project updates and critical issues and possible steps for resolution;

- Clinical and Care Governance Group – provide oversight and scrutiny of all aspects of clinical and care risk and effectiveness as well as how patient centred care is delivered;
- The Risk Management Strategy, including the risk management policy and strategic risk register (underpinned by operational and Covid-19 related risk registers), are scrutinised at least annually by the Audit and Performance Committee (25 February 2021) with level of risk, its anticipated effect and mitigating action endorsed before being referred to the HSCP Board. The current policy and strategy was reviewed at the 24 June 2021 meeting and can be viewed [here](#) (see Appendix 1, 7).
- The Reserves Policy is reviewed as part of the annual budget setting process and has identified a reasonable level of both general and earmarked reserves;
- A performance appraisal process is in place for all employees and staff who are also required to undertake statutory and mandatory training to reinforce their obligations to protect our service users, including information security; and
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings, recommendations and associated action plans by Audit Scotland, Ministerial Strategic Group, our external and internal auditors and the Care Inspectorate.

The governance framework described, operates within the system of internal financial controls, including management and financial information, financial regulations, administration (including segregation of duties), management supervision and a system of delegation and accountability. Development and maintenance of these systems is undertaken by the Council and the Health Board as part of the operational delivery arrangements of the HSCP.

Compliance with Best Practice

The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement *"The Role of the Chief Financial Officer in Local Government (2010)"*. To deliver these responsibilities the Chief Financial Officer must be professionally qualified and suitably experienced and lead and direct a finance function that is resourced and fit for purpose.

The HSCP Board complies with the requirements of the CIPFA Statement on *"The Role of the Head of Internal Audit in Public Organisations 2010"*. The HSCP Board's appointed Chief Internal Auditor has responsibility for the internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service generally operates in accordance with the CIPFA *"Public Sector Internal Audit Standards 2013"*.

The HSCP Board's Audit and Performance Committee operates in accordance with CIPFA's *"Audit Committee Principles in Local Authorities in Scotland"* and *"Audit Committees:*

Practical Guidance for Local Authorities (2018)". In September 2020, the Committee considered Audit Scotland's – "Covid-19 Guide for Audit and Risk Committees" and agreed that the Chair and Vice Chair, supported by the Chief Internal Auditor consider the key issues posed. The Chief Internal Auditor has initially worked with the HSCP SMT throughout February to complete the template covering:

- Internal Controls and Assurance;
- Financial Management and Reporting;
- Governance; and
- Risk Management

The responses have been considered by the Chief Internal Auditor and the Chief Financial Officer and no significant issues were identified by the review. The Chair and Vice Chair have been briefed on the conclusion of the review and reassured that the committee has had effective arrangements in place throughout 2020/21 to support the HSCP Board decision making throughout the pandemic.

Review of Adequacy and Effectiveness

The HSCP Board is committed to continuous improvement and is responsible for conducting at least annually, a review of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who has the responsibility for the development and maintenance of the governance environment and the work of internal and external audit and other review agencies including the Care Inspectorate.

As stated above the HSCP Board adopted "The Code of Practice for Local Authority Accounting", recommendation that the local code is reviewed each year in order that it can inform the Governance Statement. For the June 2021 review the 24 June HSCP Board agreed that there were no areas assessed to be non-compliant and more than three quarters were considered fully compliant.

There were a number of improvement actions identified in 2018/19 and 2019/20 and an update on these is provided below under "Update of Previous Governance Issues". This year's review has recognised that as the HSCP responded to the global health emergency to safeguard the delivery of essential services, some of the improvement actions remain ongoing. The priority for 2021/22 will be to progress these actions to further strengthen the governance framework.

Also supporting the review of the HSCP Board's governance framework are the processes of internal controls of West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

Within WDC Chief Officers' completes a Local Code of Governance Checklist which is a self-assessment against each aspect of council's local code. These are considered by the Chief Internal Auditor and inform each Chief Officer's Certificate of Assurance as well as the Council's Governance Statement.

Within NHSGGC a similar process is in operation which required the Chief Officer to complete a “Self Assessment Checklist” covering all the key areas of the internal control framework.

Other reviews to support continuous improvements and the control environment include the work undertaken by WDC & NHSGGC internal audit teams. Any specific control issues emerging from these audits are considered through each organisation’s own Audit Committee and recommendations on improvements agreed. The HSCP Board are updated on any control issues that would impact on HSCP service performance through regular performance and financial updates reports.

There were no new social care audits undertaken in 2020/21; however two audits completed in 2019/20 had their recommendations and action plans finalised.

- Social Care – Attendance Management; and
- Social Work – Case Management

These audits and associated actions were reported in the 2019/20 Annual Governance Statement. Each audit identified control risks and recommendations agreed by management used to populate action plans to be delivered within appropriate timescales. Progress of actions is reviewed regularly by the HSCP Chief Officer, the WDC Performance Management Review Group (PMRG) and the WDC Audit Committee. The HSCP service response to the Covid-19 pandemic did impact on the target dates for implementation for some actions, however in consultation with the Chief Internal Auditor, and approvals by the PMRG, dates were reviewed and progress regularly reviewed.

There were no health care based audits carried out by the internal auditors of NHSGGC that directly impacted on HSCP service priorities.

In 2020/21 in relation to the HSCP Board’s, the appointed Chief Internal Auditor undertook review work to assess aspects of the HSCP Governance Framework which were:

- Review of the Adequacy and Effectiveness of the Risk Management Process;
- Assess the new Directions Policy to ensure compliance with statutory guidance; and
- Monitor the progress of the implementation of the agreed internal audit action plans by HSCP management.

Update on Previous Governance Issues

The 2019/20 Annual Governance Statement set-out a number of Improvement Actions based on the annual review of the Local Code and Areas for Improvement by each Head of Service. These are updated below:

- Develop a robust Commissioning Plan – this is ongoing and will be considered as part of the development of the new Strategic Plan for 2022 and includes the production of Joint Strategic Needs Assessments (JSNAs). The JSNAs will assess the care needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities;
- Increase the % of spend on commissioned social care services being compliant with financial and procurement regulations – significant progress continues to be made and compliance maintained. Since 2019/20 the % of compliant commissioned spend of £48.3m has increased from 79.2% to 97.1% as reported within WDC's Annual Procurement Report;
- Improve Children & Families case recording and assessment – all actions have been completed and will be maintained through ongoing case sampling, activity reports and a programme of quality assurance being developed by the Lead Officer for Child Protection;
- Improve sickness absence rates – this is ongoing with targeted interventions for areas with higher absence levels to support line managers and ensure individual absences are being managed in an appropriate manner to support return to work;
- Ministerial Strategic Group Review on the Progress of Integration Action Plan – progress continues to be made including the implementation of the Directions Policy. The strong partnership approach (Local Government, Health Boards and HSCPs) in responding to the pandemic including streamlining processes, sharing data and intelligence and supporting Chief Officers supports a number of the improvement actions;
- Strengthen budget setting arrangements with WDC and NHSGGC and produce a robust Medium Term Financial Plan (MTFP) – the 25 March 2020 HSCP Board agreed the MTFP 2020/21 – 2024/25 which was developed based on pre-Covid activity levels and demand assumptions. At the 25 March 2021 meeting the Board accepted the funding offer from WDC and the indicative funding offer from NHSGGC subject to confirmation of all recurring budgets. The MTFP anticipated budget gaps for 2022/23 to 2023/24 were updated with the commitment to revisit them as the HSCP progress through their "Recovery and Renewal Plan"; and
- Review and revise the format of reports to reflect the guidance on Statutory Directions – this is complete. As stated above the new Directions Policy was agreed by the Board on 23 September 2020 and all HSCP Board reports consider the requirement to issue directions.

Governance Issues 2020/21

The 2020/21 Internal Audit Annual Report for the HSCP Board identifies no significant control issues. As stated above the HSCP Board must also place reliance on the Council and Health Board's internal control framework. The Council's Internal Audit Annual Report has concluded that the Council's control procedures in key areas are operating as expected during 2020/21.

As stated above under “Review of Adequacy and Effectiveness” the Chief Officer of the HSCP completes a self-assessment of the HSCP’s operational performance against the WDC local code. The council’s Chief Internal Auditor has considered this and has identified some areas for improvement which form part of the WDC Annual Governance Statement and progress will be monitored through the Performance Management Review Group (PMRG) and the WDC Audit Committee. These include:

- Further team development and maintenance of strong supervision practices;
- Continue to undertake targeted interventions in high absence areas;
- Stronger process for tracking audit action plans and meeting agreed deadlines; and
- Progress with service reviews within Learning Disability Services, Children and Families and Care at Home to ensure services are fit for the future, post pandemic.

The Health Board’s Internal Audit Annual Report has concluded that NHSGGC has a framework of governance and internal control that provides reasonable assurance regarding the effective and efficient achievement of objectives, except in relation to minor issues relating to:

- Risk Management; and
- Records Management.

Recovery and Renewal

While there have been fluctuating local infection rates the progress on the lifting of restrictions has been variable. However in recent months with the success of the ongoing Covid-19 Vaccination Programme many services have now fully re-mobilised and others continue to make steady progress. The 23 September HSCP Board considered the “Covid-19 Recovery and Renewal Plan – Keep Building Better, A Journey of Continuous Improvement” (Item 10). A copy of the plan is available [here](#) (Appendix 1, 14) on the HSCP website.

This plan defined: the strategic recovery objectives; an overview of how these objectives would be delivered; the impact of the pandemic on our services and communities; the capacity and financial implications and the governance arrangements. In the months since the HSCP Board has continued to be updated and the 24 June meeting will consider the significant strengths identified in the “Covid-19 Reflection and Learning Strategic Analysis Report”, based on the self –assessment online survey undertaken in February, and the identified improvement actions.

The “new normal” will have an impact on service demand and the financial consequences of this will have to be clearly laid out within the current performance reporting framework.

Conclusion and Opinion on Assurance

Overall the Chief Internal Auditor’s evaluation of the control environment concluded that; based on the audit work undertaken, the assurances provided by the Chief Officers of the HSCP Board, West Dunbartonshire Council and Greater Glasgow and Clyde Health Board,

the review of the local code and knowledge of the HSCP Board's governance, risk management and performance monitoring arrangements:

"It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2021 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself.

Covid-19

The significant incident in late March tested how well the HSCP Board's risk management, governance and internal controls framework operated.

There were examples of innovations, new business processes and solutions and new technology being embraced in order to deliver services to the community in its role as a Category 1 responder to carry out the following three essential functions: Caring for the Vulnerable; Liaising with Resilience Partners and Supporting Economic Recovery. This was achieved using amended governance arrangements, new ways of decision-making, leadership and implementation including virtual meetings and secure remote access to systems to allow employees to work from home.

Regular COVID-19 update reports were provided to the HSCP Board throughout 2020/21 which included approval requirements for any decisions with financial implications for the HSCP Board. .

The "new normal" will have an impact on service demand and the consequences of this will have to be clearly laid out within the current performance management and reporting framework.

Assurance and Certification

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP Board's system of governance, taking into account the governance changes as a result of the response to the Covid-19 pandemic.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principal objectives will be identified and actions taken to mitigate their impact and deliver improvement.

Denis Agnew
HSCP Board Chair

Beth Culshaw
Chief Officer

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

Restated 2019/20 Gross Expenditure £000	Restated 2019/20 Gross Income £000	Restated 2019/20 Net Expenditure £000	West Dunbartonshire Integrated Joint Board Health and Social Care Partnership	2020/21 Gross Expenditure £000	2020/21 Gross Income £000	2020/21 Net Expenditure £000
Consolidated Health & Social Care						
53,584	(8,058)	45,526	Older People Services	52,222	(6,505)	45,717
3,099	(215)	2,884	Physical Disability	3,379	(165)	3,214
26,122	(1,223)	24,899	Children and Families	27,302	(1,802)	25,500
12,195	(2,764)	9,431	Mental Health Services	13,244	(3,000)	10,244
3,520	(635)	2,885	Addictions	3,556	(623)	2,933
17,784	(626)	17,158	Learning Disabilities services	17,600	(732)	16,868
28,484	(1,057)	27,427	Family Health Services (FHS)	30,074	(119)	29,955
19,432	0	19,432	GP Prescribing	19,003	0	19,003
6,572	(202)	6,370	Hosted Services - MSK Physio	6,451	(204)	6,247
824	0	824	Hosted Services - Retinal Screening	719	0	719
2,170	(2,170)	0	Criminal Justice	2,338	(2,344)	(6)
5,675	(770)	4,905	Other Services	6,413	(553)	5,860
0	0	0	Covid-19	5,840	0	5,840
281	0	281	IJB Operational Costs	329	0	329
179,742	(17,720)	162,022	Cost of Services Directly Managed by WD HSCP	188,470	(16,047)	172,423
31,223	0	31,223	*Set aside for delegated services provided in large hospitals	36,149	0	36,149
661	0	661	Assisted garden maintenance and Aids and Adaptations	505	0	505
211,626	(17,720)	193,906	Total Cost of Services to WD HSCP	225,124	(16,047)	209,077
0	(194,789)	(194,789)	Taxation & Non- Specific Grant Income (contribution from partners) Note 7	0	(222,821)	(222,821)
211,626	(212,509)	(883)	(Surplus) or Deficit on Provisions of Services	225,124	(238,868)	(13,744)

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the HSCP Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movement in Reserves During 2020/21	Unearmarked Reserves Restatement Balance £000	Earmarked Reserves Restatement Balance £000	Total General Fund Reserves £000
Opening Balance as at 31 March 2020	(2,809)	(5,254)	(8,063)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2020/21	(1,558)	(12,186)	(13,744)
Closing Balance as at 31 March 2021	(4,367)	(17,440)	(21,807)

Movement in Reserves During 2019/20	Unearmarked Reserves Restatement Balance £000	Earmarked Reserves Restatement Balance £000	Total General Fund Reserves £000
Opening Balance as at 31 March 2019	(2,457)	(4,723)	(7,180)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2019/20	(352)	(531)	(883)
Closing Balance as at 31 March 2020	(2,809)	(5,254)	(8,063)

BALANCE SHEET

The Balance Sheet shows the value of the HSCP Board's assets and liabilities as at the balance sheet date. The net assets of the HSCP Board (assets less liabilities) are matched by the reserves held by the HSCP Board.

2019/20 £000		Notes	2020/21 £000
8,113	Short Term Debtors	9	21,807
8,113	Current Assets		21,807
0	Short Term Creditors	10	0
(50)	Provisions	11	0
(50)	Current Liabilities	-	0
8,063	Net Assets	-	21,807
(2,809)	Usable Reserves: General Fund	13	(4,367)
(5,254)	Usable Reserves: Earmarked	13	(17,440)
(8,063)	Total Reserves	-	(21,807)

The unaudited accounts were issued on 24 June 2021 and the audited accounts were authorised for issue on 20 September 2021.

Julie Slavin CPFA
Chief Financial Officer

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

1.1 General Principles

The Financial Statements summarises the HSCP Board's transactions for the 2020/21 financial year and its position at the year-end of 31 March 2021.

The HSCP Board was established under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

The HSCP Board is a specified Section 106 body under the Local Government (Scotland) Act 1973 and as such is required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down

1.3 Funding

The HSCP Board is primarily funded through contributions from the statutory funding partners, WDC and NHSGGC. Expenditure is incurred as the HSCP Board commission's specified health and social care services from the funding partners for the benefit of service recipients in West Dunbartonshire and service recipients in Greater Glasgow and Clyde, for services which are delivered under Hosted arrangements.

1.4 Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash and therefore has not produced a cashflow statement for these annual accounts. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board

does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner, as at 31 March 2021, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

1.5 Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

1.6 Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March 2021 due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March 2021, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March 2021, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

1.7 Reserves

The HSCP Board's reserves are classified as either Usable or Unusable Reserves.

The HSCP Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2021 shows the extent of resources which the HSCP Board can use in later years to support service provision or for specific projects.

1.8 Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding HSCP Board member and officer responsibilities. Greater Glasgow and Clyde Health Board and West Dunbartonshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

1.9 VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

2. Prior Year Re-Statement

The set aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year and while these are provided by the Health Board which retains responsibility for managing the costs of providing the services the HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

The set aside actual activity costs for 2019/20 has been restated due to an error in the Health Board calculation which has resulted in an increase of £2.834m in the reported figure from £28.389m to £31.223m.

Actual activity costs are funded by an equivalent notional resource allocation, which has also increased as above, resulting in no change to the reported surplus or reserves figures for 2019/20.

3. Accounting Standards Issued Not Yet Effective

The Code requires the disclosure of information relating to the expected impact of an accounting change that will be required by a new standard that has been issued but not yet adopted.

The HSCP Board considers that there are no such standards which would have significant impact on its Annual Accounts.

4. Critical Judgements and Estimation Uncertainty

The set aside resource for delegated services provided in large hospitals is determined by analysis of hospital activity and cost information. For 2020/21 the set aside value is based on a detailed approach including actual spend and activity levels.

5. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Financial Officer on 20 September 2021. Events taking place after this date are not reflected in the financial

statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2021, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

6. Expenditure and Income Analysis by Nature

Restated 2019/20 £000	West Dunbartonshire Integrated Joint Board Health & Social Care Partnership Consolidated Health & Social Care Services	2020/21 £000
70,609	Employee Costs	76,252
1,062	Property Costs	1,002
1,472	Transport	1,138
4,985	Supplies and Services	4,334
51,615	Payment to Other Bodies	53,954
24,014	Prescribing	24,473
23,773	Family Health Services	24,422
0	Capital Charges	0
2,185	Other	2,868
27	Audit Fee	27
661	Assisted Garden Maintenance and Aids and Adaptations	505
31,223	Set Aside for Delegated Services Provided in Large Hospitals	36,149
(17,720)	Income	(16,047)
(194,789)	Taxation and non specific grant income	(222,821)
(883)	Surplus on the Provision of Services	(13,744)

There are no statutory or presentational adjustments which reflect the WDHSCP Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

7. Taxation and Non-Specific Grant Income

The funding contribution from the NHS Greater Glasgow and Clyde Health Board shown below includes £36.149m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the Health Board which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

The set aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year. For 2020/21 the actual figures for set aside have increased. The impact of Covid-19 resulted in a reduction in activity however this reduction in activity is offset by an increase in additional expenditure. The additional expenditure was predominantly as a result of additional staff costs, increased beds and additional cleaning, testing, equipment and PPE. The costs associated with Covid-19 were fully funded by Scottish Government.

Restated 2019/20 £000	Taxation and Non-Specific Grant Income	2020/21 £000
(95,322)	NHS Greater Glasgow and Clyde Health Board	(115,295)
(67,583)	West Dunbartonshire Council	(70,872)
(31,223)	NHS GGCHB Set Aside	(36,149)
(661)	Assisted garden maintenance & Aids and Adaptations	(505)
(194,789)	Total	(222,821)

8. Hosted Services

Consideration has been made on the basis of the preparation of the 2020/21 accounts in respect of MSK Physiotherapy, Retinal Screening and Old Age Psychiatry Services hosted by West Dunbartonshire HSCP Board for other IJBs within the NHSGGC area. The HSCP Board is considered to be acting as a “principal”, with the full costs of such services being reflected in the 2020/21 financial statements. The cost of the hosted services provided to other IJBs for 2020/21 is detailed in the table below:

2019/20 £000 Net Expenditure of Other IJB Activity	Host Integrated Joint Board	Service Description	2020/21 £000 Net Expenditure of Other IJB Activity
5,845	West Dunbartonshire	MSK Physiotherapy	5,733
746	West Dunbartonshire	Retinal Screening	657
64	West Dunbartonshire	Old Age Psychiatry	0
6,655		Cost to GGC IJBs for Services Hosted by WD	6,390

Similarly, other IJBs' within the NHSGGC area act as the lead manager (or host) for a number of delegated services on behalf of the WD HSCP Board. The table below details those services and the cost of providing them to residents of West Dunbartonshire, based on activity levels, referrals and bed days occupied.

2019/20 £000 Net Expenditure by WD HSCP	Host Integrated Joint Board	Service Description	2020/21 £000 Net Expenditure by WD HSCP
625	East Dunbartonshire	Oral Health	624
846	East Renfrewshire	Learning Disability	653
4	East Renfrewshire	Augmentative and Alternative Communication	3
283	Glasgow	Continence	301
560	Glasgow	Sexual Health	656
1,257	Glasgow	Mental Health Services	1,448
1,046	Glasgow	Addictions	1,039
806	Glasgow	Prison Healthcare	818
188	Glasgow	Health Care Police Custody	183
4,552	Glasgow	General/Old Age Psychiatry	4,880
13	Inverclyde	General/Old Age Psychiatry	4
0	Renfrewshire	General/Old Age Psychiatry	14
535	Renfrewshire	Podiatry	525
306	Renfrewshire	Primary Care Support	281
11,021		Cost to WD for Services Hosted by Other IJBs	11,429

9. Debtors

2019/20 £000	Short Term Debtors	2020/21 £000
0	NHS Greater Glasgow and Clyde Health Board	0
8,113	West Dunbartonshire Council	21,807
8,113	Total	21,807

10. Creditors

2019/20 £000	Short Term Creditors	2020/21 £000
0	NHS Greater Glasgow and Clyde Health Board	0
0	West Dunbartonshire Council	0
0	Total	0

11. Provisions

The 2019/20 provision was released in 2020/21 due to the settlement of the insurance claim. No provision is required in 2020/21.

2019/20 £000	Provisions	2020/21 £000
(50)	Insurance Claim	0
(50)	Total	0

12. Related Party Transactions

The HSCP Board has related party relationships with the Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

Both NHSGGC and WDC provide a range of support services to the HSCP Board which includes legal advice, human resources support, some financial services and technical support. Neither organisation levied any additional charges for these services for the year ended 31 March 2021.

Transactions with Greater Glasgow and Clyde Health Board

Restated 2019/20 £000		2020/21 £000
(126,545)	Funding Contributions Received from the NHS Board	(151,444)
126,071	Expenditure on Services Provided by the NHS Board	143,009
(474)	Net Transactions with NHS Board	(8,435)

Transactions with West Dunbartonshire Council

2019/20 £000		2020/21 £000
(68,244)	Funding Contributions Received from the Council	(71,377)
67,554	Expenditure on Services Provided by the Council	65,739
281	Key Management Personnel: Non Voting Members	329
(409)	Net Transactions with West Dunbartonshire Council	(5,309)

13. Useable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

Balance as at 31 March 2020 £000	Total Reserves	Transfers Out 2020/21 £000	Transfers In 2020/21 £000	Balance as at 31 March 2021 £000
	Scottish Government Policy Initiatives			
0	Covid-19	0	(4,970)	(4,970)
(118)	Primary Care	0	(1,441)	(1,559)
(300)	Adult and Older People Services	34	(1,308)	(1,574)
(117)	Children's Services	9	(314)	(422)
(183)	Carers Funding	0	(83)	(266)
(847)	Other	5	0	(842)
	HSCP Initiatives			
(892)	Service Redesign & Transformation	19	(833)	(1,706)
0	Community Engagement	0	(300)	(300)
(1,942)	Recovery and Renewal in Services	37	(2,612)	(4,517)
	Prescribing			
(855)	Prescribing	0	(429)	(1,284)
(5,254)	Total Earmarked Reserves	104	(12,290)	(17,440)
(2,809)	Total Un-earmarked Reserves	0	(1,558)	(4,367)
(8,063)	Total General Fund Reserves	104	(13,848)	(21,807)
	Overall Movement			(13,744)

14. External Audit Costs

In 2020/21 the HSCP Board incurred external audit fees in respect of external audit services undertaken in accordance with the Code of Audit Practice:

2019/20 £000		2020/21 £000
27	Fees Payable	27

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board for the year ended 31 March 2021 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the 2020/21 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the West Dunbartonshire Integration Joint Board as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is 5 years. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the

body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Financial Officer and West Dunbartonshire Integration Joint Board for the financial statements

As explained more fully in the Statement of the Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The West Dunbartonshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of West Dunbartonshire Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory other information

The Chief Financial Officer is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the statutory other information and, in doing so, consider whether the statutory other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this statutory other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the statutory other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of the Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Fiona Mitchell-Knight FCA
Audit Director
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

APPENDIX 1: LIST OF WEBSITE LINKS

1. <http://www.wdhscp.org.uk/media/1215/wdhscp-integration-scheme-may-2015.pdf>
2. <http://www.wdhscp.org.uk/media/2158/hscp-strategic-plan-2019-2022.pdf>
3. <http://www.wdhscp.org.uk/about-us/public-reporting/performance-reports/>
4. <http://www.wdhscp.org.uk/media/2423/audit-and-peformance-papers-24621.pdf>
5. <http://www.wdhscp.org.uk/media/2403/document-pack-bookmarked-hscp-board-250321r.pdf>
6. <http://www.wdhscp.org.uk/media/2356/wd-hscp-board-financial-regulations.pdf>
7. <http://www.wdhscp.org.uk/media/2423/audit-and-peformance-papers-24621.pdf>
8. <http://www.wdhscp.org.uk/media/2399/hscp-audit-and-performance-committee-250221.pdf>
9. <http://www.wdhscp.org.uk/media/2305/reserves-policy-april-2020.pdf>
10. <http://www.wdhscp.org.uk/media/2299/appendix-8-wdhscp-draft-medium-term-plan-202021-to-202425.pdf>
11. <http://www.wdhscp.org.uk/media/2403/document-pack-bookmarked-hscp-board-250321r.pdf>
12. <http://www.wdhscp.org.uk/media/2300/urgent-item-temporary-decision-making-arrangements.pdf>
13. <http://www.wdhscp.org.uk/media/2432/wdhscp-local-code-of-good-governance.pdf>
14. <http://www.wdhscp.org.uk/media/2361/hscp-board-agenda-230920.pdf>
15. <http://www.wdhscp.org.uk/media/2422/hscp-board-24621-papers.pdf>

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
AUDIT AND PERFORMANCE COMMITTEE**

Report by Chief Internal Auditor

16 September 2021

Subject: Audit Plan Progress Report

1. Purpose

- 1.1** The purpose of this report is to enable WD HSCP Board Audit Committee members to monitor the performance of Internal Audit and gain an overview of the WD HSCP Board's overall control environment.
- 1.2** The report also presents an update on the Internal Audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde (NHSGGC) since the Audit Committee meeting in June 2021 that may have an impact upon the WD HSCP Board's control environment.

2. Recommendations

- 2.1** It is recommended that the Audit Committee note the progress made in relation to the Internal Audit Annual Plan for 2021/22.

3. Background

- 3.1** In April 2021, the Audit Committee approved the Internal Audit Annual Plan which detailed the activity to be undertaken during 2021/22.
- 3.2** This report provides a summary to the Audit Committee of recent Internal Audit activity against the annual audit plan for 2021/22. A summary is also provided in relation to internal audit work undertaken at West Dunbartonshire Council and NHSGGC which may have an impact upon the WD HSCP Board's control environment.
- 3.3** This report also details progress in addressing agreed actions plans arising from previous audit work.

4. Main Issues

- 4.1** The audit plan for 2021/22 is now underway. Both audits are at planning stage.
- 4.2** In relation to internal audit action plans, there are 3 current internal audit actions relating to the WD HSCP Board which are being progressed by officers. The status report is set out at Appendix 1.
- 4.3** In relation to external audit action plans, there are no current external audit action plans.

4.4 In relation to internal audit work undertaken at West Dunbartonshire Council and NHSGGC, the following reports are relevant to the WD HSCP Board:

West Dunbartonshire Council

4.5 Since the last Audit Committee meeting in June 2021, there were no Internal Audit report issued to the Council, which are relevant to the IJB.

4.6 Internal Audit at West Dunbartonshire Council undertake follow up work on a monthly basis to confirm the implementation of agreed actions. Any matters of concern will be highlighted to the Committee.

NHS Greater Glasgow and Clyde

4.7 There were 4 audit reports finalised since the last update to Audit Committee in June 2021 as set out in the undernoted table. There were no Grade 4 recommendations raised (very high exposure) and no control objectives assessed as red.

Audit Title	Rating	Number and Priority of Issues			
		4	3	2	1
Remobilisation Planning	Minor Improvement Required	-	-	3	-
Risk Management (1)	Substantial Improvement Required	-	3	4	1
Assurance Framework – Corporate Risk Register	N/A Consultancy/advisory review				
IJB Planning and Performance Reporting	N/A Consultancy/advisory review				
Payroll	Effective	-	-	-	1
Duty of Candour	Minor Improvement Required	-	-	3	2
Total		-	3	10	4

(1) Implementation of the revised Risk Policy and Strategy has been delayed by the Covid-19 pandemic, and a change in key personnel in the post of Chief Risk Officer. As such, significant work is required to support a consistent and integrated approach to risk management across the organisation. It is therefore essential that NHSGGC maintains pace with current work underway to improve risk management arrangements.

4.8 Internal Audit undertakes follow up work to confirm the implementation of high risk and a sample of medium risk recommendations. The results of this follow up work are reported to the NHSGGC Audit Committee with any matters of concern being drawn to the attention of this Committee.

5. People Implications

5.1 There are no personnel issues with this report.

6. Financial Implications

6.1 There are no financial implications with this report.

7. Risk Analysis

7.1 The annual audit plan for 2021/22 was constructed taking cognisance of the risks included in the WD HSCP Board risk register. Consultation with the Chief Officer and the Chief Financial Officer was carried out to ensure that risks associated with delivering the strategic plan were considered.

8. Equalities Impact Assessment (EIA)

8.1 There are no issues.

9. Environmental Impact Assessment

9.1 There are no issues.

10. Consultation

10.1 The Chief Officer and the Chief Financial Officer have been consulted on the content of this report.

11. Strategic Assessment

11.1 The establishment of a robust audit plan will assist in assessing whether the WD HSCP Board and Officers have established proper governance and control arrangements which contribute to the achievement of the strategic priorities of the Strategic Plan.

Author: Andi Priestman
Chief Internal Auditor – West Dunbartonshire Health and Social
Care Partnership Board

Date: 24 August 2021

Person to Contact: Andi Priestman – Shared Service Manager – Audit & Fraud
West Dunbartonshire Council
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E-mail – andi.priestman@west-dunbarton.gov.uk

Appendices: Appendix 1 – Status of Internal Audit Action Plans at 31 August 2021

Background Papers: Internal Audit Annual Audit Plan 2021-22

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
AT 31 AUGUST 2021**

Summary: Section 1 Summary of Management Actions due for completion by 31/08/2021

There were 2 actions due for completion by 31 August 2021 and completion dates in relation to both actions have been revised.

Section 2 Summary of Current Management Actions Plans at 31/08/2021

At 31 August 2021 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/08/2021

At 31 August 2021 there were 3 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 August 2021 there were 2 audit action points where the agreed deadline had been missed.

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.08.2021

SECTION 1

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
2		2	

* These actions are included in the Analysis of Missed Deadlines – Section 4

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.08.2021

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion December 2021	1
Due for completion February 2022	1
Due for completion March 2022	1
Total Actions	3

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

CURRENT MANAGEMENT ACTIONS AS AT 31.08.2021

SECTION 3

Action	Owner	Expected Date
Risk Management Process (March 2021)		
<p>Operational Risk Register (Amber) The WD HSCP Board's strategic plan is scheduled for a full review and update in 2021. The proposed action steps are that each of the four services develop an operational risk register aligned with the reviewed strategic risks and incorporating specific operational risks.</p> <p>This risk register will be reviewed by the service management team annually to ensure they are effectively managed and inform the annual review of the strategic risk register prior to reporting to HSCP.</p>	Head of Strategy and Transformation/ HSCP Heads of Service	31.03.2022
<p>Maintenance of Strategic Risk Register (Green) HSCP to investigate the functionality of Pentana to support a 5x5 evaluation matrix (used by NHS and Integration Joint Boards across Scotland) and to ensure that all risk registers are recorded on an electronic system that is accessible and can maintain a detailed audit trail.</p>	Head of Strategy and Transformation	31.12.2021*
<p>Monitoring of completion of risk management training (Green) Whilst there are reports that are generated for both NHS and WDC online risk assessment module(s), this can benefit from being further strengthened. This will be achieved by reviewing current approach to monitoring risk management training across the partnership, improving management reporting and monitoring of completion.</p>	HR, HSCP	28.02.2022*

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
Risk Management Process (March 2021)	Maintenance of Strategic Risk Register (Green) HSCP to investigate the functionality of Pentana to support a 5x5 evaluation matrix (used by NHS and Integration Joint Boards across Scotland) and to ensure that all risk registers are recorded on an electronic system that is accessible and can maintain a detailed audit trail.	31.07.21	31.12.21	Although progress has been made in respect of updating both strategic and operational risk registers, this action remains incomplete as we continue to seek systemic options for the electronic recording and management of risk registers, ensuring a clear and consistent approach across the HSCP. Due to significant staffing shortages within the team and competing priorities it would be reasonable to expect this to be complete by 31 December 2021.
Risk Management Process (March 2021)	Monitoring of completion of risk management training (Green) Whilst there are reports that are generated for both NHS and WDC online risk assessment module(s), this can benefit from being further strengthened. This will be achieved by reviewing current approach to monitoring risk management training across the partnership, improving management reporting and monitoring of completion.	31.08.21	28.02.22	Implementation of this action has been impacted by COVID. In the short term this is being monitored by line managers as part of "Be the Best" conversations. In the longer term the aim is for this to be automated.

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
AUDIT AND PERFORMANCE COMMITTEE**

Report by Head of Service Strategy and Transformation

16 September 2021

**Subject: West Dunbartonshire Health and Social Care Partnership (HSCP)
Quarterly Performance Report 2021/22 Quarter One**

1. Purpose

- 1.1** The purpose of this report is to ensure the West Dunbartonshire HSCP Audit and Performance Committee fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCPs Strategic Plan.
- 1.2** This report presents the HSCP performance information reported against the strategic priorities for the period April to June 2021 (Appendix I) for the Committees consideration.
- 1.3** It includes an Exception Report highlighting those indicators which are currently at red status (not meeting local targets and out with tolerances).
- 1.4** The performance information is presented in order to allow the Committee to fulfil its scrutiny function.

2. Recommendations

- 2.1** It is recommended that the Audit and Performance Committee:
- Comment on the content of the HSCP Quarterly Performance Report 2021/22 Quarter One and performance against the Strategic Plan 2019 - 2022 by exception.
 - Note that due to timing issues and service priorities during the current COVID-19 pandemic this report presents partial Quarter One data.
 - Note that Quarter Four information previously unavailable to the Committee, although referred to in this report, is contained within the 2020/21 Annual Performance Report and is the subject of a separate report to this Committee.

3. Background

- 3.1 The Performance Framework monitors the HSCP's progress against a suite of performance measures, as outlined in the West Dunbartonshire HSCP's Strategic Plan.
- 3.2 Development work continues to refine the performance information reported and ensure alignment with local and national developments.

4. Main Issues

- 4.1 The West Dunbartonshire HSCP performance indicators include a suite of challenging targets. To date, targets have been set using local trends and taking into consideration demographic projections. In due course further work will be undertaken to ensure the targets set against each indicator remain appropriate moving forward.
- 4.2 It should be noted that due to timing issues and service priorities during the current COVID-19 pandemic this report presents partial Quarter One data. This is reflective of a similar position in terms of previous reporting on Quarter Four. However, the indicators which were incomplete in Quarter Four have been incorporated into the 2020/21 Annual Performance Report and will be the subject of a separate report for the Committees scrutiny.
- 4.4 The HSCP have 45 performance indicators. Of the 31 reported on in Quarter One, seven indicators are in Red Status which is out with target tolerances (no reduction since the previous quarter). These exceptions are detailed in Appendix I together with information about improvement actions currently being taken to address these performance issues.
- 4.5 Ongoing measurement against this suite of indicators provides an indication of how the HSCP is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.
- 4.6 Importantly they help to demonstrate how the HSCP is ensuring best value in respect of ensuring good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.
- 4.7 It is recognised that the factors influencing changes in performance can be various and complex. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.

5. Options Appraisal

- 5.1 Not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

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

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

- 8.2** The performance information is considered by relevant Managers in line with operational risk registers. No risks have been identified which would be proposed for escalation to 'strategic risk' status for the HSCP Board.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

- 10.1** Not required for this report.

11. Consultation

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

12. Strategic Assessment

- 12.1** Not required for this report.

13. Directions

Not required for this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 4 September 2021

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Appendices: West Dunbartonshire HSCP Performance Report
2021/22: Quarter One April to June 2021

**West Dunbartonshire Health and Social Care Partnership
Performance Report 2021/22: Quarter 1 April-June 2021**

Due to timing issues and service priorities during the current COVID-19 pandemic, both within the HSCP and externally, some data is not yet available. Targets for 2021/22 are yet to be agreed and 2020/21 targets have been retained meantime.

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Short Term Trends	
	Improving
	No Change
	Getting Worse

Early Intervention

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	Published late Sep	95%	Not yet available	Not yet available	94.5%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published late Sep	95%	Not yet available	Not yet available	97.6%	
3	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%			100%	
4	Percentage of child protection investigations to case conference within 21 days	62.5%	95%			60.5%	
5	Number of referrals to the Scottish Children's Reporter on care and welfare grounds	Not yet available due to IT system change by Children's Reporter	N/A		Not yet available due to IT system change by Children's Reporter		
6	Number of referrals to the Scottish Children's Reporter on offence grounds		N/A				
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	6	0			14	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,726	1,460			2,913	

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,598	N/A			1,718	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,163	1,104			2,256	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	1,180	N/A			1,053	
12	Number of emergency admissions 18+	Not yet available	2,295	Not yet available	Not yet available	2,137	
13	Number of emergency admissions aged 65+	Not yet available	1,134	Not yet available	Not yet available	1,042	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	67	Not yet available	Not yet available	62.3	
15	Number of unscheduled bed days 18+	Not yet available	17,735	Not yet available	Not yet available	19,185	
16	Unplanned acute bed days (aged 65+)	Not yet available	12,156	Not yet available	Not yet available	13,677	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	726	Not yet available	Not yet available	817	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	4,720	Not yet available	Not yet available	4,393	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	24.1%	24%			25.9%	
20	Number of clients receiving Home Care Pharmacy Team support	377	257			390	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	62%	90%			67%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	93.9%	95%			97%	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published late Sep	90%	Not yet available	Not yet available	96.5%	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%			100%	
25	Number of people receiving Telecare/Community Alarm service - All ages	1,938	2,200			1,986	
26	Number of patients with an eKIS record	20,984	N/A			21,101	

Access

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of people receiving homecare - All ages	1,400	N/A		N/A	1,340	

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
28	Number of weekly hours of homecare - All ages	10,678	N/A		N/A	10,309	
29	Total number of homecare hours provided as a rate per 1,000 population aged 65+	531	570			515	
30	Percentage of people aged 65 and over who receive 20 or more interventions per week	39.2%	35%			38.5%	
31	Percentage of homecare clients aged 65+ receiving personal care	98.9%	95%			98.3%	
32	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	18,524	20,945			19,220	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	23%	30%			13.7%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	26%	32%			41.4%	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	75%	98%			73%	
36	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	79%	80%			85%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	9%	80%			0%	

Resilience

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
38	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	98.6%	90%			98.4%	
39	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	2	18			7	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	84.8%	90%			77.6%	

Assets

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient	Not yet available	£158.57	Not yet available	Not yet available	£153.40	

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
42	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	78.14%	

Inequalities

Ref	Performance Indicator	Q1 2021/22				Q4 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
43	Balance of Care for looked after children: % of children being looked after in the Community	89.7%	90%			89.2%	
44	Percentage of looked after children being looked after in the community who are from BME communities	78.9%	N/A			73.3%	
45	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	75%			100%	

Please find January to March 2021 data below for those indicators we were unable to report on in our Quarter 4 Performance Report. The Scottish Children's Reporter have been transferring to a new IT system during 2020/21 and figures for the period October 2020 to March 2021 are not yet available.

Early Intervention

Ref	Performance Indicator	Q4 2020/21				Q3 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.5%	95%			94.5%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.6%	95%			97.3%	
12	Number of emergency admissions 18+	2,137	2,295			2,186	
13	Number of emergency admissions aged 65+	1,042	1,135			1,087	
14	Emergency admissions aged 65+ as a rate per 1,000 population	62.3	68			64.9	
15	Number of unscheduled bed days 18+	19,185	17,735			18,358	
16	Unplanned acute bed days (aged 65+)	13,677	12,157			13,585	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	817	727			812	
18	Number of Attendances at Accident and Emergency 18+	4,393	4,720			4,480	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	96.5%	90%			96%	

Assets

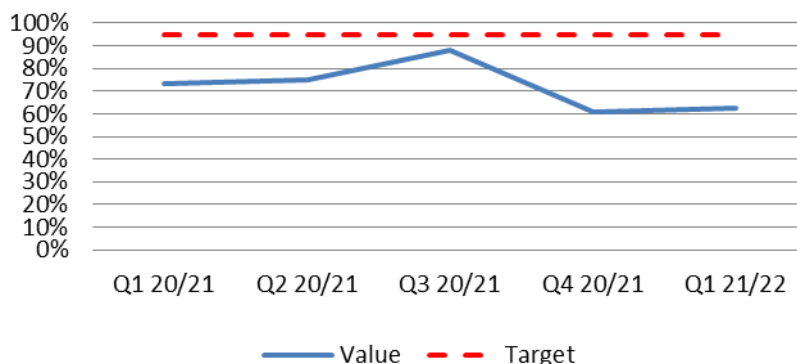
Ref	Performance Indicator	Q4 2020/21				Q3 2020/21	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient	£153.40	£158.57	✓	↑	£163.32	
42	Compliance with Formulary Preferred List	78.14%	78%	✓	↓	79.94%	

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 1 April-June 2021

Performance Area: Child Protection

% of Child Protection investigations to Case Conference within 21 days

Quarter	Value	Target
Q1 20/21	73.30%	95%
Q2 20/21	75.00%	95%
Q3 20/21	88.00%	95%
Q4 20/21	60.53%	95%
Q1 21/22	62.50%	95%



Key Points:

Performance in this area can fluctuate around the conclusion of police investigations to allow an Initial Case Conference (ICC) to take place with all of the required information.

In addition there is a system aspect where duplication of an approved CP1 for siblings associated with the child being considered at ICC may be duplicated and signed off after the ICC, thus looking like a delay against some children where there is none. Similarly, pre birth decisions to move to an ICC post birth may (due to the date of actual birth of the child) be well outwith timescales for this reason. An additional factor at present is that all Child Protection meetings are by teleconference due to the restrictions on public access to offices and available meeting space. Teleconference takes longer: approximately double the time a face to face meeting would take. Thus the pressure on Chairs (Team Leaders) diaries is more significant.

Improvement Actions:

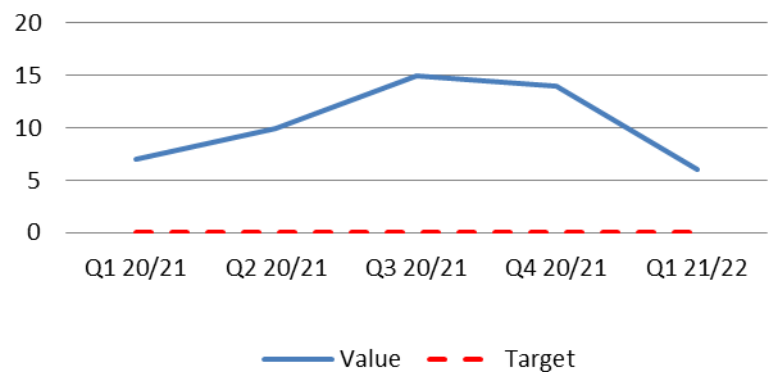
We are about to commence piloting conferences using Microsoft Teams with service users and social work staff present and other professionals dialling in. There will still be some limitations on availability of space and occupancy of meeting rooms but this may improve to a degree.

Exceptions are being tracked to allow specific reporting against individual cases, tracking themes and areas for improvement.

Cases are routinely placed in service managers’ diaries at the point of investigation meaning that if no ICC is required it can be removed with timescales being met in most cases, however exceptions will always apply.

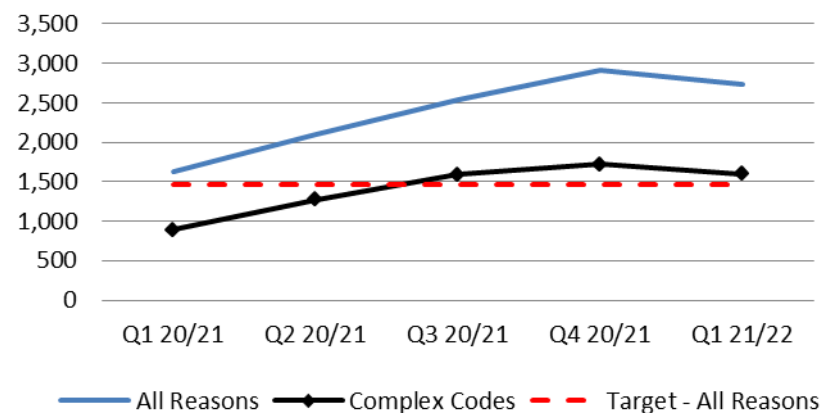
Performance Area: Delayed Discharge

Number of delayed discharges over 3 days (72 hours) non-complex cases



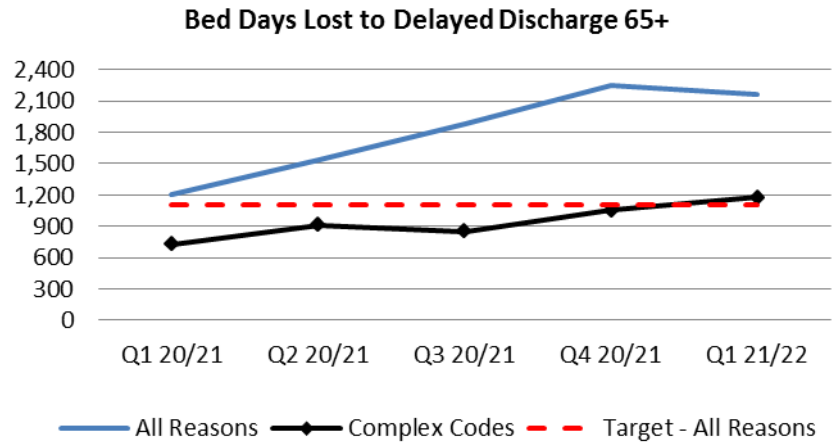
Quarter	Value	Target
Q1 20/21	7	0
Q2 20/21	10	0
Q3 20/21	15	0
Q4 20/21	14	0
Q1 21/22	6	0

Bed Days Lost to Delayed Discharge 18+



Quarter	All Reasons	Complex Codes
Q1 20/21	1621	893
Q2 20/21	2101	1276
Q3 20/21	2542	1594
Q4 20/21	2913	1718
Q1 21/22	2726	1598

Quarter	All Reasons	Complex Codes
Q1 20/21	1210	727
Q2 20/21	1541	910
Q3 20/21	1878	848
Q4 20/21	2256	1053
Q1 21/22	2163	1180



Key Points:

The number of daily delays in the quarter peaked at 35 in early May and was 30 at the end of June. While the courts have re-opened there are still significant backlogs. Performance has continued to be challenging in terms of delayed discharges throughout this period, although some improvement has been evident in recent weeks.

Improvement Actions:

Delayed Discharge Action Plan continues to be monitored by the senior management team on a weekly basis.

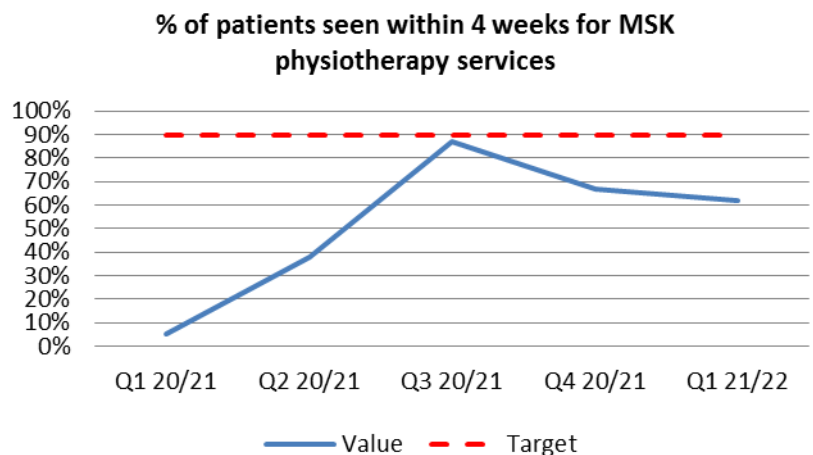
Chronology data gathering complete on long term Adults with Incapacity (AWI) cases. This work will be used to evidence and identify any bottlenecks or delays in processes.

Work is underway to ensure sufficient Mental Health Officer capacity.

Campaign within West Dunbartonshire to raise awareness of the importance of setting up Power of Attorney in early planning stages.

Performance Area: Musculoskeletal (MSK) Physiotherapy

Quarter	Value	Target
Q1 20/21	5%	90%
Q2 20/21	38%	90%
Q3 20/21	87%	90%
Q4 20/21	67%	90%
Q1 21/22	62%	90%



Key Points :

Referral figures for Quarter 1 reflect that MSK demand is increasing, with the figures consistent with demand pre-COVID. The total number of patients waiting over the 4 week target has decreased significantly since the start of the pandemic. However there is an increase in this figure month on month within Q1 as demand rises. The percentage of patients seen within the 4 week waiting time target is much higher than it was prior to the pandemic (due to lower referral rates and remobilisation of services) but this figure is decreasing as demand has returned.

Within Greater Glasgow and Clyde all patients requiring a first appointment continue to predominately be managed by Virtual Patient Management in the first instance. Due to ongoing infection control and social distancing requirements face to face capacity in Physiotherapy sites across Greater Glasgow and Clyde is around 30% of normal service provision.

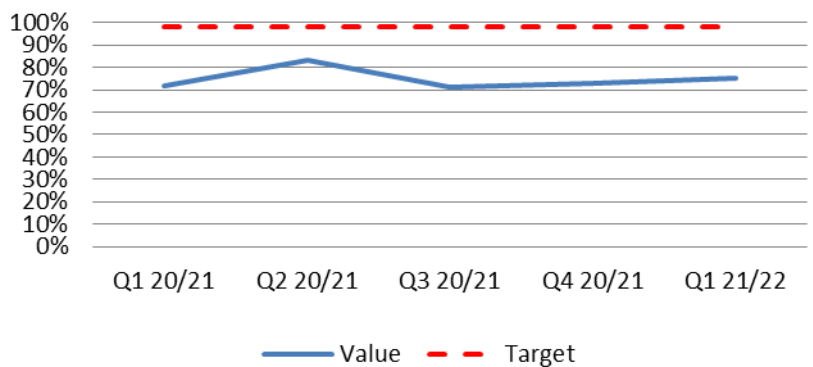
Improvement Actions

We are continuing with Virtual Patient Management but remobilising face to face provision based on clinical decision making/clinical need.

New patient appointment capacity has increased each month within Quarter 1 as the service remobilises and staff have fully returned from redeployment. All staff finally returned to the service in May 2021.

Performance Area: Criminal Justice Social Work

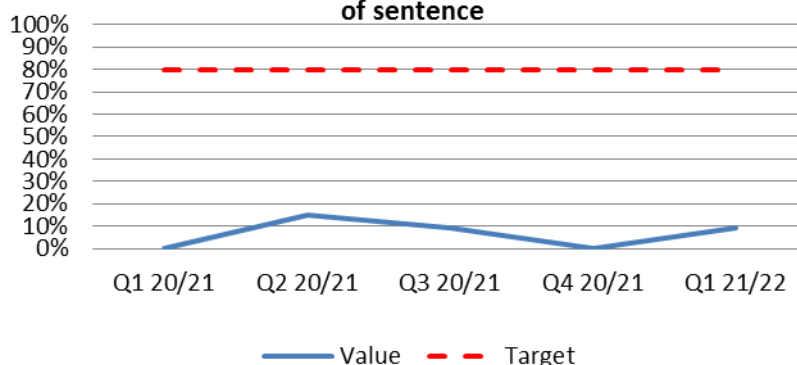
% Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling



Quarter	Value	Target
Q1 20/21	72%	98%
Q2 20/21	83%	98%
Q3 20/21	71%	98%
Q4 20/21	73%	98%
Q1 21/22	75%	98%

% Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence

Quarter	Value	Target
Q1 20/21	0%	80%
Q2 20/21	15%	80%
Q3 20/21	9%	80%
Q4 20/21	0%	80%
Q1 21/22	9%	80%



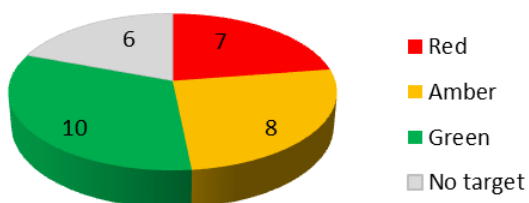
Key Points:

Following recruitment creating increased capacity within the team, we are starting to see an increase in the percentage of reports being returned to Court. Following the lifting of restrictions, we are now able to increase capacity within the squad placements of unpaid work enabling an increased number of service users to commence unpaid work within timescale.

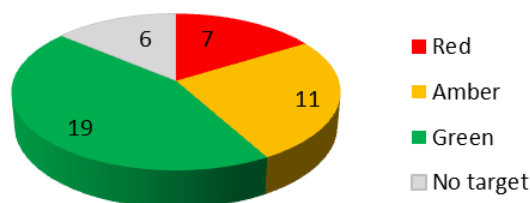
Improvement Actions:

With additional government funding received, we are continuing the recruitment of staff to enable us to tackle the backlog of orders created by the pandemic and ensuing restrictions placed on the service. We continue to have commissioned third sector colleagues providing virtual workshops and this will enable service users to continue their unpaid work hours. This is being further expanded to all services users on statutory supervision.

Quarter 1: April to June 2021 (Partial Data)



Quarter 4: January to March 2021 (Full Data)



**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
AUDIT AND PERFORMANCE COMMITTEE**

Report by Head of Service Strategy and Transformation

16 September 2021

Subject: Strategic Risk Register Six Month Review

1. Purpose

1.1 The purpose of this report is to present the updated Strategic Risk Register for the West Dunbartonshire Health and Social Care Partnership (HSCP).

2. Recommendations

2.1 It is recommended that the HSCP Audit and Performance Committee:

2.1.1 Recommend to the HSCP Board approval of the reviewed and updated Strategic Risk Register (Appendix A).

2.1.2 Select two current strategic risks to be presented in greater detail to the HSCP Board on the 24 March 2022.

2.1.3 Note that this review has been undertaken in line with the West Dunbartonshire HSCP Risk Management Policy recommended to the HSCP Board for approval by the Audit and Performance Committee on 24 June 2021.

2.1.4 Note that the Strategic Risk Register will be presented to HSCP Board on 20 September 2021 for final approval.

3. Background

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

3.2 The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the strategic risk register for the Health and Social Care Partnership. On the 25 March 2021 the HSCP Board approved the Strategic Risk Register including a new pandemic strategic risk.

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

3.4 The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the

responsibility of the Chief Officer to develop a West Dunbartonshire Health and Social Care Partnership Risk Management policy and strategy. This policy and strategy was approved by the HSCP Board at its August 2015 meeting and internally reviewed in November 2017. A review of the Risk Management Policy and Strategy was presented to the HSCP Audit and Performance Committee on 24 June 2021 where it was recommended to the HSCP Board for approval. Final HSCP Board approval is sought via a separate report which will be presented to the HSCP Board on the 20 September 2021.

4. Main Issues

- 4.1** Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that beneficial and defensible decisions are made.
- 4.2** The attached Strategic Risk Register (Appendix A) has been prepared in accordance with the Risk Management Policy and Strategy, recommended by the HSCP Audit and Performance Committee for HSCP Board approval on the 24 June 2021. Similarly, in accordance with that Policy and Strategy, standard procedures are applied across all areas of activity within the Health and Social Care Partnership in order to achieve consistent and effective implementation of good risk management.
- 4.3** Strategic risks represent the potential for the HSCP Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from operational risks, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health and Social Care Partnership's activities.
- 4.4** The Chief Officer has responsibility for managing operational risks as those are more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Operational risk registers are maintained by Heads of Service on behalf of the Chief Officer; and are the "building blocks" for the Strategic Risk Register.
- 4.5** Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the HSCP Board.
- 4.6** The mitigating actions for the strategic risks have been updated to reflect Covid-19 response, recovery and rebuild. A new risk of pandemic has been included reflecting Covid-19 response and impact. All other risks within the

Strategic Risk register have been further strengthened through additional mitigating actions.

- 4.7 The HSCP Audit and Performance Committee are also asked to select two current strategic risks to be presented in greater detail to the HSCP Board on the 24 March 2022.

5. Options Appraisal

- 5.1 Not required for this report.

6. People Implications

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

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

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

7. Financial and Procurement Implications

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

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

8. Risk Analysis

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

- 8.2 The HSCP Audit and Performance Committee reviewed, scrutinised and approved the Strategic Risk Register on the 25 February 2021.

- 8.3 The Chief Officer and Strategic Management Team reviewed the Strategic Risk Register on the 1 September 2021, and now present this to the HSCP Audit and Performance Committee for further scrutiny.

9. Equalities Impact Assessment (EIA)

- 9.1 An equality impact assessment is not required as the HSCP Audit and Performance Committee is not being asked to take a substantive decision at

this time and the report does not have a differential impact on any of the protected characteristics.

10. Environmental Sustainability

10.1 A Strategic Environmental Assessment (SEA) is not required for this report.

11. Consultation

11.1 The Strategic Risk Register has been reviewed and confirmed by the Health and Social Care Partnership Strategic Management Team.

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

12. Strategic Assessment

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

13. Direction

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

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 5 September 2021

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Appendices: Strategic Risk Register (Appendix A)

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

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

Procurement and Commissioning	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose.</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value.</p> <p>Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.</p>	Margaret-Jane Cardno		Probably - Major		Probably - Moderate
			Unacceptable		Issue

Mitigating Actions

- Regular Care Inspectorate reports on independent and third sector providers are presented to the HSCP Audit Committee and HSCP Clinical and Care governance Forum
- Regular Complaints reports are presented to the HSCP Audit Committee, following scrutiny at SMT and HSCP Clinical and Care Governance Forum
- Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement partners to progress the Procurement pipeline work, linking procurement and commissioning of internal and external services. Regular procurement reports will be presented to the HSCP Board jointly by Chief Finance Officer after presentation at WDC Tendering Committee.
- Continued commitment by Heads of Service and Integrated Operations Managers to ensure robust contract monitoring, service review and management as part of the procurement pipeline work linked to the development and review of service led service specifications, reporting mechanisms and the agreed terms and conditions of all contracts.
- The HSCP is in the process of recruiting additional capacity in to this service with a view to further improving commissioning, quality and contract management processes.
- All budget managers and commissioners of services to attend procurement training and have procurement progress as standing item on HOS team meetings.
- 7.6% improvement in compliance in the first half of financial year 2020/21. Improvement from 80.2% in 19/20 – 87.8% in 20/21.

Performance Management Information	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.</p>	Margaret-Jane Cardno		Possible - Moderate		Unlikely - Minor
			Adequate		Acceptable

Mitigating Actions

- Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; this ensures data and information can be considered in terms of legislative developments, financial reporting/governance and the need to prioritise use of resources effectively and anticipate demand.
- Improved performance management reporting presentation, including detailed analyses of those performance indicators that are red and underperforming. Focused scrutiny and challenge
- Quarterly Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC.
- Development of robust management information available at service level for frontline staff for ongoing demand management quality control and assurance and to support transformational change.

The Commissioning Plan will support the links between finance and planning to meet demand and service delivery within the current financial envelope.
Regular performance reports are presented to the HSCP Board by Chief Officer and Heads of Services; providing members of the Board with a range of data and performance information collated from across health and social care systems; this supports governance and accountability; as outlined within the requirements of the Act.
Additional performance reports have been introduced to support the recovery and renewal process.
Quarterly and Annual Performance reporting has been more closely aligned with HSCP Board meeting schedule to improve the timeous updates on performance across the Partnership, strengthening scrutiny and challenge by the HSCP Board members.
NHSGGC has established a monthly performance board in order to further scrutinise high risk areas in relation to waiting time directives.

Information and Communication	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to maintain a secure information management network; there is a risk for the HSCP that the confidentiality of information is not protected from unauthorised disclosures or losses.</p> <p>Failure to maintain a secure information management network; there is a risk for the HSCP if this is unmanaged of breaches as a result of a GDPR breach; power/system failure; cyber-attack; lack of shared IT/recording platforms; as such being unable to manage and deliver services. Inability to provide service.</p>	Margaret-Jane Cardno		<p>Possible - Major</p> <p>Issue</p>		<p>Possible - Moderate</p> <p>Adequate</p>
Mitigating Action					
Continued commitment to information management by the Chief Officer and Heads of Service; Integrated Operational Managers and their direct reports must demonstrate adherence to both NHS and Council policies for ICT and data management and procedures; regular learning session on breaches if they occur by individual service areas.					
Confirmation of the appointment of Data Protection Officer for the HSCP Board to support governance arrangements.					
Continued training available for staff groups from both NHS and Council to reflect changes in Data Protection Legislation in May 2018; staff must demonstrate their attendance at Data Protection awareness sessions. Staff are supported to safeguard the data and information which is collected and stored in the course of delivering services and support; there are continued reminders of the need safeguard and manage information.					
Continued training available for staff groups from both NHS and Council with online courses available which staff must demonstrate they have completed via the Council's iLearn or NHS Learn-Pro courses. Staff within the HSCP will complete the course of their employing authority on either an annual (Council) or bi-annually (NHS) basis.					
Autocomplete email address option has been disabled for West Dunbartonshire Council staff, this is an additional safeguard introduced to mitigate data breaches.					
Records Management Plan in place and lodged with National Records of Scotland.					

Outcomes of external scrutiny: Inspection recommendations	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to deliver on recommendations within reports by Care Inspectorate and other relevant scrutiny bodies.	Chief Social Work Officer		<p>Probably - Major</p> <p>Unacceptable</p>		<p>Probably - Moderate</p> <p>Issue</p>
Mitigating Action					
Improvement action plans for Self Directed Support and Community Payback Orders are being implemented, reflecting findings and recommendations from inspections including specific actions linked to improvement.					
Steps have been taken to recruit an SDS Lead in order to embed SDS activity across the HSCP.					
The My Life Assessment tool has been fully implemented and is subject to ongoing evaluation.					
Review groups for SDS and CPO improvement activity monitor achievement of objectives and service improvements.					
Regular performance and monitoring reports are presented to the HSCP Board/Audit Committee /HSCP Clinical and Care Governance Group as appropriate to support governance and continued scrutiny.					
Staff development and training reflects learning from each inspection report to ensure consistent understanding of duties around delivery of SDS and CPOs.					
New 20/21 – Additional external scrutiny has been introduced in response to Covid 19 – reporting to HSCP board and ongoing monitoring through the internal quality assurance team and external bodies.					

The HSCP Boards has agreed additional investment from reserves to support operational managers to deliver on improvement action plans.

Delayed Discharge and Unscheduled Care	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care.</p> <p>Failure to plan and adopt a balanced approach to manage the unscheduled care pressures and related business continuity challenges that are faced in winter; creates risk for the HSCP to effectively manage patient, client and carer care.</p>	Jo Gibson		<p>Almost Certain - Major</p> <p>Unacceptable</p>		<p>Probably - Major</p> <p>Unacceptable</p>
Mitigating Action					
A Management Action Plan has been developed to review activity and manage specific actions linked to improvement of planning for delayed discharge.					
A weekly performance report is provided to the Integrated Operations Managers and Senior Management Team; this includes updates on the early assessment model of care and support; effective use of the NHS acute Dashboard; delivery of rehabilitation in-reach within ward settings; provision and usage of Red bags; promotion of Power of Attorney arrangements; commissioning of services linked to free personal care for those under 65 years old and Adult with Incapacity requirements and; delivery of an integrated approach to mental health services.					
An NHS GGC Corporate Vaccination Plan is in place supported by a local vaccination group alongside the local Flu Management and Covid Vaccination Plan; this reflects the HSCP unscheduled care plan for community services which addresses the critical areas outlined in the national Preparing for Winter Guidance.					
A Primary Care Improvement Plan has been developed to review activity and manage specific actions linked to improvement of planning for GP contracting arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.					
An Improvement Plan to deliver actions linked to Action 15 mental health monies has been developed to review activity and manage specific actions linked to improvement of planning for localised mental health arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.					
Formal and regular formal scrutiny by SMT and reported to joint NHS and HSCP scrutiny and planning groups linked to UC and winter planning.					

Workforce Sustainability	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to have an appropriately resourced workforce to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services .</p>	Audrey Slater		<p>Probably-Catastrophic</p> <p>Unacceptable</p>		<p>Probably - Major</p> <p>Unacceptable</p>
Mitigating Action					
Preventative Controls					
Continued commitment to the implementation of HSCP Workforce and Organisational Development Strategy and Support Plan.					
Robust Operational Management Structures in place and Business Continuity Plans to support service delivery.					
HR policies which reflect best practice and relevant employment legislation to support manager and staff development needs.					
Attendance Management Policies and Staff Health and Well Being Strategies in place. Initiatives accessible to all staff such as Healthy Working Lives, Occupational Health Services and Counselling Services.					
Staff Engagement and feedback through I Matter Survey and action planning.					
Agreed processes for revalidation of medical and nursing workforce and Professional Registration .Policies and procedures in place to ensure staff are meeting professional bodies and organisational requirements for registration.					
Direct Controls					
Sickness absence reporting available to service managers through HR21, Micro strategy, SSTS and Workforce Information Departments.					
Agency / overtime reports					
Measures in place to provide additional emotional and psychological support to help HSCP staff through stressful times. This includes the information and resources which can be accessed via the National Wellbeing Hub.					
HR reports provided to SMT and Joint Staff Forum on HR metrics.					
Workforce reporting integrated into HSCP Performance report to IJB					

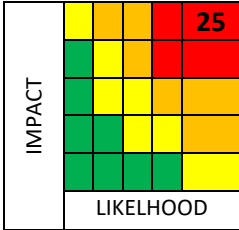
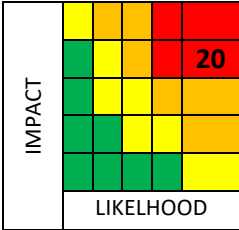
Statutory and Mandatory Training reports
I Matter reports
KSF/ PDP and Be the Best Conversations

Waiting Times	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to meet waiting times targets e.g. MSK Physiotherapy, Psychological Therapies, Child and Adolescent Mental Health Services and Drug and Alcohol Treatment.	Beth Culshaw		Probably - Catastrophic		Probably - Major
			Unacceptable		Unacceptable

Mitigating Action
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; to review activity and manage specific actions linked to improvement of planning for localised arrangements.
Promotion of self-management and co-productive community services including access to online supports and advice
Implementation of effective triage processes in place for patients across all areas.
Regular performance data collection and monitoring is scrutinised to ensure effective and robust performance management and demand management.
Consistent workforce and attendance management across all service areas.
The HSCP Board has approved dedicated earmarked reserves to support activity in relation to waiting times initiatives.

Brexit	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Risks across services from BREXIT include difficulty in resourcing some medications, medical devices (instruments and equipment in Hospital) and clinical consumables including disposable and short life goods. There will be an impact on patients and service users and on recruitment to and retention of non-UK EU nationals given that EU citizens require to apply for settled status before 30 June 2021. Prescribing costs and procurement impact.	Beth Culshaw		Possible - Major		Possible - Minor
			Issue		Adequate

Mitigating Action
Establish register of staff that may be at risk, raise issue with Workforce Planning colleagues, core briefs for staff
Continue to monitor Brexit status and implement advice and guidance from the Scottish Government to HSCP areas. Reflected in the HSCP EU Exit Action Plan presented to the November 2019 HSCP Board and considered alongside the Council and Health Board plans.
New 20/21 National Services Scotland (NSS) has significantly increased their stock levels and secured the supply chain for consumables in response to Covid 19 and Brexit challenges
New 20/21 After some initial delays in the first few days imports and exports seem to be operating well and no major shortages identified, this will continue to be monitored.
New 20/21 Continue to work with our corporate partners, strong representation at local authority, health and Scottish government groups is essential to help mitigate ongoing risks arising from Brexit
The formation of a senior Pharmacy Incident Response Team has been identified to address urgent and emerging issues with medicines supply.
Facilities Services continue to maintain a very limited stock of tinned and dried food that is maintained year round, in case of single premise emergencies – while this is not EU Exit specific, it could be utilised in the event of a localised issue being experienced. In addition, catering managers and cooks have their own procurement cards, which they presently use to purchase provisions via Scot Exel Suppliers however, the cards can also be used elsewhere if necessary.

Risk of future Pandemic – Covid 19 variations	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>New 20/21 Risks across services from a future pandemic include difficulty in resourcing medications, medical devices (instruments and equipment in Hospital) and clinical consumables including PPE, disposable and short life goods. There will be an impact on patients and service users and on recruitment to and workforce.</p> <p>Financial Impact – rapid response, prescribing costs, commissioning and procurement impact.</p> <p>Human diseases can take a variety of forms and consequently their impacts can vary considerably both in scale and nature. The main types of human disease that represent new or additional risks to the UK are outlined below. The examples have been chosen to give an impression of the range of possible diseases that would have a significant disruptive effect, but are by no means exhaustive.</p> <p>Pandemic - Influenza pandemics are natural phenomena that have occurred from time to time for centuries. Including Covid 19, this has happen four times in the last century. The symptoms are similar to those of seasonal influenza but may be significantly more severe.</p> <p>Influenza pandemics arise as a result of a new influenza virus that is markedly different from recently circulating influenza viruses and therefore to which few people, if any, have immunity. As a result of rapid spread from person to person, pandemics have significant global human health consequences. In addition to the severe health effects, a pandemic is also likely to cause significant wider social and economic damage and disruption.</p>	Beth Culshaw		<p>Almost Certain - Catastrophic</p> <p>Unacceptable</p>		<p>Almost Certain - Major</p> <p>Unacceptable</p>
Mitigating Action					
Develop, implement and monitor recovery plans for each service –reported to HSCP Board on a regular basis throughout pandemic.					
Develop and monitor pandemic risk framework based on reflection, experience and learning from Covid 19.					
Pandemic objectives that focus on service continuity - workforce health, workforce effectiveness, essential service delivery continuity, citizen/community engagement, financial continuity, partner continuity (both commissioned and third sector), security – physical and digital, reputational monitoring community, workgroups and stakeholder (are the framework elements effective)					
Agile response to monitor continuity of operations and relationships including decision logs and resilience					
Normal life is likely to face wider social and economic disruption, significant threats to the continuity of essential services, lower production levels, shortages and distribution difficulties.					
Individual organisations may suffer from the pandemic's impact on staff absenteeism therefore reducing the services available					
The post- pandemic years provide a very important opportunity to develop and strengthen preparations for the potentially serious impact of an influenza pandemic. The Government is collaborating actively with international partners on prevention, detection and research, and is taking every practical step to ensure that the UK is prepared to limit the internal spread of a pandemic and to minimise health, economic and social harm as far as possible. This includes purchasing and stockpiling appropriate medical countermeasures.					
Apply and comply with Scottish Government and Public Health Scotland guidance and advice – for example Covid-19 the Scottish Government Covid19 Advisory Group, Scientific Advisory Group for Emergencies (SAGE)					
Follow NHS and Social Care mobilisation and planning guidance in Scotland and link this to funding requirements.					

Apply integrated emergency management principles, develop flexible and adaptable arrangements for dealing with emergencies, whether foreseen or unforeseen. This will be informed in future by Covid 19 reflection and recovery work.

The delivery of Risk Management table top exercises in order to ensure preparedness for further major incidents.

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

IMPACT OF RISK	(5) Catastrophic	5 Adequate	10 Issue	15 Issue	20 Unacceptable	25 Unacceptable
	(4) Major	4 Acceptable	8 Adequate	12 Issue	16 Unacceptable	20 Unacceptable
	(3) Moderate	3 Acceptable	6 Adequate	9 Adequate	12 Issue	15 Issue
	(2) Minor	2 Acceptable	4 Acceptable	6 Adequate	8 Adequate	10 Issue
	(1) Insignificant	1 Acceptable	2 Acceptable	3 Acceptable	4 Acceptable	5 Adequate
	Risk Appetite	(1) Rare	(2) Unlikely	(3) Possible	(4) Probably	(5) Almost Certain
LIKELIHOOD OF RISK						

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP AUDIT
AND PERFORMANCE COMMITTEE**

Report by Head of Service - Mental Health, Learning Disability and Addiction

16 September 2021

Subject: Mental Welfare Commission Report on Fruin and Katrine Localities

1. Purpose

- 1.1** To advise the Audit and Performance Committee on the Mental Welfare Commission visit and report to Fruin and Katrine Localities Older People Mental Health Localities, Vale of Leven Hospital.

2. Recommendations

- 2.1** It is recommended that the Audit and Performance Committee note the content of the Mental Welfare Commission Report.

3. Background

- 3.1** Mental Welfare Commission for Scotland's purpose is to safeguard the rights and welfare of everyone with a learning disability, mental illness or other mental disorder. In this capacity they carried out an announced visit to Fruin and Katrine Localities, Vale of Leven Hospital on the 30th of June 2021.
- 3.2** Fruin and Katrine localities are mental health assessment and treatment inpatient facilities in West Dunbartonshire for people over 65 years of age. The wards are co-located on the third floor of Vale of Leven Hospital. Fruin is a 12-bedded facility for patients with dementia; Katrine is a six-bedded locality for patients with functional mental illness.

4. Main Issues

- 4.1** The report authors were impressed with the level of detail and the quality of information within the chronological nursing notes. These contained detailed information around the individual's mental and emotional state on a daily basis and what may be affecting this.
- 4.2** Where individuals exhibited stressed and distressed behaviours, staff clearly put a great deal of thought and effort into identifying actual and potential triggers and provided clear information on effective strategies for distraction and de-escalation.
- 4.3** The authors particularly liked the "Guide to my day" which provided a short, accessible summary of the individual's routine, care needs and preferences.

- 4.4** The report describes being told that senior management had been very supportive during two Covid outbreak periods, and that additional medical support from the general hospital and support from the palliative care team had been invaluable.
- 4.5** Relatives that were spoken to were very positive about the availability and quality of communication from both nursing and medical staff.
- 4.6** Risk assessments were documented and reviewed regularly.
- 4.7** Care plans were person-centred and addressed risk and mental health needs.
- 4.8** Quality of care plans varied; for some individuals the mental health care plan attempted to cover too broad a range of needs and issues in one plan. As a result, some of these lacked focus and did not fully reflect the high quality care which was being provided.
- 4.9** Mental health care plans would benefit from the inclusion of more detailed information on interventions and treatment goals, which was contained in the chronological notes.
- 4.10** Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the Adults with Incapacity (Scotland) 2000 ('the AWI Act') legislation must be completed by a doctor. The report noted completed section 47 certificates and treatment plans in the notes of the patients they reviewed who lacked capacity, and consultation with proxy decision makers/relatives was recorded.
- 4.11** There was one recommendation in the report that:
1. Managers should review their audit processes to improve the quality of mental health care plans to reflect the holistic care needs of each patient, and identify clear interventions and care goals.

5. Options Appraisal

- 5.1** There is no requirement for an options appraisal.

6. People Implications

- 6.1** There are no people implications

7. Financial and Procurement Implications

- 7.1** There are no financial and procurement implications

8. Risk Analysis

- 8.1** Not required.

9. Equalities Impact Assessment (EIA)

9.1 Not required.

10. Environmental Sustainability

10.1 No issues.

11. Consultation

11.1 The Chief Officer has been consulted on the contents of the report.

12. Strategic Assessment

12.1 None required

13. Directions

13.1 None required.

Name **Sylvia Chatfield**

Designation **Head of Service Mental Health, Learning Disability and Addiction**

Date **08 September 2021**

Person to Contact Sylvia Chatfield Head of Service Mental Health, Learning Disability and Addiction. Telephone 01389 737351
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Appendices:

Background Papers



Mental Welfare Commission for Scotland

Report on announced visit to: Fruin and Katrine Wards, Vale of Leven Hospital, Main Street, Alexandria G83 0UA

Date of visit: 30 June 2021

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with the Scottish Government's Routemap (May 2020). There have been periods during the pandemic where we have been able to conduct our face to face visits, however, the reinstatement of lockdown required us to review this, and we are presently undertaking mainly virtual visits. This local visit was able to be carried out face-to-face.

Fruin and Katrine ward are mental health assessment and treatment inpatient facilities in West Dunbartonshire for people over 65 years of age. The wards are co-located on the third floor of Vale of Leven Hospital. Fruin is a 12-bedded facility for patients with dementia; patient numbers are currently capped at eight. Katrine is a six-bedded ward for patients with functional mental illness. On the day of our visit there were seven patients in Fruin and six in Katrine. There were no patients awaiting admission and no delayed discharges. We last visited this service on 19 February 2020 and made a recommendation that consultation with proxy decision makers be recorded.

On the day of this visit we wanted to follow up on the previous recommendation and also look at the use of the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'), care planning and the provision of activities.

Who we met with

We met with and/or reviewed the care and treatment of eight patients and two relatives.

We spoke with the senior charge nurse (SCN), and the physiotherapist.

Commission visitors

Mary Hattie, Nursing Officer

Margo Fyfe, Senior Manager

What people told us and what we found

We heard that during the pandemic, Fruin Ward experienced two significant outbreaks of Covid-19. However, despite staff having to pass through Katrine Ward to access Fruin, there were no outbreaks in Katrine Ward. We were told that management had been very supportive during this period, and that additional medical support from the general hospital and support from the palliative care team had been invaluable.

Care, treatment, support and participation

Consultant cover is currently provided by a long term locum. He visits the ward regularly and holds weekly multidisciplinary team (MDT) review meetings; this continued throughout the pandemic, although in-person attendance was restricted to medical and nursing staff. Currently MDT's are attended by the consultant, junior medical staff, psychologist (this is a new post), nursing staff, physiotherapist, occupational therapist and pharmacist. Social

workers have recently recommenced attendance on the ward as required. Relatives attended reviews, pre-pandemic. This has not yet recommenced, but is being actively discussed.

MDT reviews are recorded on the EMIS electronic record keeping system. MDT decisions were clearly recorded. Currently relatives are contacted pre- and post-MDT reviews regarding decisions and copies of notes are sent to them if they wish. Relatives we spoke to were very positive about the availability and quality of communication from both nursing and medical staff.

There is access to medical cover out of hours from the hospital duty doctor rota. This input has continued throughout the pandemic. There is good input from allied health professionals, with dedicated time from physiotherapy and occupational therapy. Other services such as speech and language therapy are readily available on a referral basis. During the pandemic some allied health professional (AHP) services were provided on a virtual basis; however these have all now recommenced on a face to face basis.

Within the care plans we reviewed during this visit risk assessments were documented and reviewed regularly. Care plans were person-centred and addressed risk and mental health needs. However, the quality of care plans varied; for some individuals the mental health care plan attempted to cover too broad a range of needs and issues in one plan. As a result, some of these lacked focus and did not fully reflect the high quality care which was being provided. Mental health care plans would benefit from the inclusion of more detailed information on interventions and treatment goals, which was contained in the chronological notes.

We found that physical health needs were being managed well and this was reflected in the care plans. Care plans for stress and distress, where these were required, were person-centred and contained detailed information on early signs of distress, triggers and clear strategies for distraction and de-escalation.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Recommendation 1:

Managers should review their audit processes to improve the quality of mental health care plans to reflect the holistic care needs of each patient, and identify clear interventions and care goals.

Use of mental health and incapacity legislation

Where patients in the ward were detained under the Mental Health Act, copies of detention paperwork were on file.

Part 16 (s235-248) of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. We noted that requests for designated medical practitioner reviews had been submitted for the two patients whose treatment required to be authorised under a T3.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the Adults with Incapacity (Scotland) 2000 ('the AWI Act') legislation must be completed by a doctor. The certificate is required by law and provides evidence that treatment complies with the principles of the AWI Act. We found completed section 47 certificates and treatment plans in the notes of the patients we reviewed who lacked capacity, and consultation with proxy decision makers/relatives was recorded.

Rights and restrictions

Both wards have a keypad entry system, there is a locked door policy and individuals are being supported to leave the ward when they wish too. We heard that advocacy services have not yet recommenced face-to-face visits and continue to provide a telephone/virtual service only.

The current restrictions allow for two designated visitors per patient, visits are booked in advance and we were advised that there are no difficulties in meeting requests for visits. I pads and phones are also available to facilitate contact.

The Commission has developed [Rights in Mind](https://www.mwcscot.org.uk/law-and-rights/rights-mind). This pathway is designed to help staff in mental health services ensure that Patients have their human rights respected at key points in their treatment. This can be found at: <https://www.mwcscot.org.uk/law-and-rights/rights-mind>

Activity and occupation

We noted that while there was an activity planner on the wall in the activity room, this was geared towards current sporting events and a number of small group activities. The wards have a dedicated occupational therapy technician who provides a range of individual and small group activities. We heard that this service continued throughout the pandemic, ensuring that the provision of recreational and therapeutic activity was maintained. We saw evidence of regular activities being undertaken on a one-to-one and small group basis both during our visit and within the care plans we reviewed. Each care plan had an activity diary which provided details of the activities undertaken each day; this included taking patients outside for walks. We also heard from relatives that patients were supported by nursing staff to go outside on a regular basis.

Prior to the pandemic the ward had close links with the local community and benefited from a range of activities provided by external organisations, including therapeut, common wheel (a

music group), football memories, tea dances, and attendance at the local football club. A local taxi firm provided free transport to facilitate attendance at external events. Unfortunately it has not been possible to recommence any of these activities yet. However, as restrictions are reduced the SCN will be endeavouring to re-establish community links and reintroduce these activities.

We were told that the ward had been successful in a bid for funding for a “magic table” activity centre, which will be arriving soon. This will be a valuable resource for staff and visitors to use with patients and we look forward to hearing about this and other developments on our next visit.

The physical environment

The ward is clean and bright, there is dementia friendly signage throughout, and there are murals depicting local scenes around the ward. Fruin Ward is entered via Katrine; both wards have a dining area and separate sitting room, there is an activity room in Katrine. The majority of beds are within communal dormitories, with only one single room in each ward. Many wards across NHSGGC have been refurbished to provide patients with individual rooms and we would strongly encourage managers to consider the same here to provide privacy and to protect dignity.

The ward is on the third floor of the hospital and therefore has no direct access to outdoor space. On our last visit we saw plans to develop a dementia friendly garden in the grounds of the hospital which the ward would have access to. Unfortunately this has not yet been completed, although we could see initial groundworks have commenced.

Summary of recommendations

1. Managers should review their audit processes to improve the quality of mental health care plans to reflect the holistic care needs of each patient, and identify clear interventions and care goals.

Good practice

We were impressed with the level of detail and the quality of information within the chronological nursing notes. These contained detailed information around the individual’s mental and emotional state on a daily basis and what may be affecting this. Where individuals exhibited stressed and distressed behaviours, staff clearly put a great deal of thought and effort into identifying actual and potential triggers and provided clear information on effective strategies for distraction and de-escalation. We particularly liked the “Guide to my day” which provided a short, accessible summary of the individual’s routine, care needs and preferences.

Service response to recommendations

The Commission requires a response to this recommendation within three months of the date of this report.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

ALISON THOMSON
Executive Director (Nursing)

About the Mental Welfare Commission and our local visits

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

The Commission visits people in a variety of settings.

The MWC is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors. Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

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