Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Monday, 20 September 2021

Time: 10:00

Format: Zoom Video Conference

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

Dear Member

Please attend a meeting of the **West Dunbartonshire Health and Social Care Partnership Board** as detailed above.

The Convener has directed that the meeting will be held by way of video conference and Members will therefore attend the meeting remotely.

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer
Health and Social Care Partnership

Distribution:-

Voting Members

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

Non-Voting Members

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

Senior Management Team – Health and Social Care Partnership

Date of issue: 15 September 2021

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

MONDAY, 20 SEPTEMBER 2021

1 APOLOGIES

2 DECLARATIONS OF INTEREST

3 (a) MINUTES OF PREVIOUS MEETING **5 - 10**

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 19 August 2021.

(b) ROLLING ACTION LIST **11 - 13**

Submit for information the Rolling Action list for the Partnership Board.

4 VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer will provide a verbal update on the recent business of the Health and Social Care Partnership.

5 SCHEDULE OF MEETINGS: HEALTH AND SOCIAL CARE PARTNERSHIP BOARD **15 - 19**

Submit report by Head of Strategy and Transformation presenting the Health and Social Care Partnership Board with a meeting schedule for the period until June 2022.

6 UNSCHEDULED CARE JOINT COMMISSIONING PLAN UPDATE **21 - 117**

Submit report by Acting Head of Health and Community Care presenting the draft Design and Delivery Plan as the updated and refreshed Board-wide strategic commissioning plan for unscheduled care.

7 WEST DUNBARTONSHIRE HSCP DELAYED DISCHARGES **119 - 124**

Submit report by Acting Head of Health and Community Care updating the HSCP Board on the ongoing activities in relation to delayed discharge in West Dunbartonshire and the actions that have been taken to minimise these.

8 AUDITED ANNUAL ACCOUNTS **125 - 183**

Submit report by Head of Strategy and Transformation presenting the Health and Social Care Partnership Board with a meeting schedule for the period until June 2022.

9 FINANCIAL PERFORMANCE UPDATE **185 - 211**

Submit report by Chief Financial Officer providing an update on the financial performance as at period 4 to 31 July 2021 and a projected outturn position to the 31 March 2022.

10 ANNUAL PERFORMANCE UPDATE **213 - 288**

Submit report by Head of Strategy and Transformation providing 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.

11 STRATEGIC RISK REGISTER SIX MONTH REVIEW **289 - 300**

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

12 RISK MANAGEMENT POLICY **301 - 324**

Submit report 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.

13 MINUTES OF MEETING FOR NOTING **325 - 330**

Submit for information the undernoted Minutes of Meeting for Special Covid-19 Joint Staff Forum held on 15 July 2021.

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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health & Social Care Partnership Board held via Zoom Video Conference on Thursday, 19 August 2021 at 10.00 a.m.

Present: Bailie Denis Agnew and Councillor Jonathan McColl, West Dunbartonshire Council; Rona Sweeney, Dr Lesley Rousselet and Michelle Wailes, NHS Greater Glasgow and Clyde Health Board.

Non-Voting Beth Culshaw, Chief Officer; Julie Slavin - Chief Financial Officer; Val Tierney - Professional Nurse Advisor; Diana McCrone - Staff Representative (NHS Greater Glasgow and Clyde); Selina Ross - Chief Officer, West Dunbartonshire CVS; Anne MacDougall - Chair of the Locality Engagement Network, Clydebank; Helen Little - Lead Allied Health Professional and John Kerr - Housing Development and Homelessness Manager.

Attending: Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Mental Health, Addictions and Learning Disabilities; Audrey Slater, Head of People and Change; Jennifer Ogilvie, HSCP Finance Manager; Fiona Taylor, Senior Nurse; Nigel Ettles, Principal Solicitor and Lynn Straker, Committee Officer.

Also Attending: Christopher Gardner, Audit Manager – Audit Scotland.

Apologies: Apologies were intimated on behalf of Councillor John Mooney, West Dunbartonshire Council; Saied Pourghazi - Clinical Director; Barbara Barnes, Chair of the Locality Engagement Network, Alexandria and Dumbarton and Peter O'Neill - Staff Representative (West Dunbartonshire Council)

Bailie Denis Agnew in the Chair

DECLARATIONS OF INTEREST

It was noted that there were no declarations of interest in any of the items of business on the agenda.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 24 June 2021 were submitted and two alterations were requested:

(1) Peter O'Neill's title in attendance at the meetings should be as Member of HSCP and not as representative Working4U role. Committee agreed to update this on the Minute.

(2) The Workforce Sustainability report indicated to be brought to the next meeting has been moved to the September meeting as further analysis was required of data within the report.

(3) The DNACPR report indicated to be brought to the next meeting has been moved to the September meeting as due to time of August meeting, the two Clinical Professionals were unable to attend to answer any questions on the report.

ROLLING ACTION LIST

A Rolling Action list for the Partnership Board was submitted for information. Bailie Agnew, Chair, requested that progress updates, comments and outcomes are noted on the Rolling Action list going forward.

VERBAL UPDATE FROM CHIEF OFFICER

Beth Culshaw, Chief Officer provided a verbal update on the recent business of the Health and Social Care Partnership. She welcomed the new members to the Board and looked forward to working with them at the Induction sessions scheduled in September for HSCP Members. She noted, following the departure of Jonathan Hinds, Sylvia Chatfield has been confirmed as our Interim Chief Social Work Officer for the time being and recruitment is ongoing for this role.

Ms Culshaw advised our response to the ongoing Covid pandemic has continued to evolve. There is a rise in cases due to easing of restrictions and we are continuing to monitor this closely. She noted she was pleased there was a very low number of cases within Care Homes in West Dunbartonshire, both for staff and residents. She also advised we have been going through the process of an Inspection of our Adult Services which is due to conclude by the end of August 2021 and we have also received notification from the Care Inspectorate who are looking into our Inspection of Children who are at risk of harm process. We will bring reports back to the HSCP Board on these updates in due course but reflects many organisations are getting back up to speed as the pandemic progresses and Business As Usual is returning in these areas.

She noted good progress of the Health Centre at Queens Quay, Clydebank and will shortly be able to provide dates for Members to visit and see the work completed.

Ms Culshaw advised regarding the recent publication of the Consultation on National Care Service. She advised Committee Admin would send a link to the Consultation to all Members and asks everyone to ensure they read through the information. It was requested that a session is held with HSCP Board Members and Officers to discuss the consultation and bring a collective response back through the Board, rather than individual responses. Invites to a session will be sent out shortly, and the response presented back to the HSCP Board at the September meeting.

Ms Culshaw detailed there would be a revision to the dates and times of some of the HSCP Board and Audit and Performance Committee meetings for the next year, and will shortly confirm these in the diary invites for all Members.

Lastly, she noted we had been encouraging as many of our people as possible over the summer period to get a break from work and get away to recharge their batteries as has been a very tough period and good to see people coming back refreshed.

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

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

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

(1) to formally record it's thanks to those Board Members reaching the end of their tenure for their unwavering dedication and support during their period of service;

(2) to note the voting members from the Elected Members of West Dunbartonshire Council as detailed in paragraph 4.2.1 of this report;

(3) to note the voting members from the Non-Executive Directors of Greater Glasgow and Clyde Health Board as detailed in paragraph 4.2.1 of this report; and

(4) to appoint the non-voting members of the HSCP Board, including confirming the designated professional advisors as detailed in paragraph 4.3.1 of this report.

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE: MEASURING PROGRESS UNDER INTEGRATION

A report was submitted by Head of Strategy and Transformation providing an update on the status of the "Progress with Integration of Health and Social Care, West Dunbartonshire Health and Social Care Partnership Action Plan" [the Action Plan] (Appendix I) and to seek Board approval to undertake a series of self-evaluation

activities in order to review and update the action plan in light of the impacts of Covid19.

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

(1) to note the contents of the "Progress with Integration of Health and Social Care, West Dunbartonshire Health and Social Care Partnership Action Plan", September 2019 (Appendix I), and

(2) to instruct Officers, through a series of self evaluation activities, to review and update the Action Plan, reporting back to the HSCP Board on 24 February 2022.

FINANCIAL PERFORMANCE UPDATE

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

After discussion and having heard the Chief Financial Officer and Head of Mental Health, Addictions and Learning Disabilities in further explanation and in answer to Members' questions, the Board agreed:-

1) to note the updated position in relation to budget movements on the 2021/22 allocation by WDC and NHSGGC;

(2) to note the reported revenue position for the period 1 April 2021 to 30 June 2021 is reporting an adverse (over spend) position of £1.098m (2.67%)

(3) to note the projected outturn position of £0.141m underspend (0.08%) for 2021/22;

(4) to note that the projected costs of Covid-19 for 2021/22 are currently estimated to be £6.020m;

(5) to note the update on the monitoring of savings agreed for 2021/22;

(6) to note the current reserves balances; and

(7) to note the update on the capital position and projected completion timelines.

*NOTE:- Councillor McColl dropped from the meeting during discussion of this item and was unable to re-join due to technical issues.

SCOTTISH GOVERNMENT FUNDING FOR CHILDREN AND YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH SUPPORTS AND SERVICES

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

After discussion and having heard from Health Improvement & Inequalities Manager in further explanation and in answer to Members' questions, the Board agreed:-

(1) to note the contents of report; and

(2) to note progress since the previous report to HSCP Board on 26th November 2020 specifically quarter 4 share of 2020/21 Scottish Government allocation to develop and expand community mental health and wellbeing support and services (detailed in Appendix 1).

(3) to approve action plan (Appendix 2) to progress further development of community mental health and wellbeing supports and services for children & young people supported by 2021/22 Scottish Government allocation required to be aligned to a pre-determined national framework.

(4) to note the need to report to Scottish Government at prescribed time intervals;

(5) to request further details be brought back to the HSCP Board of Staffing implications in expanding community mental health and wellbeing support and details of the additional training which will require to be provided to staff; and

(6) to seek a further progress report to the HSCP Board by the end of December 2021.

WEST DUNBARTONSHIRE APPROACH TO DELAYED DISCHARGE

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

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

(1) to note the contents of this report and the range of actions underway to improve performance;

(2) to request more detailed analysis and scrutiny of the data provided within the report be sent back to HSCP Board;

(3) to request re-admission rates data be sent back to HSCP Board, to analyse and ensure we are releasing people correctly;

(4) to provide some data and trends prior to the Covid pandemic and assess against current data to provide a clearer picture of what is causing delays; and

(5) to request an Unscheduled Care report, including an update on Delayed Discharges, is a recurring item within the HSCP Board Agenda and an update is provided back to the HSCP Board at each meeting.

MINUTES OF MEETING FOR NOTING

The undernoted Minutes of Meetings were submitted and noted:-

(1) Special Covid-19 Joint Staff Forum held on 20 May 2021; and

(2) Special Covid-19 Joint Staff Forum held on 17 June.

The meeting closed at 11.12 a.m.

WEST DUNBARTONSHIRE HSCP BOARD
ROLLING ACTION LIST

Board Meeting – 25 February 2021					
Agenda item	**Board decision and minuted action**	**Responsible Officer**	**Timescale**	**Progress/Update/ Outcome**	**Status**
Unison Ethical Care Charter	The Board agreed that, in relation to the Ethical Charter Improvement Action Plan, officers would: (i) review the level of Trade Union involvement that would be appropriate, and also look at having this involvement through the Practice and Development Group; and (ii) look at a more appropriate review period for a collaborative review of less than 24 months which was considered to be overly long. UPDATE 24/06/21: On discussion it was agreed the review should be every 6 months and not every 24 months.	Head of Strategy and Transformation	Ongoing	To be discussed with Trade Unions	Open

Update On The Implementation Of Eligibility Criteria For Adult Social Care	The Partnership Board agreed that a report providing monitoring data from the implementation of the new assessment would be provided to the Board in 6 months from launch and data will be published annually in the HSCP Performance Report. UPDATE: 19/08/21 – This has been placed on the Forward Planner for November HSCP Board meeting.	Head of Strategy and Transformation	November 2021	On forward planner	Open

Board Meeting - 26 November 2020					
Agenda item	**Board decision and minuted action**	**Responsible Officer**	**Timescale**	**Progress/Update/ Outcome**	**Status**

Unscheduled Care – Joint Commissioning Plan Progress Update	To note that a further version of the plan, including a financial analysis, would be submitted to a future meeting in early 2021. UPDATE 10/09/21 – This report is now included within the 20 September meeting Document Pack.	Head of Health and Community Care	March 2021	Timescale expected September / October 2021	Open

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Officer

20 September 2021

Subject: Schedule of Meetings: Health and Social Care (HSCP) Board and Audit and Performance Committee

1. Purpose

1.1 The purpose of this report is to present the Health and Social Care Partnership Board with a meeting schedule for the period until June 2022.

2. Recommendations

2.1 It is recommended that the Health and Social Care Partnership Board note and approve the meeting schedule outlined in Appendix 1.

3. Background

3.1 Standing Orders state that the Integration Joint Board (IJB) shall meet as such place and such frequency as may be agreed by the Integrated Joint Board, known as the Health and Social Care Partnership Board.

3.2 The HSCP Board meeting of 20 February 2019 approved to extend the number of meetings to six per calendar year from the previously agreed four. The report also highlighted that there may be a further request for realignment of dates to allow for the approval of the audited annual accounts.

3.3 On the 5 August 2020 the Health and Social Care Partnership Board agreed a meeting schedule for the period until June 2022. This schedule has been reviewed at the request of the Chair of the HSCP Board.

4. Main Issues

4.1 The appended meeting schedule has been developed to align financial reporting requirements and provide officers with a planned schedule to report on performance, delivery of services and programmes of work, enabling the HSCP Board to fulfil its monitoring and scrutiny role.

4.2 Officers have been instructed to separate the dates of the previously linked Audit and Performance Committee from the HSCP Board. The attached schedule has been amended in order to support this ambition.

4.3 On the 19 August 2021 the HSCP Board discussed the Consultation on a National Care Service for Scotland and requested that Officers give some consideration as to how an HSCP Board response could be facilitated. The Scottish Government have now changed the deadline for the response to this Consultation until the 2 November 2021. The Board should therefore note that this will impact on the proposed schedule and may alter the date of the working session in October and may also necessitate the creation of a special HSCP Board meeting that month in order that Members can formally agree a consultation response.

Meeting Format and Location

4.4 Currently meetings are being held remotely in line with Scottish Government guidance, that where possible people should work from home. When it is safe to do so, initial meetings will take place at 16 Church Street, Dumbarton to accommodate current social distancing requirements and alternating venues will be re-introduced following updated guidance.

4.5 In addition to this on the 24 June 2021 the HSCP Board agreed that, when it is safe to incorporate face to face meetings in to the schedule, a hybrid approach to future meetings will be introduced incorporating both online and face to face meetings. This will include video/online conferencing opportunities to support future HSCP Board meetings – providing a platform for a wide range of subject matter experts to support decision making, where appropriate.

5. Options Appraisal

5.1 An options appraisal is not required in respect of the recommendation contained within this report.

6. People Implications

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

7. Financial and Procurement Implications

7.1 There are no financial or procurement implications arising from the recommendation contained within this report.

8. Risk Analysis

8.1 There are no risks arising from the recommendation contained within this report. The recommendation that Audit and Performance and the HSCP Board are uncoupled has raised some operational challenges in relation to meeting statutory deadlines pertaining to Financial Sustainability and Performance Management as highlighted in the Strategic Risk Register. This is primarily because some statutory reports must be presented to Audit and Performance Committee for scrutiny prior to approval by the HSCP Board. However, steps have been taken to mitigate against these risks as far as reasonably practicable.

9. Equalities Impact Assessment (EIA)

9.1 Democratic Services carried out an initial equalities impact screening on the issue of venues for committee and board meetings. The outcome showed that there would be little or no impact for those with protected characteristics within West Dunbartonshire.

10. Environmental Sustainability

10.1 A Strategic Environmental Assessment (SEA) is not required in relation to the recommendations within this report.

11. Consultation

11.1 The Chair of the HSCP Board, the Chair of the Audit and Performance Committee and Monitoring Officers within Finance and Regulatory Services has been consulted in the preparation of this report.

12. Strategic Assessment

12.1 It is essential that the Health and Social Care Partnership Board decisionmaking structures are timetabled effectively, enabling them to make necessary decisions and monitor the work of HSCP functions as they deliver on local, strategic and national priorities.

13 Directions

13.1 No directions are required in relation to the recommendations within this report.

Beth Culshaw
Chief Officer

Date: 10 September 2021

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

Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk
Phone: 07786 747 952

Appendices: Appendix 1 - Schedule of Meetings: HSCP Board and Audit and Performance Committee

Background Papers: None

Item 5 Appendix 1

Meeting date, time and venue **2021 - 2022**	**Health and Social Care Partnership Board and Audit and Performance Committee**
Thursday, 16 September 2021 @ 10.30am	HSCP Audit and Performance Committee
Monday, 20 September 2021 @ 10am	HSCP Board
Monday 15 November 2021 @ 10am	HSCP Audit and Performance Committee
Monday 22 November 2021@ 10am	HSCP Board
Monday 21 February 2022 @ 10am	HSCP Board
Monday 7 March 2022 @ 10am	HSCP Audit and Performance Committee
Monday 21 March 2022 @ 10am	HSCP Board
Monday 23 May 2022 @ 10am	HSCP Board
Monday 20 June 2022 @ 10am	HSCP Audit and Performance Committee
Monday 27 June 2022 @ 10am	HSCP Board

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Acting Head of Health and Community Care

20 September 2021

Subject: Unscheduled Care Commissioning Plan Update

1. Purpose

1.1 To present the draft Design and Delivery Plan as the updated and refreshed Board-wide strategic commissioning plan for unscheduled care.

2. Recommendations

2.1 The HSCP Board is asked to:

a) approve the Design & Delivery Plan 2021/22-2023/24 attached (Appendix 1) as the updated and re-freshed Board-wide unscheduled care improvement programme;

b) approve the financial framework outlined in section 7 of the Plan, and note specifically that the funding shortfall identified will require to be addressed to support full implementation of phase 1;

c) note the performance management arrangements to report on and monitor progress towards delivery of the Plan, including the KPIs and projections for emergency admissions for 2022/23 outlined in section 8 of the plan;

d) approve the governance arrangements outlined in section 9 of the Plan to ensure appropriate oversight of delivery;

e) note the ongoing engagement work with clinicians, staff and key stakeholders;

f) receive a further update on the delivery of the programme towards the end of 2021/22, including the financial framework; and,

g) note that the Plan will be reported to all six IJBs and the Health Board Finance, Audit and Performance Committee during the next meeting cycle.

3. Background

3.1 The HSCP Board at its meeting in June 2020 considered and approved a draft strategic commissioning plan for unscheduled care. That plan fulfilled the HSCP Board's strategic planning responsibility for unscheduled care services as described in the Integration Scheme.

3.2 The draft was subsequently approved by the other five IJBs in Greater Glasgow and Clyde area. The plan was developed in partnership with the NHS Board and Acute Services Division and built on the GG&C Board wide Unscheduled Care Improvement Programme (http://www.nhsggc.org.uk/media/245268/10-unscheduled-care-update.pdf.) which was integral to the Board-wide Moving Forward Together programme (https://www.nhsggc.org.uk/media/251904/item-10a-paper-18_60-mft-update.pdf).

3.3 Since the plan was developed in early 2020 there has been considerable change in the health and social system overall as a result of the coronavirus pandemic, and a national redesign of urgent care implemented. While many of the actions in the draft plan approved by IJBs remain relevant, some need updating to reflect the changed circumstances arising from our response to the pandemic, and additional actions added on the new challenges being faced by the health and social care system. This is a reflection of the need for the constant review and updating of such a large scale strategic system wide change programme as unscheduled care in Scotland's biggest, most complex and diverse health and social care economy with many moving and inter related parts.

3.4 In addition further work has been undertaken on engagement and the development of financial and performance frameworks to support delivery of the programme overall.

3.5 The paper also updates the Board on the HSCP's plans to respond to seasonal pressures due to winter including coronavirus.

4. Main Issues

Unscheduled Care Programme

4.1 The purpose of the draft plan presented to the HSCP Board in June 2020 was to show how we aim to respond to the pressures on health and social care services in GG&C, and meet future demand. The draft explained that with an ageing population and changes in how and when people chose to access services, change was needed and patients' needs met in different ways, and with services that were more clearly integrated and the public better understood how to use them.

4.2 The programme outlined in the plan was based on evidence of what works and estimates of patient needs in GG&C. The programme was focused on three key themes following the patient journey:

- **early intervention and prevention** of admission to hospital to better support people in the community;
- **improving hospital discharge** and better supporting people to transfer from acute care to community supports; and,

- **improving the primary / secondary care interface** jointly with acute to better manage patient care in the most appropriate setting.

4.3 The draft also described how we needed to communicate more directly with patients and the general public to ensure that people knew what service is best for them and can access the right service at the right time and in the right place.

4.4 Further work was also outlined on the financial and performance frameworks to support delivery of the plan, and engagement with key stakeholders including service users, partners, staff and clinicians.

Covid-19

4.5 The scale and pace of change in the health and social care system as a result of the pandemic has exceeded anything we have experienced in the past. In the space of a few short months in the spring of 2020 services changed dramatically so much so that some services may not return to their former delivery models. It is important therefore that we build on the successful new models of care and apply the learning to our change programme from our experience over the past few months. As part of this we need to review and evaluate new service models and pathways to ensure that the patient experience is maximised.

National Urgent Care Redesign

4.6 The Scottish Government has launched a national redesign of urgent care (RUC) to improve performance in response to the pandemic. All Health Boards were required to implement the national redesign in preparation for winter 2020/21. The key components of the RUC were:

- the redesign of urgent care pathways to deliver a more planned response for patients who self-present to emergency departments where this is clinically appropriate and safe to do so via:
    - initial call handling delivered nationally by new NHS24 111 service;
    - developing 'call MIA' - a pathway to schedule minor injuries – to be piloted at GRI; and,
    - developing options for non-minor injuries that will enable scheduling of 'Near Me' patient assessment through a clinical decision maker.
- implementation a Flow Navigation Centres (Hub) at the main acute sites with both admin and clinical resources established to support the redesign and streaming of patients referred from NHS24;
- continuation of the Mental Health Assessment Units; and
- all underpinned by a national communications campaign to introduce service change and inform the way patients access primary and acute care service

Design and Delivery Plan

4.7 The draft Design & Delivery Plan attached updates the actions in the draft unscheduled care plan reported to IJBs in 2020, new actions that have arisen from the response to the pandemic and implementation of the RUC. The re-freshed programme follows through on the three key themes from the 2020 plan, and shows the key priorities to be progressed this year (phase 1), actions for 2022/23 (phase 2) and future years (phase 3).

4.8 Further work is included on:

- **engagement** the programme includes engagement with other key stakeholders including primary and secondary care clinicians, SAS, NHS24, and the third and independent sectors. The draft plan has been discussed at various events and across GG&C; and,

- the **performance framework** including the key impact measures to be used to demonstrate improvements in performance with a focus specifically on:

    - ✓ emergency admissions;
    - ✓ acute unscheduled hospital bed days;
    - ✓ A&E attendances; and,
    - ✓ bed days lost due to delayed discharges.

4.9 Projections for emergency admissions 65+ for 2022/23 and future years, recognizing the demographic changes forecast are included. Emergency admissions 65+ account for approximately 40% of all emergency admissions in GG&C.

Financial Framework

4.10 A financial framework has been developed in partnership with all six IJBs and Greater Glasgow and Clyde NHS Board to support the implementation of the Design and Delivery Plan. It should be noted that this has been completed on a 2021/22 cost base. This Plan represents the first step in moving towards delegated hospital budgets and set aside arrangements within GG&C.

4.11 The Design and Deliver Plan outlined a number of step change projects which have been implemented as part of Phase 1 and has resulted in investment of circa £14m in unscheduled care within IJBs and the Health Board during 2020-21, some of which has been funded non-recurrently.

4.12 A number of key actions have been identified which require financial investment to deliver on Phase 2 and Phase 3 priorities. The recurring funding gap for Phase 1 and the investment required to deliver Phase 2 has been fully costed and is included in the Financial Framework (see annex F of the Design and Delivery Plan). This highlights the need for £8.862m of investment across Greater Glasgow and Clyde, of which £7.337m is required on a recurring basis and £1.525m is required non-recurrently. Full funding for the non-recurring investment has been found with partner bodies utilising

reserve balances or managing within existing budgets to deliver the funding required. Of the recurring funding of £7.337m required, only £2.704m of funding has been able to be identified on a recurring basis. This funding gap recognises the challenge which all IJBs and the Health Board have had in securing full funding for Phase 2. This has implications for the delivery of the plan, even for Phase 2, with actions not able to be fully implemented in all IJBs until funding is secured.

4.13 Full funding has been identified for the key Phase 1 actions identified to be implemented in West Dunbartonshire. Details are included in appendix 2 to this report.

4.14 Phase 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phase 3 have funding which has already been secured in some IJBs. As a result, this investment is planned to proceed now as part of an early adoption of Phase 3. Details can be found in the Design and Delivery Plan.

5. Options Appraisal

5.1 All details contained within the Design and Delivery Plan Annexes.

6. People Implications

6.1 None at this stage. Workforce plans will be developed for each work stream.

7. Financial and Procurement Implications

7.1 See Financial Framework section above. The HSCP Board's budget for 2021/22 includes a "set aside" amount for commissioning of acute hospital services within scope (e.g. accident and emergency services). This is currently estimated to be £30.851m for West Dunbartonshire.

7.2 Section 7 of the Design and Delivery Plan outlines within the financial framework to deliver against the phased approach. This has highlighted a gap between current available financial resources and the funding required to deliver the programme in full across GG&C. Funding is in place for phase 1 implementation in West Dunbartonshire HSCP.

7.3 This plan represents the first step in moving towards delegated budgets and set aside arrangements for Greater Glasgow and Clyde.

8. Risk Analysis

8.1 A risk analysis will be developed alongside the detailed action plan.

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None at this stage. An EIA will be completed during Phase 1.

11. Consultation

11.1 This report and attached appendices have been developed in consultation with NHSGGC Health Board and GG&C HSCP colleagues. All HSCPs and the Health Board will take through their own governance structures during September.

11.2 The approach outlined in the Design & Delivery Plan will have implications for the planning and delivery of acute hospital services for West Dunbartonshire residents and residents in other HSCPs. These are currently being discussed with the NHS Board.

12. Strategic Assessment

12.1 Integration Authorities have responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled hospital care and is reflected in the set aside budget. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.

13. Directions

13.1 None required at this stage.

Fiona Taylor, Acting Head of Health and Community Care
Date: 14 September 2021

Person to Contact:	Fiona Taylor, Acting Head of Health and Community Care fiona.taylor2@ggc.scot.nhs.uk
Appendices:	Appendix 1 (a) & (b) – USC Design & Delivery Plan + Annexes Appendix 2 – WD HSCP Financial Framework
Background Papers:	Item 10 Draft Unscheduled Care Commissioning Plan http://www.wdhscp.org.uk/media/2324/document-pack-supplementary-hscp-board-25-06-20-bookmarked.pdf
Localities Affected:	All

NHS GREATER GLASGOW & CLYDE

UNSCHEDULED CARE
JOINT COMISSIONING PLAN

DESIGN & DELIVERY PLAN
2021/22-2023/24

DRAFT

August 2021

EXECUTIVE SUMMARY

Integration Authorities have responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled hospital care and is reflected in the set aside budget. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.

In recent years unscheduled care services in Greater Glasgow & Clyde have faced an unprecedented level of demand. The health and social care system, including primary and social care, has not seen such consistently high levels of demand before. While we perform well compared to other health and social care systems nationally, and overall the system is relatively efficient in managing high levels of demand, we struggle to meet key targets consistently and deliver the high standards of care we aspire to. Change is needed therefore if we are to meet the challenges ahead.

This unscheduled care commissioning plan represents the first step in moving towards delegated budgets and set aside arrangements for Greater Glasgow and Clyde. The draft updates the unscheduled care Joint Commissioning Plan agreed by IJBs in 2020, and refreshes this Board-wide programme in the light of national changes introduced last year and to take account of the impact of COVID-19. Our objective in re-freshing this plan is to ensure that the programme remains relevant and tackles the challenges that face us now.

The plan is focused on three main themes reflecting the patient pathway:

- **prevention and early intervention with the aim of better support people receive the care and treatment they need at or close to home and to avoid hospital admission where possible;**
- **improving the primary and secondary care interface by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions; and,**
- **improving hospital discharge and better supporting people to transfer from acute care to appropriate support in the community.**

Essentially our aim is that each patient is seen by the right person at the right time and in the right place. For acute hospitals that means ensuring their resources are directed only towards people that require hospital-level care.

The emphasis is on seeing more people at home or in other community settings when it is safe and appropriate to do so.

The plan includes proposals for a major and ongoing public awareness campaign so that people know what services to access when, where and how. We will also work with patients to ensure they get the right care at the right time.

Analysis shows that a number of services could be better utilised by patients such as community pharmacists. But we also need to change and improve a range of services to better meet patients' needs e.g. falls prevention services.

Not all the changes in this plan will take effect at the same time. Some need to be tested further and others need time to be fully implemented. Work to measure the overall impact of the programme is in hand and we will issue regular updates and reports on progress.

CONTENTS

1. PURPOSE

1.1 The purpose of this draft is to re-fresh and update the Joint Strategic Commissioning Plan approved by IJBs in early 2020, and to present a revised Design and Delivery Plan for the period 2021/22-2023/24.

2. INTRODUCTION

2.1 This plan builds on the draft Joint Strategic Commissioning Plan approved by Integration Joint Boards (IJBs) (insert web link), updates the programme to take account of the impact of the Coronavirus pandemic, and the delivery of key improvements introduced in 2020.

2.2 This Board-wide programme was developed by all six Health and Social Care Partnerships (HSCPs) jointly with the Acute Services Division and the NHS Board in response to an unprecedented level of demand on unscheduled care services, and as a first step towards delegated budgets and to developing set aside arrangements for Greater Glasgow and Clyde. While NHSGGC performs well compared to other health and social care systems nationally, and the system is relatively efficient in managing significantly higher levels of demand than in other Boards, we struggled to meet key performance targets. In particular we have struggled to deliver the four hour standard of 95% on a consistent basis and in 2019/20 we reported performance at 85.7%.

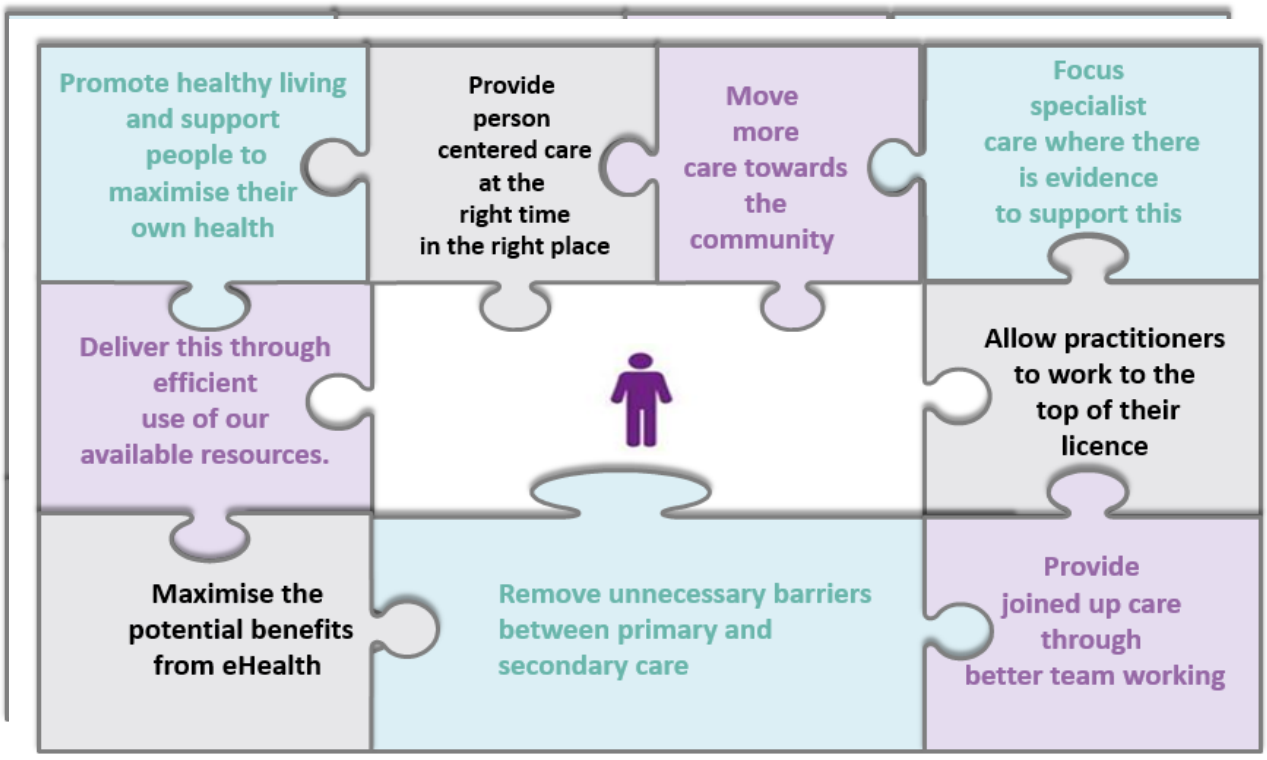
2.3 The COVID-19 pandemic has brought a series of new challenges, some of which will be explored further in this plan. And because of this it is difficult to make activity and performance comparisons with previous years. At the time of writing NHSGGC was at Level 2 escalation for performance in recognition of the Board's performance during the pandemic, and evidence of whole system step change and improvement. The combination of reduced demand as a result of COVID-19 and new or redesigned services has resulted in an improvement in performance against the four hour standard reporting 92.0% for 2020/21. Section 4 and annexes B and C details performance pre, during and post pandemic and illustrates that although demand reduced during COVID-19 there is evidence that demand is on a rapid trajectory towards pre pandemic levels in the first quarter of 2021/22.

2.4 The 2020 draft plan outlined a major change programme to meet the challenge of what was then considered to be a continual year on year increase in urgent care demand. The aim of the programme was and remains to change the system so that patients are seen by the right person at the right time and in the right place, and in this way be more responsive to patients' needs. The emphasis continues to be on seeing more people at home or in other community settings when it is

safe and appropriate to do so and this has been further substantiated through a national programme of service redesign.

2.5 This direction of travel outlined in the Board-wide *Moving Forward Together* strategy continues to be the overarching ambition of our collective improvement efforts (insert web link) and as illustrated in figure 1 below.

Figure 1 – Moving Forward Together



2.6 The 2020 global pandemic changed everything. Levels of unscheduled care attendances were significantly reduced and admissions also reduced albeit not to the same extent. Emergency activity reduced overall as a direct consequence of the 'lockdown' measures and the significant restrictions on delivering elective procedures in a safe way for both patients and staff, as we focused on reducing the spread of the virus. New pathways and responses were introduced for COVID-19 patients and suspected COVID-19 patients. GPs, community health services, acute hospital services and other services changed how they delivered services to the public. Patient behaviour also changed. And new services such as the Mental Health Assessment Units, Community Assessment Centres and Specialist Assessment and Treatment Areas were established.

2.7 During this period NHSGGC introduced emergency governance arrangements to reflect the situation and established a series of Tactical Groups (HSCP, Acute and Recovery) to support the Strategic Executive Group to deliver timely decision making. In addition the Scottish Government have introduced Remobilisation Planning and our collective progress and next steps towards recovery are also evidenced in Remobilisation Plan 3 (RMP3) (insert link).

2.8 While some aspects of the original programme were progressed, albeit not as quickly as previously planned, other aspects were paused, modified or accelerated. It is right then at this juncture to re-fresh and update the programme to reflect the changed circumstances we are now operating in.

2.9 The remainder of this Design and Delivery plan is therefore designed to:

- update on progress against the actions in the 2020 programme agreed by IJBs;
- reflect on the impact of the pandemic on unscheduled care activity;
- update on what was delivered in 2020 including the national redesign of urgent care and has been included in RMP3 ;
- describe the re-freshed programme to be continued, and the content of the design and delivery phases;
- explain our proposals for ongoing engagement with clinicians, staff, patients and carers;
- outline the supporting performance and financial framework to support the delivery; and,
- describe the organisational governance arrangements that have been developed to ensure appropriate oversight of implementation of the plan.

3. UNSCHEDULED CARE JOINT COMMISSIONING PLAN 2020

3.1 The original unscheduled care improvement programme approved by IJBs in 2020 was prepared in and informed by the pre-pandemic days during 2019 and 2018. At that time unscheduled care services in NHSGGC were experiencing year on year increases in demand (e.g. A&E attendances, emergency admissions etc.) and there was evidence that some patients who attended A&E could be seen appropriately and safely by other services. In analysing demand at that time it was also acknowledged that the health and social care system was confusing for both patients and clinicians, with routes to access services not always clear or consistent. In addition we were also missing some key national

and local targets (e.g. A&E four hour standard and delayed discharges). The conclusion was that to meet this challenge we needed to improve priority areas across the unscheduled care delivery system so that we could better meet current and future demand, and provide improved outcomes for patients.

3.2 The 2020 programme had 25 actions that were constructed around the patient pathway. The programme focused on three key themes:

- **prevention and early intervention** with the aim of better support people receive the care and treatment they need at or close to home and to avoid hospital admission where possible;
- **improving the primary and secondary care interface** by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions; and,
- **improving hospital discharge** and better supporting people to transfer from acute care to appropriate support in the community.

3.3 The pandemic had a huge impact on the programme. Some of the original actions were paused during the pandemic (e.g. anticipatory care plans) some were overtaken by events (e.g. shorter waiting times in MIUs) and others were progressed but to a revised timeline (e.g. frailty pathway). The programme was described as a five year change programme with some actions being implemented sooner than others (e.g. improving delays), and some that required testing and evaluation before wider implementation (e.g. hospital at home).

3.4 Key achievements over the past 12 months have been:

- the introduction of a policy of signposting and re-direction in Emergency Departments for patients who could safely and appropriately be seen by other services;
- improvements in urgent access to mental health services through the introduction of mental health assessment units;
- improvements to discharge planning by the implementation of our discharge to assess policy;
- increased access to professional to professional advice across multiple specialties allowing GPs to make direct contact with clinical decision makers to obtain advice on further treatment for patients avoiding unnecessary hospital attendances; and,
- the Board has introduced and maintained new services and access routes to deliver a dedicated COVID-19 pathway as part of the pandemic response and national remobilisation plans.

3.5 Annex A provides more detail on the key achievements outlined above.

4. IMPACT OF THE PANDEMIC

4.1 As explained above the global pandemic has had a massive impact on services, patients and the unscheduled care demand. The situation we face now in 2021 is significantly different from that in 2019 or early 2020. The data presented in annex B shows that during 2020 compared to the years before the pandemic our traditional access routes experienced a significant reduction as a consequence of the public lockdown as demonstrated in the 2020/21 activity data below:

- A&E reduced by 32.6% and MIU attendances reduced by 45.3%;
- GP referrals to the acute hospital assessment units (AUs) reduced by 55.7% however this is largely due to a change in access routes associated with COVID-19 and is further explained in 4.3 below; and,
- overall emergency admissions reduced by 17.7% compared to 2019/20.

4.2 As part of the COVID-19 response we did however see increases in hospital and primary care activity due to COVID-19. The introduction of a designated access route for patients with COVID-19 symptoms was established in April 2020 in the form of:

- **Community Assessment Centres** (CACs) - dealing with COVID-19 and suspected COVID-19 patients taking referrals directly from GPs and the national NHS24 public access route. During the 2020/2021 year there were 21,673 attendances to the eight Covid-19 centres in GG&C allowing GPs to maintain a service avoiding symptomatic patients; and,
- **Specialist Assessment and Treatment Areas** (SATAs) – providing a designated acute hospital pathway receiving patients from all urgent care services including GPs, A&Es and NHS24. During the 2020/21 year there were 40,802 attendances to acute hospital assessment units. In total the AUs and SATAs reported 71,553 attendances an overall increase of 3%.

4.3 To ensure direct access for patients who required access to mental health service the Board established two new Mental Health Assessment Units (MHAUs). This provides direct access to specialty avoiding more traditional referral routes from A&E, Scottish Ambulance Service and the Police. During the period April 2020 to February 2021 there were 7,474 direct attendances to MHAUs.

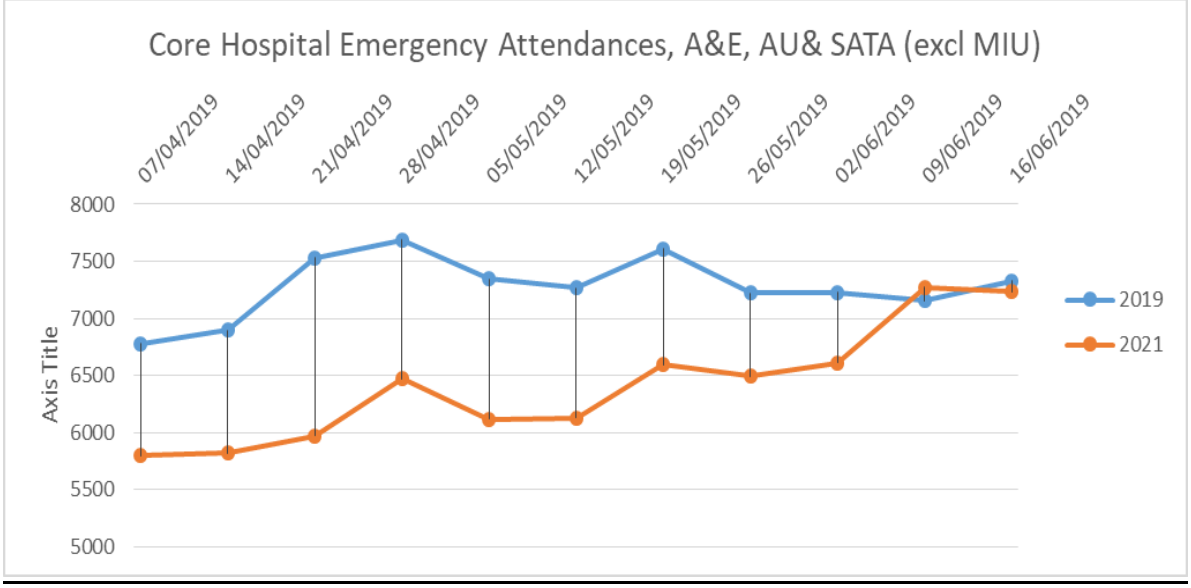
4.4 The demand profile for unscheduled care has however changed over recent months, and the Board is now experiencing a step change in demand in line with the success of the vaccination programme and easing of restrictions. At the time

of writing an activity review for urgent care services was completed at 11 weeks into the 2021/22 year (the full review paper is provided at annex C, and includes comparisons with activity pre-Covid).

4.5 Figure 2 below shows activity over the first 11 weeks of 2021/22 for emergency hospital attendances including A&E, Assessment Units, and SATA (for COVID-19) and excluding the minor injury units (MIU).

4.6 This profile confirms that the cumulative emergency attendance has reached the equivalent rate for the same period in 2019/20. This suggests that attendance rates will continue to increase as we come out of the pandemic and demonstrates the increased importance on the need to deliver on the improvement actions to ensure patients are seen in the right place by the right service at the right time.

Figure 2 - Core Hospital Emergence Attendances Chart



4.7 Innovation in how we deliver services to our patients has been accelerated through the use of digital technology and there have been significant step changes in service:

- GPs introduced telephone triage and Near Me consultations;
- mental health and other services introduced virtual patient management arrangements; and,
- specific pathways were introduced for COVID-19 patients in both acute and primary care settings across a range of service and specialties to allow patient consultations to continue.

4.8 These changes will continue to evolve as we deliver further opportunities for service design as the programme progresses. The changing profile of demand,

and evidence from the pandemic recovery phase, means we will need to continually assess the impact of the pandemic on services as we go forward.

4.9 The impact of the pandemic recovery phase is resulting in an increase in demand for community services including community nursing, rehabilitation and care at home services. As well as an increase in demand the level of complexity within current caseloads including discharges being supported is greater than that before the pandemic. Evidence to illustrate this is outlined below. East Renfrewshire HSCP provided the following analysis to illustrate the impact:

- the district nursing has caseload increased from March 2020 450 (avg) to June 2021 700 (avg). Monthly home visits have increased from March 2019 n2134 to n3627 March 2021;
- increase in palliative, end of life care and home deaths;
- increase in more complex health conditions being managed at home;
- referral numbers to locality community rehabilitation teams has increased from:
    - an average of 180 per month (2019) to 277 (2020) between January to April 2021;
    - in 2021 the average referrals received was 305 per month.
    - previously 15% of referrals were categorised as high priority for visit within 0-5 days from referral, this is currently 25%. This is due to increased number of GP referrals requesting urgent assessment/ prevention of hospital admission, plus increased number of urgent requests for follow up on discharge from hospital.
- a recent complexity trend analysis completed within the East Renfrewshire Care@home service illustrated an increase in the number of in-house service users requiring support from two members of staff from November 2019 to November 2020. In November 2019 n43 (8.4%) of service users required a visit requiring two staff members due to complexity rising to n65 (11.7%) November 2020.

4.10 East Dunbartonshire HSCP has evidenced a 20% increase in referrals to their rehabilitation service from 2017 to 2020. The team is reporting seeing more patients with higher levels of acuity as a result of individuals not wishing to attend hospital departments and earlier discharge from hospital. As many people are often waiting longer before seeking input this means they are often more unwell and require more input. There have been few referrals for long Covid with the biggest impact being generalised deconditioning resulting in more falls etc. and more protracted period of rehab. The HSCP has noted an increase in demand for community nursing services, in particular support for palliative care. The number of people being supported to die at home has increased over the last year.

4.11 As a consequence of the significant impact of the pandemic and the associated changes in unscheduled care demand and activity during 2020 we have re-visited the original timescales as described in the Joint Commissioning Plan (JCP) and refreshed the actions to reflect the current position. We outline these in the next section.

5 DESIGN AND DELIVERY PLAN

5.1 In this section we describe the revised and updated programme to take into account of the changed circumstances we now face. The revised programme now has three phases of delivery:

- **Phase 1 - 2020/21** – implementation of the national redesign of urgent care and associated actions from the 2020 programme;
- **Phase 2 – 2021/23** – consolidation of the national programme and implementation of the remaining actions from the 2020 programme; and,
- **Phase 3 – 2023** onwards – further development of the programme including evaluation and roll out of pilots and tests of change.

Phase 1 – 2020/21

5.2 In phase one of this programme the focus and delivery of change and improvement was on responding to the pandemic and implementation of the emerging National Redesign of Urgent Care Programme. A number of step change projects that were grounded in the ambitions of the JCP have been implemented, these include:

5.3 **Flow Navigation Centre (FNC) implementation** - Our Flow Navigation Centre went live on 1st December 2020 supported by a soft launch. The admin hub operates 24/7 receiving all Urgent Care Referrals from NHS24. The clinical triage team currently operate from 10am – 10pm, with this deemed optimal based on a review of attendance profiles.

5.4 During this phase we have delivered a **Minor Injury Pathway** which incorporated a direct referral for remote triage and review. This provides the opportunity to deliver a scheduled care approach for individuals who do not require an urgent response/intervention. A temporary winter pathway to GGH (GGH MIU went live on 18th January 2021) to provide an alternative service within Glasgow however this has been largely underutilised as patients have now become more accustomed to the designate centres in Stobhill and the Victoria.

5.5 In the first six months of operation the FNC has completed virtual consultations for 7,000 patients with 32% of those being seen, treated and discharged without the need for further assessment.

5.6 **Signposting and Redirection Policy** - our signposting and redirection policy for Emergency Departments within NHS Greater Glasgow & Clyde was approved October 2020. Implementation of this policy and supporting standard operating procedures aim to ensure Emergency Department attendees are appropriately reviewed in line with their presentation. The purpose of the policy is not to turn attendees away from the ED, but to direct patients to another appropriate service where their healthcare need can be met, and minimising the risk to themselves and others in overcrowded EDs. These processes also reduce the potential for crowding in the ED by maximising use of safe alternatives for attendees to access care.

5.7 It is recognised that ED signposting and redirection form part of a broader aim across the health and social care environment to ensure patients receive the right care, at the right time and in the right place. NHSGGC have contributed to the development of national policy and guidance on this and we anticipate this will be released later in 2021.

5.8 **Primary Care Interface: alternatives to admission** has been extended to multiple specialties across NHSGGC**.** Professional to Professional Advice services through telephone and app technology are in place and working well. Surgical hot clinics and rapid access to frail elderly clinics are in place as well as the ability for GPs to request advice about patients rather than a direct referral. A pathway to provide access to the Assessment Unit (AU) for patients with DVT and cellulitis has also been implemented.

5.9 Across NHSGGC 212 GP practices have accessed advice via a telecoms application and the number of professional to professional calls made continues to increase month on month. The successful launch of Medical Paediatric Triage Referral Service in March 2020 has contributed to an overall rise since July 2020 and this service continues to receive the highest number of calls relative to other specialties. In addition from June 2021 the Mental Health Assessment Units have implemented the professional to professional advice service complimented by a new SCI Gateway referral process and uptake has been strong.

5.10 **Mental Health Assessment Units (MHAUs)** our two MHAUs were established last year in response to the COVID-19 pandemic and consolidated through the winter period with a full redesign of the urgent care pathways and access routes. These units have continued to reduce demand on secondary care services by reducing footfall through Emergency Departments. The referral pathway provides an immediate route out of ED for those who present directly, with vulnerable patients largely being managed away from the stressful ED

environment. The MHAUs also provide an alternative to patients who would otherwise have been conveyed to ED by SAS or Police Scotland. Between December 2020 and March 2021 there were a total of 4,400 patients seen through our MHAUs.

5.11 **COVID-19 Community Assessment Centres (CACs) –** these centres were also developed in response to the COVID-19 pandemic, and directed symptomatic patients who are potentially COVID-19 positive to separate facilities for assessment away from primary care and acute hospital services. Access to CACs is via NHS24. At the peak week in January 2021 there were a total of 566 attendances with 74% of these being maintained within the community with no hospital follow up required.

5.12 **Restructuring of GP Out of Hours (GPOOH)** - a new operating model introduced an appointments based service with access via NHS24 offering telephone triage. Those requiring a 4 hour response receive an initial telephone consultation by Advances Nurse Practitioners or GPs working in the service, including the use of 'Near me' consultation. This reduced the need for in person attendances by 60% freeing capacity to deal flexibly with other competing demands.

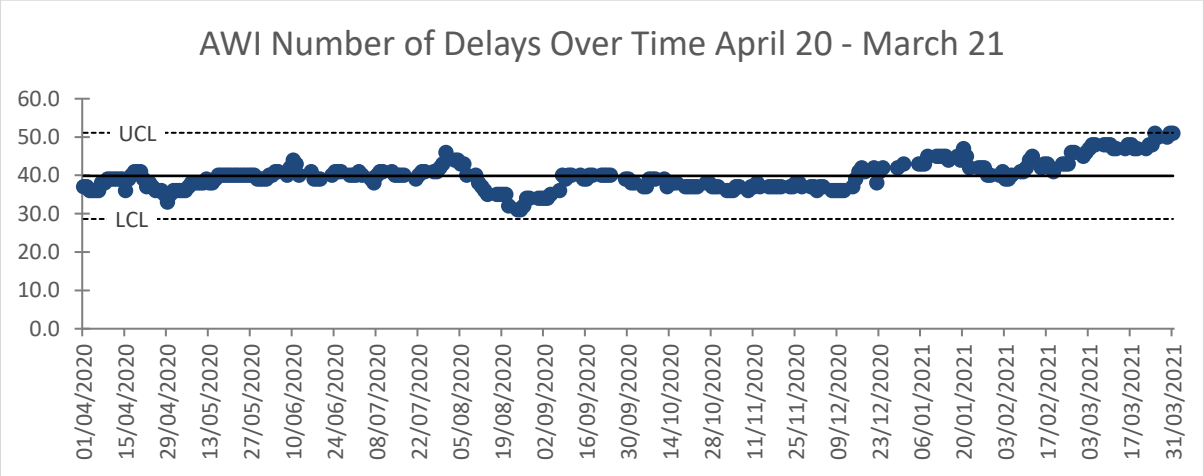
5.13 **Urgent Care Resource Hub Model -** HSCPs launched their Urgent Care Resource Hub models in January 2021. This model was established to bring together OOHs services in the community, enhancing integration and the co-ordination of care. The hub provides direct professional to professional access across the health and social care OOHs system and delivers a whole system approach to unscheduled and/ or emergency care via NHS 24.

5.14 **Delayed Discharge** we developed a response to delays that has seen a reduction in our non AWI delays in hospital across all of our sites. HSCPs adopted daily huddle approaches to problem solve and remove roadblocks to delays. Additionally we adopted process changes to the discharge process leading to the development and implementation of a new Discharge to Assess Policy as part of the overall discharge process. Joint working led to agreement with all six HSCPs and Acute on a standard operating procedure to improve effectiveness and reduce the risk of potential delays. This response builds on our 'Home First', if not home, why not ethos. A suite of patient communication materials have been developed and distributed to key areas within the acute setting launching the Home First branding and outlining the benefits of being cared for at home or in a homely setting, once medical care is no longer required.

5.15 **AWI delays** have been a particular challenge during 2020/21 as shown in figure 3. Since the Equality and Human Rights Commission ruling we have not been able to discharge patients to off-site beds with the consequence that the

proportion of AWI delays is disproportionate to the overall number of delayed discharge patients. A peer review process is planned with a view to identify if there is learning and best practice clinical to ensure our process is as effective and efficient as possible. As there is constant pressure on the system to effectively manage the inpatient capacity across NHSGGC the aim is to ensure that the practice and process adopted is optimised for both patients and the overall health care service.

Figure 3 – AWI delays 2020/21 Glasgow City HSCP



5.16 **HSCP response** - HSCPs focused attention on reducing patients delayed in hospital over the winter period and invested in in-reach services to commence discharge planning early with acute colleagues. Teams were co-located on acute sites. The utilisation of real-time dashboards supported community teams to identify patients early during their admission and to proactively plan discharge arrangements. Approaches such as the “Focused Intervention Team” (West Dunbartonshire), “Hospital to Home” (East Renfrewshire), “Home 1st” (Inverclyde) and “Home for me” (East Dunbartonshire) are examples of dedicated multidisciplinary teams including AHPs, Elderly Care Advanced or Specialist Nurses.

5.17 During the 1st and 2nd wave of the pandemic there were a number of care homes within **East Dunbartonshire** who experienced significant outbreaks of Covid-19. In response to this, the HSCP provided enhanced clinical support utilising ANPs during weekends to cover the OOHs period. This enhanced level of clinical support included virtual and face to face consultations, prescribing and supporting good end of life care. As well as taking referrals from the care homes directly the service liaised with OOHs GPs advising that they were available and would accept referrals. Prior to the introduction of this service, 20% of Covid 19 related deaths for care home residents occurred in hospital compared to only 7% following the introduction of the enhanced service. It is

worth noting that the deaths that occurred in hospital were all referrals to acute via GP OOHs following remote consultation.

5.18 During the pandemic **West Dunbartonshire** HSCP district nursing staff continued to provide training and support to staff in care homes with a programme of bite size modules on various subjects including infection control, UTI, recognising sepsis etc. This helped care home staff to recognise the early signs of infection and with earlier intervention helped to prevent admissions to hospital. The Older Adult Community Psychiatric Liaison Nurse has provided training on stress/distress behaviour, which enables staff to identify and support residents within the care home, avoiding admissions to hospital from the mental health team. The care home residents have average fluid intake recorded. This is calculated and indicates whether residents' hydration has increased or decreased enabling care staff to review residents' health and wellbeing and identify if infection is fluid related. West Dunbartonshire care homes introduced refreshment trollies which are decorated to look like an old "Ice Cream Van", and this is to create an interest around fluid. There are a variety of flavoured drinks. This has assisted to increase fluid intake and therefore minimise dehydration and also made this a meaningful interaction.

5.19 **Renfrewshire** HSCP has implemented Alcohol Outreach Nurse Posts at the Royal Alexandria Hospital. These nurses are also called Alcohol and Liver Frequent Attenders (ALFA) Nurses. These posts were created following analysis of the HSCP Emergency Department Frequent Attendee list. This work highlighted a group of alcohol addicted patients who only used ED as the source of medical care, rarely attending their GP and never attending outpatient alcohol appointments. The nurses are be based in the RAH and mainly clinically managed by the Liver Consultant, but are part of the Addictions team based at Back Sneddon St and employed by the HSCP. The nurses will identify alcohol related frequent attenders and then contact them proactively to try and help sort out their problems and reduce their alcohol intake and ED attendances and RAH admittances.

5.20 Renfrewshire HSCP has also established the District Nursing ANP role within all care homes across Renfrewshire. ANPs within the service are aligned to, and work closely with, the Care Home teams; collaborating as necessary with local GPs and acute care. They use focused MDT meetings with care home teams, RES, MH and dieticians. They assist greatly with the proactive and reactive response to care homes as well as the provision of the right professional to meet that person's needs. The service allows for care to be completed within the service, promoting person centred care and prevention of admission. In March 2021 there were 222 patients reviewed by the ANPs.

5.21 **Inverclyde** HSCP continued to maintain its focus on Home 1st and Getting it Right 1st Time managing to maintain performance except at times of lower capacity in care@home services. When the care@home service was impacted during the initial months of the pandemic the HSCP admitted over 50 services users on an interim basis to Care Homes of their choice to facilitate discharge from hospital or avoid hospital admission. After an average stay of 8 weeks the service users were able to return home with the care @ home service they required in place to support their needs.

5.22 Inverclyde also utilised available capacity around day service transport to support discharge to home or care home, the team also provided a meals service to older people in the community. The day service team and community connectors kept in contact with a number of service users by telephone, this helped to reduce the impact of isolation and anxiety which are key factors in preventing admission to hospital.

5.23 Overall the HSCP relied on existing Home 1st protocol and processes that effectively supported the teams through the pressures of the pandemic. These measures identified are on-going and are part of the contingency in Inverclyde's Unscheduled Care; Home 1st plan.

5.24 In **Glasgow City** the Community Respiratory Response Team (CRRT) was set up as an emergency interim measure to allow services to cope with the Covid Pandemic. The service was created to provide a safe alternative to hospital admission for our chronic lung disease population with the awareness of nosocomial inpatient spread and potential poor outcomes for those with severe lung disease. Initial evaluation suggests that the rapid amalgamation of several teams across community and acute has been a success in responding to the crisis. ED attendance with respiratory diagnosis was down by approximately four fold compared to 2018/19 – significantly more so than the rest of Scotland.

5.25 Also in Glasgow a Crisis Outreach Service was established to meet the needs of people who experience non-fatal overdose, in order to prevent further fatal overdose. This new service was designed to provide assertive follow up of patients who had attended hospital having experienced a non-fatal overdose. Non-fatal overdose is a strong predictor of future fatal overdose, so an immediate response and assertive outreach to individuals was considered essential in an attempt to reduce drug related deaths, including out of hours. The team provides assertive outreach to referrals from Police Scotland and SAS and works closely with third sector organisations to provide follow up and support. There is close liaison with Emergency Departments to develop pathways and ensure follow up with locality teams.

5.26 **Development of the HSCP Unscheduled Care Delivery Group, HSCP Anchors and local HSCP UC Groups** – throughout 2020 a key objective was to strengthen the interface between HSCPs, the acute sectors and primary care. To support this our Unscheduled Care Delivery Group Terms of Reference and membership was reviewed to ensure appropriate representation. Key to enhancing the collaboration across HSCPs has been the introduction of HSCP Unscheduled Care Anchors, these individuals have the ability to influence, direct and initiate change within their respective HSCPs and play pivotal roles in their local HSCP Unscheduled Care Groups. The anchors liaise with the Unscheduled Care Joint Improvement Team providing and receiving key intelligence and contributing to the overall delivery plan.

Phase 2 - 2021 -2023

5.27 During 2021 and onward we will aim to design a programme to deliver on a number of the actions continuing to align and be guided by the National Redesign of Urgent Care five national strategic priorities. The visual in figure 4 below encompasses the key actions to be delivered in the next phase.

Figure 4 - Phase 2 Unscheduled Care Improvement Programme Core Projects

Patient Flow & Flow Navigation Centre Processes	Optimising Discharge and Reducing Delays	Prof to Prof	MSK	Falls & Frailty
• ED Processes • 4 hour standard • Demand Prediction & Capacity Mgmt • FNC Process Optimisation (workflow)	• 'Home First' application of Discharge to Assess • Development of 'Hospital in Reach' processes • AWI Peer Review	• Scheduling urgent care to Medical and Surgical AU's • Community Pharmacy integration with GP in/out of hours and the FNC • SAS – access to FNC and Community Services prof to prof (falls, care homes, COPD) • Whole System Redirection (mutual aid FNC/GPOOH's/ OOHUCRH	• Develop MSK local FNH/onward community referral pathways and outflow services to reduce hospital and primary care based services • Development of NHS24 Physio resource to deliver National 111 MSK service	• Frailty Screening Tools • Anticipatory Care Planning • Falls Prevention & Management • Frailty at the Front door • Coordination & Integration of Community Models • *Hospital at Home - Glasgow City Test of Change*

5.28 NHSGGC's response to Phase 2 of the National Redesign of Urgent Care will be to further develop the Flow Navigation Centre and work will continue to develop and redesign urgent care pathways across the whole system over the next 18 months to include:

- **Primary Care/Acute Interface** – we will continue to develop pathways to convert unplanned to planned care with particular focus on scheduling urgent care within Assessment Units. Pathways under review/Development include: Care Homes (Falls), Head Injury, Acute and Surgical (Nat No 2)

- **MSK** – development of NHS24 Physio resource and local Flow Navigation Centre (FNC)/onward community referral pathways to reduce hospital and primary care based services (Nat No.5)

- **Community Pharmacy** – integration with GP in/out of hours and the FNC and to include signposting and direction from MIU/ED for minor illness (Nat No.1)

- **SAS** – development of Community Services and FNC prof to prof to access out of hospital/GP referral pathways e.g. COPD, Falls, Care Homes (Nat No.4)

- **Mental Health** - pathway development to include referrals from GP in/out of hours and the Flow Navigation Centre through prof to prof and scheduled virtual assessments (Nat No.3). This will build on the MHAU pathway fully embedded during 2020.

5.29 Our Falls & Frailty Delivery Programme has six key priority areas of focus within Phase 2. The figure below illustrates the work streams and the key enablers to support the design and delivery of the programme.

Figure 5 - Falls & Frailty Programme Phase 2 Delivery Work streams

5.30 The approach agreed to drive and manage delivery has a strong focus on joint planning and active collaboration. Work streams have been implemented for each of the priority actions with HSCP and Acute leads appointed to each:

- Identification and screening of frailty within the population – to identify those over 65 living in the community with frailty using a frailty assessment tool, measuring deterioration over time and considering pathways to support triggered by frailty score;
- Anticipatory Care Planning – to increase anticipatory care planning conversations and ACPs available via Clinical Portal and the Key Information System (KIS) to support people living with frailty to plan for their future care needs, and when appropriate death. A baseline of 512 ACPs available on Clinical Portal was recorded in March 2021 by May this had increased to over 800;
- Falls Prevention & Management – to develop and implement a falls prevention and management strategy and policy with a view to preventing falls in the community and reducing unscheduled admissions for falls related injury, including care homes;
- Frailty @ the Front Door - enhanced presence by Frailty Team at the acute front door with direct access to a range of community services supporting joint patient centred planning to ensure the right care is given in the right setting, whether that is hospital, at home or in a homely setting;
- Co-ordination and integration of community models - review of current models/pathways and developing refreshed pathways to plan, support and coordinate the patients' journey from pre-frail through to end of life, supporting them to remain at home or a homely environment, ensuring when an intervention is required it is delivered in the right place, delivered by the right person and at the right time; and,
- Hospital @ Home - testing the concept of the Hospital @ Home model and principles. Initial Test of Change in South Glasgow over 12 months with a view to a system wide redesign, subject to evaluation and learning.

5.31 Key enablers have been identified to support delivery including Communication, IT and infrastructure and workforce:

- **Communication & Engagement Plan -** we fully intend to build on the positive GGC OOH Communication and Engagement programme. An overarching Communication Plan will be developed for 2021/22 for all stakeholders. The plan should seek to develop key principles, common language and key messages and where appropriate join up the learning, and recommendations from activity across GGC from programmes including East Renfrewshire Talking Points, Compassionate Inverclyde and the Glasgow City Maximising Independence programme. Learning

from service users and their family/carers input and involvement will be key to helping us develop the plan. A Corporate Communications plan will be considered with quarterly updates generated and shared.

- **IT & Infrastructure eHealth Digital Solutions** – on-going challenges exist regarding interfaces between core systems and shared access to electronic patient information to deliver care closer to home. In the absence of shared systems across community teams, acute, primary care etc. we continue to develop processes with numerous work arounds that are not 'lean' and create barriers to sharing key patient information.

- **Workforce** – we face a significant challenge around workforce, in particular access to clinicians with advanced clinical assessment and management skills, whether this is ANPs or Advanced Allied Health Professionals. This has been evident across the Primary Care Improvement Plan and the Memorandum of Understanding resulting in 'in=post' training and mentoring taking place to develop the skills required.

5.32 Annex D shows the Design & Delivery plan priorities phased and where actions sit within the three priority areas of early intervention and prevention, primary & secondary care interface, and hospital discharge.

Phase 3 - 2022/23 and onwards

5.33 While a number of actions within the original Joint Commissioning Plan remain outstanding this does not mean they will not be designed for delivery within this timeline. As dependences become apparent and opportunities develop, and as appropriate resource and funding support are available, proposals will be developed and approval sought.

6 ENGAGEMENT

Patient Engagement

6.1 We are conscious we need to do more to engage with patients, carers and the general public and their representatives about what we are trying to achieve through this programme. It is our aim that all aspects of the programme (e.g. falls and frailty) will involve patients directly. Further information on how this will be achieved will be communicated through our HSCP engagement channels and networks.

6.2 We are also conscious that we need to communicate better with the general public about what services to access when and for what. That's why the first key action in our programme is on communications, and developing a public

awareness campaign. This will be an ongoing action over the course of the programme.

Staff Engagement

6.3 This programme has significant changes for staff too in the way we delivery services, and develop new pathways. We will consult with and engage with staff in taking these changes forward, and regularly report to Staff Partnership Forums as we go forward.

Clinical Engagement

6.4 During 2020/21 we have continued to review our stakeholders, as part of this process we have reviewed representation across all three acute sectors. This has resulted in increased engagement with Clinical Service Managers, Consultant Physicians in Medicine for the Elderly, Chief Nurses, ED consultants and AHPs.

Primary Care

6.5 In 2020 we held a number of engagement sessions with GPs across NHSGGC. The engagement and involvement of GPs in shaping and developing this programme is crucial. We need to recognise that unscheduled care is a key issue within primary care too as most patient contact is by its nature unscheduled. The key messages from the GP engagement sessions held last year are summarised in annex E.

6.6 We will continue to engage with GPs across NHSGGC both in the development of this programme and its implementation as GP feedback on progress is also important. We will do this at various levels by:

- engaging with GPs and their representatives on specific aspects of the programme e.g. ACPs, falls & frailty etc.;
- engaging with GPs through established structures such as GP committees, primary care strategy groups, QCLs etc.; and,
- engaging at HSCP and NHSGGC levels including arranging specific set piece events / sessions at appropriate times.

6.7 A key take away message from the engagement with GPs was that the unscheduled care programme needed to specifically recognise and include the contribution of PCIP to this agenda. The PCIP and unscheduled care programme direction of travel are closely aligned and are essentially about patients being seen by the right person at the right time. To recognise and acknowledge the contribution of PCIP more clearly within the re-freshed unscheduled care programme we have broadened this aspect of the plan include an action to support GPs to operate as expert medical generalists by expanding primary care teams so GPs can focus on managing complex care for vulnerable

patients within community settings, and as part of our prevention and early intervention strategies (see actions 4, 7 and 8 in annex D)

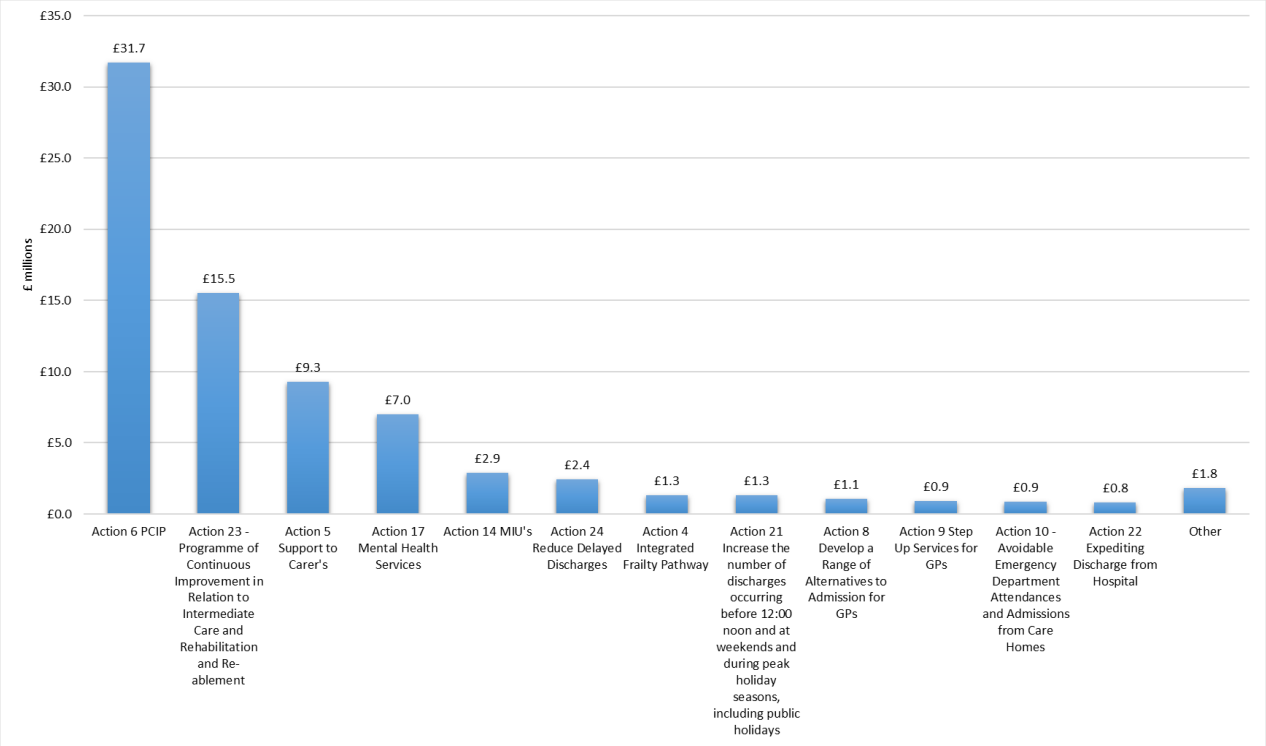
7. FINANCIAL FRAMEWORK

7.1 In this section we outline the financial framework to support delivery of the plan. A number of the proposals in this plan are already funded in HSCPs or the Acute Services Division. Others will need additional or a shift in resources to support implementation.

7.2 This Joint Commissioning Plan represents the first step in moving towards delegated hospital budgets and set aside arrangements within GG&C. In 2019/20 unscheduled care was estimated to cost GG&C £444.3m. With a budget of £415.1m identified by GG&C Health Board. This is a shortfall in funding of £29.2m and represents a significant financial risk to GG&C Health Board and the six IJBs with strategic responsibility for this area.

7.3 This budget shortfall impacts on the IJBs' ability to strategically plan for unscheduled care. Nationally there is an expectation that IJBs, through commissioning plans, can improve outcomes and performance in relation to unscheduled care, which in turn will support the release of resources to support investment in primary care and community services. This was reiterated in the Scottish Government's Medium Term Financial Plan which assumes that 50% of savings released from the hospital sector will be redirected to investment in primary, community and social care service provision.

7.4 The ability to achieve this in GG&C is hindered by the existing financial position outlined at 7.2. above, and effectively means that there are no funds which can be released to support the investment required, which mean that each partner will be responsible for funding their own investment. There is already significant investment in community care settings to support unscheduled care, with existing investment totalling £77m.



7.5 Section 5 outlined a number of step change projects that were grounded in the ambitions of the JCP which have been implemented as part of Phase 1 and has resulted in investment of circa £14m in unscheduled care within IJBs and the Health Board during 2020-21, some of which has been funded non-recurrently.

7.6 The Joint Commissioning Plan identifies a number of key actions which require financial investment to deliver on Phase 2 and Phase 3 priorities. The financial framework developed has highlighted a significant gap between current available financial resources and the funding required to deliver the programme in full. This will require the adoption of a phased implementation programme, where delivery is contingent on funding becoming available.

7.7 The recurring funding gap for Phase 1 and the investment required to deliver Phase 2 has been fully costed and the investment required is attached in annex F. It should be noted that this has been completed on a 2021/22 cost base. This highlights the need for £8.862m of investment, of which £7.337m is required on a recurring basis and £1.525m is required non-recurrently. Full funding for the non-recurring investment has been found with partner bodies utilising reserve balances or managing within existing budgets to deliver the funding required.

7.8 Of the recurring funding of £7.337m required, only £2.704m of funding has been able to be identified on a recurring basis. This funding gap recognises the challenge which all IJBs and the Health Board have had in securing full funding for Phase 2. This has implications for the delivery of the plan, even for Phase 2, with actions not able to be fully implemented in all geographic areas until funding is secured. The table below highlights the Actions where partial implementation is proposed at this stage due to the funding gap which exists.

Table 1 - actions partially deferred for implementation or at risk – no funding in place (for detail on actions see annex D)

Action	Glasgow City	Inverclyde	East Ren	West Dun	East Dun	Renfrew	Health Board
Action 1 Comms	√	√	X	√	√	√	n/a
Action 2 ACP	√	X	X	√	√	√	n/a
Action 4 Frailty	√	√	√	√	X	√	n/a
Action 9 Step Up	√	√	X	√	X	X	n/a
Action 10 Care Homes	√	√	X	√	√	√	n/a
Action 13 Service in ED	n/a	n/a	n/a	n/a	n/a	n/a	X
Action 14 MIUs	n/a	n/a	n/a	n/a	n/a	n/a	X
Action 23 Improvement	√	√	√	√	X	√	n/a

7.9 Phase 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phase 3 have funding which has already been secured in some geographic areas. As a result, this investment is planned to proceed now as part of an early adoption of Phase 3. These have been highlighted in annex F.

8 PERFORMANCE FRAMEWORK

8.1 In this section we look at the performance framework to support delivery of the programme and the key measures we will use to monitor and assess progress. We also include an estimate of the potential impact on emergency admissions.

8.2 It is essential that we develop a performance framework to support all levels of data and information required including high level management reporting at both GGC and HSCP levels; operational management data to support local planning

and monitoring and wider data to support targeted review and improvement activity at HSCP and locality/community levels.

8.3 It is the aspiration of the HSCP UC Delivery Group to have a single repository hosting the key data sets to support the framework. This will build on the HSCP dashboards currently developed. This will be similar to the Command Centre used by the acute sector.

8.4 A Data, Information & Knowledge work stream has been developed with key stakeholders to develop the framework and build the requirements for the single repository to be used across HSCPs. The work stream has developed the key indicators we propose to use to measure the impact of our programme as outlined in annex G. Figure 6 provides a pictorial example of the levels of data within the performance framework, with the high level data required to evidence impact example presented

Figure 6 – Performance Management Framework

8.5 In a large and complex system such as NHSGGC with many moving parts estimating and forecasting the impact of specific interventions is never an exact science. As we have seen in 2020 there are many factors that can influence the impact of any given intervention – many of which are not in our direct control e.g. changes in the economy. Forecasting or estimating the potential impact of such a wide ranging programme as described in this plan on Scotland's largest health

and social care system is even more difficult when looking into future years, and beyond Covid.

8.6 The numbers presented below should therefore be viewed with extreme caution and should not be considered as a firm guarantee of the impact of this programme; the projections are a guide and our best estimate based on what we know of the health and social care system in NHSGGC. These numbers will need regular review and updating as we go forward to take account of progress in implementing the programme.

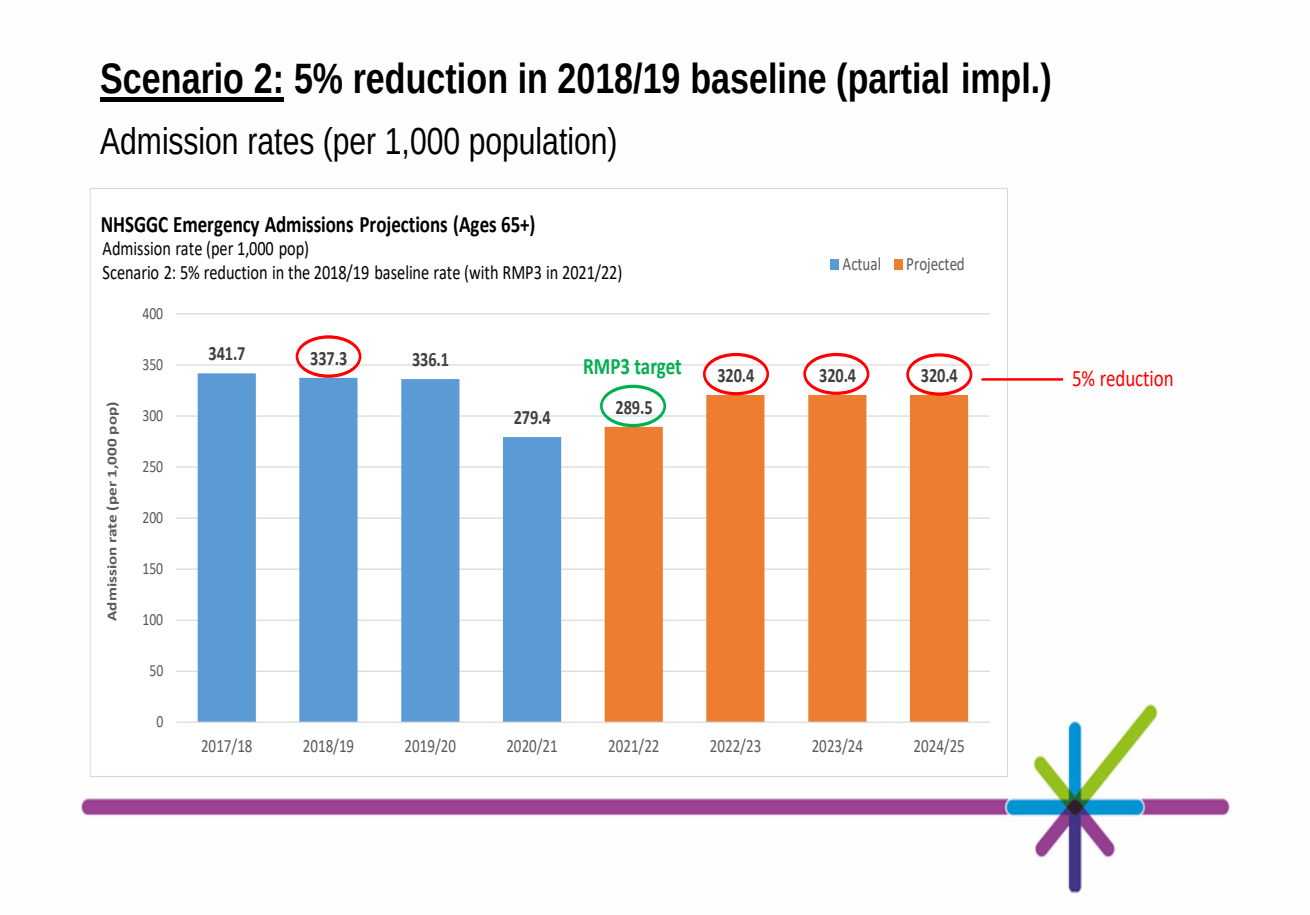
8.7 In providing an indication of the potential impact of the programme we have looked at emergency admissions as this is a key indicator of unscheduled care demand, and can also lead to delayed discharges (another key indicator). Reducing emergency admissions can alleviate pressure in other parts of the system such as A&E, GP assessment units and in primary care. We specifically look at emergency admissions for the 65+ population as they account for approximately 40% of all emergency admissions in GG&C.

8.8 To reach our estimate we have looked at current rates of admission by head of population for different age groups and taken into account the population projections for future years (see annex H). We present three scenarios in annex H recognising that the programme as a whole is not currently fully funded (see section 7 above):

- a do nothing scenario with no implementation of the programme showing the impact demographic changes might have on current rates;
- a partial implementation of the programme taking into account that significant parts of the programme are funded non-recurrently; and,
- full implementation showing what might be the case should the programme in its entirety be fully funded on a recurrent basis.

8.9 Below we show the partial implementation scenario (see annex H for the detail) that illustrates the impact of the programme could (with all the caveats outlined above) result in a reduction in the rate of emergency admissions for over 65s from 337.3 in 2018/19 (the last pre-Covid year) to 320.4 in 2022/23 – a reduction of 5%. This estimate takes into account the demographic changes forecast in NHSGGC over this period (see also annex H), and also current projections for 2021/22 included in RMP3.

Figure 7 – projected change in rate of emergency admissions for over 65s in NHSGGC (based on 2018/19 baseline)



8.10 The development of our work streams to deliver step change will require key outcome and process measures to be developed to measure impact with a view to informing decisions regarding scale up or change of approach. These will be reported at HSCP and GGC level using locality team data in most cases.

Benefits Realisation

8.11 It is extremely challenging to draw a direct line in relation to the impact of activities currently underway and planned as part of Phase 2 delivery of this improvement programme. In many cases it is a sum of parts that result in a cumulative and measurable improvement. At the time of writing, work is progressing to develop outcome and process measures for each work stream. Below is a summary of the expected benefits of some of the actions that have been outlined:

Flow Navigation Centre (FNC)

8.12 The implementation of our Flow Navigation Centre during phase 1 realised significant benefits. The initial aim was to redirect up to 15% of the 2019 levels

of self referrals the equivalent of 96 consultations over 24 hours and 74 over 12 hours. The FNC has carried out 7,000 virtual assessments in the first six months with 36.7% of patients seen treated and discharged without the need for an ED or MIU attendance. Phase 1 has resulted in 2,569 patients avoiding attendance at ED/MIU, Phase 2 will work to increase this by 2,405 to 4974 patients in 6 months and therefore an estimated attendance avoidance of 9,948 per annum.

Increasing ACP & KIS availability

8.13 There is strong evidence from studies demonstrating that an ACP and a coordinated team-based approach with a clearly identified population that is at high risk of hospitalisation can reduce ED attendance, admission rates and occupied bed days. This approach to care also leads to an increased likelihood of being allowed to die at home. Our GGC activity is targeting those at high risk of hospitalisation including our care home residents and those with long term conditions.

8.14 Palliative Care - a recent retrospective Scottish study reviewing 1304 medical records of peoples who died in 2017 from 18 practices across 4 Scottish health boards, concluded that people with KIS were more likely to die in the community (home, care home or hospice) compared to those without one (61% versus 30%). NHSGGC reported n12, 612 deaths in 2019/20, 53.6% of these were within a community setting and the remaining 46.4% of deaths occurred in Acute Care. During 2019/20 there were 6045 admissions to hospitals across GGC resulting in death with an average LOS of 19 days. Our aim is to target ACP's for long term conditions and palliative care to achieve a 1% increase in the number who are supported with palliative care to die comfortably at home this could result in a saving over 1100 bed days and would reduce admissions by 60.

8.15 Pilot work by the Edinburgh city HSCP supporting the adoption of ACP in care homes and their aligned GP practices, saw a 56% reduction in avoidable hospital admissions and 20% reduction in A&E admission from care homes. A similar pilot in Lanarkshire in 2009 reported a reduction in the number of Accident and Emergency attendances, number of patients with an emergency inpatient admission, and a reduced total length of hospital stay following the introduction of anticipatory care planning in 8 care homes

8.16 In 2019/20 ED/AU attendances for over 65 years were n113, 283 with n65, 857 converting to an emergency admission. The majority of these admissions were to orthopedics, medical, surgical and care of the elderly. Non elective bed days in this period was n191, 212 therefore we can estimate 2.9 days average length of stay with 46% of these within care of the elderly wards. ACP conversations and sharing of the key information could reduce the number of ED attendances and admissions for a number of these patients as evidence above.

8.17 ACPs available on Clinical Portal across GG&C i.e. those added by Community teams has seen a marked increase from January to June 2021 with 386 ACPs created in this period compared with 192 in January to June 2020. This improvement can be accredited to the activity being undertaken as part of the ACP Work Stream newly invigorating the activity and also as a consequence of Covid19. In total 851 ACPs are available on Clinical Portal as of June 2021, compared with only 9 available in 2019. Through the activity of the ACP improvement project we aim to significantly increase the number of ACPs available, the number has increased by over 100% in the first 6 months of 2021. We will aim to achieve a further 100% increase in the following 6 months till end of March 2022 and an estimated 20% reduction in admissions for those who have an ACP resulting in 340 avoided admissions and an estimated bed reduction of 986 (at 2.9 days LoS).

Falls Prevention & Management

8.18 About a third of people over 65 years old living in the community fall each year and the rate of falls related injuries increases with age. The Care Inspectorate recently reported that Falls are recorded as a contributing factor in 40% of care home admissions.

8.19 Falls incidence in care homes is reported to be about three times that in the community. This equates to rates of 1.5 falls per care home bed per year. Falls can have serious consequences, e.g. fractures and head injuries. Around 10% of falls result in a fracture. Most fall-related injuries are minor: bruising, abrasions, lacerations, strains, and sprains. However falls can also have a psychological impact, even in the absence of injury. Fear of falling is extremely common, can curtail physical activity and activities of daily living and lead to social isolation – even within the care home environment.

8.20 During 2019/20 across GGC there were n6,618 ED attendances for falls related incidents in our over 65 years population with n2,478 (37%) resulting in a hospital admission. Out of the 2,478 admission, 575 (23%) had a stay of 3 days or less utilising around 900 bed days. Through a number of actions within the falls work stream we will aim to reduce the number of individuals with short stays of 3 days or less by 10% saving at least 90 bed days per year.

8.21 January – June 2021 Scottish Ambulance Service (SAS) attended to n6051 fallers over 65 years in the community, including Care Homes. Conveyance to ED followed for n4652, 77% of calls. Work with SAS to reduce conveyance by a further 10% (465). A number of actions within the Falls Prevention & Management plan will contribute to a reduction in ED attendance and unplanned admissions such as:

1) using the Care Home Falls Pathway incorporating the Flow Navigation Centre for clinical triage assessing the need for urgent response and opportunities to plan any required diagnostics and or referral to community teams for support; and,
2) working more closely with SAS to reduce conveyance to hospital using FNC and the general falls prevention training and local HSCP action plans.

Frailty@ the Front Door

8.22 During the test of change week there were on average of 25 patients with frailty attending per day. On average eight were discharged each day following a length of stay of two days. The average LoS for patients over 75 years is ten days therefore we can estimate that we saved eight bed days per patient through new processes and ways of working. Over seven days this equates to 3228 bed days; the equivalent of nine hospital beds.

8.23 Bearing in mind this is on one hospital site. If scaled up across three sites given QEUH accounts for 30% of activity, this could result in saving of up to 27 beds every day over a 12 month period.

Discharge to Assess Policy impact on 11B & 27A

8.24 During financial year 2019/20 there were 10,654 bed days lost to 11B (awaiting community assessment) this has improved by 45% in 2020/21 with 5,826 bed days lost recorded. Bed days lost to 27A (wait for intermediate care) reduced by 29% n4652 in 2021 compared with n6579 in 2019/20. We will continue to embed the D2A Policy and Home First ethos encouraging strong communication and MDT working to discharge individual's home at the earliest opportunity to reduce the risk of deconditioning within the hospital setting.

8.25 In doing so we will aim to reduce the bed days lost to 11B codes by a further 10% aiming to save a further 580 bed days by end of March 2022. Bed days lost to 27A hasn't evidenced as big an improvement; this could be attributed to the challenges of COVID reducing the ability to discharge patients to another setting. We will seek to improve the bed days lost while waiting on an intermediate care placement by a further 2% aiming to save 93 bed days.

Mental Health Assessment Units

8.26 Total referrals to MHAUs in May 2020 totalled 442 compared to 1443 referrals in May 2020. This illustrates the significant growth in direct referrals to the MHAU's facilitating access for ED's SAS and the Police service and we anticipate this is having a positive overall effect on both ED attendances and

admission rates. The average number of MHAU attendances referred by EDs was on average 314 per month over the three months to May 2021. We can therefore estimate that there will be 3,768 ED attendances avoided through this service over a 12 months period.

8.27 The development of our work streams to deliver step change will require key outcome and process measures to be developed to measure impact with a view to informing decisions regarding scale up or change of approach. These will be reported at HSCP and GGC level using locality team data in most cases.

8.28 It is the intention to develop mid-year and end year performance reports to allow the full impact to monitored going forward.

8.29 Projection modelling and what if scenario planning tools are being explored in collaboration with Public Health Scotland Local Intelligence Support Team (LIST). A work plan is being developed at the time of writing this paper.

9 GOVERNANCE ARRANGEMENTS

9.1 Governance arrangements have been updated to reflect the complexity of the Unscheduled Care programme. The approved structure is shown in figure 7 below. This structure will:

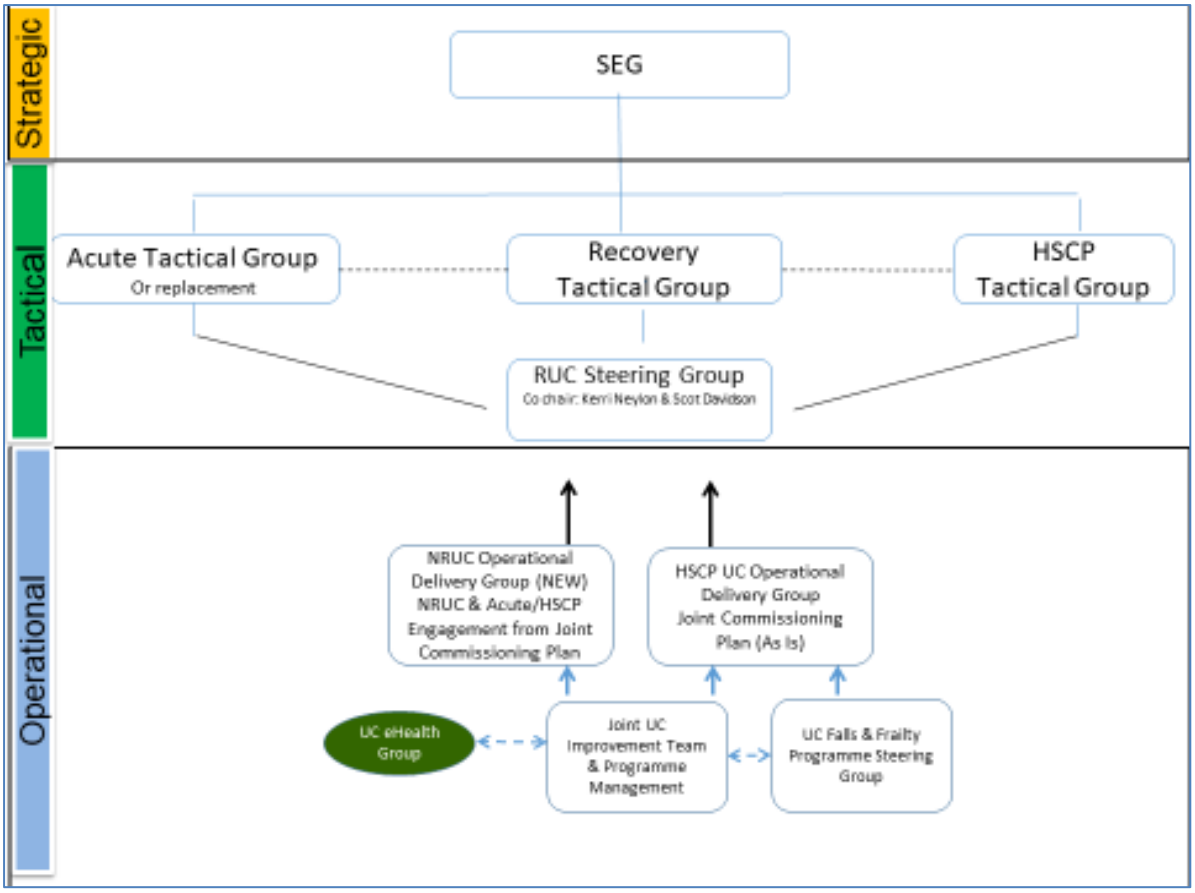
- facilitate strategic direction and operational leadership of UC;
- provide accountability for developing strategy and design via the Steering Group;
- demonstrate responsibility for implementation via Delivery Groups;
- embed the Programme Management approach to provide assurance that the programme is appropriately managed; and,
- to ensure alignment to system wide UC service profile.

9.2 At a strategic level the overall programme will report to the Strategic Executive Group (SEG) to provide oversight and overall governance assurance. As deemed appropriate there will be escalation to Corporate Management Team (CMT).

9.3 At tactical level reporting will continue to HSCP Tactical and Acute Tactical Group to steer, approve and sponsor the on-going unscheduled care programme activity including JCP and National Redesign of Urgent Care. The Recovery Tactical Group will approve and jointly agree project plans, assess proposals for cross system redesign and prepare update papers for SEG in conjunction with RUC Steering Group.

- **Redesign of Urgent Care (RUC) Group** - the role of this group is to develop a cross system approach to redesign, delivery of project plans for Redesign of Urgent Care including CACs, FNC, MHAUs. This will be a key group to link and engage with both Acute & HSCP Tactical groups. This group will also ensure links with Acute Clinical Governance, Acute Partnership Forum, GP Sub and Area Partnership Forum;
- **NRUC Operational Delivery Group** – this is new group within the governance structure. This group will bring together the operation delivery of the NRUC and both Acute and HSCP engagement from the Joint Commissioning Plan;
- **HSCP Unscheduled Care Delivery Group** – this group is responsible for designing and delivering a programme to achieve the ambition set out in the Joint Commissioning Plan;
- **Joint UC Improvement Team & Programme Management** - this team support the development, design and delivery of the JCP & NRUC using a project management approach to provide assurance.

Figure 8 – Unscheduled Care Governance Arrangements



10 PROGRESS REPORTING

10.1 Progress on implementation of each action in the phases outlined above will be reported routinely firstly to the HSCP Delivery Group and then quarterly to the RUC Steering Group, Tactical Groups and onto SEG. Annual updates will also be provided to IJBs and the Health Board.

10.2 Where appropriate escalation of issues or areas of concern will be reported timeously.

10.3 Performance reports on the KPIs in annex G will be submitted monthly in line with existing performance reporting for delays, the four hour target, A&E attendances and other key measures.

10.4 The Data, Information & Knowledge work stream will develop a Standard Operating Procedure providing guidance to support reporting across all levels via appropriate governance routes.

11 NEXT STEPS

11.1 This Design and Delivery Plan provides an update on the 2020 Joint Commissioning Plan for unscheduled care services agreed by IJBs and refreshes our approach in line with the new baseline adjusted for the impact of COVID-19.

11.2 This revised plan has:

- reported on progress against the actions in the original 2020 programme agreed by IJBs;
- reflected on the impact of the pandemic on unscheduled care activity;
- reported on what was delivered in 2020 including the national redesign of urgent care;
- outlined a re-freshed and updated programme, and the content of the different delivery phases;
- explained our proposals for ongoing engagement with clinicians, staff, patients and carers;
- outlined the supporting performance and financial framework; and,
- the organisational governance arrangements to ensure appropriate oversight of implementation of the plan.

11.3 The plan will be considered by IJBs, the Health Board and be the subject of engagement as outlined in section 4 above. A final version will be made available later in the year and progress reports issued at regular intervals.

NHS GREATER GLASGOW & CLYDE

UNSCHEDULED CARE
JOINT COMISSIONING PLAN

DRAFT DESIGN & DELIVERY PLAN
2021/22-2023/24

ANNEXES

August 2021

CONTENTS

ANNEX A

2020 Unscheduled Care Programme

Progress overview of activity against key actions 2020

Redesign of Urgent Care – Flow Navigation Hub and Mental Health NHS111 Service

The national definition and objective of the Health Board **Flow Navigation Hub** is to offer rapid access to a senior clinical decision maker, **optimising digital health** when possible in the clinical consultation and has the ability to advise self-care, signpost to available local services such as: Ambulatory Care / Same Day Emergency Care, Mental Health hubs, Minor Injury Units, primary care (in and out of hours) and the Emergency Department if required.

NHSGGC has implemented virtual clinical conversations across a number of service areas. Virtual telephone or Near Me consultations take place in our Community Assessment Centres (CAC), Primary Care (in and out of hours), and Acute Planned Care Services and in addition as part of the national Redesign of Urgent Care Programme have been introduced through the Flow Navigation Centre (FNC) and the Mental Health Assessment Units (MHAU).

The direct public facing access to the FNC and MHAU pathways are delivered through the new national NHS111 service. In the same way as the GPOOHs and CAC services the outcome of an initial clinical triage of patients who choose to use the service provided by NHS24 may result in an onward electronic referral for further assessment. The redesign is intended to offer an alternative route for patients to access acute and mental health advice and is largely aimed at those patients who would have self presented to an urgent care service with the objective of converting unplanned demand to urgent planned care. NHSGGC has established multi-disciplinary clinical teams to respond to the NHS111 referral by delivering a further 'virtual' clinical assessment to establish the most appropriate treatment plan for the patient and where appropriate to meet the patient's needs without a face to face attendance.

The FNC has implemented Phase 1 of the model with the 2021/22 Phase 2 plan under development and will see service access expand to connect with other urgent care specialty pathways across the health care system.

The NHS111 service has been communicated to the public through a national leaflet drop and we anticipate a national communications campaign including TV and Radio to be launched in the spring of 2021.

Signposting and Redirection Policy

Signposting and redirection aims to ensure Emergency Department (ED) attendees are appropriately reviewed in line with their reason for presentation. These processes also reduce the potential for crowding in the ED by maximising use of safe alternatives for attendees to access the right care if the reason for presentation is not an accident or an emergency.

The Acute Hospitals across NHSGGC currently provide four main access routes for urgent and emergency care patients, through designated Minor Injury Units, Assessment Units, Emergency Departments and Specialist Assessment and Treatment Areas (SATA). During the pandemic SATAs were established to provide a direct access route for patients with COVID-1919 symptoms including those referred through the CACs and GPs both in and out of hours. It has been essential during this time that the hospital sites maintain separate pathways for COVID-1919 and non COVID-1919 patients to reduce the risk of infection and to protect patients and staff, signposting and redirection has been an essential part of this process.

Signposting and redirection enables hospitals to maintain designated pathways and is delivered by senior clinical decision makers proactively streaming patients to the most appropriate area on arrival at the hospital. The majority of patients are registered for treatment within the relevant acute service and will be seen, treated and discharged as required. There are a proportion of ED attendances for conditions which could be better managed by patients themselves, NSH24, pharmacists, community optometrists, GPs or other members of the community care team. If the nature of the presenting complaint confirms that they do not require ED treatment the patient is advised that alternative options are available. The purpose of Signposting and Redirection is not to turn attendees away from the ED, but to direct them to another area/service where their healthcare need can be met and minimising the risk to them and others in overcrowded EDs.

Discharge to Assess Policy

The Greater Glasgow & Clyde Discharge to Assess (D2A) Policy went live at the end of February 2021. The Policy has been implemented across all adult services within Acute, Mental Health and Learning Disabilities and across all 6 Health & Social Care Partnerships.

The implementation of this policy will aim to ensure that once a patient is medically fit they do not remain in hospital because they are waiting for an assessment, further embedding our Home First ethos. This reduces the patient's length of stay in hospital supporting assessment within the patient's familiar environment and most appropriate place. Evidence suggests this should reduce de- conditioning and

improve outcomes significantly since 10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80.

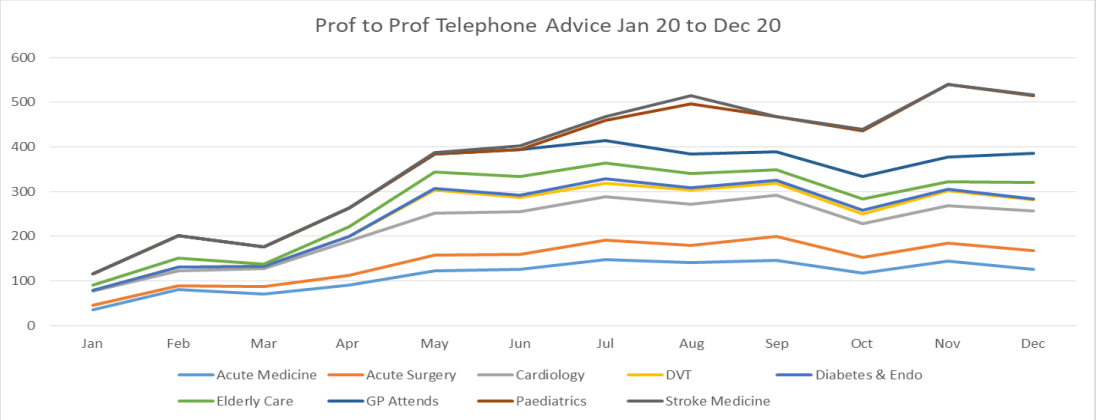
Key to successful implementation is Person Centred Care and Multi-Disciplinary Team working. The aim of all members of the MDT should be to commence planning for discharge as early as possible within the patient journey. Individual's, their family/carers will be central to decision making and engaged with at all stages. The information collated prior to and throughout the patient's journey is critical in providing a focus to determine the required support for discharge Quarterly reviews will be carried out to identify what's working well and areas requiring improvement. Regular feedback is encouraged from both Acute and HSCPs.

Digital Professional to Professional Advice Solutions

The aim of the professional to professional advice service is to provide GPs and other health care professionals with access to Specialty Advice, to ensure we are able to direct patients to the right care at the right time and in the right place. NHSGGC has introduced a telephone and app based service that provides an automated process for GP's to obtain professional specialty advice from the acute hospital team to support decision making within Primary Care. Over recent months we have expanded GP access to a range of specialties including acute medicine, medicine for the elderly, cardiology, DVT, paediatrics and medical admission from teams at Glasgow Royal Infirmary, Queen Elizabeth University Hospital and the Royal Alexandra Hospital. The service enables advice and guidance to be readily available and ranges from starting treatment within the community setting or arranging for the patient to be reviewed within an outpatient clinic, at the hospital assessment unit or where appropriate to be directed straight to the emergency department.

Whilst activity through this route has increased as a result of the expansion, call volumes remain relatively low in comparison to the number of direct referrals to the hospital assessment units. There are a number of GP's who have optimised the prof to prof advice route during the pandemic and where appropriate this has provided an effective alternative to attendance which has been very valuable during the pandemic. There remains a number of GP's who have not made use of this service and we are keen to further promote this service.

The chart below shows the number Prof to Prof telephone advice calls by GPs to Acute during January 2020 – December 2020



Two examples shared by local GPs highlighting benefits of the Prof to Prof service

OOHs Urgent Care Resource Hub and Local Response Hub Model

The review of Health and Social Care Out of Hours (OOHs) services across the Greater Glasgow and Clyde area is now complete. The review has been led by Glasgow City Health and Social Care Partnership (HSCP) on behalf of the six HSCPs and Acute Services.

Colleagues from across the Health and

Social Care System, along with members of the public and other partner agencies worked together to develop a more integrated and co-ordinated OOHs Health and Social Care System.

Through this process of engagement and consultation it was agreed that an Urgent Care Resource Hub (UCRH) and Local Response Hub approach would be developed to facilitate integrated, person-centred, sustainable, efficient and co-ordinated health and social care OOHs Services across the Greater Glasgow and Clyde area. The new model will develop and enhance the way we work across the health and social care OOHs system.

The creation of the UCRH and Local Response Hubs model will:

- Allow the co-location of some of the OOHs services e.g. Home Care and District Nursing to enhance integrated working across the system
- provide direct professional to professional access across the Health and Social Care OOHs System through enhanced communication by co-locating staff and developing virtual links across the Greater Glasgow and Clyde area
- provide OOHs staff with a single point of access across the Health and Social Care OOHs system, along with the facility for professional to professional advice to support management decisions for patients and service users with increasing complexities
- enable a whole system approach to the provision of changes to scheduled care and unscheduled and/or emergency care across the OOHs Health and Social Care System.
- support the increase of the number of multi-agency and multi-disciplinary responses which would match patient, service user and carers' needs through a wide range of health and social care based resources.

The UCRH provides a single point of access for staff working across Health and Social Care OOHs services to co-ordinate a multi-service response during times of crisis and escalation. The following services are co-located in the UCRH: Emergency Social Work, Home Care, Community Alarms, Responder Services and OOHs North District Nursing are all located within Borron Street. The UCRH is virtually connected with the teams working in the Mental Health Assessment Units and OOHS South District Nursing Service.

Staff will still be able to contact other services through their existing numbers, however if a response to a complex issue of crisis or escalation is required the UCRH can be contacted. The hours of operation are 5pm to 9am Monday to Friday and 24 hours Saturday, Sundays and Public Holidays.

Importantly there is no change for patients, service users and cares in how they access services in the OOHs period as they will continue to use existing numbers/existing pathways to access services. This is a change in where some staff are located and how all services will work together.

As Glasgow City hosts a number of the OOHs board wide services e.g. Emergency Social Work and Mental Health Services the UCRH will be implemented in Glasgow City (Borron Street) first with the other HSCPs implementing their Local Response Hubs in a phased approach thereafter. Glasgow City will implement the UCRH on 29 March 2021 and the Local Response Hubs across the five other HSCPs will be implemented by end April 2021.

Following a period of review and evaluation a second phase of implementation (May – June 2021) will take place where the UCRH will also co-ordinate referrals from GP OOHs and the FNC and Acute Services.

Other professional groups to be considered in a future phase (timescales to be determined) includes SAS, Police Scotland, Third and Voluntary Sectors.

ANNEX B

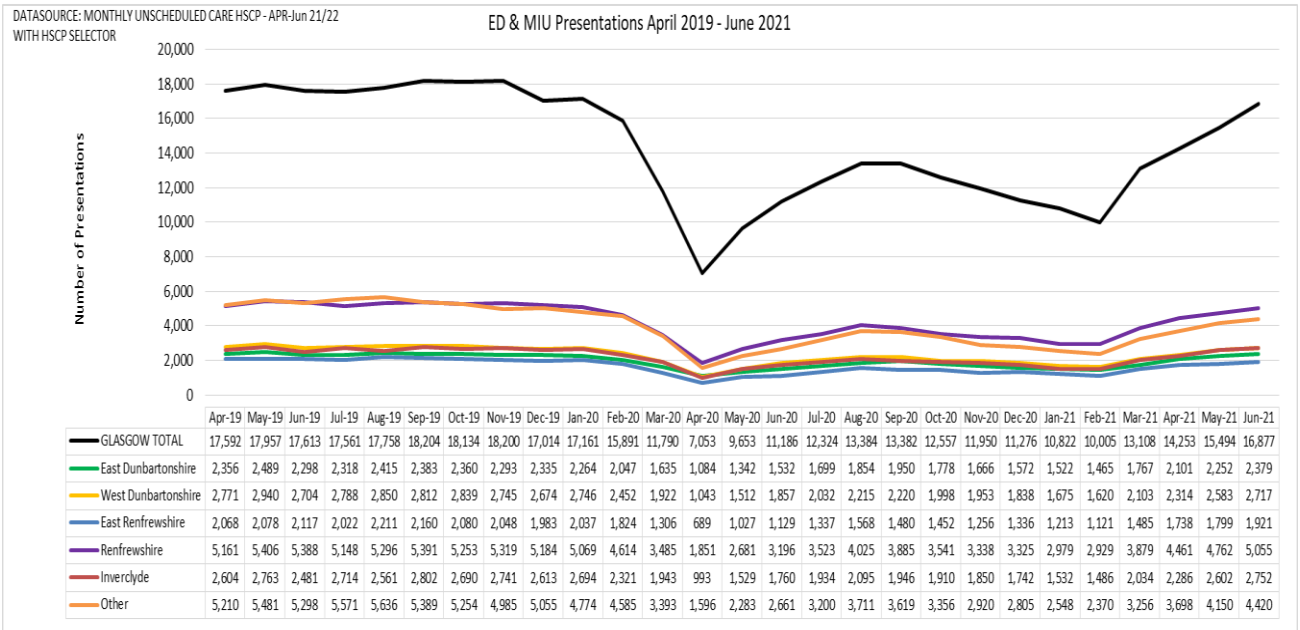
Rear View Mirror Slides

Unscheduled Care activity

2019-2021

by HSCP and GG&C

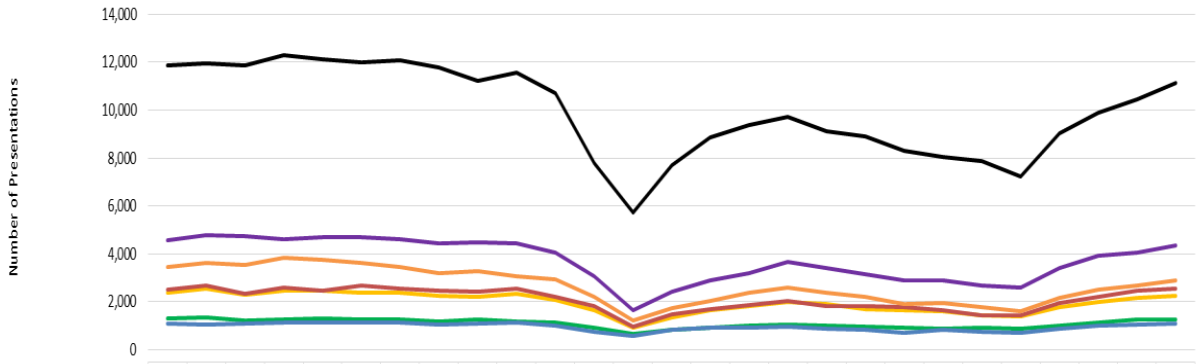
DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-Jun 21/22
WITH HSCP SELECTOR



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
GLASGOW TOTAL	17,592	17,957	17,613	17,561	17,758	18,204	18,134	18,200	17,014	17,161	15,891	11,790	7,053	9,653	11,186	12,324	13,384	13,382	12,557	11,950	11,276	10,822	10,005	13,108	14,253	15,494	16,877
East Dunbartonshire	2,356	2,489	2,298	2,318	2,415	2,383	2,360	2,293	2,335	2,264	2,047	1,635	1,084	1,342	1,532	1,699	1,854	1,950	1,778	1,666	1,572	1,522	1,465	1,767	2,101	2,252	2,379
West Dunbartonshire	2,771	2,940	2,704	2,788	2,850	2,812	2,839	2,745	2,674	2,746	2,452	1,922	1,043	1,512	1,857	2,032	2,215	2,220	1,998	1,953	1,838	1,675	1,620	2,103	2,314	2,583	2,717
East Renfrewshire	2,068	2,078	2,117	2,022	2,211	2,160	2,080	2,048	1,983	2,037	1,824	1,306	689	1,027	1,129	1,337	1,568	1,480	1,452	1,256	1,336	1,213	1,121	1,485	1,738	1,799	1,921
Renfrewshire	5,161	5,406	5,388	5,148	5,296	5,391	5,253	5,319	5,184	5,069	4,614	3,485	1,851	2,681	3,196	3,523	4,025	3,885	3,541	3,338	3,325	2,979	2,929	3,879	4,461	4,762	5,055
Inverclyde	2,604	2,763	2,481	2,714	2,561	2,802	2,690	2,741	2,613	2,694	2,321	1,943	993	1,529	1,760	1,934	2,095	1,946	1,910	1,850	1,742	1,532	1,486	2,034	2,286	2,602	2,752
Other	5,210	5,481	5,298	5,571	5,636	5,389	5,254	4,985	5,055	4,774	4,585	3,393	1,596	2,283	2,661	3,200	3,711	3,619	3,356	2,920	2,805	2,548	2,370	3,256	3,698	4,150	4,420

DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-Jun 21/22
WITH HSCP SELECTOR

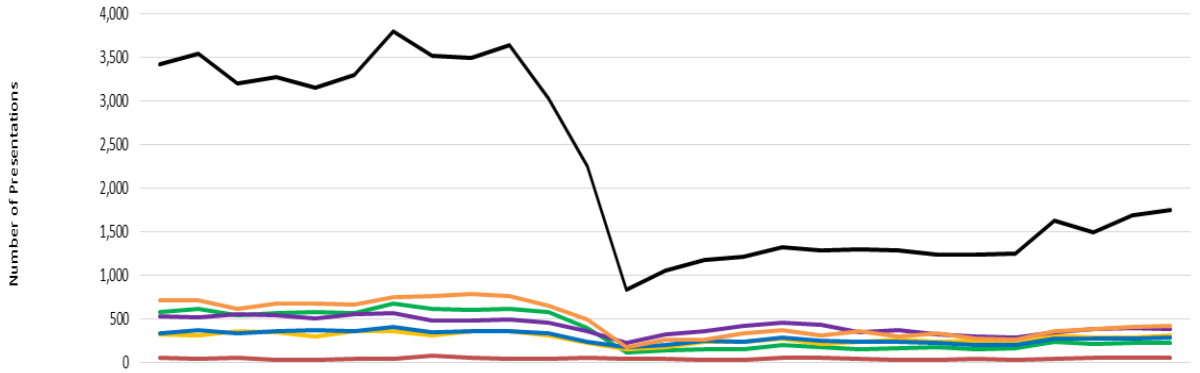
ED Presentations (Excluding MIU & RHC) April 2019 - June 2021



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
GLASGOW TOTAL	11,869	11,940	11,864	12,278	12,131	11,999	12,103	11,768	11,222	11,548	10,721	7,795	5,713	7,695	8,862	9,389	9,701	9,142	8,924	8,285	8,064	7,888	7,225	9,019	9,877	10,448	11,149
East Dunbartonshire	1,316	1,351	1,229	1,273	1,293	1,249	1,247	1,170	1,285	1,195	1,141	907	671	820	912	997	1,034	1,026	959	929	873	941	879	1,007	1,131	1,269	1,249
West Dunbartonshire	2,399	2,537	2,292	2,465	2,475	2,372	2,382	2,237	2,220	2,336	2,087	1,660	933	1,368	1,669	1,810	1,979	1,892	1,711	1,661	1,602	1,434	1,403	1,786	1,983	2,162	2,266
East Renfrewshire	1,109	1,064	1,099	1,124	1,142	1,125	1,116	1,051	1,103	1,125	993	757	571	836	936	907	975	884	856	699	819	757	717	900	1,014	1,060	1,106
Renfrewshire	4,574	4,775	4,743	4,635	4,705	4,702	4,629	4,439	4,480	4,457	4,037	3,064	1,645	2,437	2,902	3,212	3,660	3,420	3,143	2,916	2,893	2,668	2,607	3,404	3,942	4,077	4,361
Inverclyde	2,490	2,661	2,355	2,599	2,458	2,686	2,559	2,479	2,440	2,573	2,199	1,845	957	1,476	1,709	1,879	2,017	1,832	1,832	1,765	1,663	1,458	1,427	1,950	2,194	2,449	2,563
Other	3,443	3,631	3,561	3,852	3,754	3,610	3,437	3,215	3,271	3,081	2,936	2,214	1,219	1,741	2,020	2,363	2,587	2,384	2,203	1,921	1,960	1,774	1,603	2,188	2,514	2,682	2,892

DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-JUN 21/22
WITH HSCP SELECTOR

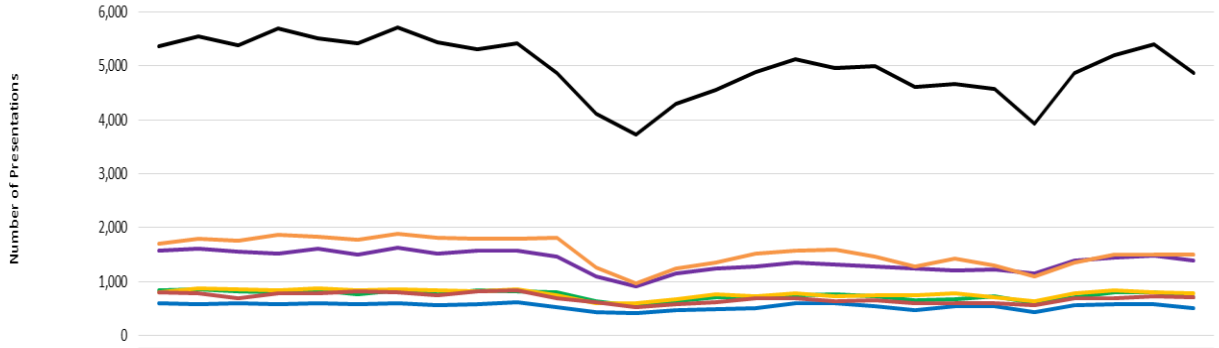
Assessment Unit Attends (inc RHC CDU) April 2019 - June 2021



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
GLASGOW TOTAL	3,412	3,537	3,204	3,270	3,154	3,302	3,790	3,515	3,490	3,633	3,032	2,243	835	1,058	1,180	1,212	1,317	1,288	1,294	1,281	1,241	1,235	1,246	1,627	1,487	1,686	1,747
East Dunbartonshire	581	611	545	565	575	562	675	610	601	611	580	395	118	135	153	146	200	173	157	166	175	153	163	238	218	225	227
West Dunbartonshire	318	307	354	342	303	360	360	305	355	358	312	226	157	181	233	235	276	214	236	259	243	254	211	307	290	290	314
East Renfrewshire	337	374	337	355	372	360	407	342	357	355	331	239	173	196	246	242	281	249	232	240	225	197	205	270	276	278	281
Renfrewshire	529	523	551	547	508	557	569	480	481	493	459	360	227	323	362	420	454	431	351	373	324	296	287	350	380	396	381
Inverclyde	55	43	50	29	30	47	48	81	55	47	47	51	36	43	34	33	52	59	41	35	35	36	29	41	49	54	56
Other	713	716	618	676	674	662	747	758	786	755	656	490	182	257	266	332	365	304	354	294	336	278	262	361	378	406	415

DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-JUN 21/22
WITH HSCP SELECTOR

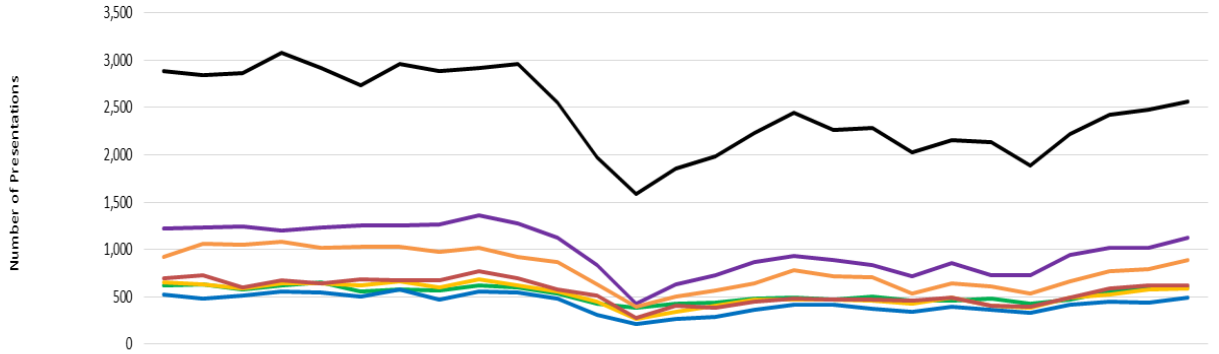
Emergency Admits Adult April 2019 - June 2021



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
GLASGOW TOTAL	5,358	5,553	5,381	5,686	5,517	5,411	5,704	5,430	5,311	5,427	4,869	4,112	3,732	4,301	4,553	4,879	5,126	4,961	4,998	4,606	4,656	4,569	3,920	4,874	5,206	5,404	4,868
East Dunbartonshire	838	854	811	798	835	765	830	763	832	824	795	639	542	641	712	716	754	765	736	651	679	732	599	715	794	809	704
West Dunbartonshire	798	879	847	846	870	835	858	841	812	854	750	600	603	673	757	724	787	729	744	745	779	714	627	785	839	809	775
East Renfrewshire	599	586	591	584	604	577	607	563	571	621	530	426	419	468	483	513	604	599	544	478	540	538	435	561	574	584	506
Renfrewshire	1,568	1,603	1,552	1,524	1,616	1,509	1,628	1,510	1,580	1,568	1,471	1,103	905	1,147	1,246	1,276	1,352	1,323	1,285	1,248	1,199	1,219	1,146	1393	1,450	1,477	1,382
Inverclyde	794	778	697	787	780	823	806	752	816	833	694	625	520	572	621	685	695	633	658	604	590	604	558	687	691	729	702
Other	1,711	1,785	1,759	1,876	1,829	1,784	1,889	1,814	1,789	1,801	1,808	1,254	966	1,234	1,344	1,511	1,568	1,593	1,468	1,282	1,418	1,293	1,100	1359	1,499	1,509	1,509

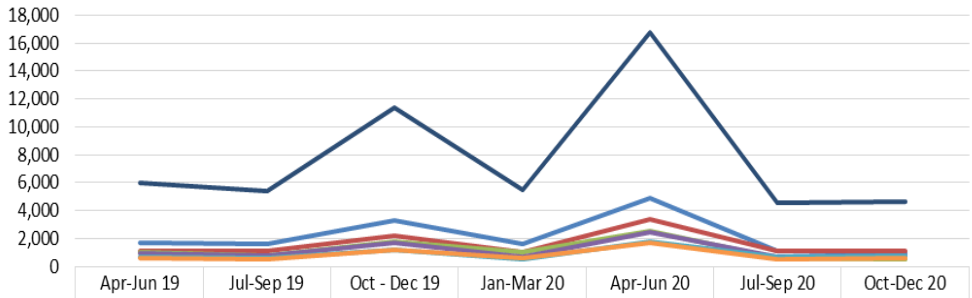
DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-JUN 21/22
WITH HSCP SELECTOR

ED & MIU Presentations (Patients Aged 65 and Older) April 2019 - June 2021



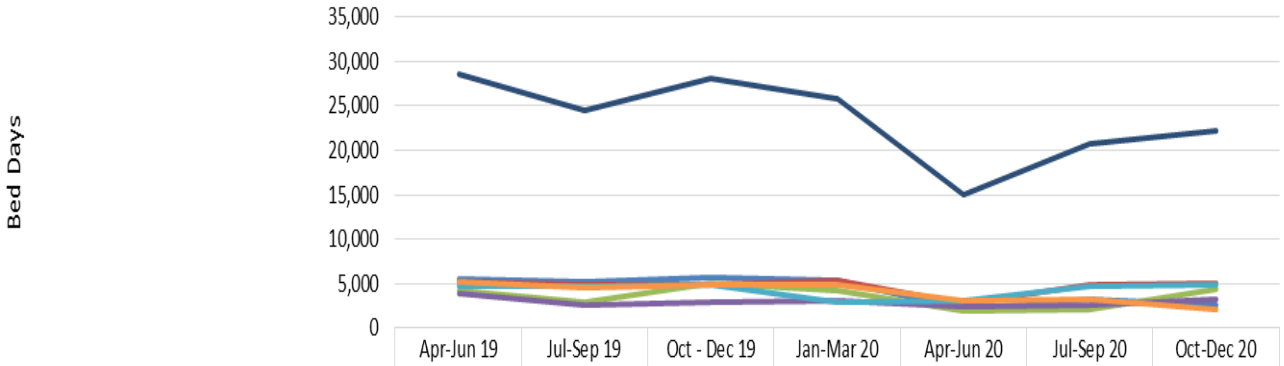
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
GLASGOW TOTAL	2,887	2,839	2,868	3,080	2,916	2,735	2,957	2,884	2,921	2,963	2,553	1,971	1,590	1,853	1,985	2,233	2,441	2,260	2,284	2,021	2,152	2,132	1,885	2,214	2,428	2,480	2,566
East Dunbartonshire	618	630	582	615	654	560	573	566	622	595	533	424	383	422	439	484	496	475	506	462	459	479	424	466	556	591	594
West Dunbartonshire	649	634	592	640	639	620	658	595	688	623	560	447	262	337	404	466	470	470	456	422	488	402	387	486	519	581	587
East Renfrewshire	519	477	510	557	548	505	577	465	560	542	479	309	207	270	284	365	421	411	376	336	396	359	325	417	447	440	491
Renfrewshire	1,219	1,231	1,245	1,195	1,229	1,252	1,255	1,267	1,361	1,279	1,122	840	424	635	722	865	935	893	836	721	856	732	730	937	1,018	1,018	1,127
Inverclyde	700	725	602	670	639	683	677	672	770	697	581	516	278	405	381	452	480	466	473	459	492	408	392	495	588	624	615
Other	924	1,060	1,045	1,077	1,021	1,024	1,023	976	1,018	923	867	635	399	499	568	640	778	714	706	530	641	605	535	668	767	794	885

Glasgow City top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20



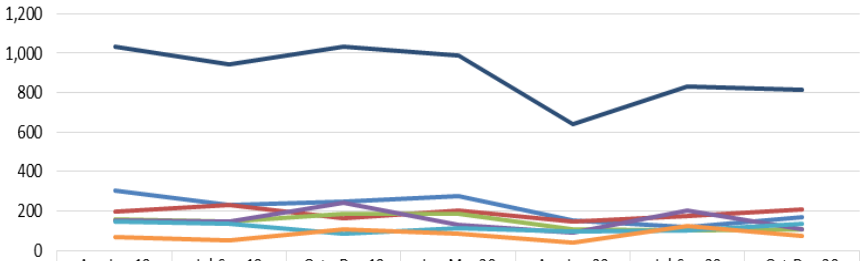
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	1,694	1,611	3,305	1,588	4,916	1,082	963
Other disorders of urinary system	1,087	1,132	2,219	1,024	3,351	1,086	1,072
Unspecified acute lower respiratory infection	1,003	769	1,772	1,015	2,541	568	531
Heart failure	925	772	1,697	707	2,469	722	779
Cerebral infarction	654	567	1,221	499	1,788	656	770
Fracture of femur	609	554	1,163	611	1,717	478	566
All diagnosis Total	5,972	5,405	11,377	5,444	16,782	4,592	4,681

Glasgow City top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20



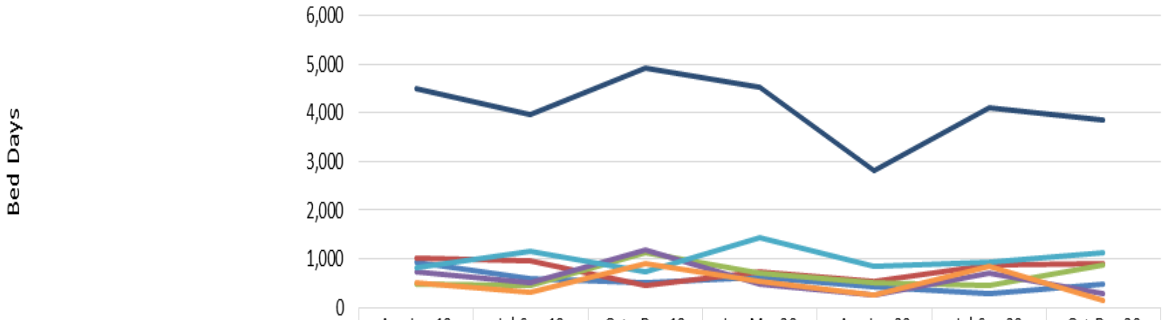
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	5,544	5,136	5,618	5,409	2,041	3,294	2,641
Other disorders of urinary system	5,177	4,806	4,795	5,329	2,657	4,863	5,060
Unspecified acute lower respiratory infection	4,148	2,856	5,051	4,259	1,829	2,130	4,308
Heart failure	3,943	2,564	2,884	3,038	2,432	2,509	3,172
Cerebral infarction	4,665	4,642	4,916	2,938	2,993	4,753	4,915
Fracture of femur	5,161	4,460	4,887	4,828	3,117	3,235	2,084
All diagnosis Total	28,638	24,464	28,151	25,801	15,069	20,784	22,180

West Dunbartonshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20



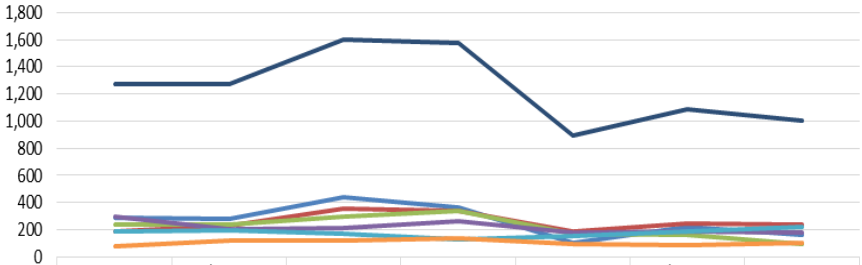
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	307	232	247	275	155	119	169
Other disorders of urinary system	200	229	164	203	149	177	211
Unspecified acute lower respiratory infection	157	147	189	184	108	101	110
Heart failure	155	147	240	129	91	203	108
Cerebral infarction	147	138	86	115	95	103	138
Fracture of femur	67	51	110	84	42	127	76
All diagnosis Total	1,033	944	1,036	990	640	830	812

West Dunbartonshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20



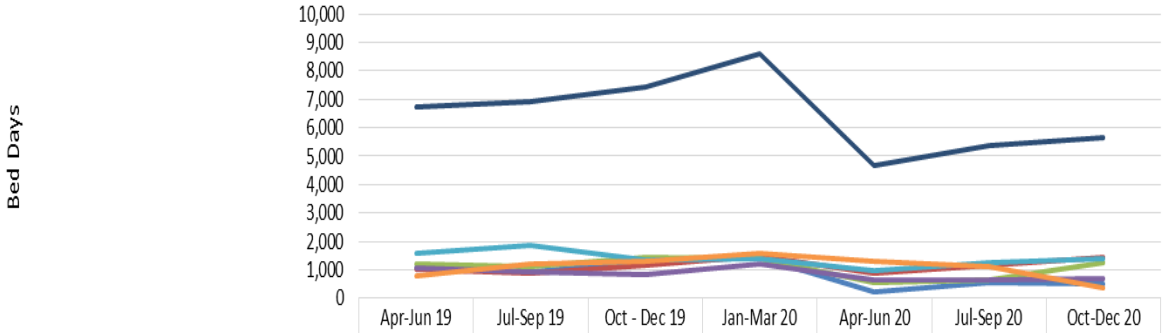
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	925	595	516	638	424	294	486
Other disorders of urinary system	1,015	950	471	725	532	879	908
Unspecified acute lower respiratory infection	490	455	1,131	697	501	452	882
Heart failure	726	507	1,173	487	254	714	284
Cerebral infarction	813	1,145	739	1,447	842	922	1,139
Fracture of femur	524	311	898	529	273	837	149
All diagnosis Total	4,493	3,963	4,928	4,523	2,826	4,098	3,848

Renfrewshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20



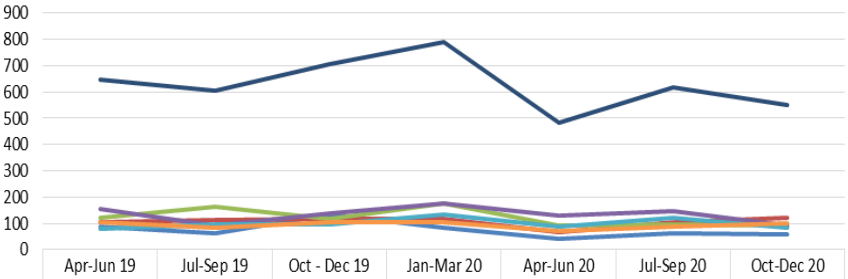
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	285	279	441	368	102	224	162
Other disorders of urinary system	185	226	357	341	189	248	242
Unspecified acute lower respiratory infection	241	238	296	336	170	161	99
Heart failure	296	208	215	263	178	191	181
Cerebral infarction	186	200	175	125	156	184	220
Fracture of femur	77	122	118	139	96	84	101
All diagnosis Total	1,270	1,273	1,602	1,572	891	1,092	1,005

Renfrewshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20



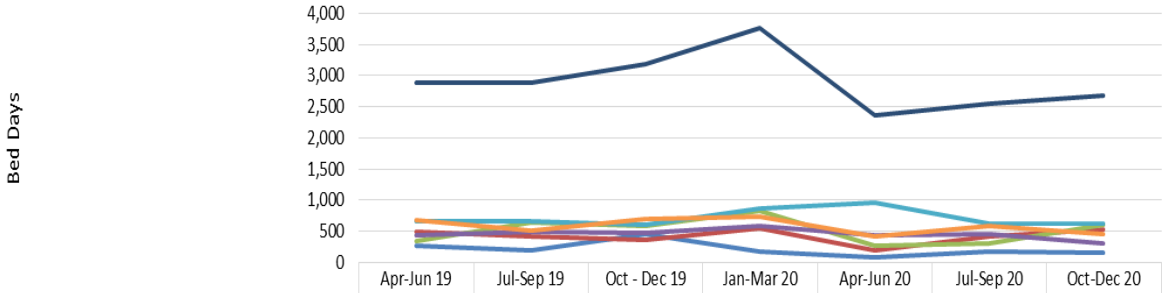
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	1,055	910	1,319	1,466	230	556	505
Other disorders of urinary system	1,003	901	1,147	1,474	907	1,155	1,423
Unspecified acute lower respiratory infection	1,196	1,106	1,452	1,421	564	661	1,250
Heart failure	1,084	917	846	1,234	661	650	699
Cerebral infarction	1,572	1,848	1,364	1,414	964	1,236	1,398
Fracture of femur	808	1,213	1,289	1,580	1,328	1,096	369
All diagnosis Total	6,718	6,895	7,417	8,589	4,654	5,354	5,644

East Renfrewshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20



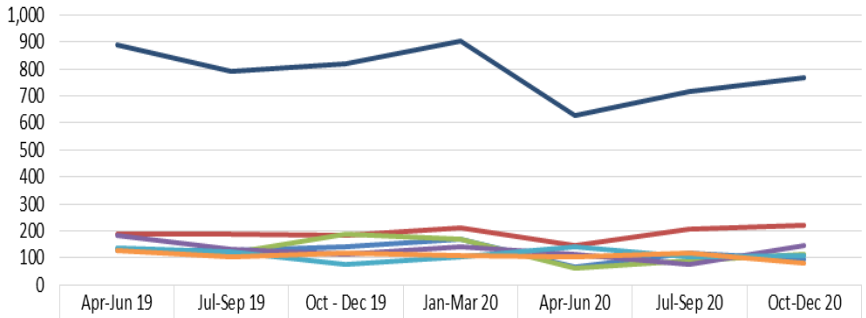
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	86	61	132	84	43	64	58
Other disorders of urinary system	105	111	119	119	65	103	123
Unspecified acute lower respiratory infection	121	163	115	176	91	95	90
Heart failure	154	91	139	177	128	148	92
Cerebral infarction	77	98	98	132	86	121	84
Fracture of femur	106	83	103	103	70	86	102
All diagnosis Total	649	607	706	791	483	617	549

East Renfrewshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20



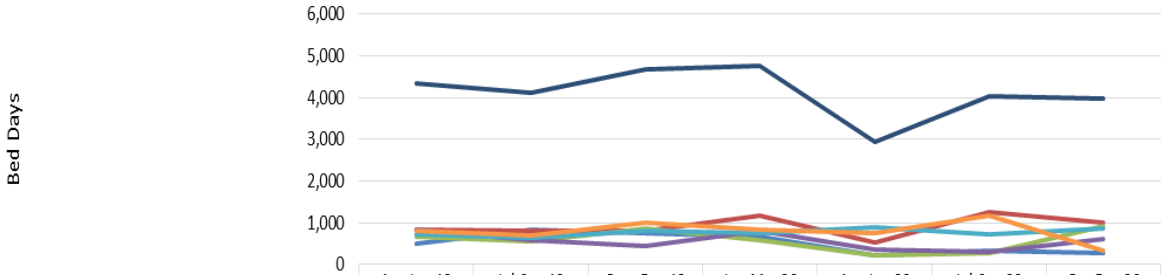
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	259	186	461	179	81	167	155
Other disorders of urinary system	496	411	365	554	188	422	537
Unspecified acute lower respiratory infection	351	640	581	824	264	309	606
Heart failure	445	484	477	594	436	454	310
Cerebral infarction	664	658	607	869	962	620	625
Fracture of femur	674	502	700	744	422	576	456
All diagnosis Total	2,889	2,881	3,191	3,764	2,353	2,548	2,689

East Dunbartonshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20



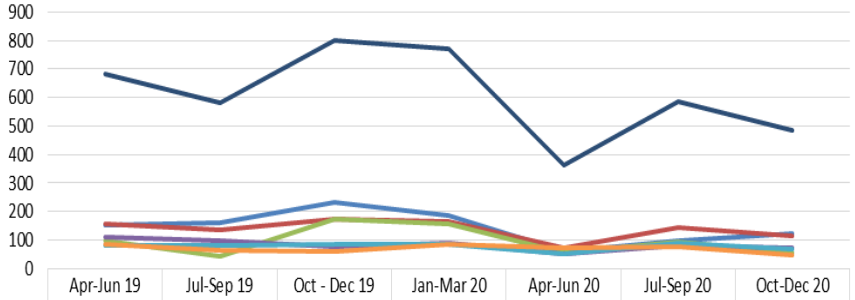
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	129	127	143	170	68	120	96
Other disorders of urinary system	187	186	181	210	147	205	220
Unspecified acute lower respiratory infection	130	118	186	169	60	88	114
Heart failure	182	132	113	141	113	76	146
Cerebral infarction	137	123	76	103	139	106	109
Fracture of femur	126	103	118	110	102	120	81
All diagnosis Total	891	789	817	903	629	715	766

East Dunbartonshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20



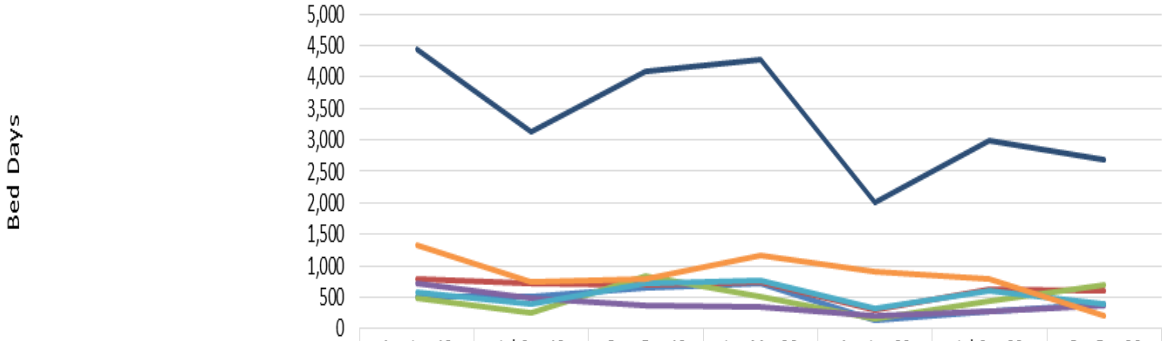
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	494	842	752	661	205	338	273
Other disorders of urinary system	843	806	797	1,170	514	1,242	1,008
Unspecified acute lower respiratory infection	655	564	855	571	206	283	910
Heart failure	827	581	450	798	365	294	605
Cerebral infarction	724	636	806	743	891	718	860
Fracture of femur	807	679	1,014	828	753	1,163	323
All diagnosis Total	4,350	4,108	4,674	4,771	2,934	4,038	3,979

Inverclyde top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20



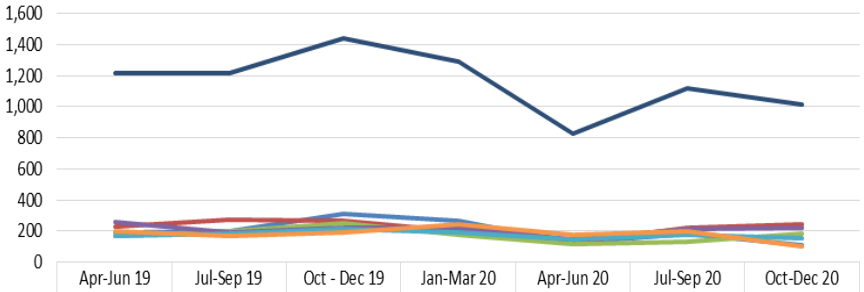
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	151	160	233	185	62	99	125
Other disorders of urinary system	158	134	174	167	73	145	113
Unspecified acute lower respiratory infection	96	42	174	157	55	93	56
Heart failure	110	99	76	89	50	80	74
Cerebral infarction	82	80	84	87	53	91	70
Fracture of femur	87	65	60	85	71	79	46
All diagnosis Total	684	580	801	770	364	587	484

Inverclyde top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20



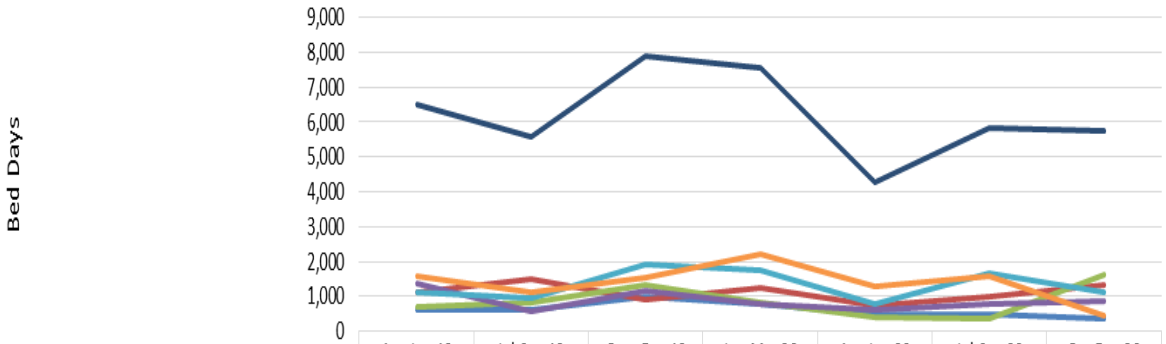
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	515	515	661	717	130	270	401
Other disorders of urinary system	789	723	692	752	312	629	614
Unspecified acute lower respiratory infection	493	248	851	513	156	437	705
Heart failure	713	496	378	353	201	273	373
Cerebral infarction	588	406	712	775	320	607	386
Fracture of femur	1,336	747	792	1,161	901	784	218
All diagnosis Total	4,434	3,135	4,086	4,271	2,020	3,000	2,697

Other top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '20

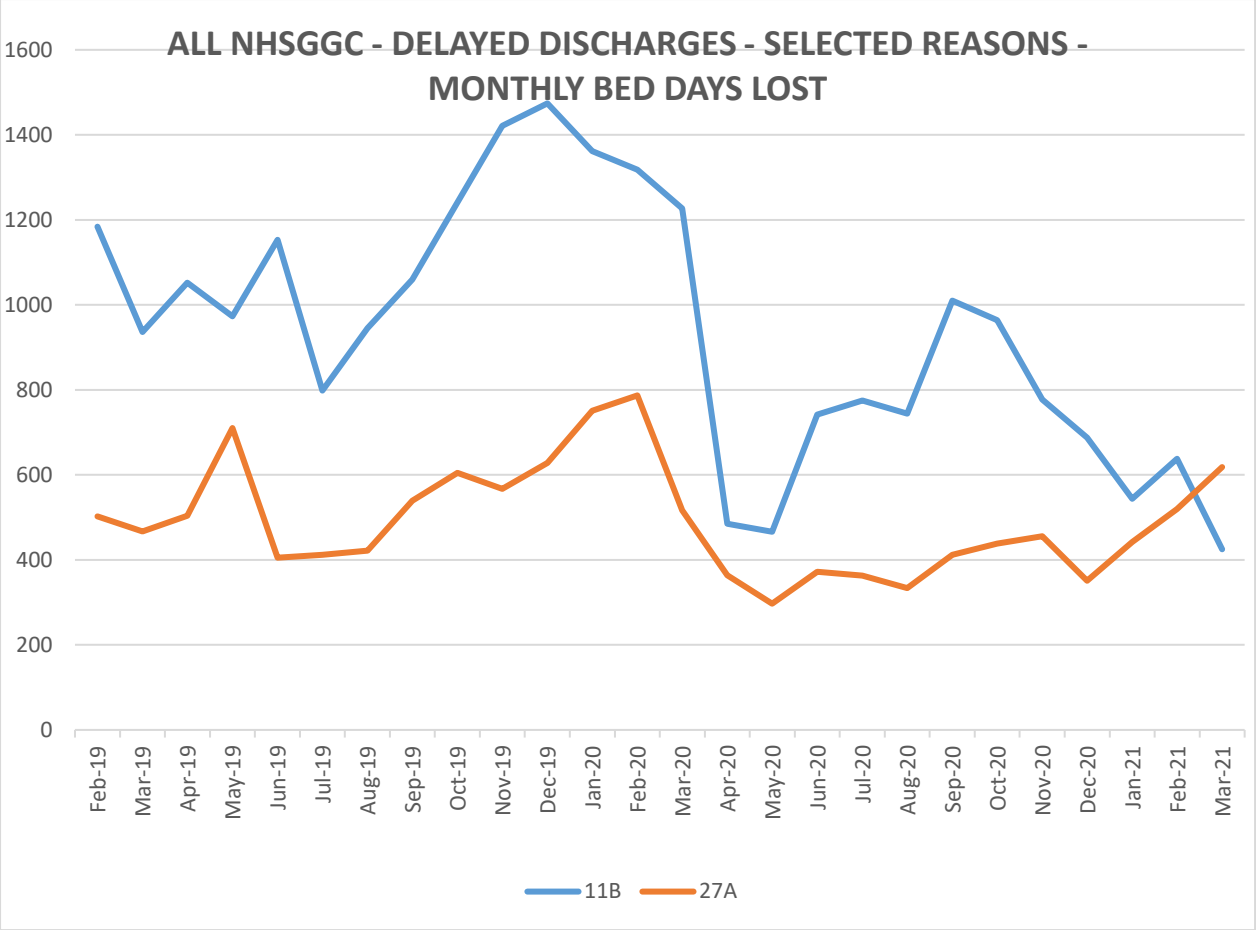


	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	192	201	310	266	125	181	106
Other disorders of urinary system	230	270	262	197	122	219	246
Unspecified acute lower respiratory infection	169	197	250	175	115	131	185
Heart failure	259	193	217	217	145	214	219
Cerebral infarction	171	184	214	194	147	179	156
Fracture of femur	195	170	190	243	175	196	103
All diagnosis Total	1,216	1,215	1,443	1,292	829	1,120	1,015

Other top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '20

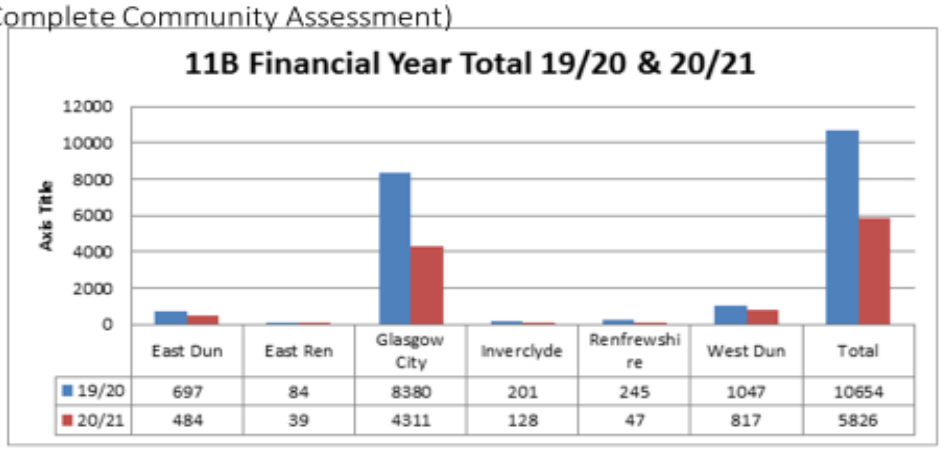


	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
Other chronic obstructive pulmonary disease	593	608	1,005	773	482	481	360
Other disorders of urinary system	1,099	1,492	922	1,260	719	977	1,319
Unspecified acute lower respiratory infection	712	818	1,330	808	421	356	1,643
Heart failure	1,387	572	1,171	768	624	777	851
Cerebral infarction	1,117	942	1,922	1,739	772	1,679	1,127
Fracture of femur	1,574	1,127	1,544	2,197	1,272	1,567	450
All diagnosis Total	6,482	5,559	7,894	7,545	4,290	5,837	5,750



Bed Days Lost to 11B & 27A

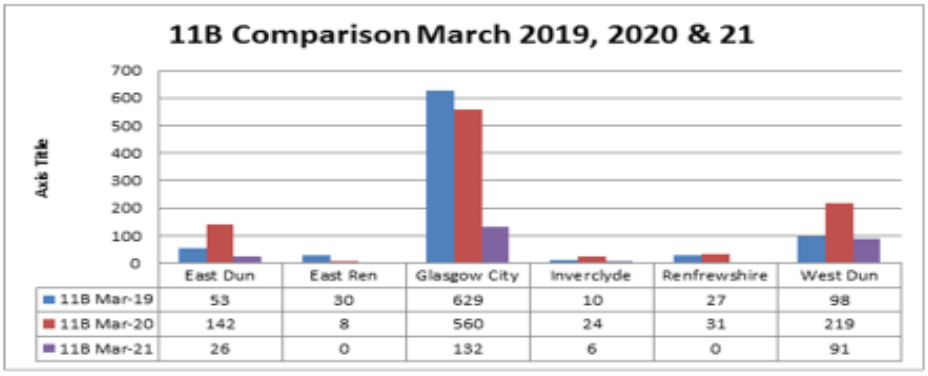
11B (Complete Community Assessment)



	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	Total
19/20	697	84	8380	201	245	1047	10654
20/21	484	39	4311	128	47	817	5826

During financial year 2019/20 there were 10,654 bed days lost to 11B this has improved by 45% in 2020/21 with 5,826 bed days lost recorded

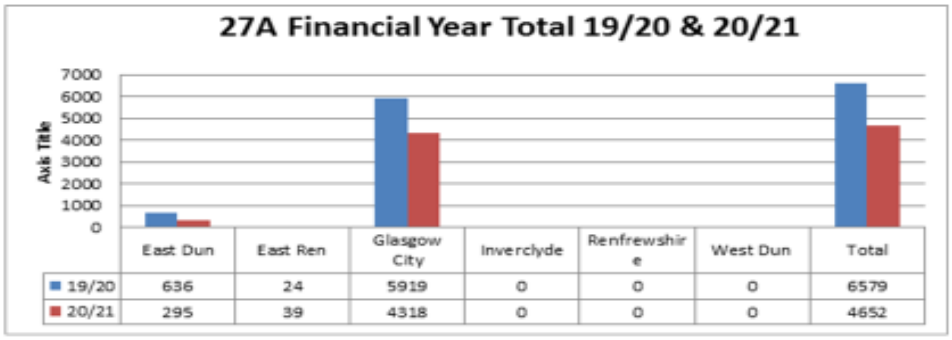
11B Comparison March 2019/20 & 21



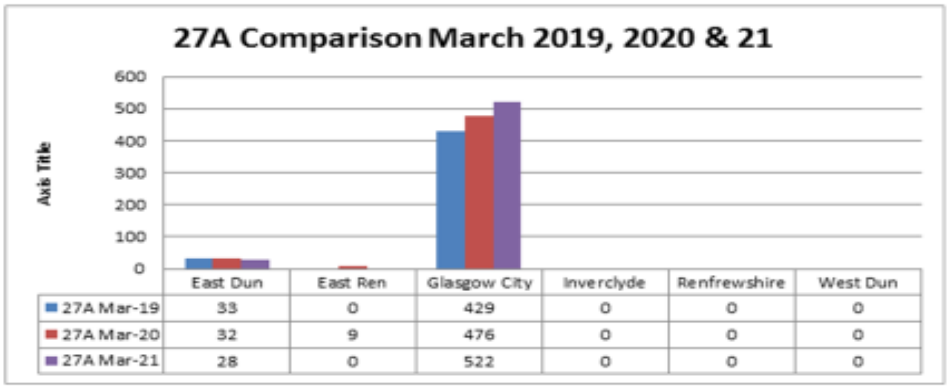
	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun
11B Mar-19	53	30	629	10	27	98
11B Mar-20	142	8	560	24	31	219
11B Mar-21	26	0	132	6	0	91

In March 2020 4/6 HSCPs evidenced an increase in bed days lost to 11B.
In March 2021 there is a marked reduction across all Partnerships.

Bed days lost to 27A (wait for intermediate care)



	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun	Total
19/20	636	24	5919	0	0	0	6579
20/21	295	39	4318	0	0	0	4652



	East Dun	East Ren	Glasgow City	Inverclyde	Renfrewshire	West Dun
27A Mar-19	33	0	429	0	0	0
27A Mar-20	32	9	476	0	0	0
27A Mar-21	28	0	522	0	0	0

ANNEX C

Urgent Care Service 11 Weeks Activity Review

01/04/2021 to 13/06/2021

The 2020/2021 Covid19 pandemic and the impact of the public lockdown resulted in an overall reduction in emergency attendance rates across NHSGGC. This summary paper focuses on the changes in activity across a number of our urgent care activity as lockdown began to ease during March 2021.

Acute Hospitals Emergency Attendances: Table 1.1 below represents the ED and AU (including SATA) emergency attendances for the core hospital sites in the first 11 weeks of 2021/2022 and table 1.2 reports the same period of 2019/2020 pre the Covid19 pandemic year of 2020/2021. It is clear from the data that the early part of the year routinely includes a number of weeks of variability usually associated with Easter and May public holidays (increases noted in red). During the 2021/2022 period there is clear evidence of cumulative step changes in emergency attendances and this is illustrated in the graph labelled 1.3 below.

TABLE: 1.1 - April 2021 to 13th June 2021

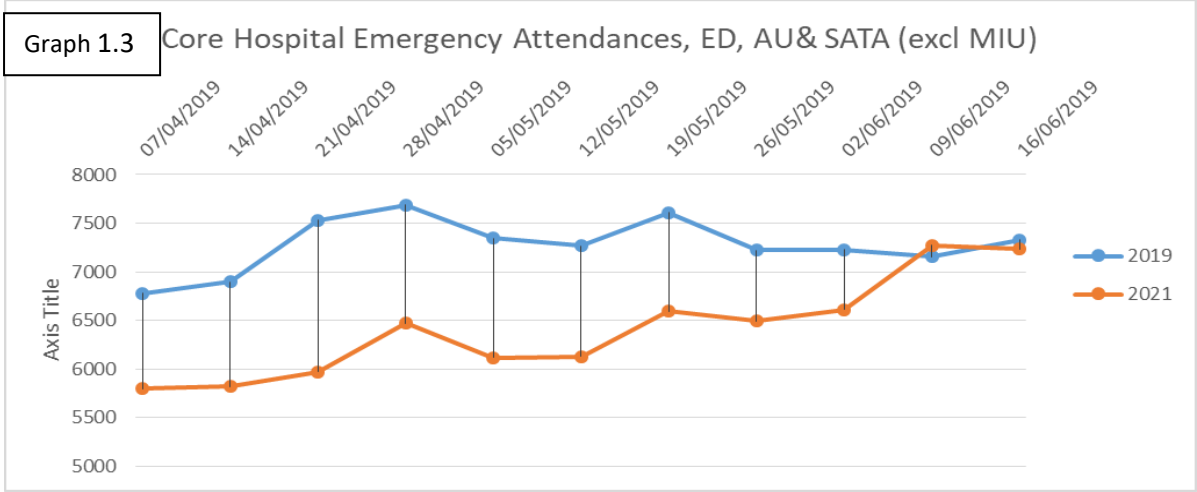
Week Ending - Core Sites	13/06/2021	06/06/2021	30/05/2021	23/05/2021	16/05/2021	09/05/2021	02/05/2021	25/04/2021	18/04/2021	11/04/2021	04/04/2021
Royal Alexandra Hospital	1346	1385	1269	1218	1169	1093	1210	1201	1215	1157	1102
Glasgow Royal Infirmary	1796	1690	1542	1558	1595	1524	1513	1654	1468	1436	1456
Queen Elizabeth University Hospital	1898	2035	1824	1739	1827	1759	1683	1777	1729	1730	1657
Inverclyde Royal Hospital	691	666	627	633	641	584	562	613	548	537	520
Royal Children's Hospital	1500	1497	1346	1342	1363	1165	1148	1225	1011	957	1061
Total	**7231**	**7273**	**6608**	**6490**	**6595**	**6125**	**6116**	**6470**	**5971**	**5817**	**5796**
% increase on prev week	**-0.6%**	**10.1%**	**1.8%**	**-1.6%**	**7.7%**	**0.1%**	**-5.5%**	**8.4%**	**2.6%**	**0.4%**	
		665	**118**		**470**			**499**	**154**		

TABLE: 1.2 - April 2019 to 16th June 2019

Week Ending - Core Sites	16/06/2019	09/06/2019	02/06/2019	26/05/2019	19/05/2019	12/05/2019	05/05/2019	28/04/2019	21/04/2019	14/04/2019	07/04/2019
Royal Alexandra Hospital	1387	1337	1386	1443	1439	1332	1305	1439	1413	1225	1309
Glasgow Royal Infirmary	1878	1875	1913	1814	1939	1877	1930	2034	2004	1841	1774
Queen Elizabeth University Hospital	2016	2015	2054	1977	2046	2016	2006	2085	2084	2055	1913
Inverclyde Royal Hospital	636	636	662	685	729	654	644	717	638	607	623
Royal Children's Hospital	1411	1290	1214	1303	1455	1386	1460	1412	1389	1169	1162
Total	**7328**	**7153**	**7229**	**7222**	**7608**	**7265**	**7345**	**7687**	**7528**	**6897**	**6781**
% increase on prev week	**2.4%**	**-1.1%**	**0.1%**	**-5.1%**	**4.7%**	**-1.1%**	**-4.4%**	**2.1%**	**9.1%**	**1.7%**	
	175				**343**			**159**	**631**	**116**	

Graph 1.3 – The cumulative step change in attendances can be seen over the 11 week period bringing the 11 weeks of 2021/2022 emergency attendances up to the same level as pre-pandemic in 2019/2020. This change in attendance rates has not been seen at any point previously and represents a statistically significant shift in activity across the core sites and reflects changes in demand.

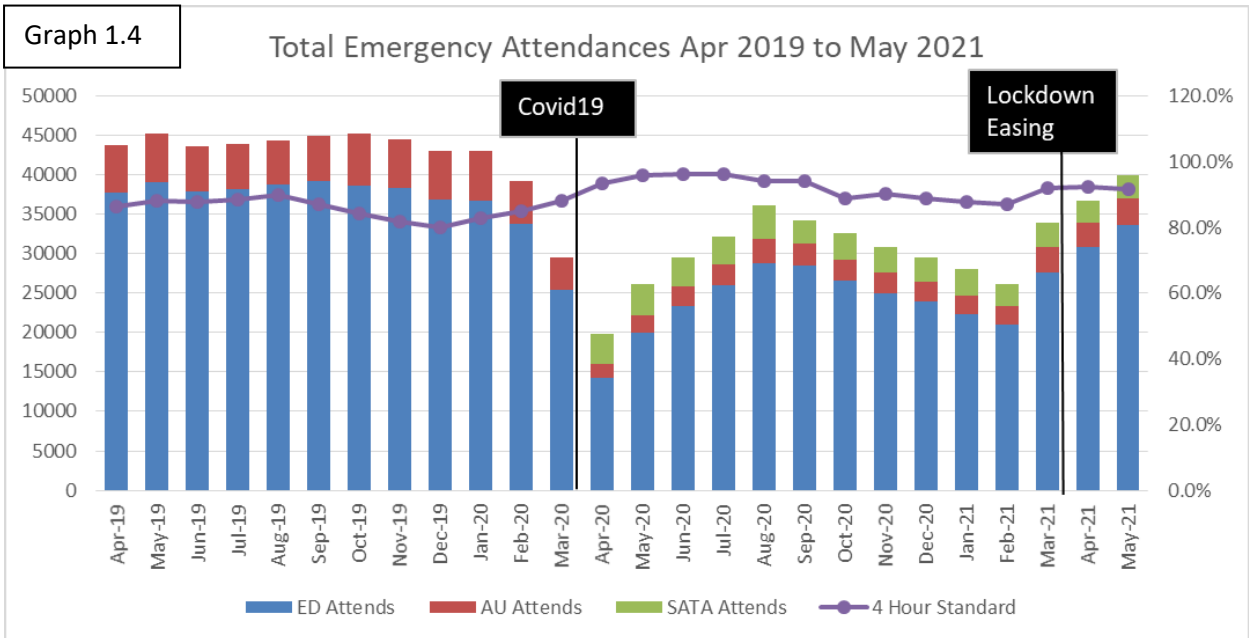
Graph 1.3



In summary UC attendances have reached pre pandemic levels whilst maintaining Covid19 pathways.

Graph 1.4 - The trend in cumulative emergency attendances from April 2019 through to May 2021 is provided below. This clearly illustrates the impact of Covid19 however there is increasing evidence of a step change in overall front door attendances to the end of May, June figures are not yet fully available. The 11 week review detailed above however confirms that in the first two weeks of June attendances were in line with 2019 figures at 14,504 for 2021/2022 compared to 14,481 for 2019/20. We anticipate that the full total by the end of June will show a similar step change trend of month on month increases.

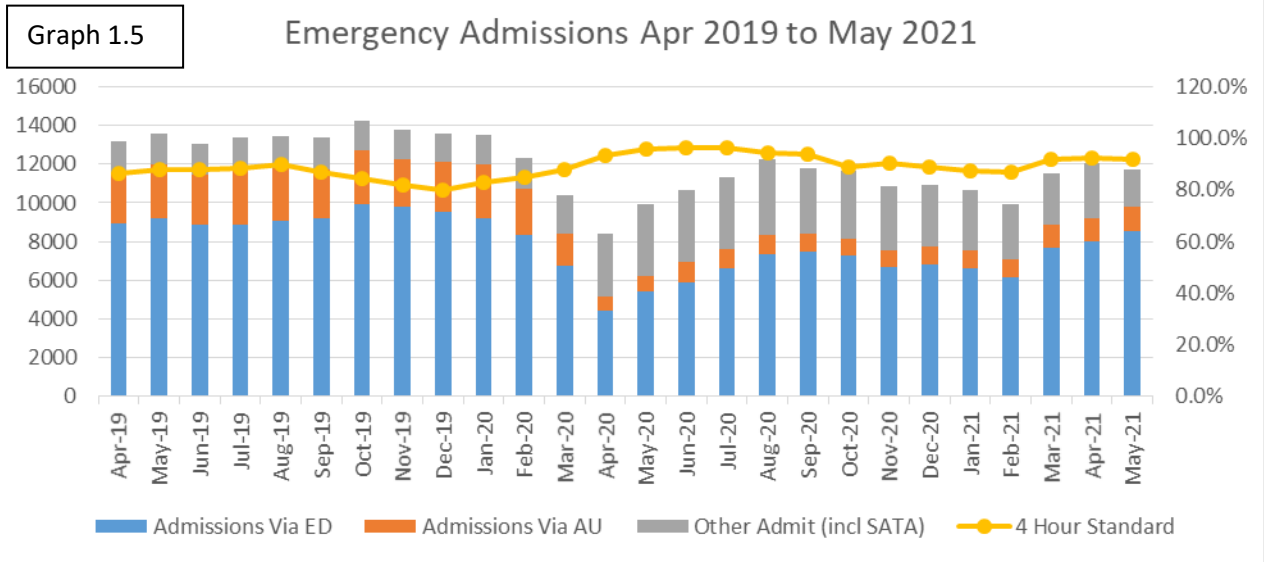
Graph 1.4



Acute Admissions: During the Covid19 pandemic the acute hospitals experienced an overall increase in the acuity of presentation with many patients requiring intensive care treatment in general new ways of working had to be quickly developed

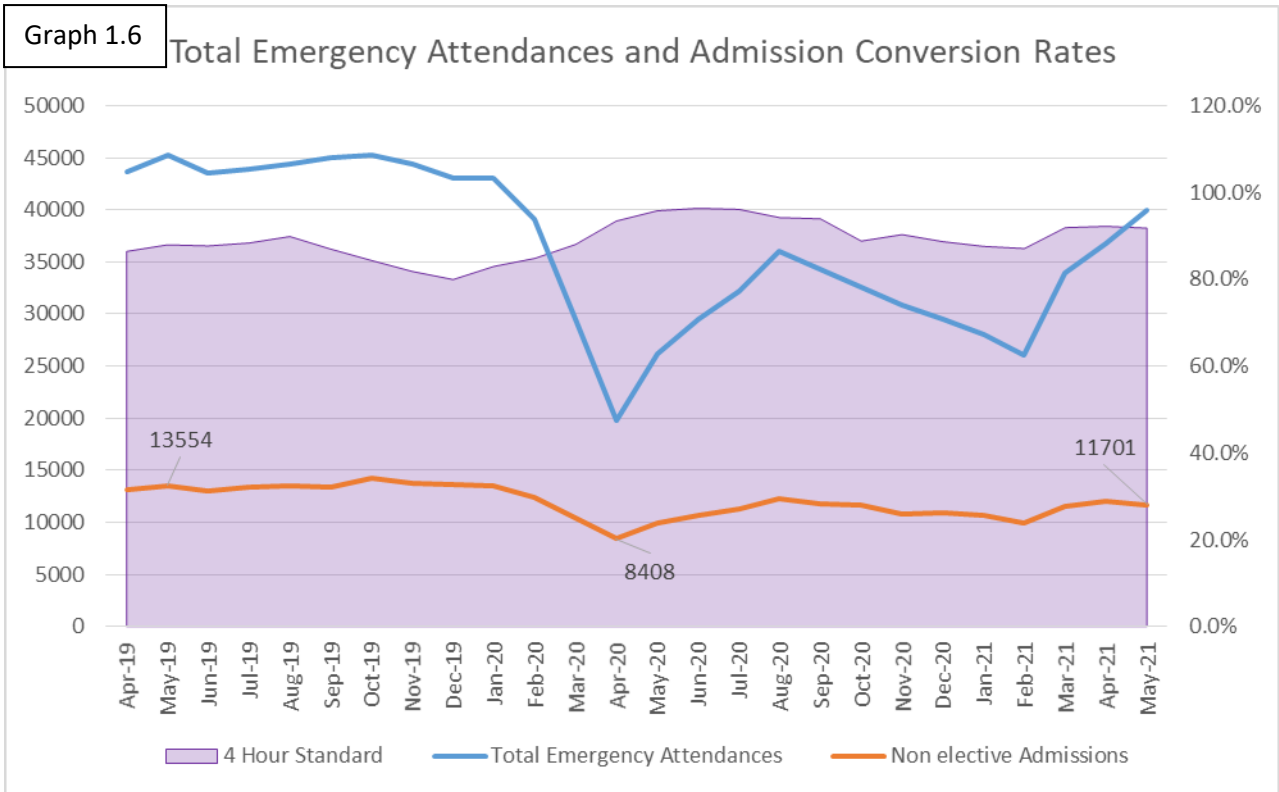
to deal with these challenges. In line with the reduced attendance profile during the pandemic the acute sites also experienced a reduction in the number of emergency admissions as the public adopted stay at home restrictions. Graph 1.5 below shows the total Emergency admissions and illustrates the correlation between admissions and 4 hour performance.

Graph 1.5



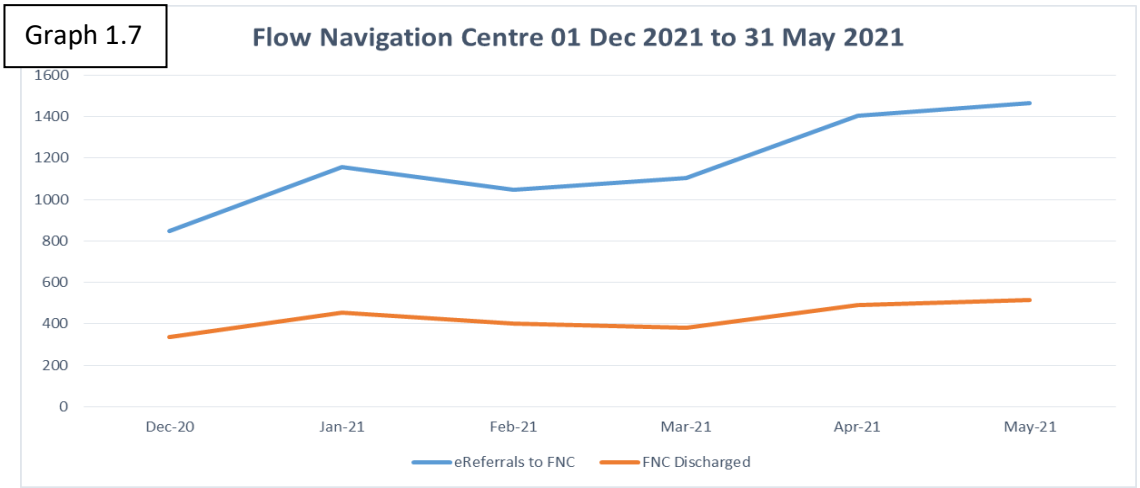
Emergency Admission Conversion Rates are detailed in Graph 1.6., whilst there is clearly a trend towards increasing admissions we have not yet reached pre Covid19 levels. Our significant efforts through the redesign of urgent care including the Covid19 Community Assessment Centres, the introduction of the Flow Navigation Centre and the Mental Health Assessment Unit and the increased provision of prof to prof advice may cumulatively be making a difference however difficult this may be to attribute cause and effect.

Graph 1.6



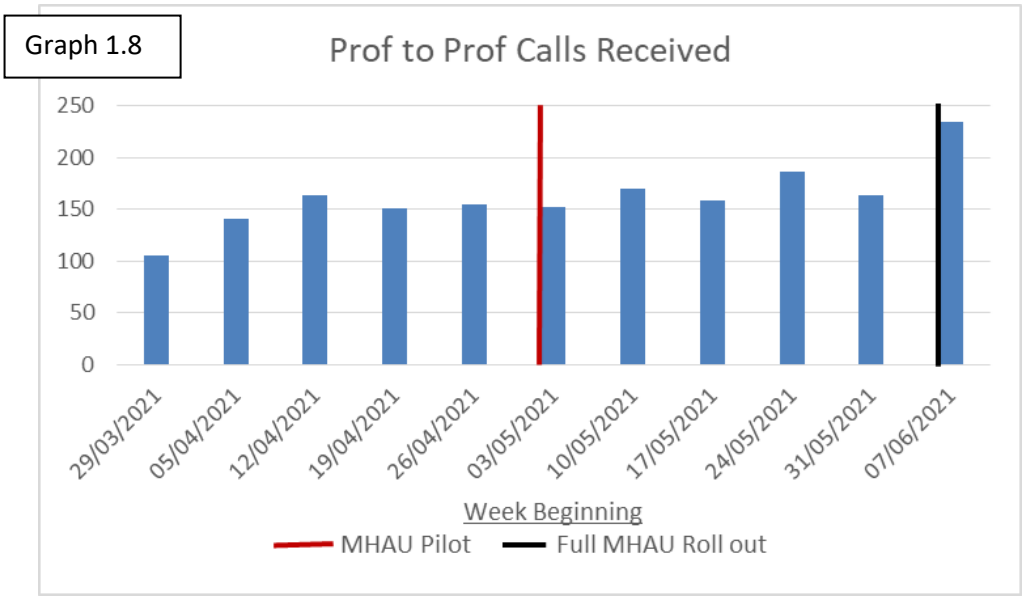
Flow Navigation Centre (FNC): The NHS111 service was launched on 1st December 2021 with eReferrals sent to the FNC for Near Me and telephone consultations. Graph 1.7 below shows the increasing number of referrals from NHS24 and a slower growth rate in the number of direct discharges from FNC. This is a result of two operational limitations that Phase 2 of the programme is trying to address, firstly the availability of alternative outflow options needs to increase to provide access to specialists including physio for MSK conditions and secondly as the FNC operates currently over 12 hours it is only able to deliver for 60% of the daily referrals.

Graph 1.7

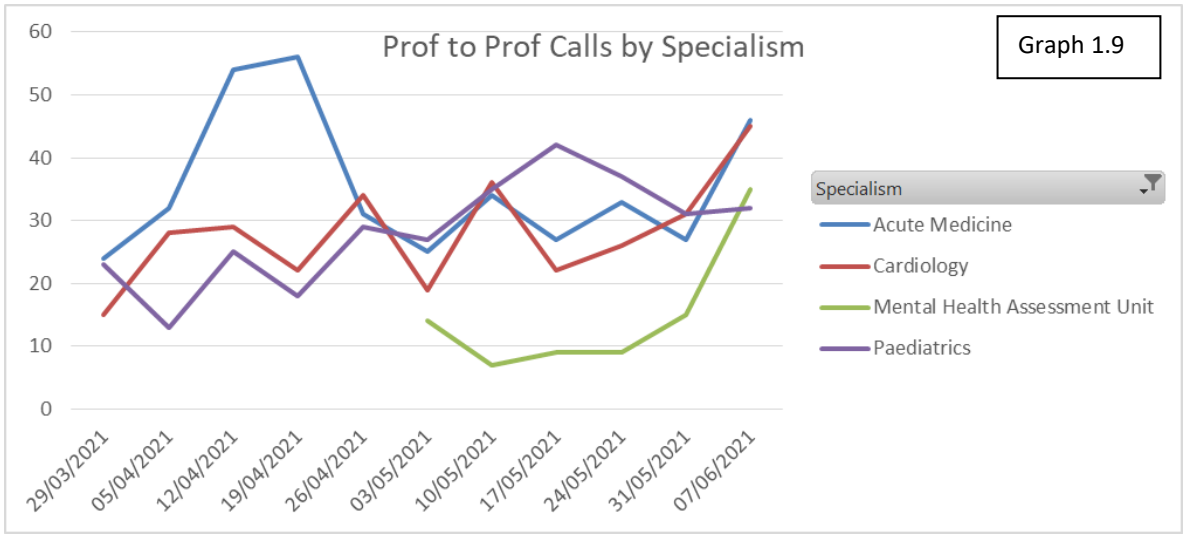


Professional to Professional Advice: The Acute hospital teams provide prof to prof specialty advice through a designated telephone system and a mobile device App. In March 20 the Mental Health Assessment Unit (MHAU) piloted a new prof to prof advice service for GP practices. This initially was for South GP's only to test the process and functionality however was fully rolled out to all GP's at the beginning of June.

Graph 1.8 - The increase in advice referrals illustrated in the 11 week graph below to 13/06/2021 shows a step change increase of 45% in week 11 and reflects the impact of the new MHAU service and a rise in activity across a number of other specialties as detailed in Graph 1.5.



Graph 1.9: Professional to Professional Advice demonstrating significant increase in MHAU calls and also a corresponding increase in medicine, cardiology and paediatrics.



Mental Health Assessment Units (MHAU): Referrals to MHAUs in May 2020 totalled 442 compared to the referrals reported for May 2021 of 1443 and reflects a 3 fold increase in MHAUs activity over the 12 month period as detailed below in Graph 1.10 (data collated from EMIS dashboard for comparison). This illustrates the significant growth in direct referrals to the MHAU's facilitating access for ED's SAS and the Police service and we anticipate this is having a positive overall effect on both ED attendances and admission rates. To provide a snapshot of the new service Table 1.11 shows the range of services that have direct access to the MHAU including NHS24.

Graph 1.10

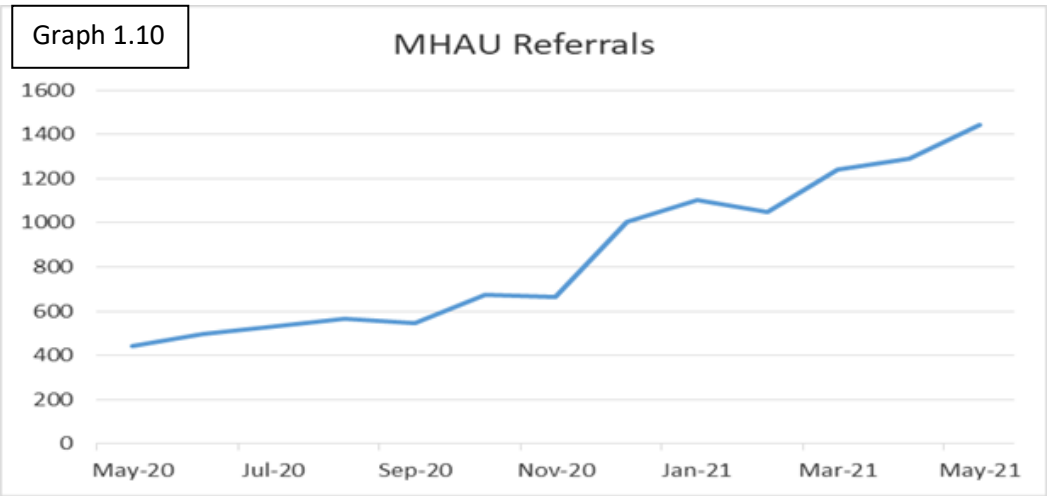


Table 1.8: MHAU Source of referral with a marked increase in referrals from NHS24.

As detailed in the table referrals to the MHAU are reporting month on month increases and the service has clearly evidenced the value delivered through this route by providing direct access to the specialty.

Referrals by source - Leverndale & Stobhill	Mar-21	Apr-21	May-21
Accident and Emergency Department	327	322	293
Ambulance Service	77	99	111
Community Health Service	10	12	10
General Medical Practitioner	50	50	109
Hospital Inpatient/Outpatient	5	1	0
Not known	1	2	4
Police	409	383	435
Self-Referral	2	12	6
Allied Health Professional	1	1	4
NHS24	356	407	462
Other (includes Armed Forces)	2	1	8
Not specified	2	1	1
TOTAL	**1,242**	**1,291**	**1,443**

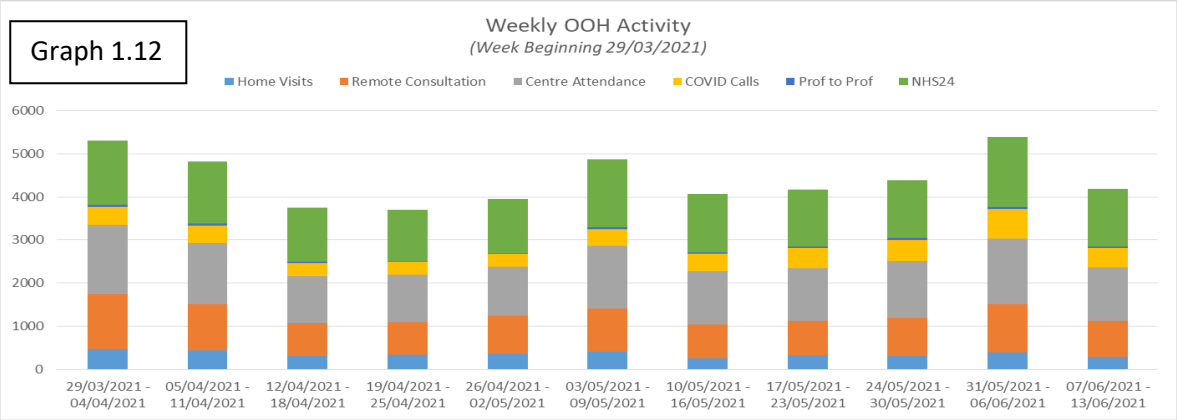
Table 1.11

As a new service establsihed during Covid19 this represents a cumulative increased in overall urgent care demand

GP OOH's Service: similar to the hospital attendances there has been significant levels of variation in the number of weekly attendances to the GPOOH's service. As anticipated some of this will be a reflection of the Easter and May holiday periods.

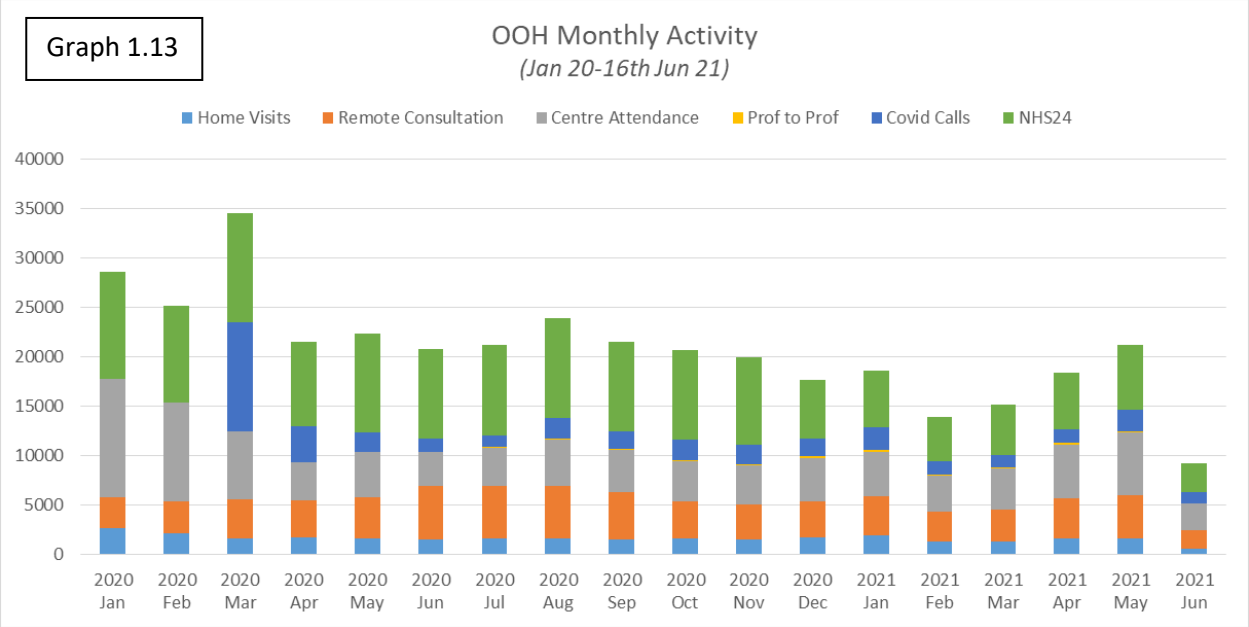
Graph 1.12 below reports the weekly GP OOH's activity week ending 04/04/2021 to 13/06/2021

Graph 1.12



The annual picture for GPOOH's from March 2020 to date is provided below in Graph 1.13 and illustrates the change in service provision to incorporate the delivery of remote consultations. The GPOOH's data cannot be considered independently of the Community Assessment Centres (CAC's) as the cumulative demand is now spread across both services therefore the section to follow provides the CAC demand over similar periods

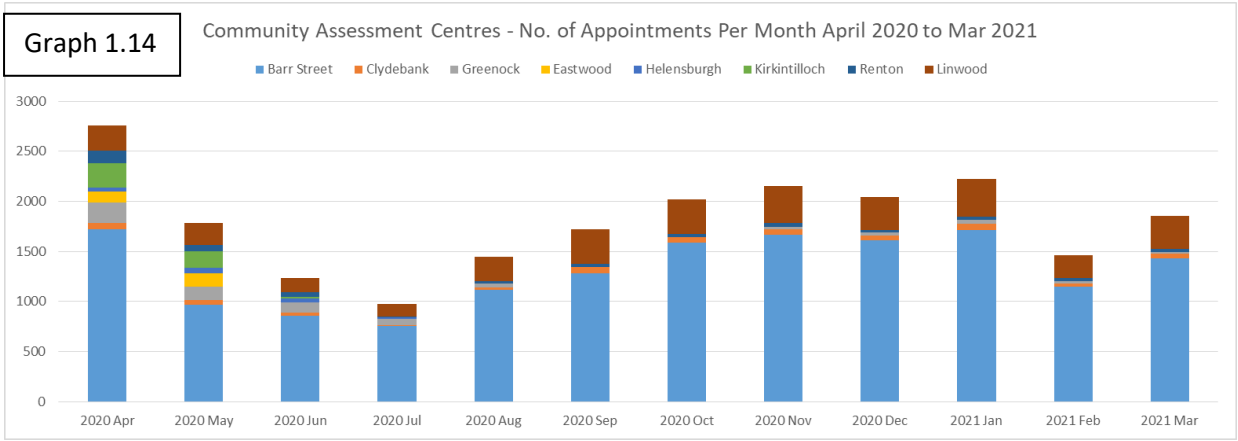
Graph 1.13



Community Assessment Centres: The CAC's were established in April to provide an alternative pathway for GP's both in and OOH's to provide assessment and treatment of patients with Covid19 symptoms.

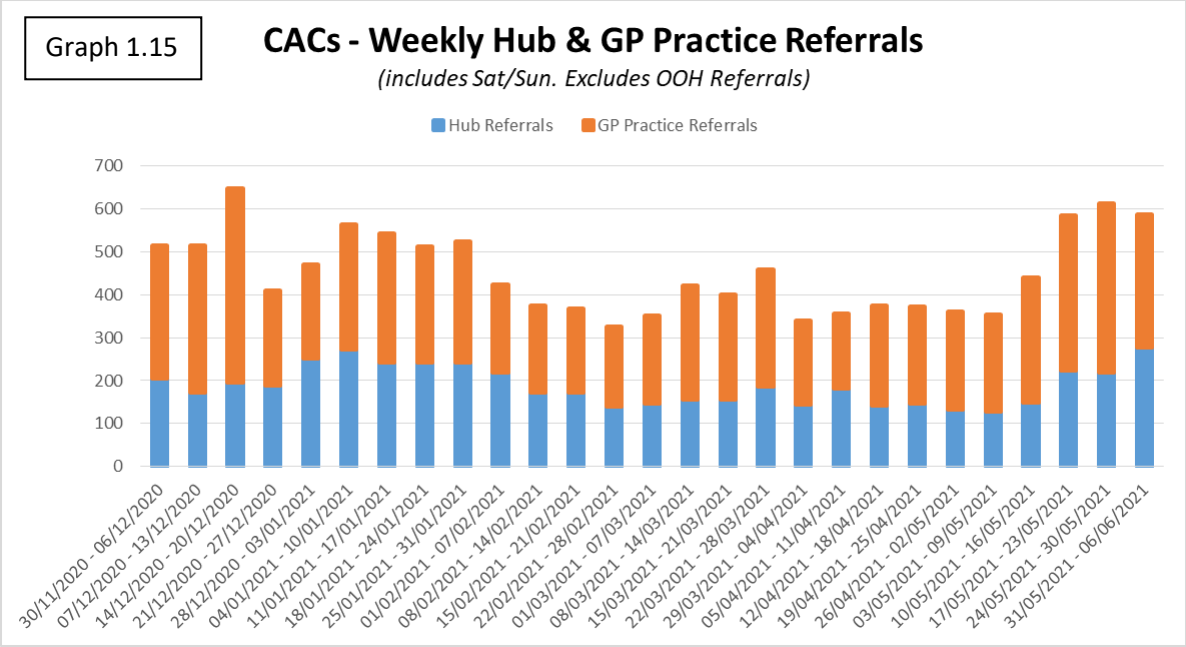
The profile of attendances in Graph 1.14 below shows peak attendance in April 2020 as the pandemic took hold and the pattern mirrors the high demand experienced during wave one, easing during the summer months when restrictions were lifted and then resumes in the autumn in line with wave two of the pandemic and plateaus in line with the prevalence of the virus during Feb and March 2021.

Graph 1.14



The weekly demand illustrated in Graph 1.15 below however reflects another step change in attendances in particular during May and June and this has been largely associated with the Delta variant and spread amongst younger age groups as lockdown eases. The position in the most recent three weeks reports weekly attendances between 550 and 600 and these numbers are similar to the wave two peak in autumn 2020.

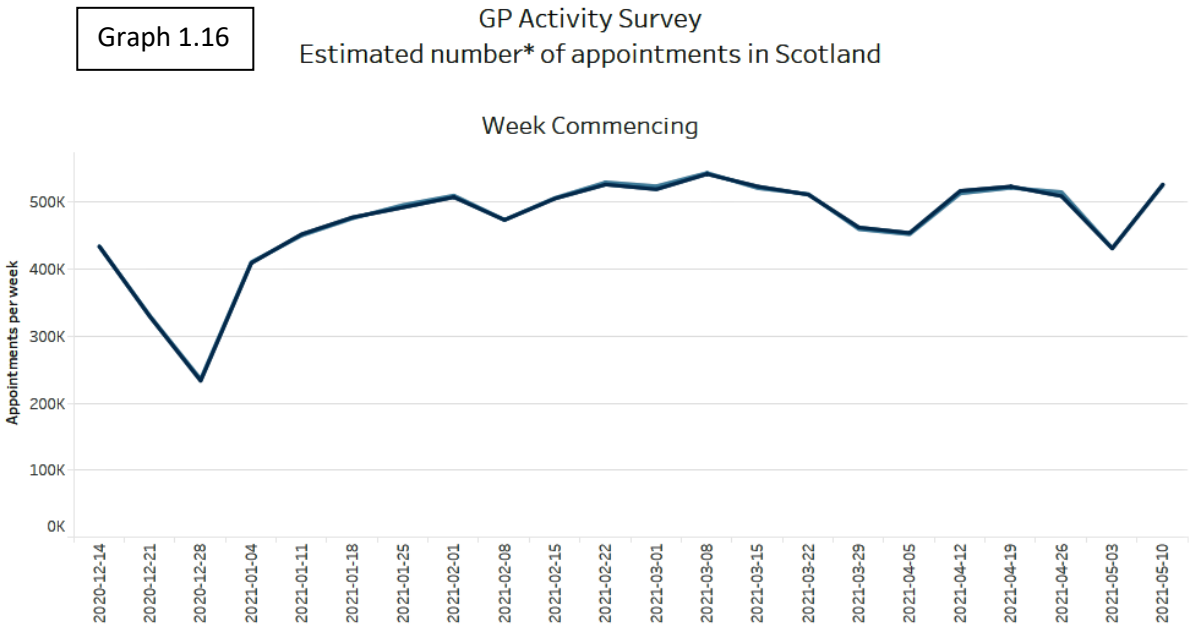
Graph 1.15



Primary Care: In the absence of available NHSGGC data we have used a combination of both the nationally published GP demand profile and an extract from two practices within NHSGGC who have shared their local data with us to support the analysis.

The latest national figures were published on 21st June 2021 using data collection from a sample of practices. Graph 1.16 below shows a continuing upward trend in overall appointment in the period between December 2020 and May 2021 and further narrative published reports an increase in the proportion of face to face appointments. The figure of around 500,000 appointments per week for Scotland is equivalent to approximately 115,000 weekly appointments for NHSGGC.

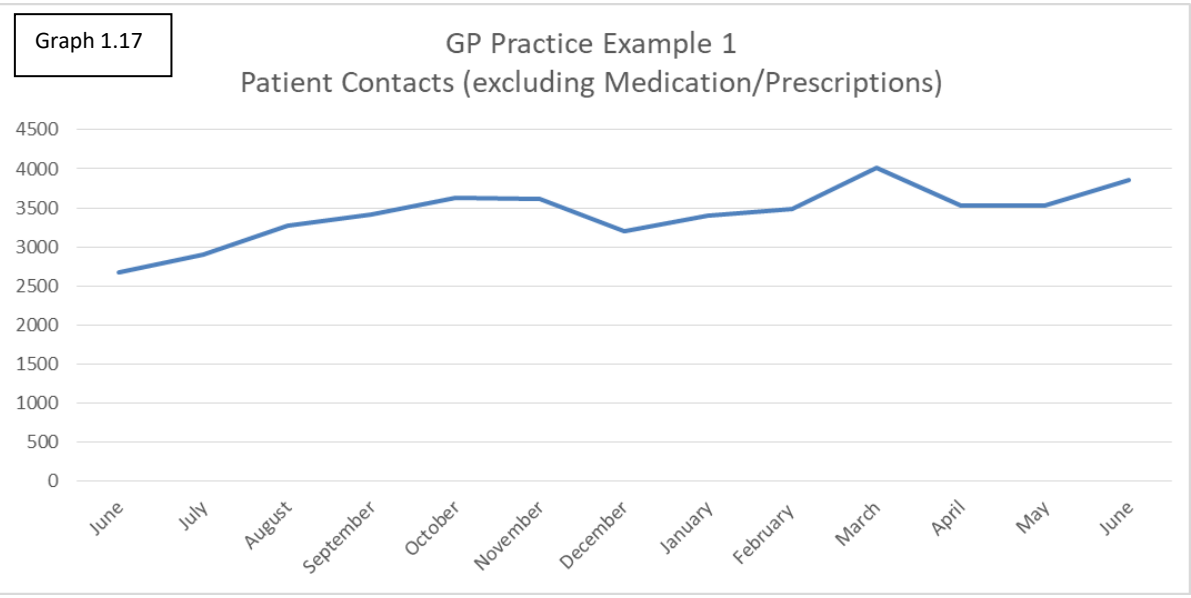
Graph 1.16



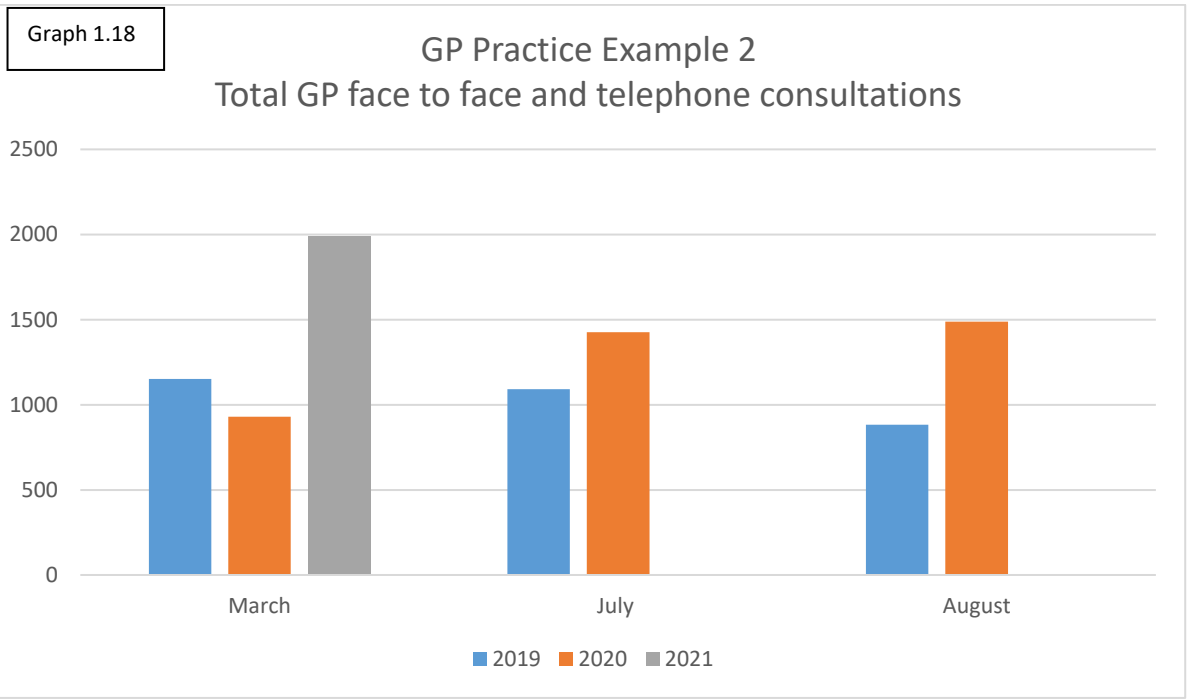
*NB data for weeks at Christmas, Easter and early May include public holidays so weekly activity is over 3-4 days

Graph 1.17 – Practice 1 trend over the past 12 months illustrating that the increase in activity last winter has been sustained into the spring and early summer. Graph 1.15 – Practice 2 showing significant growth in appointments since March 2019.

Graph 1.17



Graph 1.18



In summary there is evidence of demand reaching pre pandemic levels albeit it is too early to understand or predict the levels of variation being experienced across the full range of service. Clearly the new services such as the FNC and MHAU are designed to divert previously identified demand to alternatives however at this stage we are unable to conclude if these are new presenations or replacements for what may have been previous emergency demand.

The service configuration remains challenging as we continue to deliver Covid19 amd Non Covid pathways and adds a layer of complexity to managing patient flow in and out of all servces.

Our next steps will be to review the acute hospital occupancy levels and the length of stay to see if there have been any comparable changes to these as a measure of the level of demand on urgent care services across the system.

ANNEX D

Design & Delivery Plan Actions

Phased Delivery Matrix

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions (Phased)		Phase 1&2 (21/23)	Work Stream or Programme to Progress	Phase 3 (22/23)	D&D Plan Section Reference
Communications					
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services		Communication & Engagement		**6**
Prevention & Early Intervention					
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions		Anticipatory Care Planning Work Stream		**5.7**
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department		Falls Prevention & Management Work Stream		**5.7**

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions (Phased)		Phase 1&2 (21/23)	Work Stream or Programme to Progress	Phase 3 (22/23)	D&D Plan Section Reference
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions		Progressed via: National Redesign Of Urgent Care Programme and GGC Falls & Frailty Programme		**5.7**
5	We will increase support to carers as part of implementation of the Carer's Act		via HSCP Carers' Strategy		
6	We will increase the number of community links workers working with Primary Care to 50 by the end of 20/21		via HSCP Primary Care Improvement Plans		
7	We will develop integrated pathways for the top six conditions most associated with admission to hospital with the aim of better supporting patients in the community		To be developed		
8	We will develop a range of alternatives to admission for GPs such as access to consultant advice, access to diagnostics and "hot clinics" e.g. community respiratory team advice for COPD and promote consultant connect - that enable unscheduled care to be converted into urgent planned care wherever possible		Redesign of Urgent Care		

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions (Phased)		Phase 1&2 (21/23)	Work Stream or Programme to Progress	Phase 3 (22/23)	D&D Plan Section Reference
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission		Co-ordination & Integration of Community Models		
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes		Co-ordination & Integration of Community Models Falls Prevention & Management		
11	We will explore extending the care home local enhanced service to provide more GP support to care homes		Led by Primary Care		
Primary Care & Secondary Care Interface					
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time		Redesign of Urgent Care		
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service		Redesign of Urgent Care		
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites		Redesign of Urgent Care		
15	We will incentivise patients to attend MIUs rather than A&E with non-		Redesign of Urgent Care		

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions (Phased)		Phase 1&2 (21/23)	Work Stream or Programme to Progress	Phase 3 (22/23)	D&D Plan Section Reference
	emergencies through the testing of a tow hour treatment target.				
16	We will explore extending MIU hours of operation to better match demand		Redesign of Urgent Care		
17	We will improve urgent access to mental health services		Redesign of Urgent Care		
18	We will reduce the number of A&E attendances accounted for by people who have attended more than five times in the previous twelve months equivalent to 2% of total attendances.		Multiple work streams		
19	We will reduce the number of people discharged on the same day from GP assessment units through the implementation of care pathways for high volume conditions such as deep vein thrombosis and abdominal pain. To enable this we will review same day discharges and signpost GPs to non-hospital alternatives that can be accessed on a planned basis		Redesign of Urgent Care		
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including		Integrated Pathways for Older People 3. Hospital @ Home		

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions (Phased)		Phase 1&2 (21/23)	Work Stream or Programme to Progress	Phase 3 (22/23)	D&D Plan Section Reference
	care home residents and people with frailty. (PILOT ONLY)				
Improving Discharge					
21	We will work with acute services to increase by 10% the number of discharges occurring before 12:00 noon and at weekends and during peak holiday seasons, including public holidays		Discharge to Assess Frailty @ the Front Door Co-ordination & Integration of Community Models		
22	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.		Discharge to Assess Frailty @ the Front Door Co-ordination & Integration of Community Models		
23	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance		Co-ordination and Integration of Community Models		
24	We will reduce delayed discharges so that the level of delays accounts for approximately 2.5-3.0% of total acute beds, and bed days lost to delays is maintained within the range of 37,00-				

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions (Phased)		Phase 1&2 (21/23)	Work Stream or Programme to Progress	Phase 3 (22/23)	D&D Plan Section Reference
	40,000 per year				

ANNEX E

GP ENGAGEMENT SESSIONS 2020

SUMMARY FEEDBACK

- resounding support for the proposed campaign to support public education although there was concern that if not framed appropriately and supported by strong redirection policy with well trained staff this could result in more demand for GPs;
- undifferentiated care demand in primary care needs to be reflected although it is recognised that data to support this is lacking;
- links with the GP Contract and PCIP should be made within the JCP and opportunities to develop new pathways considered in collaboration;
- opportunity to develop links with JCP actions and the objectives within the PCIP MOU considering the benefits of resources such as link workers, ANPs, physiotherapy etc. Pharmacy First Plus to support right person, right place, right time;
- a willingness to embrace data if this can be provided e.g. variation in ED attendances by practice, MAU same day discharge. Discussions could be facilitated at cluster level;
- data on the use of Consultant Connect and professional to professional advice with GPs to allow them to understand outcomes achieved, calls answered etc. may help to improve the service provided;
- engagement with Acute Sectors varies, there is an opportunity to review the current situation with a view to understanding what works well and seeking to roll this out across all three acute sectors;
- GP input to further scoping and development of the ACP/KIS approach along with other stakeholders;
- a number of acute processes have been highlighted as problematic, these can be shared and opportunities to collaborate to improve explored; and,
- future GP engagement is welcomed.

ANNEX F

Financial Framework

Phase 1 (Funding Gap) and Phase 2 Financial Framework

Unscheduled Care : Financial Framework		Total				
		2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Improving Discharge						
22	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.	£0	£200,000	£200,000	£0	£400,000
23	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.	£10,000	£99,040	£0	£0	£109,040
Total		**£7,098,793**	**£1,508,818**	**£254,080**	**£0**	**£8,861,691**

	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£6,311,171	£971,958	£54,080	£0	£7,337,209
Non Recurring	£787,622	£536,860	£200,000	£0	£1,524,482
Total	**£7,098,793**	**£1,508,818**	**£254,080**	**£0**	**£8,861,691**

Funding : Recurring Expenditure	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Mental Health Assessment Unit - LMP/Additional Scottish Government Funding (to be confirmed)	£982,848	£0	£0	£0	£982,848
Scottish Government Funding : HB	£2,221,252	-£2,221,252	£0	£0	£0
HB Budget	£779,000	-£779,000	£0	£0	£0
IJB Budget	£1,124,896	£304,219	£0	£0	£1,429,115
PCIP Funding	£292,172	£0	£0	£0	£292,172
Total Funding Recurring	**£5,400,168**	**-£2,696,033**	**£0**	**£0**	**£2,704,135**
Funding Gap	**£911,002**	**£3,667,991**	**£54,080**	**£0**	**£4,633,073**

Funding : Non Recurring Expenditure	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£320,000	£45,000	£0	£0	£365,000
Manage within HSCP Budget	£242,322	£491,860	£200,000	£0	£934,182
Scottish Government Funding : HB	£0	£0	£0	£0	£0
Hospital at Home Pilot Funding - HIS	£175,000	£0	£0	£0	£175,000
PCIP Funding	£50,300	£0	£0	£0	£50,300
Total Funding Non Recurring	**£787,622**	**£536,860**	**£200,000**	**£0**	**£1,524,482**
Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**

ANNEX G

Unscheduled Care Performance Management Framework

Proposed Key Performance Indicators
(using baseline year 2018/19)

- **emergency departments attendances**:
  - delivery of the four hour target (by hospital site not HSCP)
  - total attendances by age, sex and deprivation
  - rates of attendances per head of population
  - rates of admissions and discharges per head of population
  - frequent attenders as a percentage of total attendances

- **minor injury units attendances**:
  - delivery of the four hour target (by hospital site not HSCP)
  - total attendances by age, sex and deprivation
  - rates of attendances per head of population

- **flow navigation hub performance data** (TBC)

- **GP assessment units (or equivalent)**:
  - total attendances by age, sex and deprivation
  - rates of attendances per head of population e.g. 65+ & 75+
  - rates of admissions and discharges
  - GP referral rates
  - Consultant Connect activity by practice
  - Near Me / Attend Anywhere activity

- **emergency acute hospital admissions (all admissions):**
  - admissions by age, sex and deprivation
  - rates per head of population e.g. 65+ & 75+
  - length of stay
  - rates per GP practice
  - ACPs

- **mental health assessment unit activity** (TBC)

- **acute unscheduled care bed days**:
  - rates per head of population e.g. 65+ & 75+

- **acute bed days lost due to delayed discharges**:
  - rates by age e.g. 65+ & 75+
  - AWI and non AWI rates
  - bed days lost as % of total acute beds (reported annually)

- **acute delays**:
  - total number of daily delays (by age, AWI, non AWI etc.) over the reporting period (not the census figure)
  - as above for AMH, LD and OPMH

- monthly average delay duration (in days) for AWI and non AWI over 65 and under for the reporting period
- D2A indicators

ANNEX H

EMERGENCY ADMISSIONS (65+) PROJECTIONS

2022/23-2024/25

Design and Delivery Plan Projections

NHSGGC Emergency Admissions Projections (Ages 65+)

Gary King
Local Intelligence Support Team (LIST)

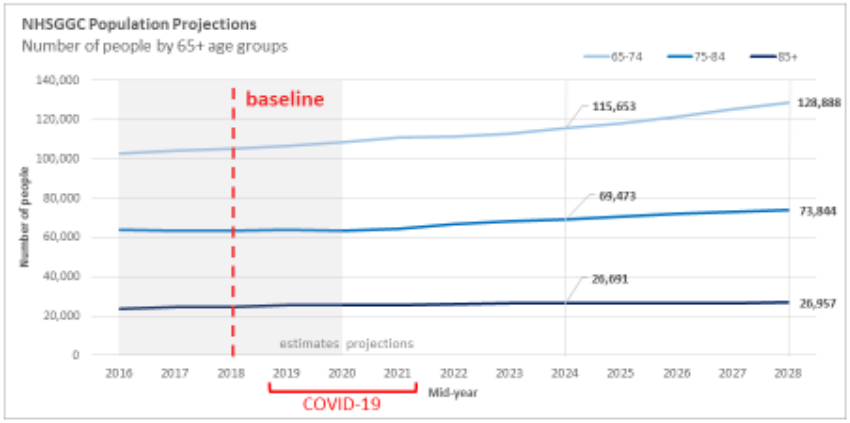
Public Health Scotland

Summary

- Population Projections 2018 to 2028
  - Age groups 65-74, 75-84 & 85+
  - Age group 65+ alone
- Emergency Admissions Projections (Age 65+)
  - Actual numbers 2017/18 to 2020/21
  - Use rates per 1,000 population
  - Take into account increase in 65+ population
  - 2018/19 baseline (pre-COVID-19)
  - Use rates to propose three scenarios for 2021/22 to 2024/25
  - Taking into consideration RMP3 target for 2021/22

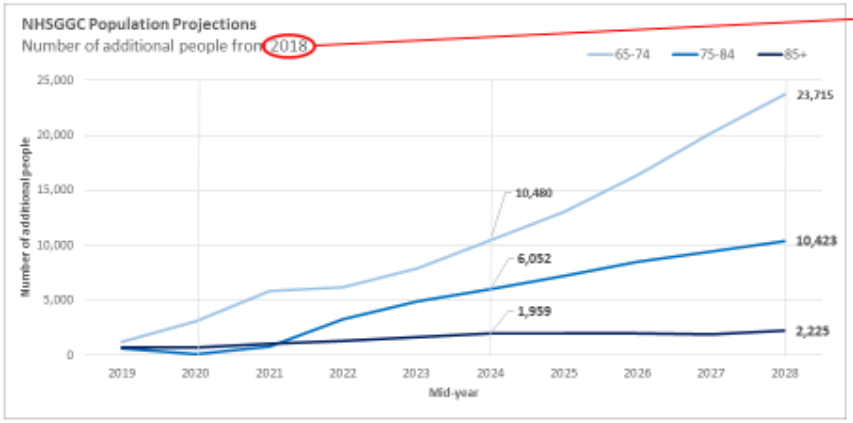
Population Projections

Number of people (aged 65+ groups)



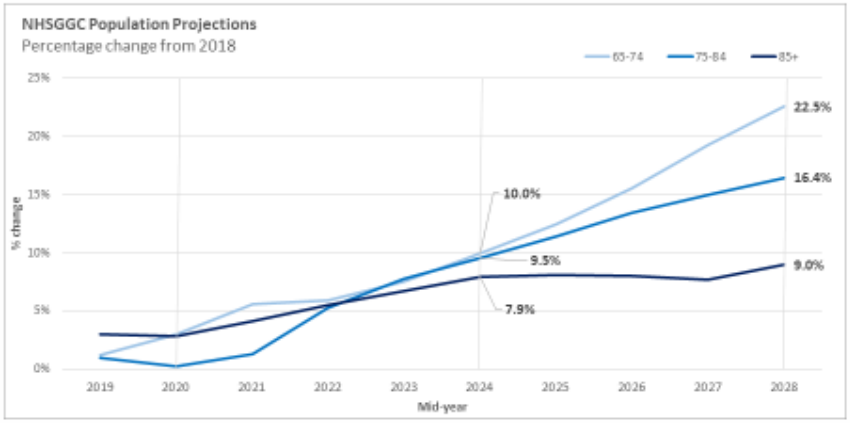
Population Projections

Number of additional people (aged 65+ groups)



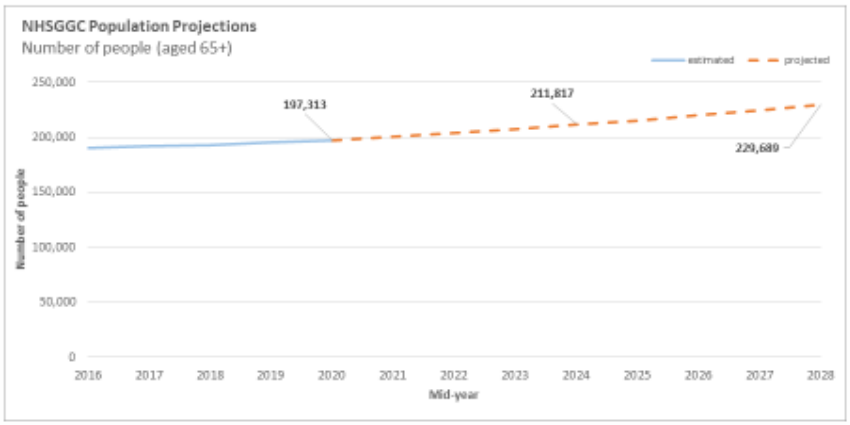
Population Projections

Percentage change from 2018 (aged 65+ groups)



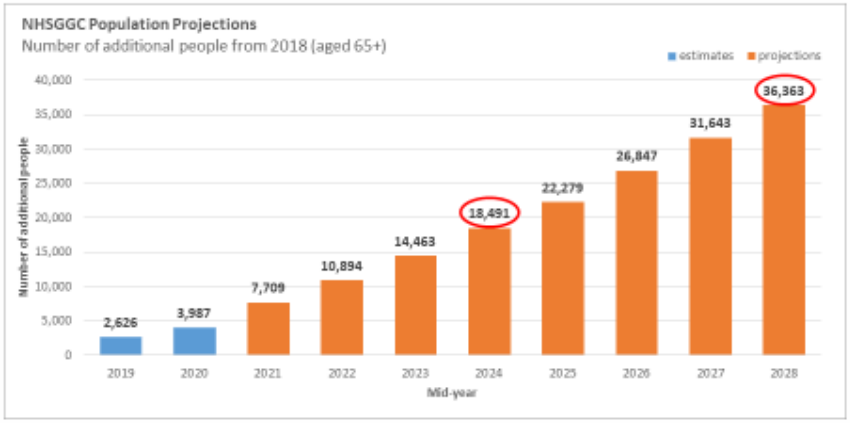
Population Projections

Number of people (aged 65+)



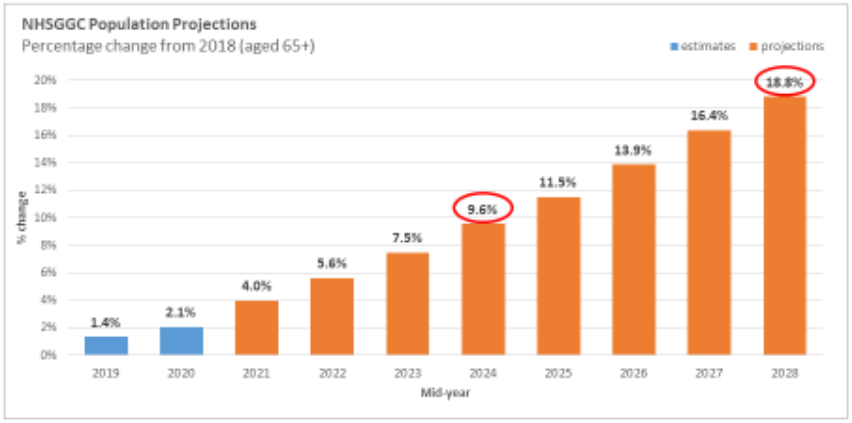
Population Projections

Additional people from 2018 (aged 65+)

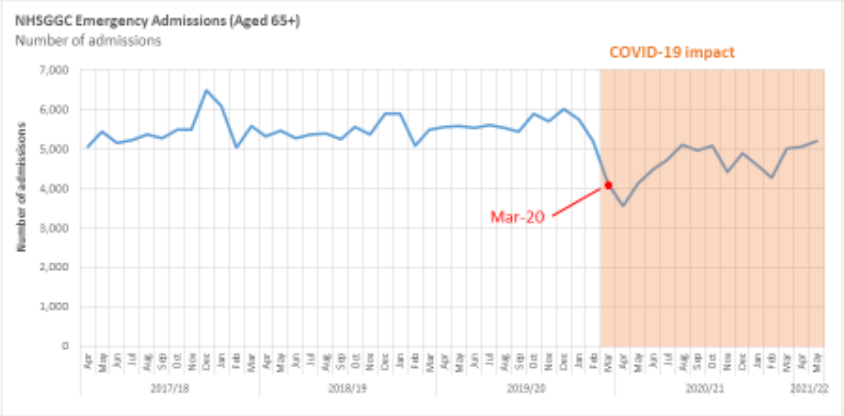


Population Projections

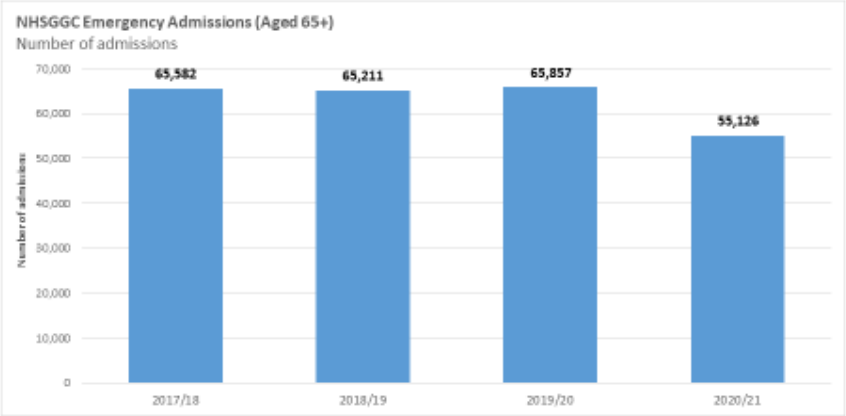
Change from 2018 (aged 65+)



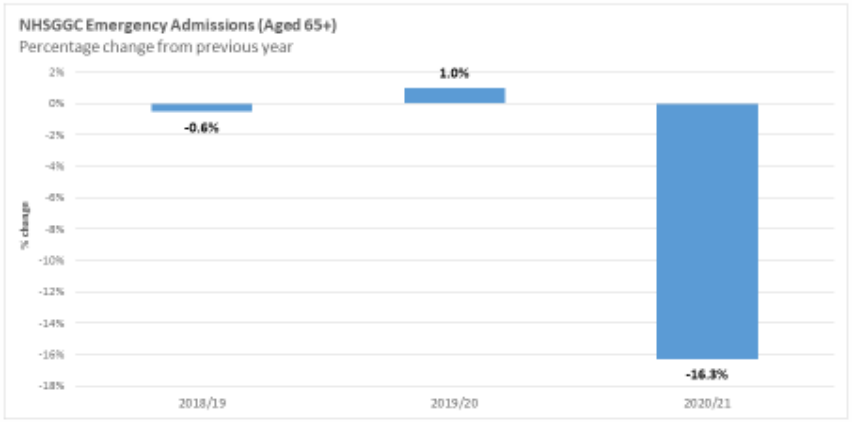
Emergency Admissions (Ages 65+)
Number of admissions



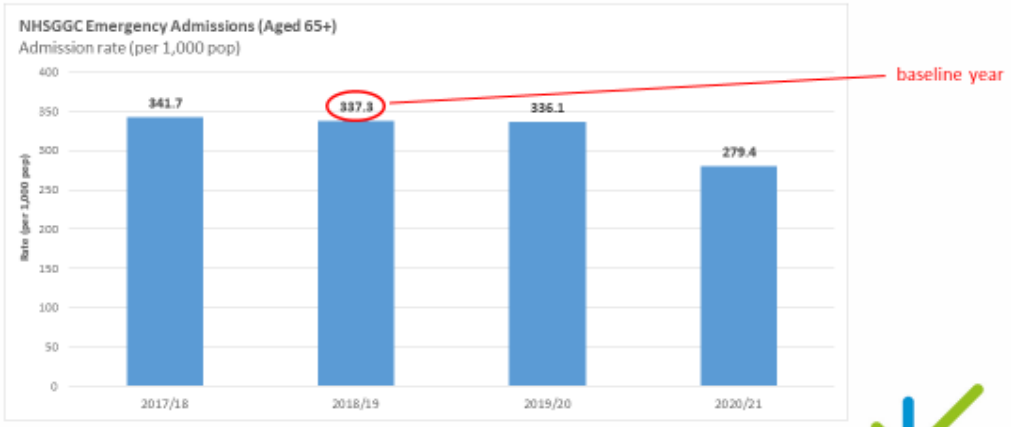
Emergency Admissions Ages 65+
Number of admissions



Emergency Admissions Ages 65+
% change from previous year



Emergency Admissions Ages 65+
Admission rates (per 1,000 population)



Emergency Admissions Ages 65+
Projection Scenarios

Scenario 1

No implementation ⇨ No reduction in 2018/19 baseline rate

Scenario 2

Partial implementation ⇨ 5% reduction

Scenario 3

Full implementation ⇨ 10% reduction

RMP3 is a 14.2% reduction

⇨ While factoring in RMP3 targets for 2021/22

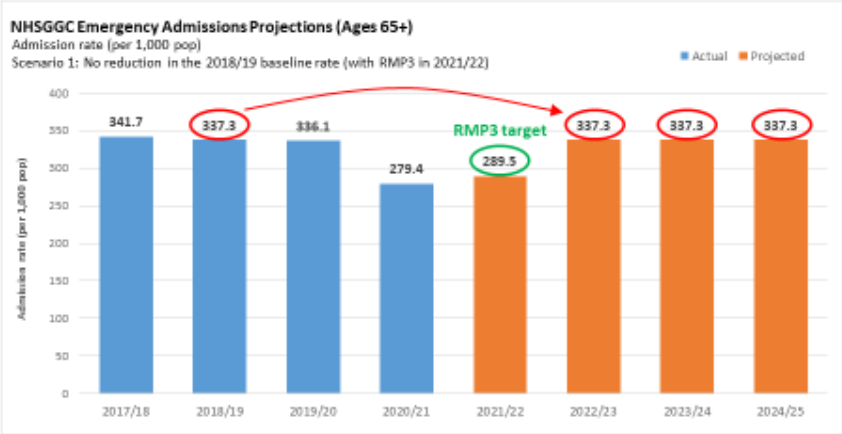
RMP3 target 2021/22:
138,594 (All ages)

Estimate for ages 65+:
138,594 x 42%
= 58,209

Ratio of EAs:
Age 65+ / All ages

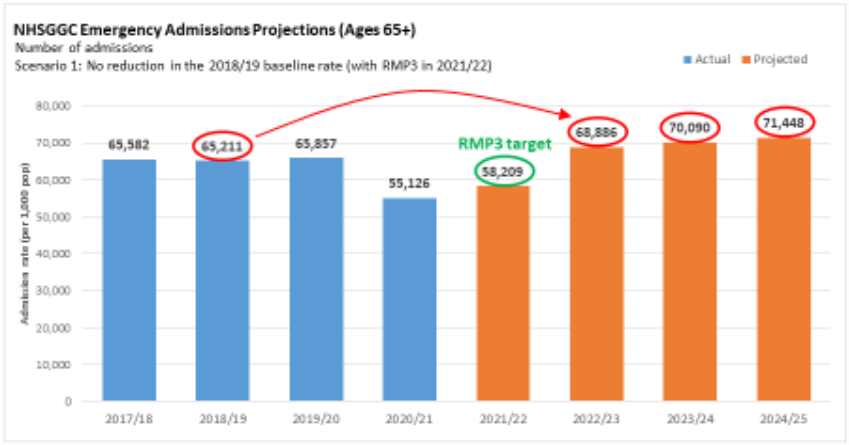
Scenario 1: No reduction in 2018/19 baseline (no implementation)

Admission rates (per 1,000 population)



Scenario 1 No reduction in 2018/19 baseline (no implementation)

Number of Admissions

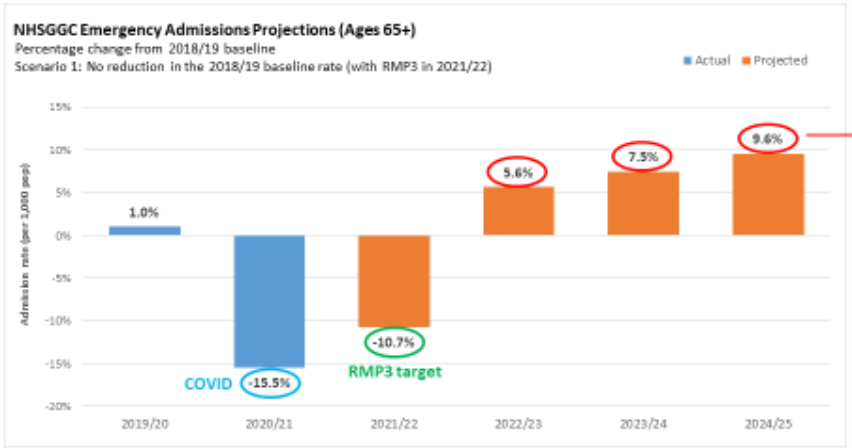


RMP3 target 2021/22:
138,594 (All ages)

Estimate for ages 65+:
138,594 x 42%
= 58,209

Scenario 1: No reduction in 2018/19 baseline (no implementation)

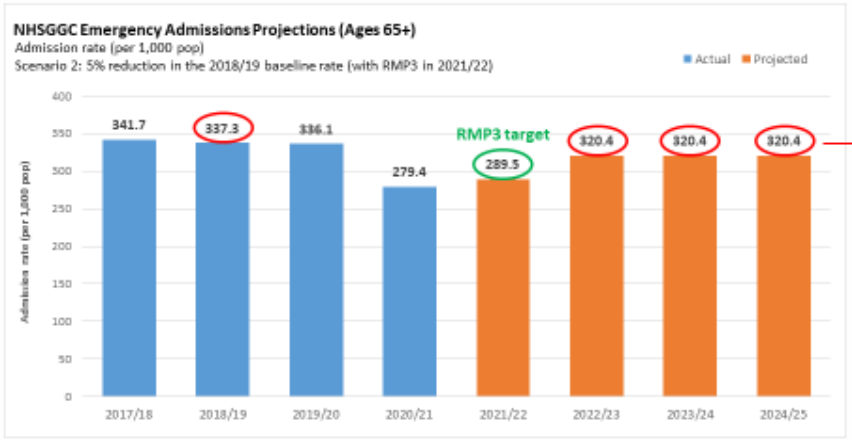
Percentage change from 2018/19 baseline



Increase solely due to the 65+ projected population increase

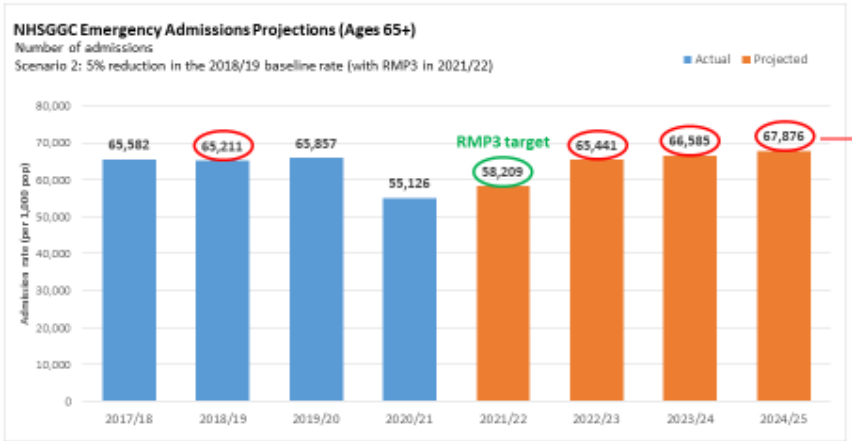
Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Admission rates (per 1,000 population)



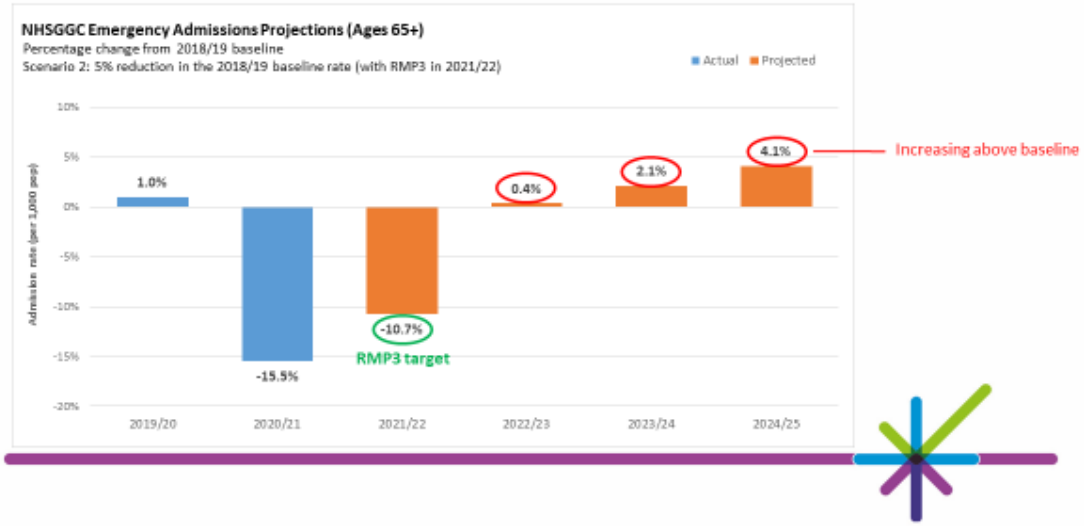
Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Number of Admissions



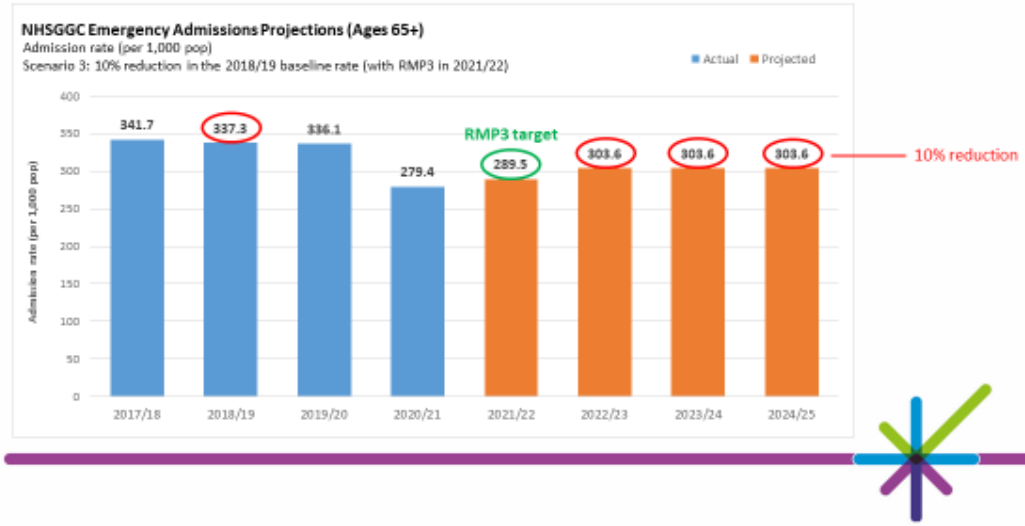
Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Percentage change from 2018/19 baseline



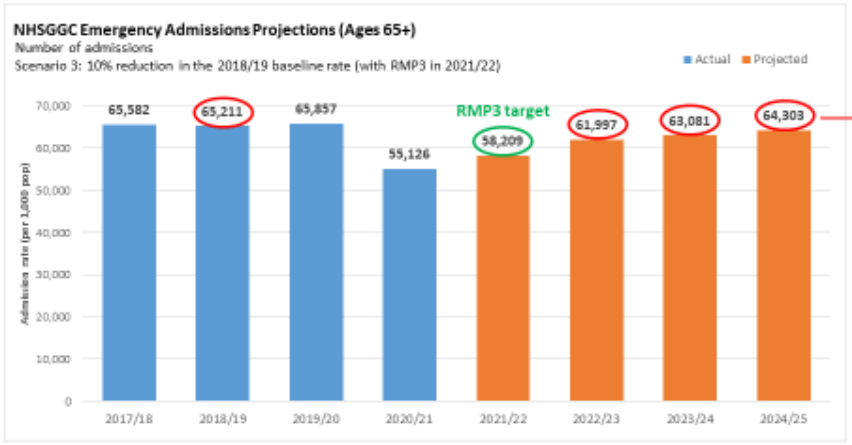
Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Admission rates (per 1,000 population)



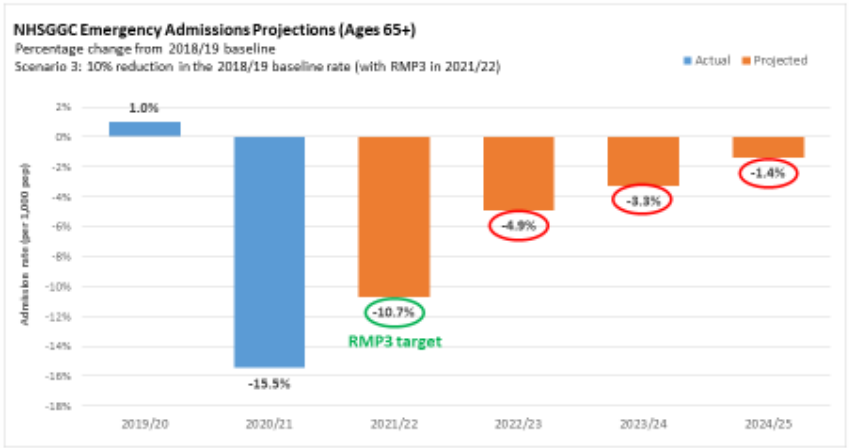
Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Number of Admissions



Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Percentage change from 2018/19 baseline



	Key Actions - Unscheduled Care Financial Framework	Recurring (R)/Non Recurring (N/R)	2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1								
Communications								
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services	R	£0	£10,000	£0	£0	£0	£10,000
Prevention & Early Intervention								
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions		£0	£0	£0	£0	£0	£0
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department		£0	£0	£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions		£0	£0	£0	£0	£0	£0
5	We will increase support to carers as part of implementation of the Carer's Act		£0	£0	£0	£0	£0	£0
6	We will increase the number of community links workers working with Primary Care to 50 by the end of 20/21	R	£0	£0	£0	£0	£0	£0
8	We will develop a range of alternatives to admission for GPs such as access to consultant advice, access to diagnostics and "hot clinics" e.g. community respiratory team advice for COPD and promote consultant connect - that enable unscheduled care to be converted into urgent planned care wherever possible		£0	£0	£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission		£0	£0	£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes		£0	£0	£0	£0	£0	£0

Key Actions - Unscheduled Care Financial Framework		Recurring (R)/Non Recurring (N/R)	2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Primary Care & Secondary Care Interface								
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time		£0	£0	£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service		£0	£0	£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites		£0	£0	£0	£0	£0	£0
17	We will improve urgent access to mental health services	R	£0	£80,495	£0	£0	£0	£80,495
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty.		£0	£0	£0	£0	£0	£0
Improving Discharge								
22	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.		£0	£0	£0	£0	£0	£0
23	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance		£0	£0	£0	£0	£0	£0
Total Phase 1			**£0**	**£90,495**	**£0**	**£0**	**£0**	**£90,495**

		2020/21 (£)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
	Phase 1 Recurring	£0	£90,495	£0	£0	£0	£90,495
	Phase 1 Non Recurring	£0	£0	£0	£0	£0	£0
	Total Phase 1	**£0**	**£90,495**	**£0**	**£0**	**£0**	**£90,495**
Funding: Recurring Expenditure							
	Mental Health Assessment Unit - LMP/Additional Scottish Government Funding (to be confirmed)	£0	£80,495	£0	£0	£0	£80,495
	IJB Budget - Care Home Nursing	£0	£0	£0	£0	£0	£0
	IJB Budget - Care Home	£0	£0	£0	£0	£0	£0
	IJB Budget	£0	£10,000	£0	£0	£0	£10,000
	PCIP Funding	£0	£0	£0	£0	£0	£0
	Redirection of Existing Budget (tbc)	£0	£0	£0	£0	£0	£0
Total Funding for Phase 1		**£0**	**£90,495**	**£0**	**£0**	**£0**	**£90,495**
Funding Gap		£0	£0	£0	£0	£0	£0

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Acting Head of Health and Community Care

20 September 2021

Subject: West Dunbartonshire HSCP Delayed Discharges

1. Purpose

1.1 The purpose of the report is to update the HSCP Board on the ongoing activities in relation to delayed discharge in West Dunbartonshire and the actions that have been taken to minimise these.

2. Recommendations

2.1 It is recommended that the HSCP Board note the content of the report and the effort being made to continue to prioritise a sustained reduction in those whose discharge is delayed.

3. Background

3.1 As updated to the HSCP Board in August, the Covid pandemic has had significant impact on the safe discharge of people from hospital to home or to a homely setting, nationally and within our HSCP. West Dunbartonshire has experienced the impact on discharges in various ways:

- Care homes having to close to admissions due to outbreaks and staffing issues

- Legislative processes being slowed due to court closures and resultant backlog of cases. As the majority of delayed discharges in West Dunbartonshire relate to Adults with Incapacity (AWI), complex Mental Health or Learning Disability cases these court delays have impacted and continue to impact on the timescales to process AWI cases. There have also been delays relating to progress by Solicitors.

- As this can be a challenging and emotional time for families, we have seen delays attributed to patients' representatives deciding on or progressing with legal processes and the required inputs around Guardianship.

Improvement work was initiated which included a range of actions:

- The prioritisation of assessments by the Hospital Discharge Team and a 'discharge to assess' policy.

- PCR Testing in hospital prior to discharge to care homes, and close partnership working with Independent Contractors to accelerate discharges to Homes.

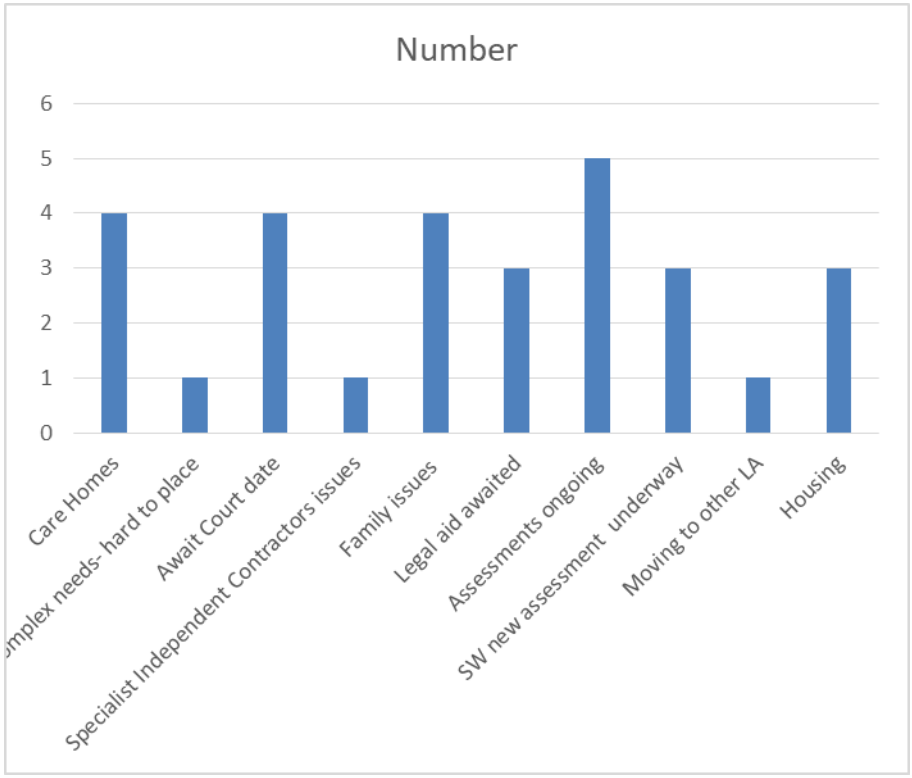
- Daily 'delayed discharge' meetings to review named lists of those being flagged as delays and ensure targeted and appropriate action was being taken

4. Main Issues

4.1 Within West Dunbartonshire there are ongoing, multifaceted approaches underway to address delays. This is happening through a range of targeted interventions to allow the HSCP to demonstrate an impact on reducing delays.

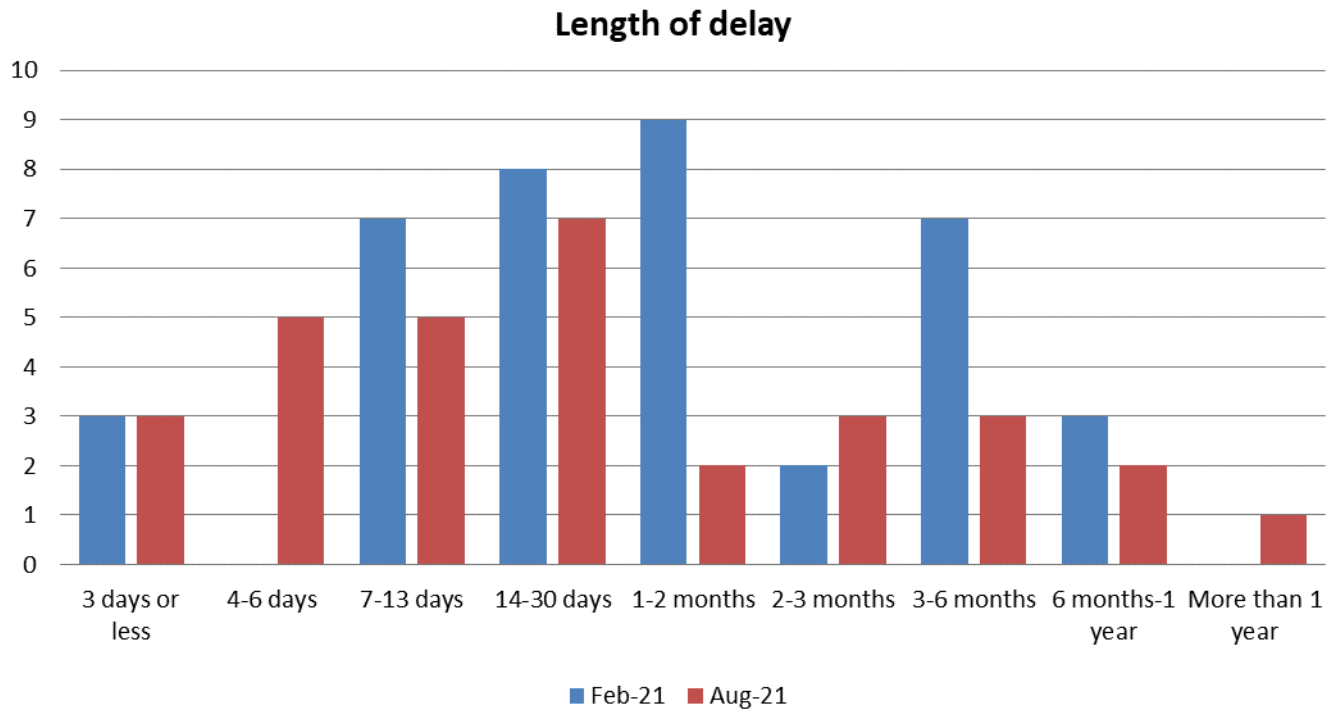
4.2 This has been a recurring issue for a number of months, and a paper was presented at the HSCP Board in August 2021 to provide assurance of the commitment to address this situation, and plans to monitor a sustained improvement.

4.3 As of 8th Sept 2021 the delayed discharge report identifies 29 people who have been deemed medically fit for discharge. The graph below demonstrates the themes for these delays:

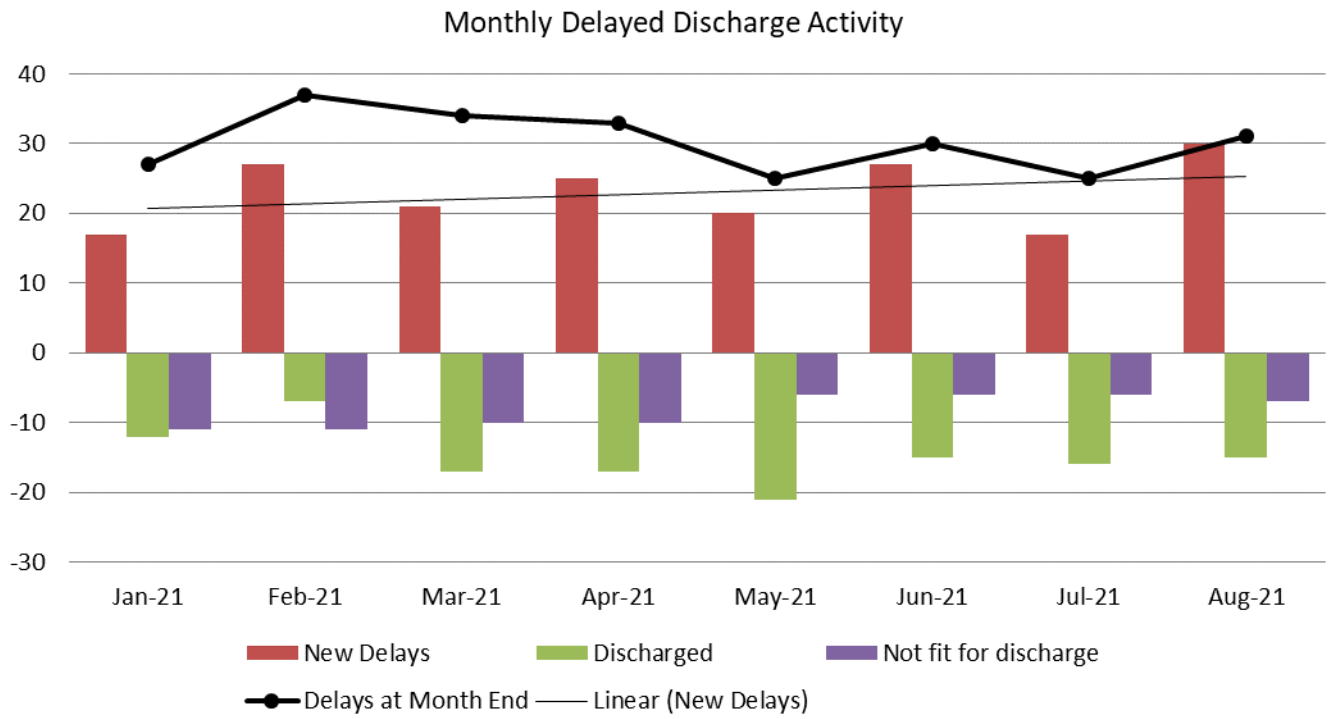


4.4 The delays are between 0 to 398 days. The reasons for these are complex and 17 of these people are relating to various Adults with Incapacity (AWI) issues. Our delays trajectory has shown positive signs of reducing and we are beginning to see some movement in longer delays and while the trend in new delays is increasing these people are being discharged more quickly.

- Mid-Feb 2021: 74% of delays were of 2 weeks or more; 26% were 3 months or more.
- 31st Aug 2021: 58% of delays were 2 weeks or more; 19% were 3 months or more



4.5 Between January 2021 and August 2021 there have been 184 new delayed discharges and 120 of these individuals have been discharged home or to an appropriate care placement. 67 discharges were diverted partway through the process as the person became no longer fit for discharge at that point. Our trajectory was downward but increased in August, impacted to a degree by the increasing number of Covid within staff in care homes, causing a delay in their ability to take admissions.



4.6 While there has been some improvement in performance as a result of the improvement activity to date, we acknowledge that the delayed discharge figures fluctuate and this is reflective of the issues behind each of the delays and the complexities within these. Recent workshops within Greater Glasgow and Clyde, led by Brian Slater, Scottish Government Lead, have offered a platform for Acute Services and HSCPs to participate in workshops to consider the interdependencies and the need for partnership working at the primary and secondary interface to continue to build and share good practice.

4.7 The Unscheduled Care Joint Commissioning Design & Delivery Plan contributes to the direction of travel to address and monitor the various components that can impact on reducing delays.

4.8 The work of the Hospital Discharge Team in their commitment to deliver a robust, rapid and safe discharge from point of being deemed 'fit for discharge' is to be commended. They continue to scrutinise all referrals and ensure appropriate steps are taken timeously to reduce avoidable delays.
Delays are occasionally coded to be relating to Housing issues. The situations behind these codes are person specific and range from:

- Specialist cleaning due to significant areas of concern about the state of the property e.g. human / animal waste, infestations, hoarding.
- Housing repairs e.g. wiring or remedial repair work due to flooding
- Referrals for sheltered housing
- Aids and adaptations e.g. sensory impairment equipment.

4.9 Partnership working across housing and the Hospital Discharge Team is important to facilitate access to these services, in tandem with financial resources to expedite such requirements.

5. Options Appraisal

5.1 Not required for this report

6. People Implications

6.1 None

7. Financial and Procurement Implications

7.1 None

8. Risk Analysis

8.1 There will be a potential for impact on acute services

9. Equalities Impact Assessment (EIA)

9.1 Not required for this report

10. Environmental Sustainability

10.1 Not required for this report

11. Consultation

11.1 Not required for this report

12. Strategic Assessment

12.1 Not required for this report

13. Directions

13.1 Not required for this report

Name	Fiona Taylor
Designation	Acting Head of Health and Community Care
Date	15 September 2021

Person to Contact:	Fiona Taylor
Appendices:	None
Background Papers:	N/A

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

20 September 2021

Subject: Audited Annual Accounts 2020/21

1. Purpose

1.1 To present for approval and signature the audited Annual Accounts for the year ended 31 March 2021.

2. Recommendations

1.2 Members are asked to approve the audited Annual Accounts for the period 1 April 2020 to 31 March 2021 and recommend them for final signature by the Chair, Chief Officer and Chief Financial Officer.

3. Background

3.1 The Annual Report and Accounts for the West Dunbartonshire HSCP Board were prepared in accordance with appropriate legislation and guidance.

3.2 The Local Authority Accounts (Scotland) Regulations 2014 require that the audited annual accounts must be approved by HSCP Board no later than 30 September immediately following the financial year end.

3.3 The Annual Accounts must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate. Accordingly a signed copy of the 2020/21 Annual Accounts and Audit Report will be made available on the West Dunbartonshire HSCP website.

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 are 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.

4.3 The HSCP Board's Audit and Performance Committee are charged with the responsibility of advising the HSCP Board on all matters related to financial governance and internal control processes. Accordingly the committee has considered both the Annual Accounts attached at Appendix 1 and external audit's Annual Audit Report at its 16 September meeting.

4.4 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..

4.5 This was accepted by the Audit and Performance Committee and the committee recommended 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

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: 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

Item 8
Appendix 1

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

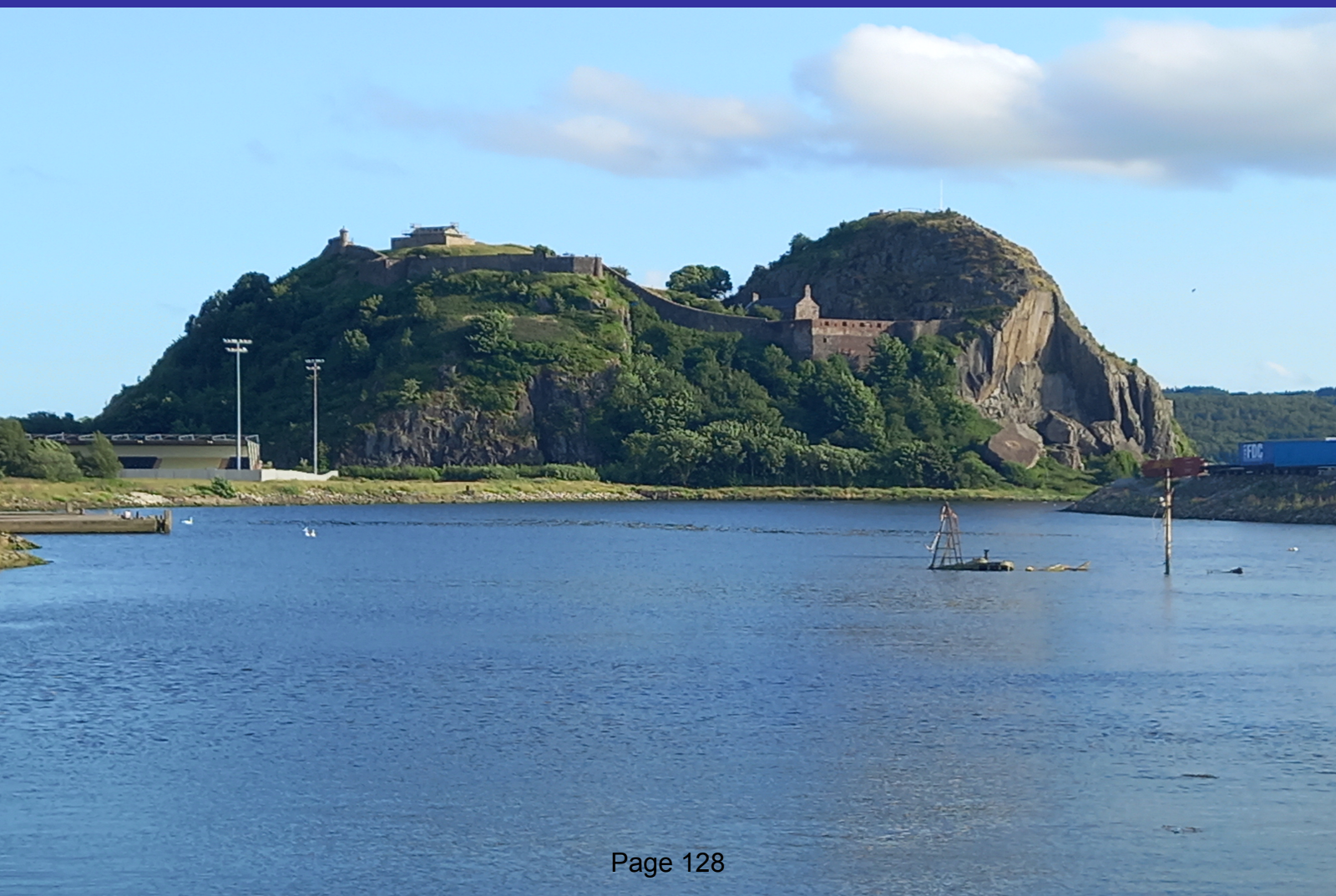


TABLE OF CONTENTS

MANAGEMENT COMMENTARY

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.

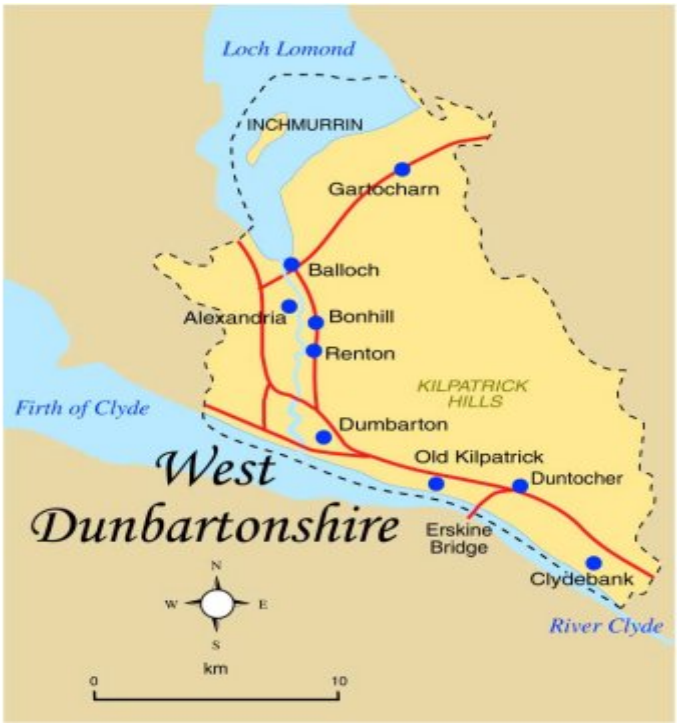
The pandemic response has not impacted on our vision despite a refocusing of priorities to protect our most vulnerable and their carers within their homes.

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.

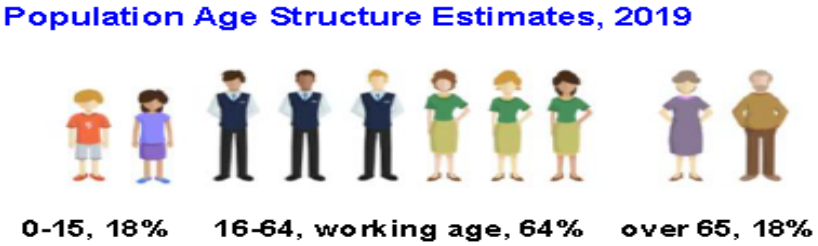
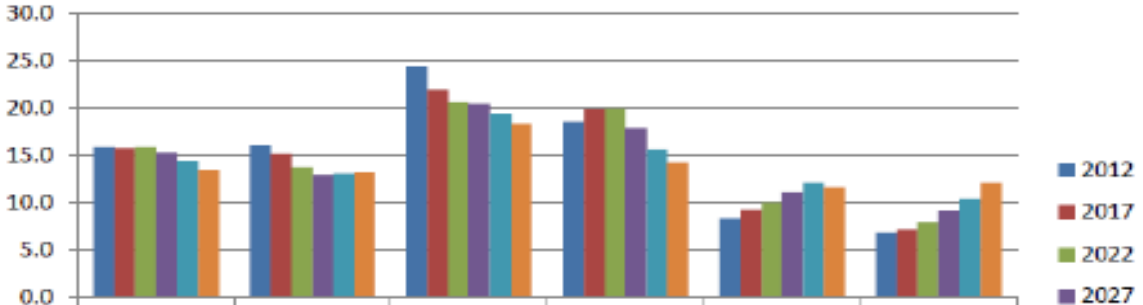


Exhibit 1: Extract from Strategic Plan 2019 - 2022



	0-15	16-29	30-49	50-64	65-74	75+
2012	15.9	16.0	24.5	18.6	8.4	6.9
2017	15.8	15.2	22.0	20.0	9.3	7.2
2022	15.9	13.8	20.6	20.0	10.0	8.0
2027	15.3	13.0	20.5	18.0	11.1	9.2
2032	14.5	13.2	19.5	15.6	12.1	10.5
2037	13.5	13.2	18.4	14.3	11.6	12.1

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**	NHSGGC 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 vaccination**s 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 HSCPs 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)
Heath 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 Consolidated Health & Social Care	2020/21 Annual Budget £000	2020/21 Net Expenditure £000	2020/21 Underspend/ (Overspend) £000
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.	• 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	• 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).

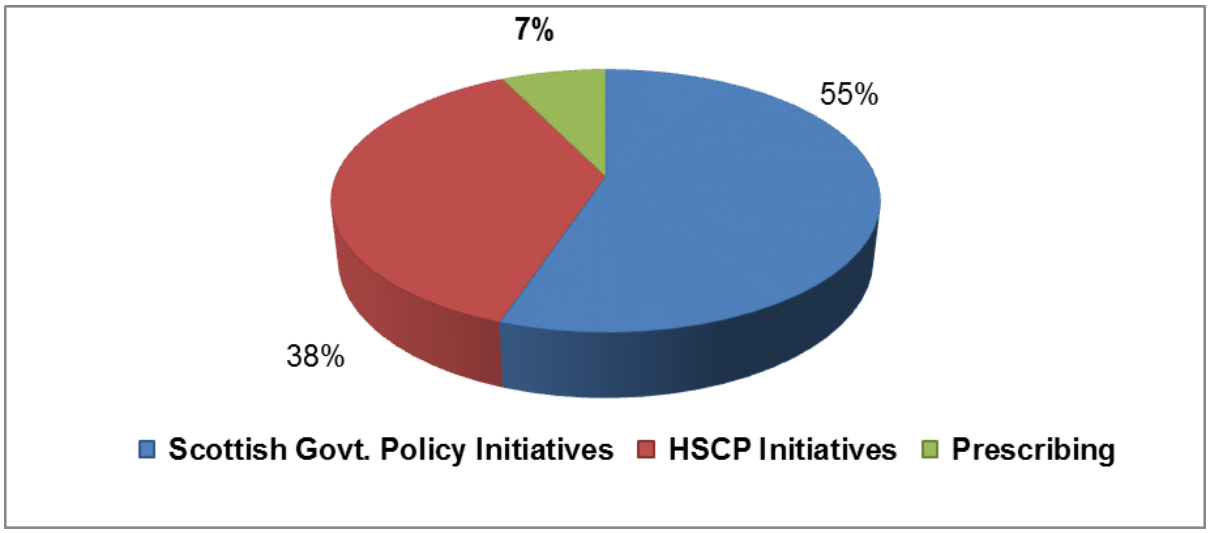
A robust review of all reserves was undertaken by the HSCP Senior Management Team and included a process of peer support and challenge considering 68 proposals for all earmarked reserves as well as for potential new earmarked reserves which could be funded from the additional un-earmarked reserves.

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

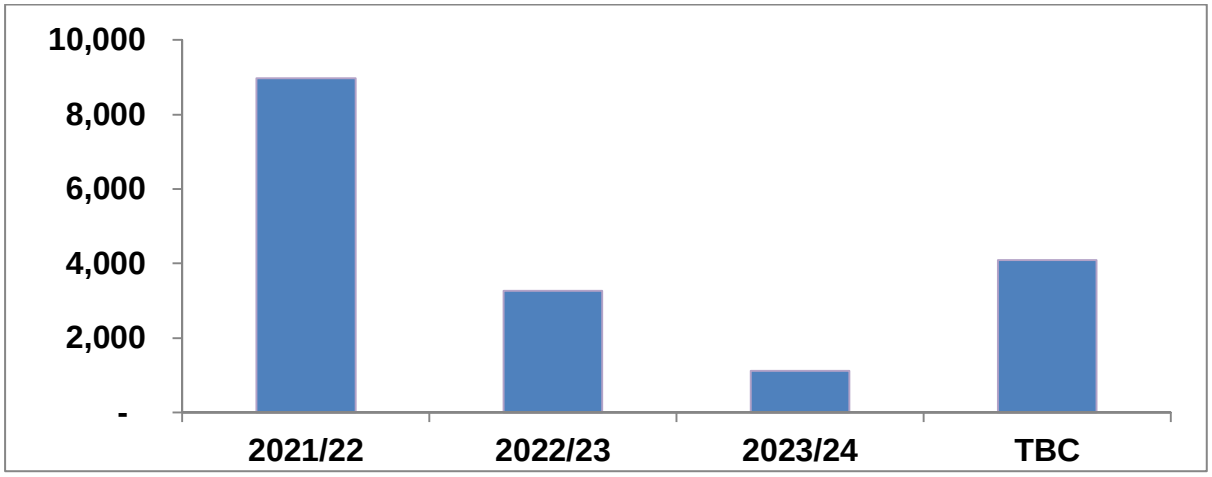


The analysis shows that:

- 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 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 BOARD

Report by Chief Financial Officer

20 September 2021

Subject: 2021/22 Financial Performance Report

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 4 to 31 July 2021 and a projected outturn position to the 31 March 2022.

2. Recommendations

2.1 The HSCP Board is recommended to:

- **note** the updated position in relation to budget movements on the 2021/22 allocation by WDC and NHSGGC;
- **note** the reported revenue position for the period 1 April 2021 to 31 July 2021 is reporting a favourable (under spend) position of £0.207m (0.35%);
- **note** the projected outturn position of £0.321m underspend (0.18%) for 2021/22;
- **approve** the recommended criminal justice virement of £0.063m from revenue to capital as detailed in section 4.23;
- **agree** that the health pay initial funding shortfall of £0.190m is met by reducing the previously agreed prescribing uplift;
- **note** that the projected costs of Covid-19 for 2021/22 are currently estimated to be £6.098m;
- **note** the update on the monitoring of savings agreed for 2021/22;
- **note** the current reserves balances; and
- **note** the update on the capital position and projected completion timelines;

3. Background

3.1 At the meeting of the HSCP Board on 25 March 2021 members agreed the 2021/22 revenue estimates. A total indicative net revenue budget of £170.097m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval.

3.2 Since the March HSCP Board report there have been a number of budget adjustments, including additional funding related to the Scottish Living Wage. A total net budget of £175.258m is now being monitored as detailed within Appendix 1.

4. Main Issues

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

4.1 A detailed Local Mobilisation Plan (LMP) Covid-19 financial tracker continues to be completed and is now required to be submitted to the Scottish Government on a quarterly basis by HSCPs via NHSGGC Health Board with the next submission due on 27 October 2021. The table below provides a summary of the actual and projected costs based on July ledger data with the detailed information being considered by the Senior Management Team in addition to individual scrutiny by our funding partners and the Scottish Government.

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

Covid/Remobilisation Cost Analysis	Actual to Date	Full Year Forecast
	£000's	£000's
Covid-19 Pressures	**2,912**	**5,672**
Additional PPE	0	315
Flu Vaccination	5	5
Community Hubs	19	58
Additional Care Home Placements	7	7
Additional Staff Costs	1,204	1,812
Staff Wellbeing	17	50
Additional FHS Contractor Costs	8	26
Social Care Provider Sustainability Payments	946	1,405
Increased costs of Service Provision	206	594
Loss of Income	107	305
Other	32	87
Unachievable Savings	361	1,008
Remobilisation Costs	**63**	**426**
Adult Social Care	0	236
Reducing Delayed Discharge	63	190
Total Spend	**2,975**	**6,098**
Funding		
Earmarked Reserve for Covid Pressures	(2,054)	(4,970)
Grant Funding for Social Care £500 Thankyou Payment	(688)	(737)
Grant Funding for Third Party Provider £500 Thankyou Payment	(233)	(234)
Assumed funding to come	0	(157)
Total Funding	**(2,975)**	**(6,098)**
Assumed Funding Gap	**0**	**0**

4.2 The table above details the anticipated full drawdown of the Covid-19 Pressures Reserve with an anticipated funding shortfall of £0.157m at this time which is assumed will be funded. It should be noted however that costs for 2021/22 will be subject to change as additional guidance is issued and the partnership moves through its recovery and renewal phases.

4.3 The current position includes £1.008m associated with the potential non delivery of approved savings programmes. While the Scottish Government appreciate that the ongoing response to Covid-19, alongside unscheduled care pressures, continues to impact the delivery of planned savings they expect Boards and HSCPs to maximise the in-year efficiency opportunities to deliver savings in line with planned targets and have requested that further narrative is provided setting out the steps that are being taken to mitigate this shortfall and what further options have been identified.

4.4 As previously advised a joint letter was received on 30 June 2021 from the Minister for Mental Wellbeing and Social Care and the COSLA Spokesperson Health and Social Care confirming sustainability proposals from 1 July 2021 to March 2022. The main points were detailed in the 2020/21 Financial Performance Report as reported to the August HSCP Board and at this time no further update has been provided.

Summary Position

4.5 The current year to date position as at 31 July is an underspend of £0.207m. This is a change to the position reported to the June HSCP Board as the year to date application of Covid-19 reserves has been taken into account. The projected outturn position, with all identified Covid-19 costs being fully funded from reserves or additional anticipated funding, is a potential underspend of £0.321m. This consolidated summary position is presented in greater detail within Appendix 3, with the individual Health Care and Social Care reports detailed in Appendix 4.

4.6 Members should note that the projected underspend takes into account £7.673m of expenditure to be drawn down from earmarked reserves. Summary detail on the anticipated level of reserves is provided within Appendix 6. There will be a more detailed update on the application of reserves to a future meeting.

4.7 The summary position is reported within Table 2 below which identifies the projected 2021/22 budget under spend of £0.321m (0.18% of the total budget).

Table 2 - Summary Financial Information as at 31 March 2022

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Health Care	106,536	34,740	34,663	77	108,335	(1,799)	(1,833)	34	0.0%
Social Care	102,024	28,830	28,422	408	101,300	724	(427)	1,151	1.1%
Covid-19	0	0	0	0	6,098	(6,098)	(5,891)	(207)	0.0%
Expenditure	**208,560**	**63,570**	**63,085**	**485**	**215,733**	**(7,173)**	**(8,151)**	**978**	**0.5%**
Health Care	(4,027)	(1,332)	(1,332)	0	(4,027)	0	0	0	0.0%
Social Care	(29,275)	(3,494)	(3,216)	(278)	(27,968)	(1,307)	(443)	(864)	3.0%
Covid-19	0	0	0	0	(1,128)	1,128	921	207	0.0%
Income	**(33,302)**	**(4,826)**	**(4,548)**	**(278)**	**(33,123)**	**(179)**	**478**	**(657)**	**2.0%**
Health Care	102,509	33,408	33,331	77	104,308	(1,799)	(1,833)	34	0.0%
Social Care	72,749	25,336	25,206	130	73,332	(583)	(870)	287	0.4%
Covid-19	0	0	0	0	4,970	(4,970)	(4,970)	0	0.0%
Net Expenditure	**175,258**	**58,744**	**58,537**	**207**	**182,610**	**(7,352)**	**(7,673)**	**321**	**0.2%**

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

Update on Prescribing 2021/22

4.9 The 2021/22 prescribing budget is comprised of a number of complex variables and is based on:

- 2019/20 dispensed item volumes to reflect a move into Covid-19 recovery but still subject to volatility due to pandemic restrictions.
- No final recovery of 2020/21 global sum / tariff swap adjustment.
- No final recovery of 2019/20 tariff discount clawback.
- Plan to ensure full recovery of all tariff swaps in 2021/22. Tariff adjustment/reduction due July 21.
- Horizon Scanning Pressures estimated at £5m.
- Savings Initiatives targeted at minimum £5m.
- Transfer of Apremilast costs and budget from Acute Sector into FHS.

4.10 The financial resources for prescribing approved by the HSCP Board in March 2021 of £19.726m included a 1.5% uplift of £0.294m over the 2020/21 level. In July 2021 further resources of £0.472m were transferred to the HSCP for previously centralised prescribing activity relating to Stoma and dental activity resulting in a revised financial resource of £20.198m.

4.11 Financial ledger figures cover April and May prescribing actuals plus two month financial accruals for June and July. Actual activity for April and May

report that items being dispensed are lower than the 2021/22 forecasted volumes but pricing/cost per item is above levels forecast.

4.12 The latest indications suggest that the 2021/22 cost of prescribing could be in the region of £20.171m and can therefore be contained within the financial resources available. However this includes the prescribing impact of Covid-19 on paracetamol and sertraline which for April and May equates to £0.202m across NHSGCC. The full year financial impact of these drugs are unknown at this time with the situation being kept under review with officers considering the potential to charge against the Covid-19 reserve prior to the next submission of the LMP on 27 October.

4.13 While the projected outturn figures contained within this report are indicating a break-even position, the latest volumes report up to June (month 5), received on the 8 September details a further decrease in volumes for West Dunbartonshire. If this trajectory continues and price/item remains stable then an underspend in excess of £0.200m is possible.

Update on Pay Awards

4.14 The currently reported forecast spend for Health Care services includes the anticipated impact of the 2021/22 agreed pay uplift for health care staff including incremental drift impact. This forecast takes into account of the full year costs of the deal agreed in May which effectively offered an average 4% uplift across the Agenda for Change (AfC) pay scales.

4.15 Since the deal was agreed in May, the settlement for NHS Scotland's Medical and Dental staff has been announced as an across the board 3% uplift. Recognising the overlap between the Medical and Dental staff group and senior Agenda for Change staff, the Cabinet Secretary for Health and Social Care has authorised an adjustment in the Scottish Agenda for Change settlement in order ensure parity. From 1 April 2021, therefore, the uplift for Scotland's Band 8 and 9 Agenda for Change staff will be raised to 3%. The full settlement, including this revision, is now as follows:

- Bands 1-4: a flat uplift of £1,009
- Bands 5-7: a 4% uplift
- Bands 8A-9: a 3% uplift

4.16 As reported to the August HSCP Board while the Scottish Government committed to fully fund the additional cost of the previously agreed base 4% they would not cover the additional incremental pressure of the revised AfC pay scale resulting in an initial funding shortfall of £0.190m as detailed in Appendix 1. The revised deal affects grade 8 and 9 Agenda for Change staff and at this time it is anticipated that the financial impact of this is likely to be £0.060m for the period 1 April 2021 to 31 March 2022 with funding arrangements still to be confirmed.

4.17 Officers have considered the scale of the initial funding shortfall and recommend that, taking into account the prescribing update above and the level of the prescribing reserve (£1.2834m), an element of the agreed prescribing uplift of £0.294m is applied to close the pay uplift gap.

Update on Reserves

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

4.19 Analysis of reserves is detailed in Appendix 6 and identifies that at this time it is anticipated that £7.673m will be drawn down from earmarked reserves to fund expenditure in 2021/22.

Community Justice

4.20 The community justice service secured premises at Unit 11 Levenside Business Court prior to lockdown to use for a workshop for unpaid work orders. Initially the plan was to store seasonal tools and equipment within the workshop, however with the reduction in office space due to the pandemic consideration has been given to combining the space to hold group inductions and group work sessions involving service users and staff.

4.21 The proposed reconfiguration of the premises will enable the service to expand for the future, tackle the backlog and explore new ways of working while continuing to achieve the outcomes for Community Justice as laid out in the Strategic Plan.

4.22 The space was initially designed as a 2-person office at ground floor with the resulting space above proposed for storage, however to accommodate group inductions / work sessions the size of the space requires to be revised. It is anticipated that a capital spend of £0.063m is required to carry out the plans related to the expansion of use. This spend is considered to be financially affordable and the costs can be contained within the approved Criminal Justice budget contained within the partner updates detailed in Appendix 4.

4.23 In accordance with financial regulations Members are asked to approve the virement of £0.063m from revenue to capital to allow this work to proceed.

Housing Aids and Adaptations and Care of Gardens

4.24 The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to the HSCP Board and should be considered as an addition to the HSCP's 2020/21 budget allocation of £72.749m from West Dunbartonshire Council.

4.25 These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.

4.26 The summary projected position for the period to 31 March is included in the table below and will be reported as part of WDC's financial update position.

Table 6 - Financial Performance as at 31 July 2021

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Year to Date Actual	Forecast Full Year
	£000's	£000's	£000's
Care of Gardens	453	187	448
Aids & Adaptations	250	11	250
Net Expenditure	**703**	**198**	**698**

2021/22 Capital Expenditure

Health Care

4.27 The progress to date of the individual capital projects funded by WDC and NHSGGC for the Health Social Care Partnership were impacted by the lockdown restrictions through the end of March 2020 to end of May 2020. Previous HSCP Board's have updated on the impact of these delays and this is refreshed below.

4.28 The HSCP Clydebank Health Quarter Capital Project Board held on 18 August was updated with the key milestones and project interdependencies of the new Clydebank Health and Care Centre.

4.29 The proposed completion date remains 18th November 2021 and the contractor has confirmed they are on track for handover. As previously reported there is a revenue shortfall which will require to be built into future budgets and officers are currently confirming charging arrangements for costs such as non domestic rates. It is anticipated that the full year impact of the revenue shortfall is unlikely to be realised until 2023/24 with minimal impact in 2021/22 and 2022/23 due to the current earmarked reserve created at the end of 2019/20 to provide mitigation.

Social Care

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

4.31 The Covid-19 reserve can be used to tackle backlogs in community assessments by increasing the number of Occupational Therapists and

Assistants. It is anticipated that the Aids and Adaptations budget will be fully utilised as the backlog is addressed.

5. Options Appraisal

5.1 None required

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 The main financial risks to the 2021/22 projected outturn position relate to anticipated increases in demand for some key services such as mental health and other social care services as the HSCP move through its Covid-19 Recovery and Renewal phases.

8.2 The UK Government has agreed to implement a health and social care tax of 1.25% across the UK to pay for reforms to the care sector and NHS funding in England. The tax will begin as a 1.25% increase in National Insurance from April 2022 paid by both employers and workers, and will become a separate tax on earned income from April 2023 calculated in the same way as National Insurance. While the UK wide tax will be focused on funding health and social care in England additional funding will flow to Scotland to spend on services.

8.3 The financial impact of the health and social care tax will be fully considered within the 2022/23 budget setting process; however the funding arrangements of this are unknown at this time.

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

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None required.

11. Consultation

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

12. Strategic Assessment

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

13. Directions

13.1 The recurring and non-recurring budget adjustments up to 31 July 2021 (as detailed within Appendix 1) will require the issuing of a revised direction, see Appendix 8.

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

Background Papers: 2021/22 Financial Performance Report– August HSCP Board

Localities Affected: All

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved at Board Meeting on 25 March 2021	**97,853**	**72,244**	**170,097**
Council Budget Adjustments			
Reduction in pay award funding from WDC following Cosla adjustment		(20)	(20)
Additional Scottish Living Wage funding allocated 26 March 2021		527	527
Health Budget Adjustments			
Recurring Transfer to Corporate/NHS Board - MSK Physio Accomodation SLA	(170)		(170)
Recurring Transfer to MHAU	(34)		(34)
Period 1 to 3 Adjustments			
Mobile Licence Reallignment		(2)	(2)
FHS GMS Reccuring adjustments	509		509
Fhs Other To Hscp's Budget - Prescribing	473		473
Wdhscp Camhs Spec Doc	(16)		(16)
Gms X Chg Hscp Covid Ml 6701	2		2
Gms X Chg Hscp Covid Ml 6701	1		1
Camchp19 Mh Strategy Action 15	289		289
Camchp20 Pcip Tr 1 Wdhscp	1,261		1,261
Camchp22 Wdhscp Adp Funding	244		244
Wd Camhs Nursing (af) - Mental Health Recovery and Renewal Fund	75		75
Wd Camhs Psychology (af) - Mental Health Recovery and Renewal Fund	82		82
Anticipated outstanding budget adjustments	690		690
Period 4 Adjustments			
Hscp Ncl 2021-reduce Dent Inc	500		500
Hscp Ncl Adjust Gds Bud	61		61
Hscp Ncl Adjust Gos Bud	75		75
Hscp Ncl Adjust Gps Bud	342		342
CAMCHP30 Agenda for Change Pay Uplift	630		630
CAMCHP43 WD SARC Contribution	(46)		(46)
CAMCHP47 WD Outcome Fwk Uplift	4		4
Gms X Chg Hscp Covid Ml 6701	0		0
Pay Award Shortfall to fund	(190)		(190)
Anticipated outstanding budget adjustments	(125)		(125)
Revised Budget 2021/22	**102,509**	**72,749**	**175,258**

West Dunbartonshire Health & Social Care Partnership **Appendix 2**
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021
Monitoring of Efficiencies and Management Adjustments 2021/22

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

West Dunbartonshire Health & Social Care Partnership **Appendix 2**
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021
Monitoring of Efficiencies and Management Adjustments 2021/22

Efficiency Detail	Total Savings to be Monitored	Comment	Savings Anticipated to be Achieved as Planned	Savings not anticipated to be achieved as planned but funded from Covid Reserve	Savings not anticipated to be achieved as planned but funded from Earmarked Reserve	Savings not anticipated to be achieved as planned but to be covered by other HSCP underspends
	£000		£000	£000	£000	£000
2020/21 Approved Savings delayed until 2021/22						
Admin Saving	119	At risk due to delays in service redesign				119
2021/22 Recurring Savings						
Overstated Mental Health Staffing	27	No risk as budget file was overstated	27			
Reduction in packages across Mental Health and Addiction Services	43	No risk due to review of RF packages	43			
1 reduction in 1 WTE Senior Social Worker	59	No risk as vacant post removed from structure.	59			
TRFS Staying Well Group	52	While there is a delay of approximately 3 months in this saving but overall supporting people likely to come in on budget	39	13		
Release of balance of FPC Monies in HQ	121	No risk as funds were unallocated and thereforfe able to be removed from budget	121			
Redetermination Adjustment for Community Placement	68	At risk - budget based on current numbers but this relates to an unexpected redetermination adjustment.				68
Recurring Savings Exercise (50% of reduction in external care beds)	401	Saving based on the HSCP strategic priority of supporting people in their own homes for longer and reducing length of stay. Also recovery to pre-Covid levels is unlikely in 21/22.	74		327	
2021/22 Approved Savings						
Review of foster carer strategy	108	At risk - The age profile of foster carers needs to be addressed by recruiting more internalfoster carers to allow a reduction of overall expenditure within the private provision. The Covid pandemic has impacted on recruitment campaigns.		108		
Reduction in external property leases	29	Saving based on vacation of current services in Clydebank by the end of October. This will not be achieved as alternative accomdation not yet identified.			29	
Care at Home service improvement project	425	Care at Home review to commence in 21/22 but unlikely to realise full saving target in year for new saving which is required in addition to the previous unachieved savings	53	372		
Total Savings to be Monitored	**2,372**		**641**	**1,008**	**356**	**367**

West Dunbartonshire Health & Social Care Partnership **Appendix 3**
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Older People Residential, Health and Community Care	30,025	10,244	10,275	(31)	30,255	(230)	(362)	132	0.4%
Care at Home	11,995	4,227	4,385	(158)	12,466	(471)	0	(471)	-3.9%
Physical Disability	2,604	888	793	95	2,318	286	0	286	11.0%
Childrens Residential Care and Community Services (incl. Specialist)	25,321	7,418	7,623	(205)	25,964	(643)	(451)	(192)	-0.8%
Strategy, Planning and Health Improvement	1,656	576	469	107	1,587	69	(101)	170	10.3%
Mental Health Services - Adult and Elderly, Community and Inpatients	9,174	3,155	3,092	63	9,103	71	0	71	0.8%
Addictions	2,817	1,312	1,335	(23)	3,209	(392)	(391)	(1)	0.0%
Learning Disabilities - Residential and Community Services	11,430	4,703	4,778	(75)	11,695	(265)	(29)	(236)	-2.1%
Family Health Services (FHS)	30,001	10,038	10,038	0	30,001	0	0	0	0.0%
GP Prescribing	19,906	6,449	6,424	25	19,906	0	0	0	0.0%
Hosted Services	7,215	2,383	2,184	199	6,951	264	244	20	0.3%
Criminal Justice (Including Transitions)	135	93	48	45	44	91	0	91	67.4%
Resource Transfer	16,924	5,580	5,640	(60)	16,924	0	0	0	0.0%
Covid-19	0	0	0	0	4,970	(4,970)	(4,970)	0	0.0%
HSCP Corporate and Other Services	6,055	1,678	1,453	225	7,217	(1,162)	(1,613)	451	7.4%
Net Expenditure	**175,258**	**58,744**	**58,537**	**207**	**182,610**	**(7,352)**	**(7,673)**	**321**	**0.2%**

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Employee	77,793	24,309	24,007	302	80,774	(2,981)	(4,565)	1,584	2.0%
Property	964	162	162	0	1,022	(58)	(29)	(29)	-3.0%
Transport and Plant	1,399	225	223	2	1,392	7	0	7	0.5%
Supplies, Services and Admin	4,138	1,070	879	191	4,190	(52)	(315)	263	6.4%
Payments to Other Bodies	71,202	20,467	20,781	(314)	73,913	(2,711)	(1,973)	(738)	-1.0%
Family Health Services	24,228	8,064	8,057	7	24,228	0	0	0	0.0%
GP Prescribing	25,501	8,363	8,338	25	25,501	0	0	0	0.0%
Other	3,334	909	636	273	4,711	(1,377)	(1,270)	(107)	-3.2%
Gross Expenditure	**208,559**	**63,569**	**63,083**	**486**	**215,731**	**(7,172)**	**(8,152)**	**980**	**0.5%**
Income	(33,301)	(4,825)	(4,546)	(279)	(33,121)	(180)	479	(659)	2.0%
Net Expenditure	**175,258**	**58,744**	**58,537**	**207**	**182,610**	**(7,352)**	**(7,673)**	**321**	**0.2%**

West Dunbartonshire Health & Social Care Partnership **Appendix 4**

Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021

Health Care Net Expenditure	Annual Budget		Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's		£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Planning & Health Improvements	738		249	198	51	839	(101)	(101)	0	0.0%
Childrens Services - Community	3,507		1,121	1,167	(46)	3,543	(36)	(36)	0	0.0%
Childrens Services - Specialist	1,643		466	557	(91)	1,761	(118)	(118)	0	0.0%
Adult Community Services	9,852		3,163	3,218	(55)	9,831	21	(35)	56	0.6%
Community Learning Disabilities	647		213	210	3	647	0	0	0	0.0%
Addictions	2,078		599	622	(23)	2,310	(232)	(232)	0	0.0%
Mental Health - Adult Community	3,965		1,247	1,200	47	3,815	150	0	150	3.8%
Mental Health - Elderly Inpatients	2,863		934	893	41	2,869	(6)	0	(6)	-0.2%
Family Health Services (FHS)	30,001		10,038	10,038	0	30,001	0	0	0	0.0%
GP Prescribing	19,906		6,449	6,424	25	19,906	0	0	0	0.0%
Other Services	3,170		966	979	(13)	4,911	(1,741)	(1,555)	(186)	-5.9%
Covid-19	0		0	0	0	306	(306)	(306)	0	0.0%
Resource Transfer	16,924		5,580	5,641	(61)	16,924	0	0	0	0.0%
Hosted Services	7,215		2,383	2,184	199	6,951	264	244	20	0.3%
Net Expenditure	**102,509**		**33,408**	**33,331**	**77**	**104,614**	**(2,105)**	**(2,139)**	**34**	**0.0%**

West Dunbartonshire Health & Social Care Partnership **Appendix 4**
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021

Social Care Net Expenditure	Annual Budget		Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's		£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Strategy Planning and Health Improvement	918		327	271	56	748	170	0	170	18.5%
Residential Accommodation for Young People	2,927		855	831	24	2,853	74	0	74	2.5%
Children's Community Placements	5,628		1,822	1,859	(37)	5,739	(111)	0	(111)	-2.0%
Children's Residential Schools	3,398		979	1,155	(176)	3,929	(531)	0	(531)	-15.6%
Childcare Operations	4,740		1,448	1,355	93	4,706	34	(244)	278	5.9%
Other Services - Young People	3,477		728	697	31	3,431	46	(53)	99	2.8%
Residential Accommodation for Older People	7,071		2,091	2,075	16	7,023	48	0	48	0.7%
External Residential Accommodation for Elderly	7,666		4,068	4,068	0	7,993	(327)	(327)	0	0.0%
Sheltered Housing	1,350		421	412	9	1,321	29	0	29	2.1%
Day Centres Older People	1,180		206	200	6	1,162	18	0	18	1.5%
Meals on Wheels	22		(10)	(4)	(6)	38	(16)	0	(16)	-72.7%
Community Alarms	(23)		(378)	(370)	(8)	1	(24)	0	(24)	104.3%
Community Health Operations	2,907		682	675	7	2,886	21	0	21	0.7%
Residential - Learning Disability	8,630		3,871	3,973	(102)	8,963	(333)	(29)	(304)	-3.5%
Physical Disability	2,319		840	745	95	2,033	286	0	286	12.3%
Day Centres - Learning Disabilty	2,153		619	596	23	2,085	68	0	68	3.2%
Criminal Justice (Including Transitions)	135		93	48	45	44	91	0	91	67.4%
Mental Health	2,346		974	999	(25)	2,420	(74)	0	(74)	-3.2%
Care at Home	11,995		4,227	4,385	(158)	12,466	(471)	0	(471)	-3.9%
Addictions Services	739		713	713	0	899	(160)	(159)	(1)	-0.1%
Equipu	285		48	48	0	285	0	0	0	0.0%
Frailty	138		61	57	4	126	12	0	12	8.7%
Carers	1,218		406	85	321	1,218	0	0	0	0.0%
Integrated Change Fund	0		0	2	(2)	0	0	0	0	0.0%
Covid-19	0		0	0	0	4,664	(4,664)	(4,664)	0	0.0%
HSCP - Corporate	1,530		245	331	(86)	963	567	(58)	625	40.8%
Net Expenditure	**72,749**		**25,336**	**25,206**	**130**	**77,996**	**(5,247)**	**(5,534)**	**287**	**0.4%**

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Health Care Variances					
Adult Community Services	9,852	9,796	56	1%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	The favourable variance is mainly due to anticipated underspend against Glasgow HSCP Quayside bed usage				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Mental Health - Adult Community	3,965	3,815	150	4%	↑
Service Description	This care group provides mental health services for adults				
Main Issues / Reason for Variance	The favourable variance is mainly due to anticipated underspend in core services based on estimated recruitment timescales for vacancies.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Other Services	3,171	3,356	(185)	-6%	↓
Service Description	This care group covers administration and management costs in relation to Health Care				
Main Issues / Reason for Variance	the adverse variance is mainly due to estimated outstanding pay award backpay (4% less 1% already paid for April and May 2021). Once paid this will be reflected in actuals and forecasts across all care groups.				
Mitigating Action	None required at this time				
Anticipated Outcome	An overspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Social Care Variances					
Strategy Planning and Health Improvement	918	748	170	18%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The favourable variance is due to a number of vacant posts assume posts will be filled by September				
Mitigating Action	None required as this time				
Actual Outcome	An underspend is anticipated at this time				
Residential Accommodation for Young People	2,927	2,853	74	3%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The favourable variance is due to a number of vacant posts within childrens homes with the recruitment process due to commence September 2021				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Children's Community Placements	5,628	5,739	(111)	-2%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The adverse variance is mainly due to an overspend of of £0.040m in kinship payment arising from 4 potential backdated payments and new external fostering placements.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	An overspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Children's Residential Schools	3,397	3,929	(532)	-16%	↓
Service Description	This service area provides residential education for children and includes the costs of secure placements				
Main Issues / Reason for Variance	The adverse variance is mainly due to the delay in transitions of one young person residing in secure accommodation with an annual cost of £0.240m, one new placement within children with disabilites budget at a cost of £0.156m. These costs are partially offset by costs charged against Covid funding.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	Over spend anticipated of £0.455mm at this time				
Childcare Operations	4,740	4,462	278	6%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The favourable variance is mainly due to a number of vacant posts				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Other Services - Young People	3,477	3,386	91	3%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The favourable variance is due to a number of vacant posts				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential - Learning Disability	8,630	8,934	(304)	-4%	↓
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The adverse variance is mainly due to an underspend in staffing of £0.045m represented by vacant posts and net costs of £0.419m related to savings that are unlikely to be achieved.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	An ovespend is anticipated at this time				
Physical Disability	2,319	2,033	285	12%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	An underspend is anticipated at this time based on client packages paid last year.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time based on client packages paid last year.				
Day Centres - Learning Disabilty	2,153	2,085	68	3%	↑
Service Description	This service provides day serviices for learning disability clients				
Main Issues / Reason for Variance	The favourable variance is due to a number of vacant posts				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Criminal Justice (Including Transitions and VAW)	136	44	92	68%	↑
Service Description	This service provides support and rehabilitation for offenders				
Main Issues / Reason for Variance	The favourable variance is mainly due to covid recovery funding received after the budget had been set which will be used to bring in additional staffing resources (projected for 6 months) to clear the backlog of work due to covid and is able to be utilised to fund current staff budget shortage which means that the contribution from the HSCP is not fully required.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Mental Health	2,346	2,420	(74)	-3%	↓
Service Description	This service provides mental health services				
Main Issues / Reason for Variance	The adverse variance is due to increased client activity				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	An overspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Care at Home	11,996	12,466	(470)	-4%	↓
Service Description	This service provides care at home which includes personal care and minor domestic tasks				
Main Issues / Reason for Variance	The adverse variance is mainly due to increase in staff isolation / positive covid cases impacting on internal and external care at home. There is a projected increase in the use of agency staff and overtime to cover the service. In addition there is a reduction in charging income as less practical care is being provided and delays in completing financial assessments due to the conflicting demands of the service during the pandemic. This is a complex picture and projections will be revised and the application of Scottish Government Covid Funding will be maximised.				
Mitigating Action	Officers continue to review packages and seek to balance internal and external				
Anticipated Outcome	An overspend is anticipated at this time				
HSCP - Corporate	1,529	905	623	41%	↑
Service Description	This budget contains Corporate spend and income pending allocation to services				
Main Issues / Reason for Variance	The favourable variance is mainly due to currently unallocated living wage funding of £0.660m. Admin saving not being achieved, however this is offset by vacant post and pay award budget unallocated.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 6**
Analysis of Reserves 2020/21

Analysis of Reserves	Opening Balance as at 1 April 2021	Movement in Reserves	Closing Balance as at 31 March 2022
	£000	£000	£000
Unearmarked Reserves			
Unearmarked Reserves	(4,367)	(321)	(4,688)
Total Unearmarked Reserves	**(4,367)**	**(321)**	**(4,688)**
Earmarked Reserves			
Scottish Govt. Policy Initiatives			
Criminal Justice	(111)	0	(111)
Carers Funding	(266)	0	(266)
Social Care Fund - Living Wage	(678)	0	(678)
Free Personal Care	0	0	0
GIFREC NHS	(72)	0	(72)
TEC (Technology Enabled Care) Project	(89)	35	(54)
Mental Health Action 15	(295)	0	(295)
Alcohol and Drug Partnership	(594)	391	(203)
Primary Care Boardwide MDT	(27)	0	(27)
Child Health Weight (Henry Programme)	(15)	15	0
Infant Feeding PFG Funding	(21)	21	0
Community Living Change Fund	(357)	0	(357)
Childrens Mental Health and Wellbeing	(175)	27	(148)
PCIF	(1,414)	1,414	0
PCIP Premises	(118)	0	(118)
Winter Plan for Social Protection - Fundng for Vulnerable Children	(91)	0	(91)
SG District Nursing Funding	(44)	0	(44)

West Dunbartonshire Health & Social Care Partnership **Appendix 6**
Analysis of Reserves 2020/21

Analysis of Reserves	Opening Balance as at 1 April 2021	Movement in Reserves	Closing Balance as at 31 March 2022
	£000	£000	£000
Analogue to Digital Community Alarms	(30)	0	(30)
PEF Funding – Speech & Language Therapy Projects	(49)	0	(49)
HSCP Initiatives			
Service Redesign and Transformation	(1,030)	490	(540)
Unscheduled Care Services	(500)	0	(500)
COVID-19 Recovery	(806)	36	(770)
Unachievement of Savings	(485)	29	(456)
Recruitment Campaign for Internal Foster Carers	(30)	0	(30)
Champions Board Top Up Funding	(18)	0	(18)
Promise Keeper Fixed Term Recruitment	(71)	0	(71)
Public Protection Officers	(244)	0	(244)
Participatory Budgeting	(300)	0	(300)
Digital Transformation	(282)	0	(282)
Training and Development	(327)	0	(327)
Change and Transformation	(144)	0	(144)
Covid-19		0	
COVID-19 Pressures	(4,970)	4,970	(0)
NHS Board Adult Social Care	(55)	0	(55)
Health Care		0	
DWP Conditions Management	(164)	6	(158)

West Dunbartonshire Health & Social Care Partnership **Appendix 6**
Analysis of Reserves 2020/21

Analysis of Reserves	Opening Balance as at 1 April 2021	Movement in Reserves	Closing Balance as at 31 March 2022
	£000	£000	£000
Physio Waiting Times Initiative	(703)	(204)	(907)
Retinal Screening Waiting List Grading Initiative	(125)	(40)	(165)
Prescribing Reserve	(1,284)	0	(1,284)
CAMHS	(134)	86	(48)
Health Centre	(250)	0	(250)
Planning and Health Improvement	(70)	70	0
Social Care		0	
Learning Disability	(113)	0	(113)
Care Homes	(891)	327	(564)
Total Earmarked Reserves	**(17,440)**	**7,673**	**(9,767)**
Total Reserves	**(21,807)**	**7,352**	**(14,455)**

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021

Month End Date	**31 July 2021**
Period	**4**

Budget Details	**Project Life Financials**					
	Budget	**Spend to Date**		**Forecast Spend**	**Variance**	
	£000	**£000**	**%**	**£000**	**£000**	**%**
Special Needs - Aids & Adaptations for HSCP clients						
Project Life Financials	1,113	410	37%	1,113	0	0%
Current Year Financials	1,113	410	37%	1,113	0	0%
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients.					
Project Manager	Julie Slavin					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date		31-Mar-22	Forecast End Date		31-Mar-22
Main Issues / Reason for Variance						
Reallocation of expenditure currently coded through HSCP Revenue Aids & Adaptations budget						
Mitigating Action						
None required						
Anticipated Outcome						
Provision of adaptations and equipment to HSCP clients as anticipated.						

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2021/22 Period 4 covering 1 April 2021 to 31 July 2021

Month End Date	**31 July 2021**
Period	**4**

Budget Details	**Project Life Financials**					
	Budget	**Spend to Date**		**Forecast Spend**	**Variance**	
	£000	**£000**	**%**	**£000**	**£000**	**%**
Replace Elderly Care Homes and Day Care Centres						
Project Life Financials	27,530	27,053	98%	27,530	(0)	0%
Current Year Financials	476	0	0%	444	(32)	-7%
Project Description	Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas.					
Project Manager	Craig Jardine					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date		31-Mar-22	Forecast End Date		31-Mar-22

Main Issues / Reason for Variance

Clydebank Care Home (Queens Quay House) completion was certified 9 November 2020. The Statement of Final Account has been agreed with the Principal Contractor at a figure less than the cost plan and as such officers have adjusted the project outturn to report the project will be delivered on budget.

Mitigating Action

The statement of final account has been signed and financial risk exposure should be reduced through efforts to dispose of the existing properties at the earliest opportunity.

Anticipated Outcome

Dumbarton Care Home opened 2017. Clydebank Care Home was certified complete on 9 November 2020 and projected to deliver on budget.

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

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

From: Chief Office HSCP
To: Chief Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 20 September 2021

Attachment: **2021/22 Financial Performance Report**

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD			
1	Reference number	HSCPB000013JS20092021	
2	Date direction issued by Integration Joint Board	20 September 2021	
3	Report Author	Julie Slavin, Chief Financial Officer	
4	Direction to	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes HSCPB000011JS19082021	
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme	
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated net budget of £72.749m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £102.509m in line with the Strategic Plan and the budget outlined within this report	
8	Specification of those impacted by the change	2021/22 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated	
9	Budget allocated by Integration Joint Board to carry out direction	The total 2021/22 budget aligned to the HSCP Board is £206.109m. Allocated as follows: West Dunbartonshire Council - £72.749m NHS Greater Glasgow and Clyde - £102.509m Set Aside - £30.851m	
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities	
11	Strategic Milestones	Maintaining financial balance in 2021/22	30 June 2022
12	Overall Delivery timescales	30 June 2022	
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report	
14	Date direction will be reviewed	The next scheduled HSCP Board 22 November 2021	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Service Strategy and Transformation

20 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 HSCP Board:

2.1.1 Approve the Annual Performance Report 2020/21 and the Annual Complaints Report 2021/21 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 (IJB) 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.

4.4 The HSCP Audit and Performance Committee considered the Annual Performance Report 2020/21 at its meeting on 16 September 2021. The Committees agreed actions will be reported verbally to the Board upon presentation of this paper.

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

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

Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk
Phone: 07786 747 952

Appendices: West Dunbartonshire HSCP Annual Performance Report 2020/21 (Appendix 1)
Annual Complaints Report 2020/21 (Appendix 2)

West Dunbartonshire
Health & Social Care Partnership

Annual Performance Report 2020/2021

www.wdhscp.org.uk

Contents

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

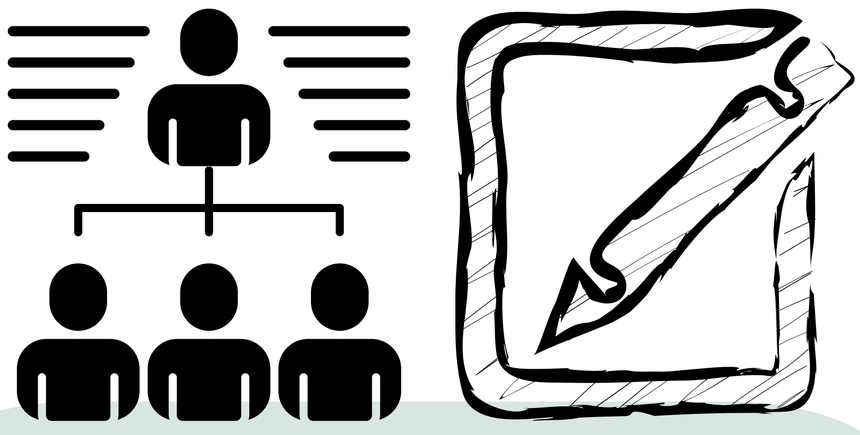
- 3,500 people on the Shielding List contacted by HSCP, Council and West Dunbartonshire Community and Volunteering Services to check on people's welfare, inform them of a range of supports available locally and nationally and offer to make an online referral to the Crisis Support Team on their behalf.
- 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

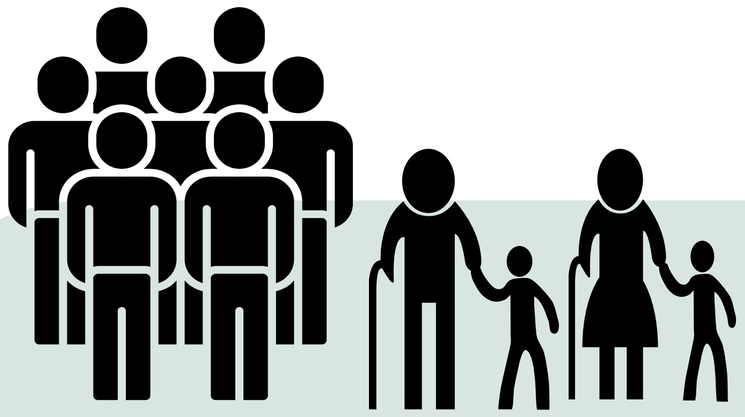
Overview of the HSCP



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)

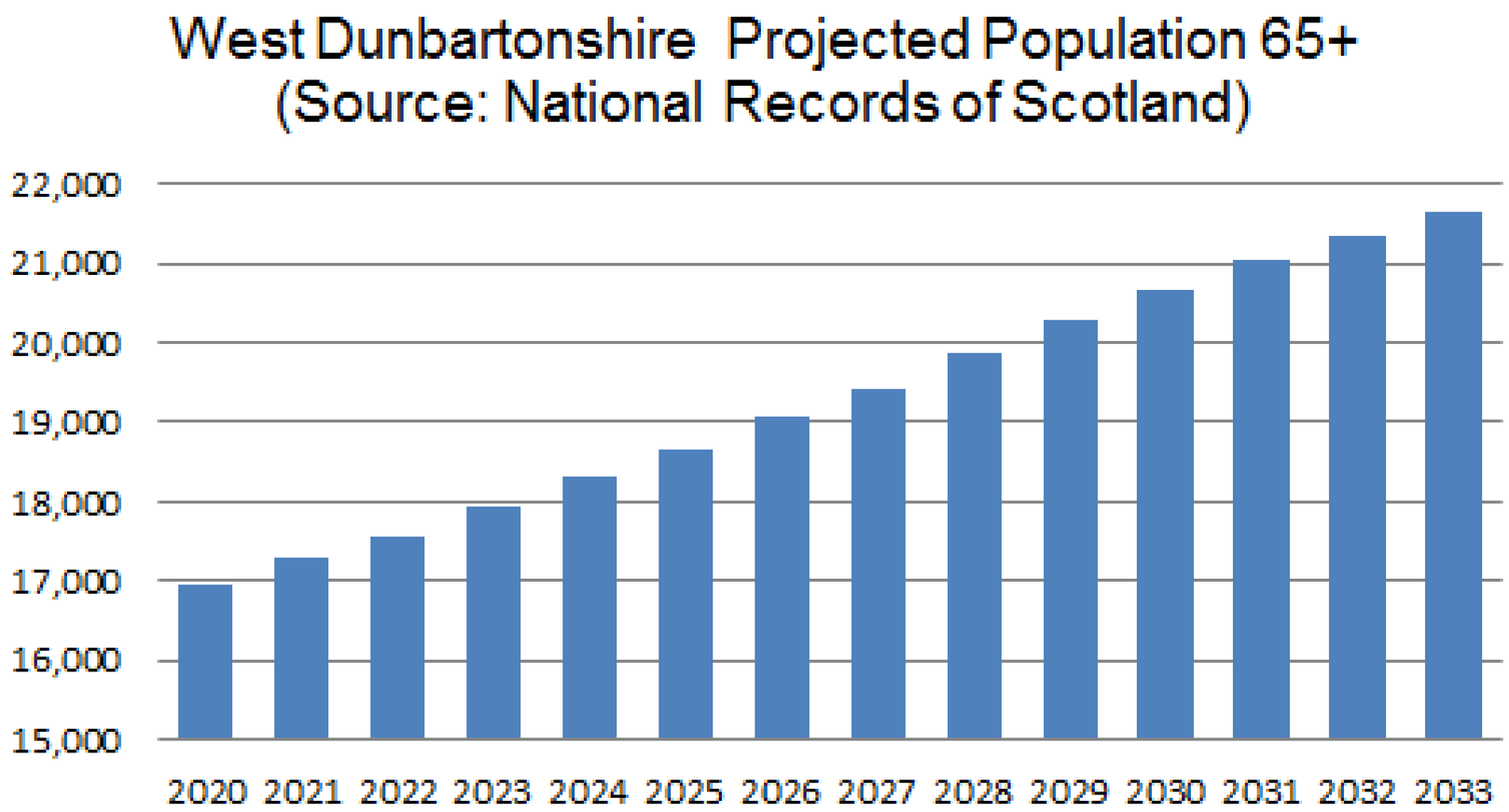
2020/21 budget of £186 million



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.



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.

Key Strategic Priority	National Health and Wellbeing Outcome
Early intervention	People are able to look after and improve their own health and wellbeing and live in good health for longer
	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
Access	People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
	People who use health and social care services have positive experiences of those services, and have their dignity respected
Resilience	People using health and social care services are safe from harm
Assets	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
	Resources are used effectively and efficiently in the provision of health and social care services
Inequalities	Health and social care services contribute to reducing health inequalities

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.

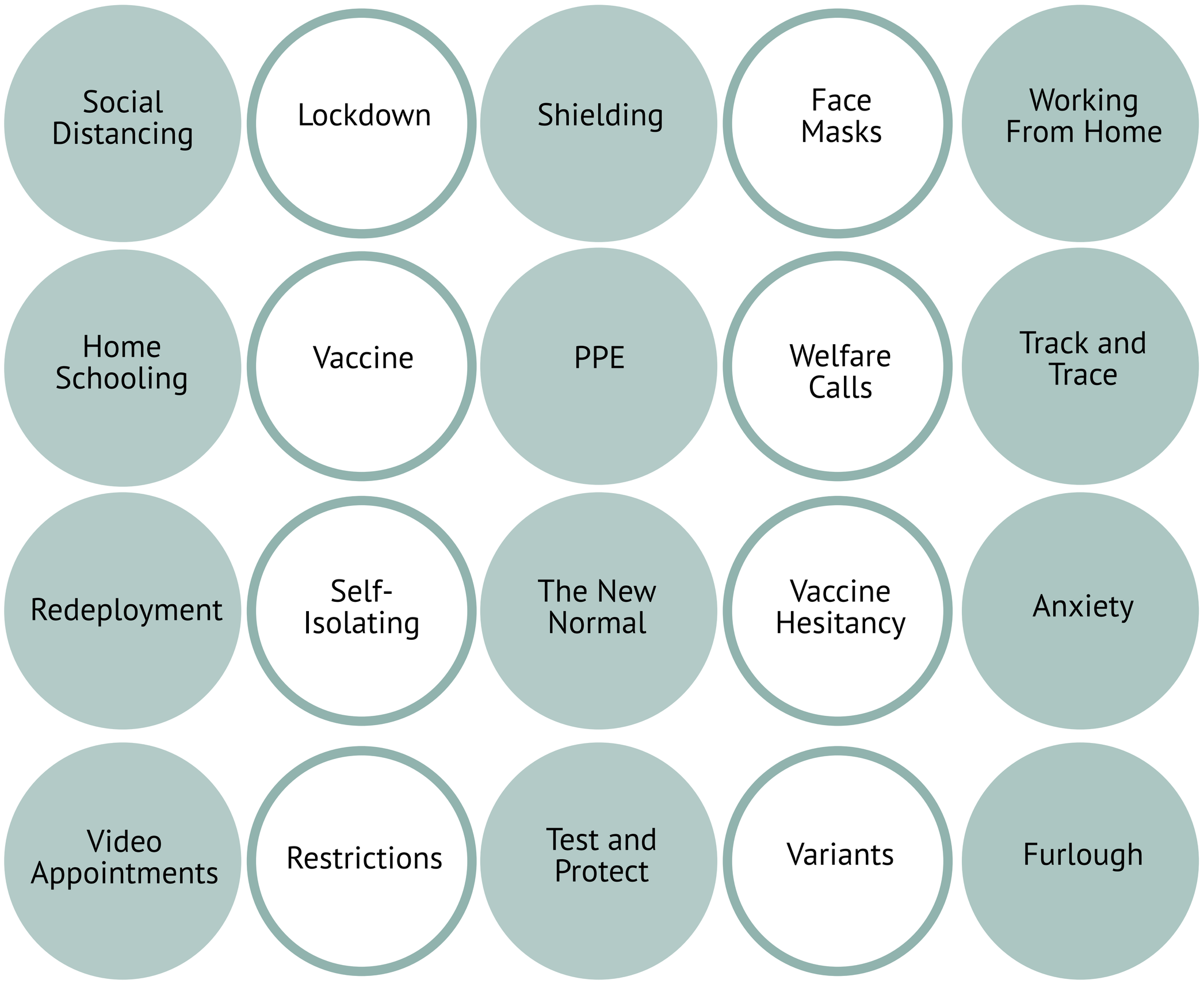
The local service achieved 100% compliance with key performance indicators for cases managed at level 2 and 3 (multi-agency risk management) being reviewed no less than 12 weekly. Furthermore, Justice Services were fully compliant with all national key performance indicators related to MAPPA meetings 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

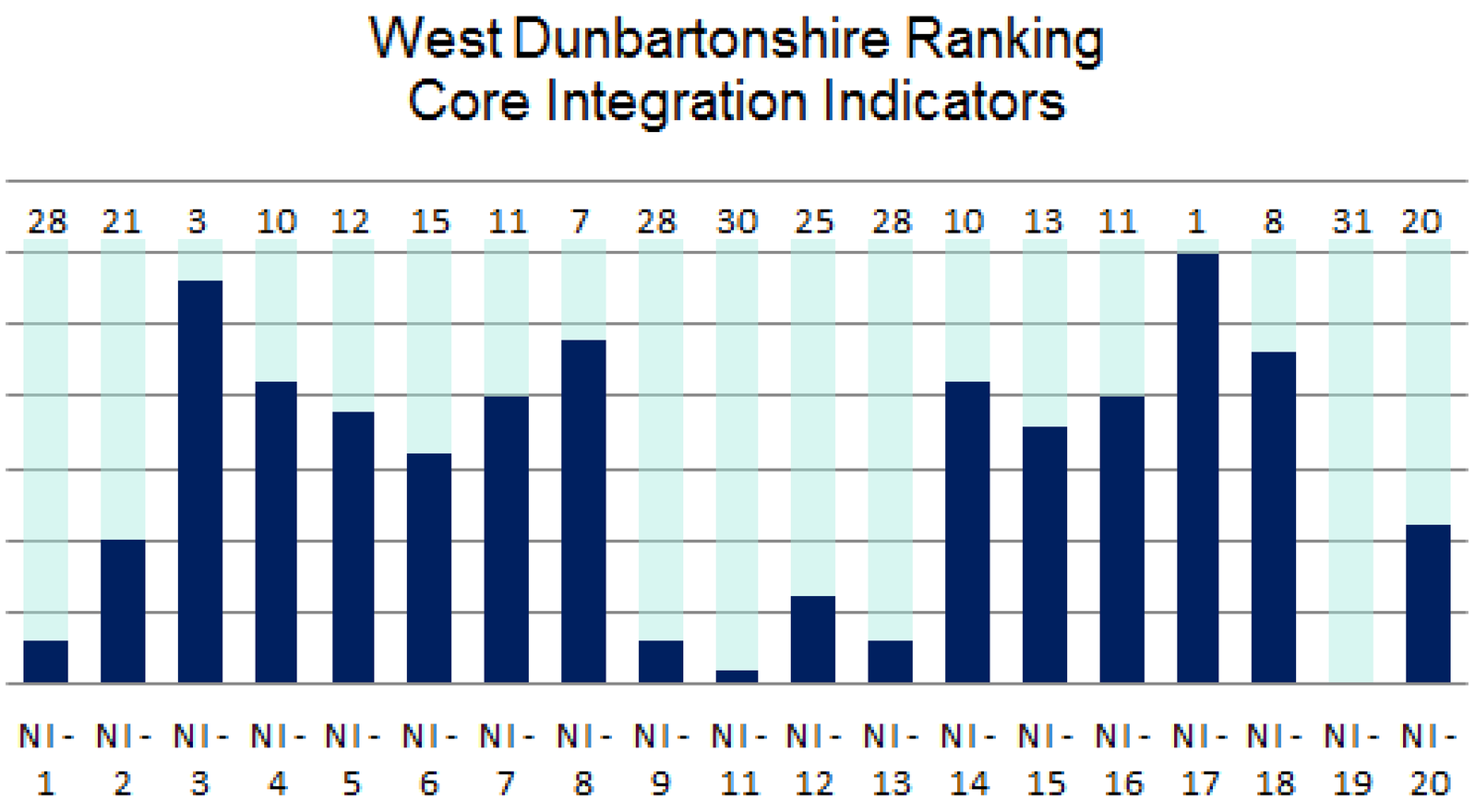
- Business continuity plans and service prioritisation models, particularly in the early weeks and months of the pandemic, to plan for the impact of staff absence and other critical events
- Working with key partners to support their reduced operating models including the Scottish Court Service and the 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.



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.

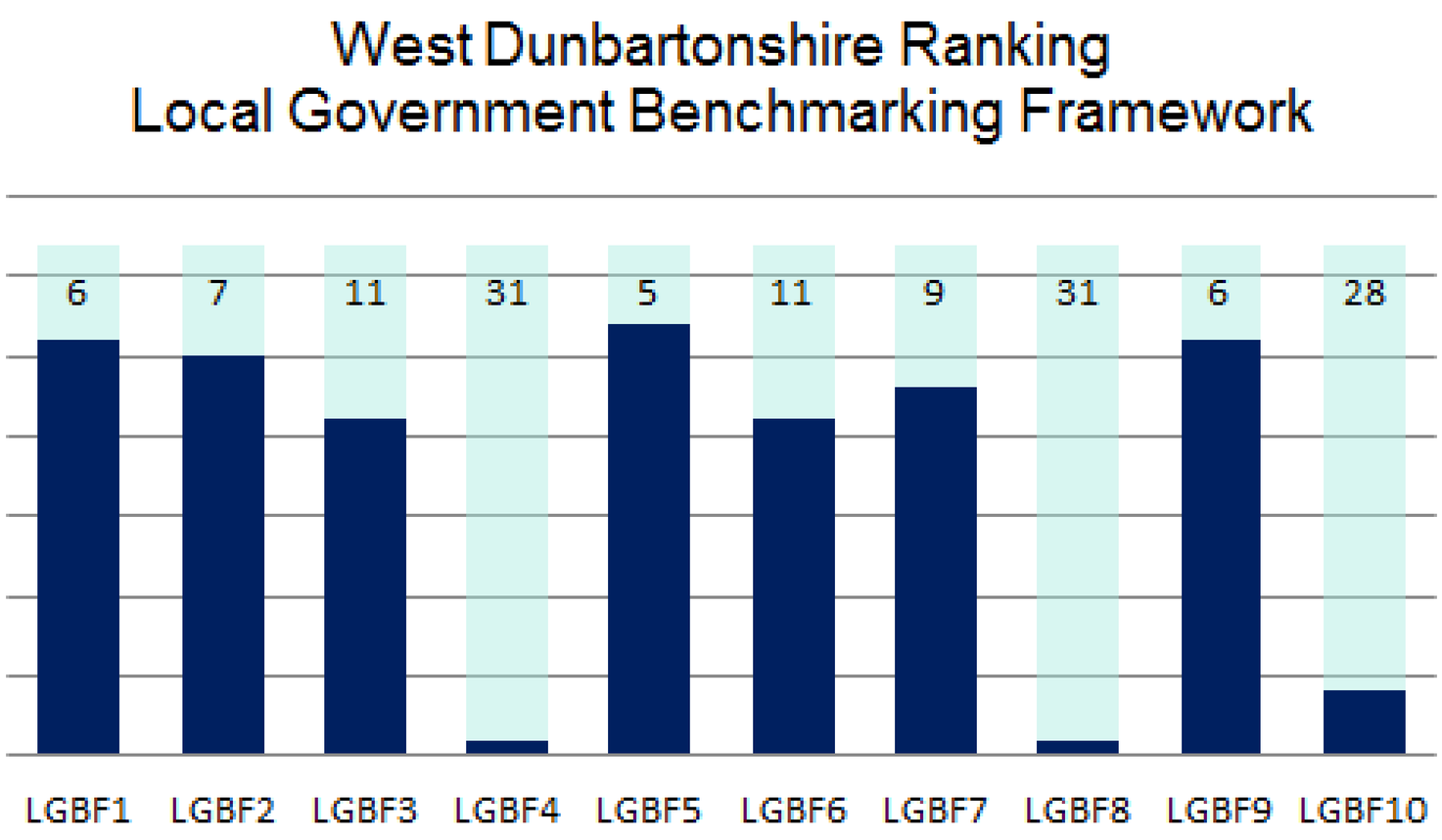
Charts detailing monthly trends for the MSG indicators over the previous 4 years can be found at Appendix 2.

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.



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.

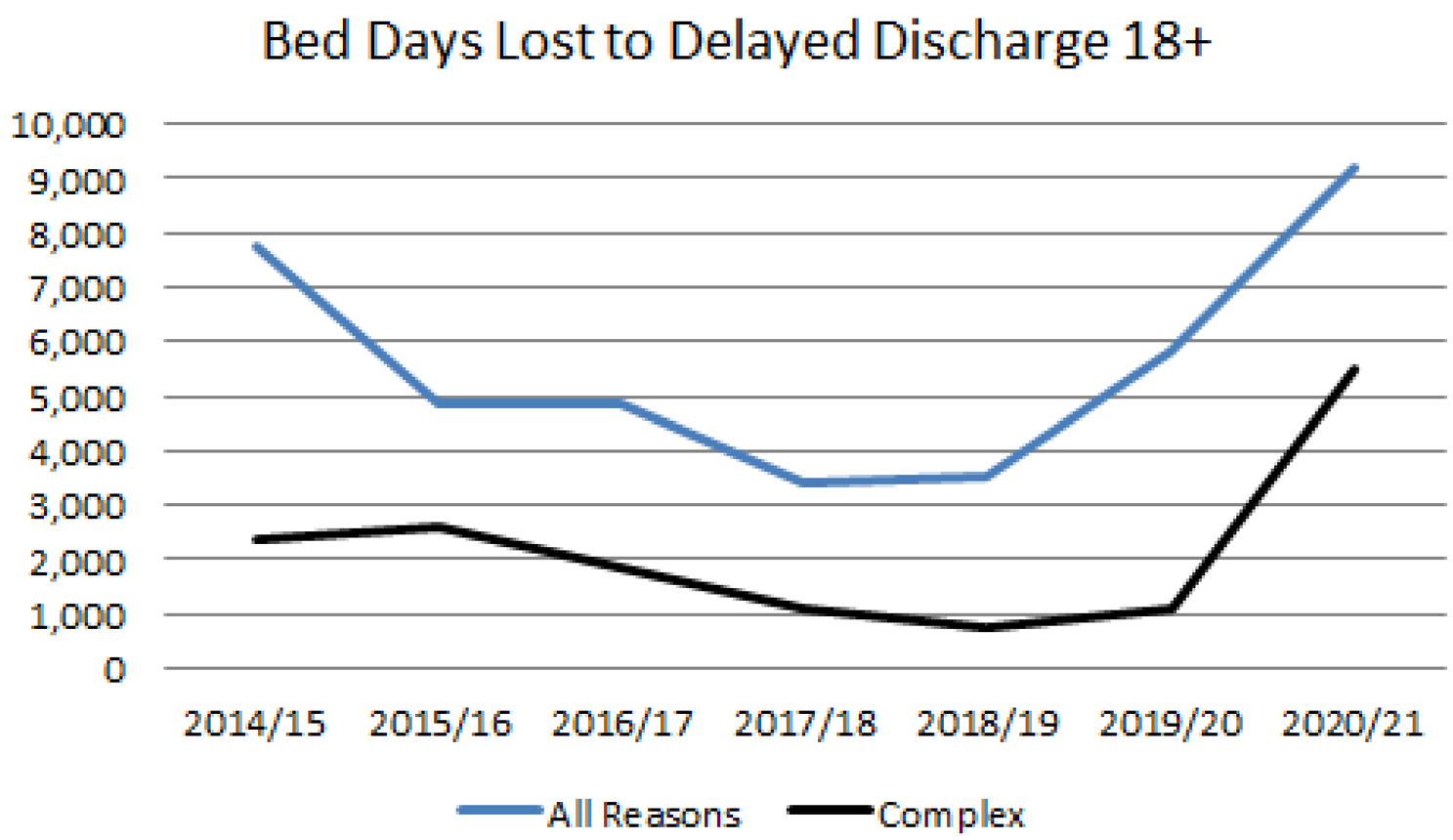
The anticipated impact of these various workstreams was used to develop local 2020/21 Ministerial Steering Group (MSG) targets for unscheduled care using 2019/20 performance, that closest to the onset of the pandemic, as a baseline. While targets for emergency admissions, unplanned bed days and A&E attendances 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.



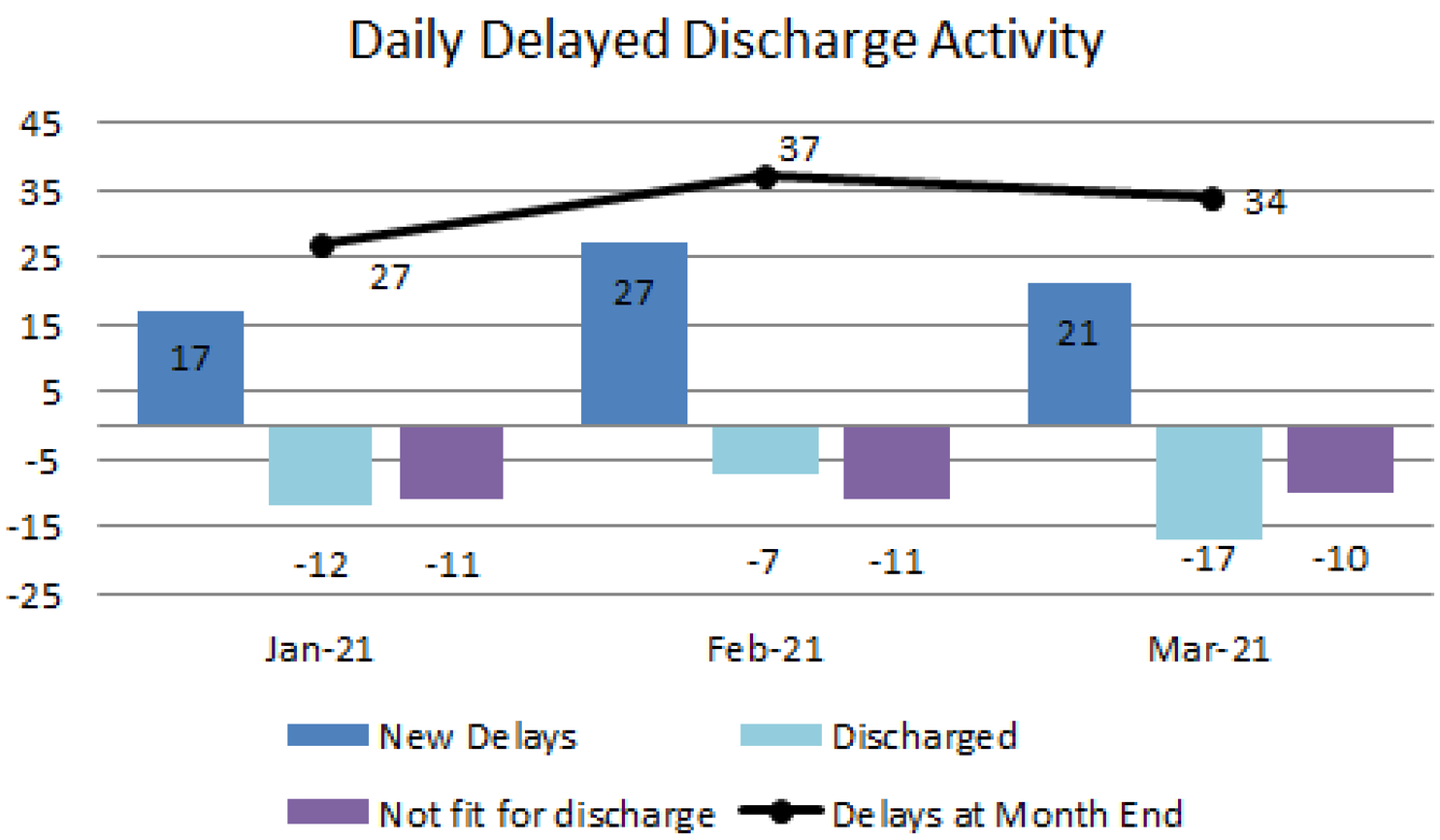
Closure of the Scottish Courts in March 2020 in response to the pandemic clearly had an impact on the ability to discharge people home where AWI legislation applied, however West Dunbartonshire was not unique in this respect. West Dunbartonshire had the 3rd highest proportion of delayed discharge bed 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

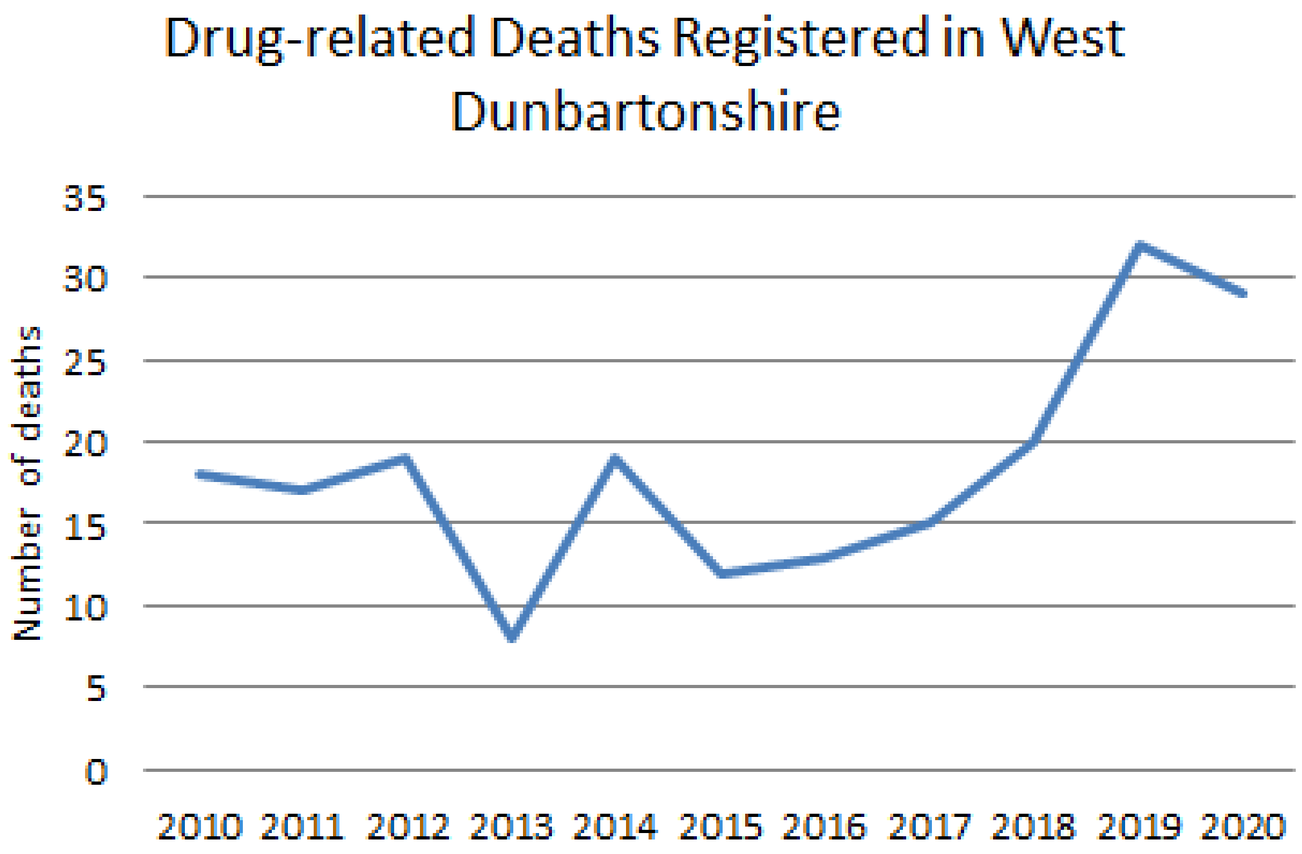
During 2020/21 there were 851 referrals to addiction services including WDHSCP community addiction teams and our third sector partners Alternatives West Dunbartonshire and Dumbarton Area Council on Alcohol (DACA).

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.



West Dunbartonshire Health and Social Care Partnership

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.

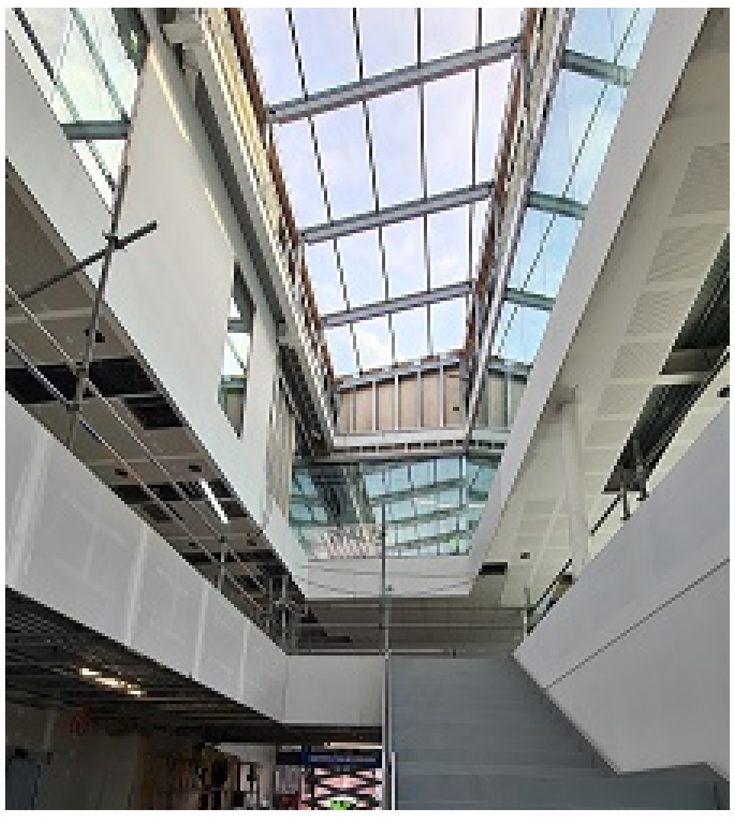
This interpersonal working relationship benefited over 1,000 residents of West Dunbartonshire during 2020/21 and continues to date. It has assisted in ensuring hospital capacity is used for those with the most serious illnesses and helped reduce the exposure of patients at GP surgeries. It also allows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

<u>Loss of Mobility</u>
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.

<u>Risk of Infection Covid19</u>
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

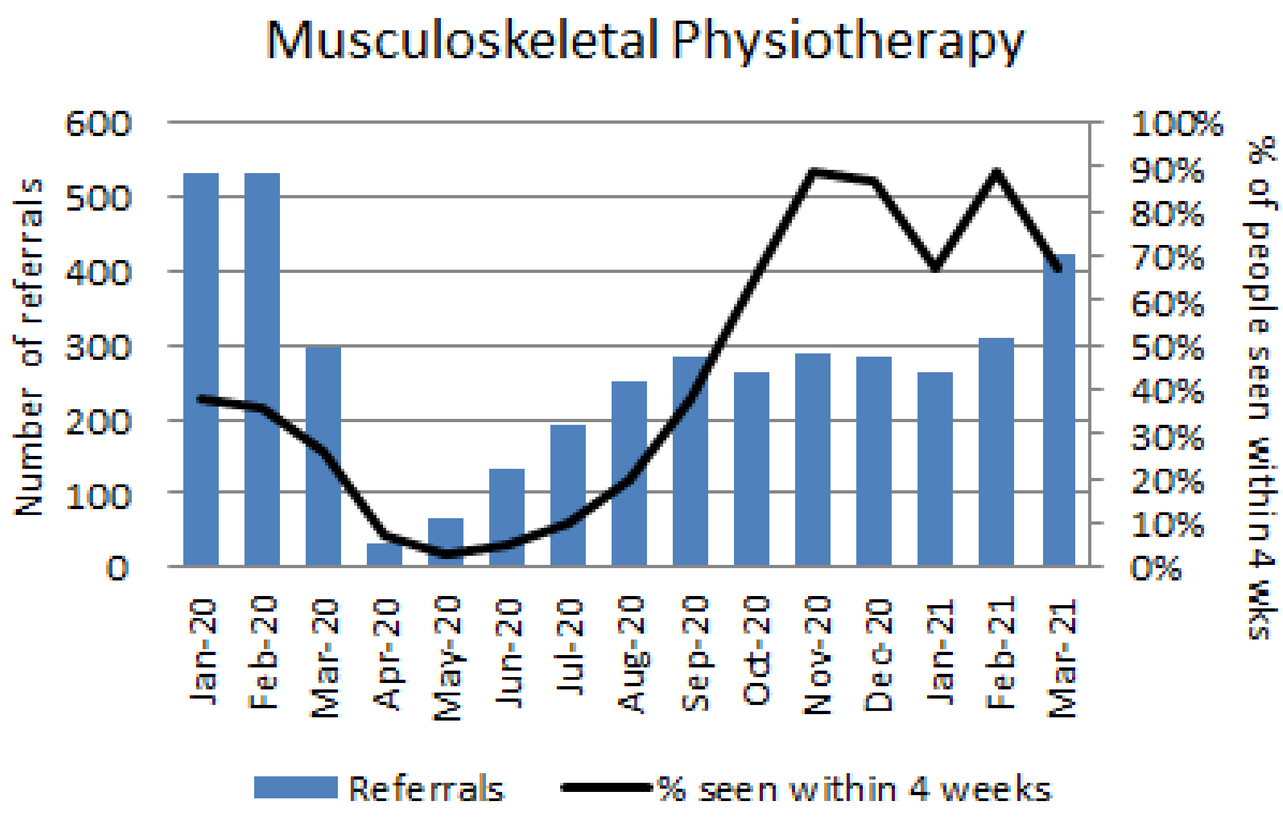
The NHSGGC MSK Physiotherapy Service is hosted by West Dunbartonshire HSCP on behalf of all HSCPs within Greater Glasgow and Clyde and the Acute Service Division of NHS GGC. The MSK Physiotherapy Service Manager reports to the Chief Officer of West Dunbartonshire HSCP and the service is included within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

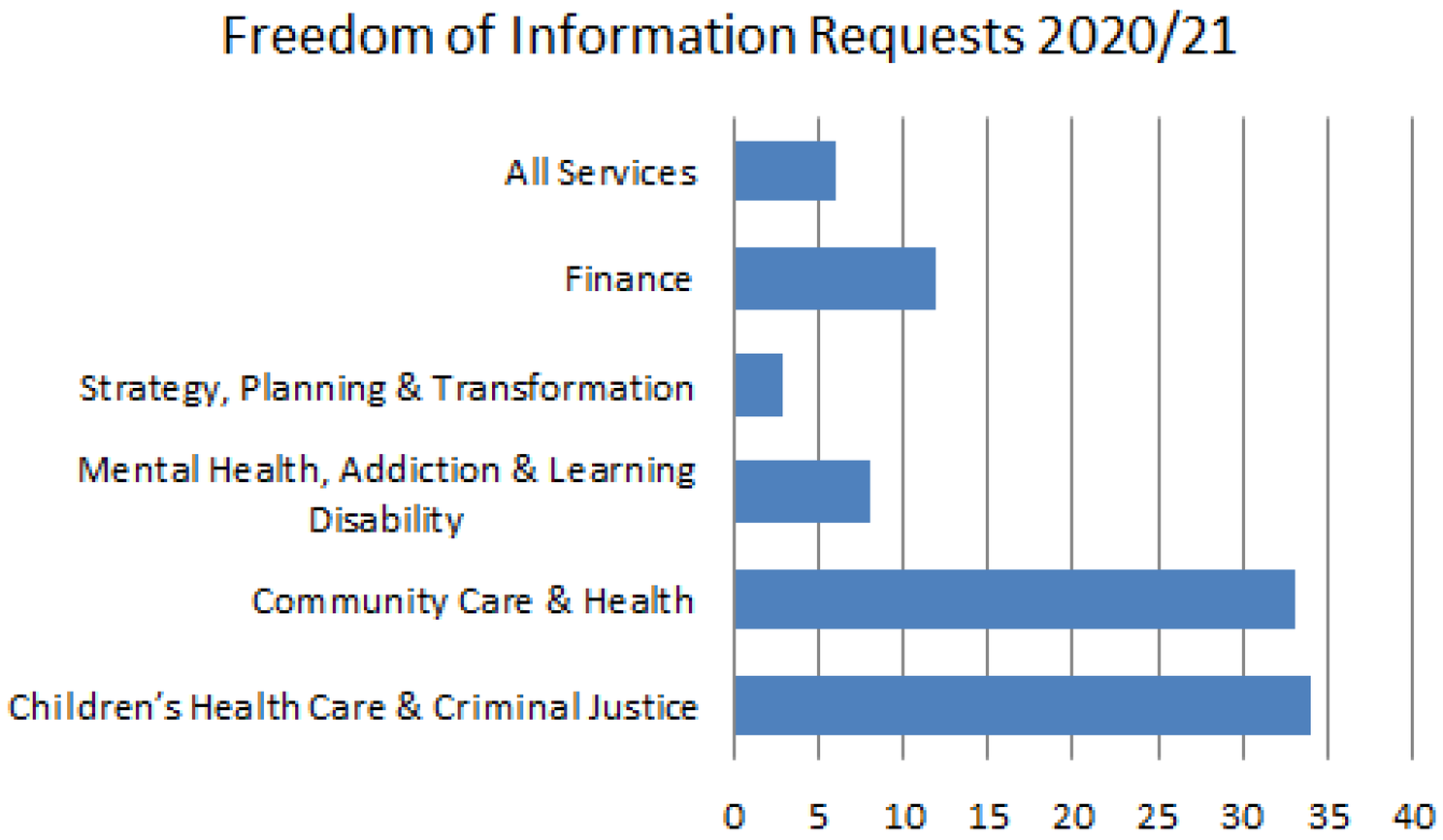
The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005. Under FOISA, a person who requests information from a Scottish public authority which holds it, is entitled to be given this information by the authority subject to certain conditions and exemptions set out in the 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.



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

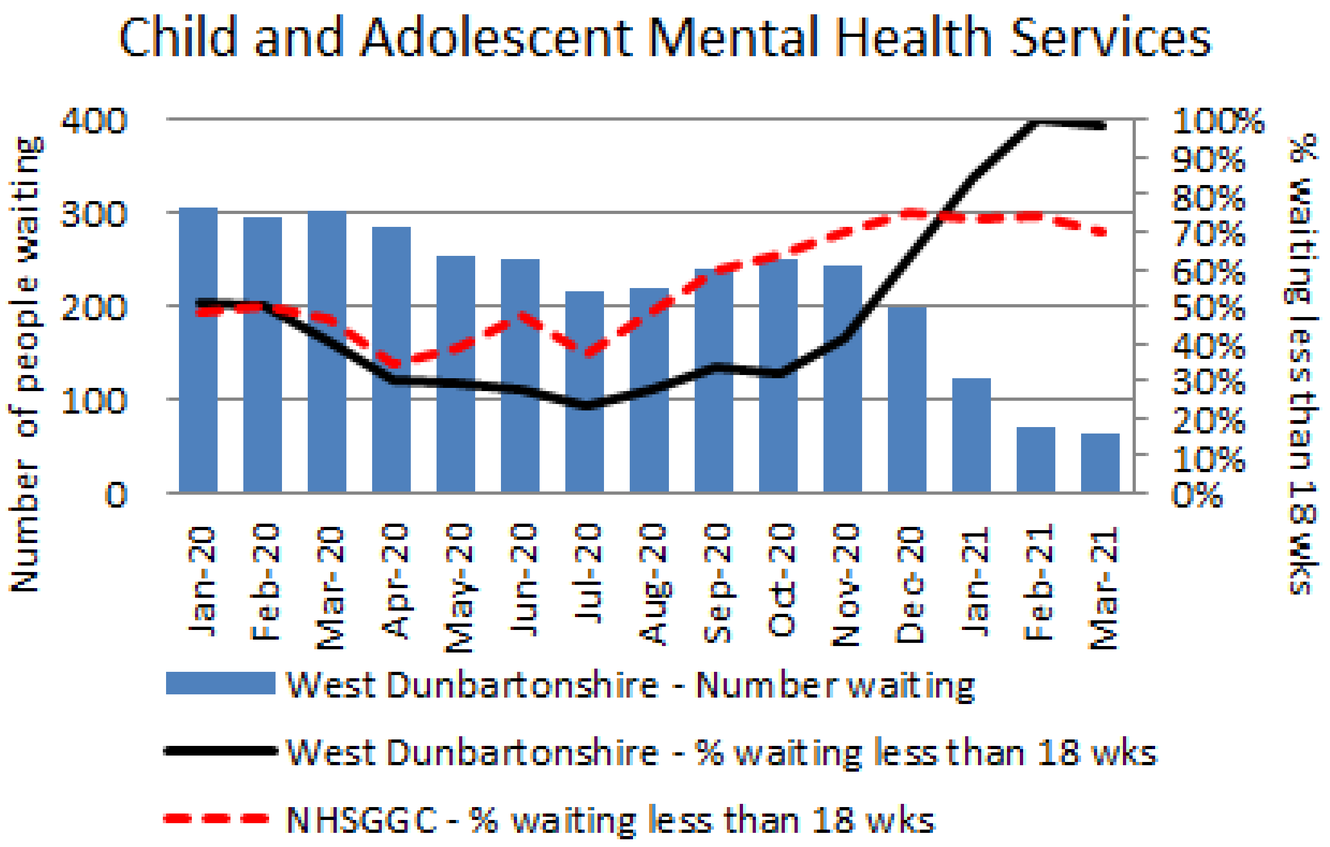
Child and Adolescent Mental Health Services (CAMHS) in West Dunbartonshire are a multi-disciplinary team consisting of Psychiatrists, Clinical Psychologists, Nurse Therapists, Allied Health Professionals and other disciplines, for example Family Therapist and Business support. The team offers assessment 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.



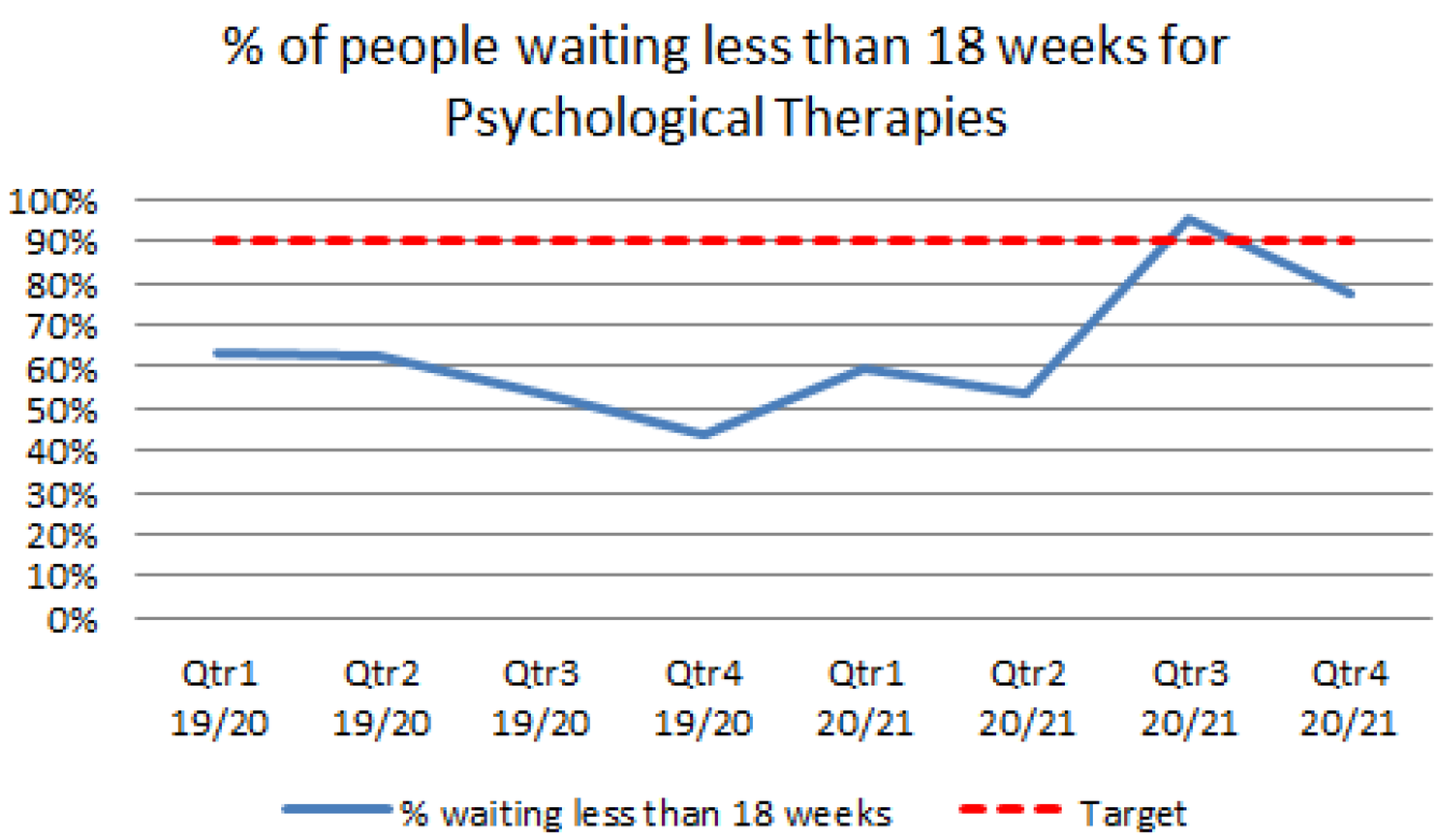
2020/21
524 First Appointments
2,825 Return Appointments

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 Heath 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 *s*trategy 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 additional, 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 serious 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.

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			
	West Dunbartonshire		Scotland
	2019/20	2020/21	2020/21
6 in 1	97.3%	98.2%	97.3%
MMR1	92.3%	94.6%	94.9%
Hib/Men C	93.7%	95.4%	95.0%
Men B	93.3%	95.1%	94.5%
PCV B	94.1%	95.3%	95.1%

Immunisations at 5 years			
	West Dunbartonshire		Scotland
	2019/20	2020/21	2020/21
6 in 1	98.9%	98.8%	97.9%
MMR1	97.6%	98.1%	96.6%
Hib/Men C	97.8%	98.3%	96.0%
4 in 1	92.3%	94.1%	92.8%
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.

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 provided 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 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.

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.

BUDGET PERFORMANCE 2020/21

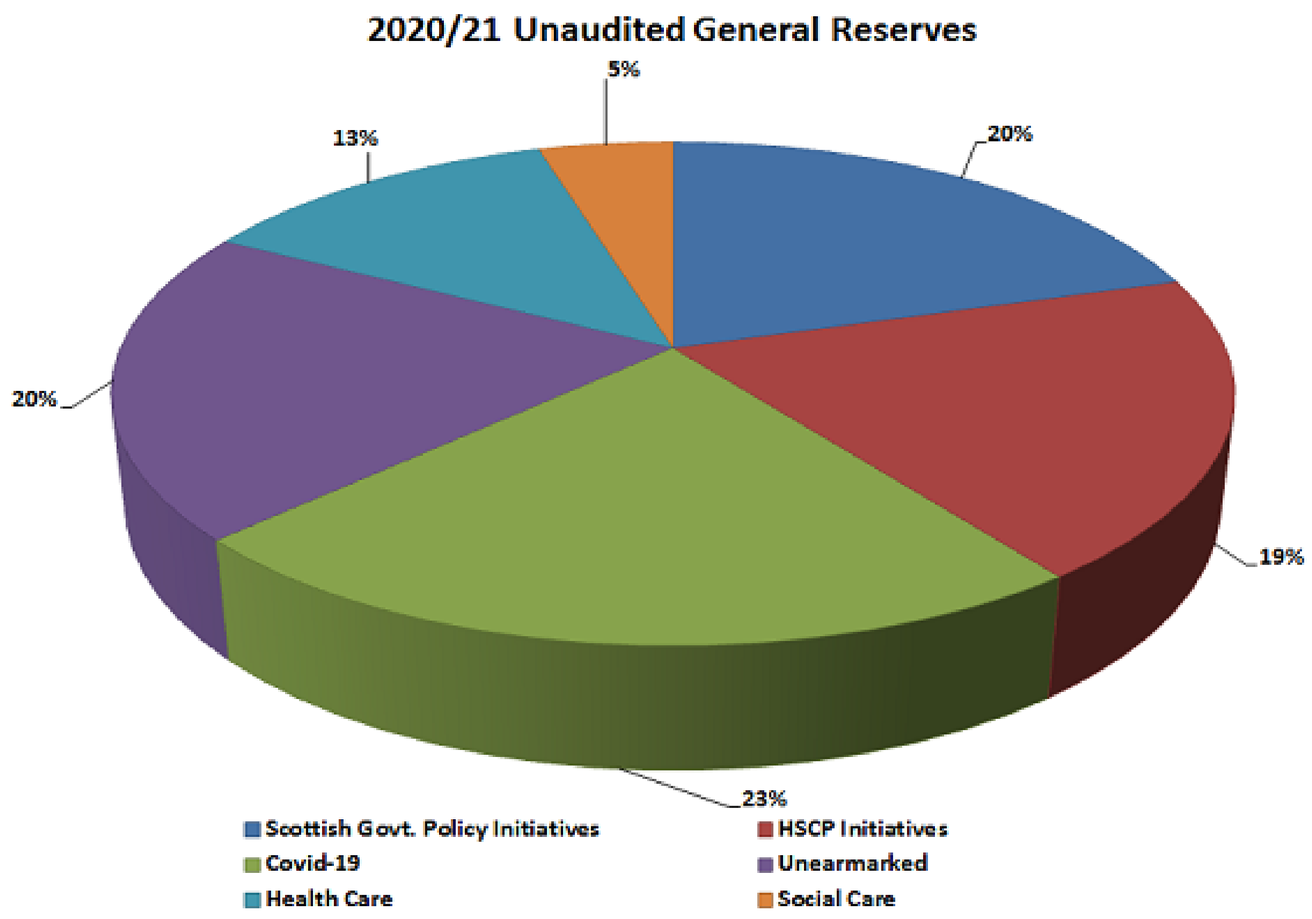
2015/16 * Net Expenditure £000	2016/17 Net Expenditure £000	2017/18 Net Expenditure £000	2018/19 Net Expenditure £000	2019/20 Net Expenditure £000	West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2020/21 Annual Budget £000	2020/21 Net Expenditure £000	2020/21 Underspend/ (Overspend) £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
					Covid-19	10,810	5,840	4,970
244	0	283	270	281	IJB Operational Costs	329	329	0
102,213	140,457	148,728	154,341	162,022	Cost of Services Directly Managed by West Dunbartonshire HSCP	186,167	172,423	13,744
13,040	17,066	17,066	29,522	28,389	Set aside for delegated services provided in large hospitals	32,276	32,276	0
0	702	927	577	661	Assisted garden maintenance and Aids and Adaptions	505	505	0
0	11,775	11,997	11,289	11,021	Services hosted by other IJBs within Greater Glasgow and Clyde	11,429	0	11,429
0	(6,263)	(6,337)	(6,128)	(6,655)	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 overspends 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
Heath 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	2022/23	2023/24
	£000	£000	£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:

Strategic	• Strategic Executive Group (SEG)
Tactical	• Acute Tactical Group • Recovery Tactical Group • HSCP Tactical Group
Operational	• Mental Health Assessment Units • Community Assessment Centres • GP Covid Hubs

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.

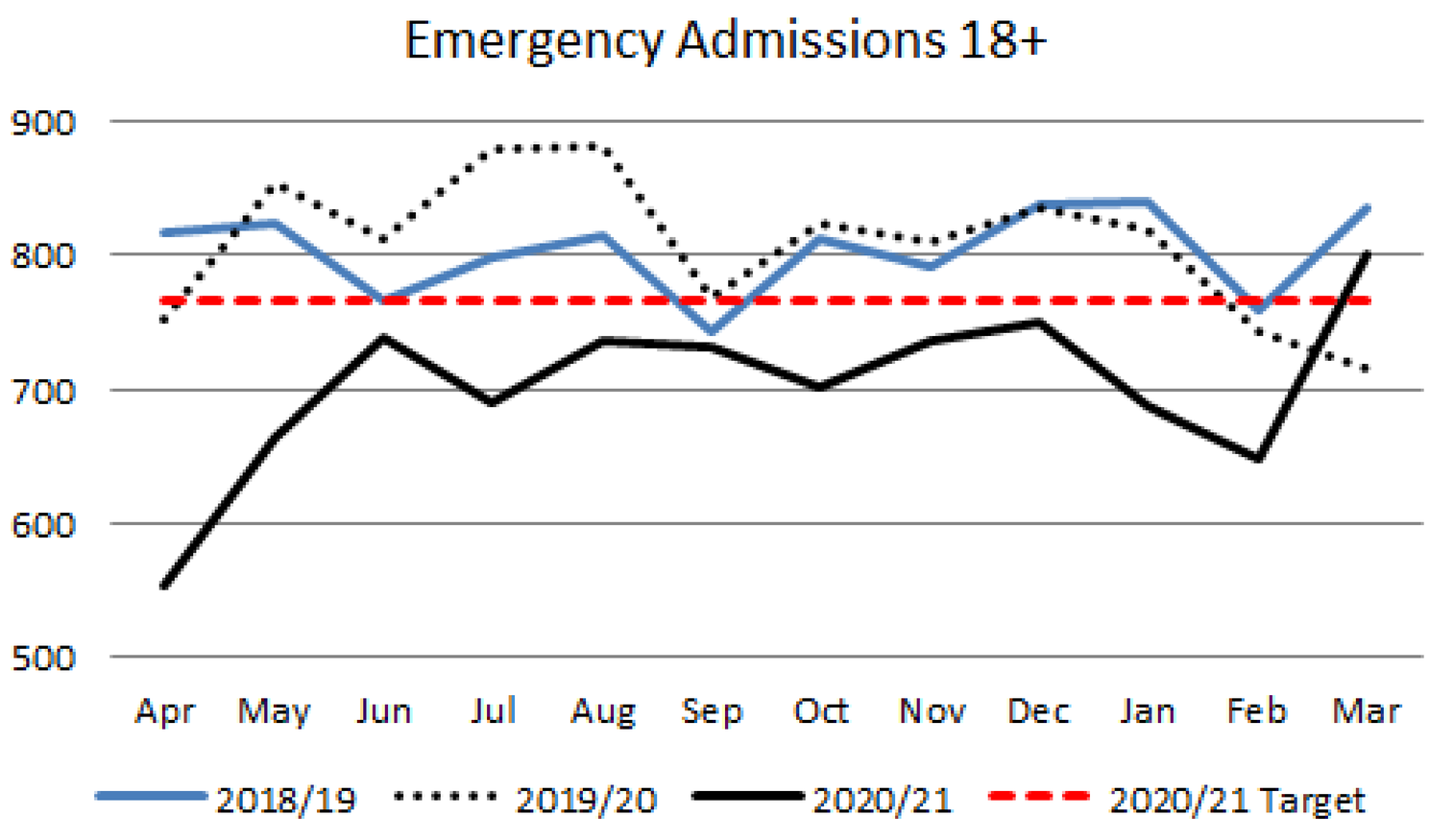
The "new normal" will have an impact on service demand and the financial consequences of this will have to be clearly laid out within the current performance reporting framework.

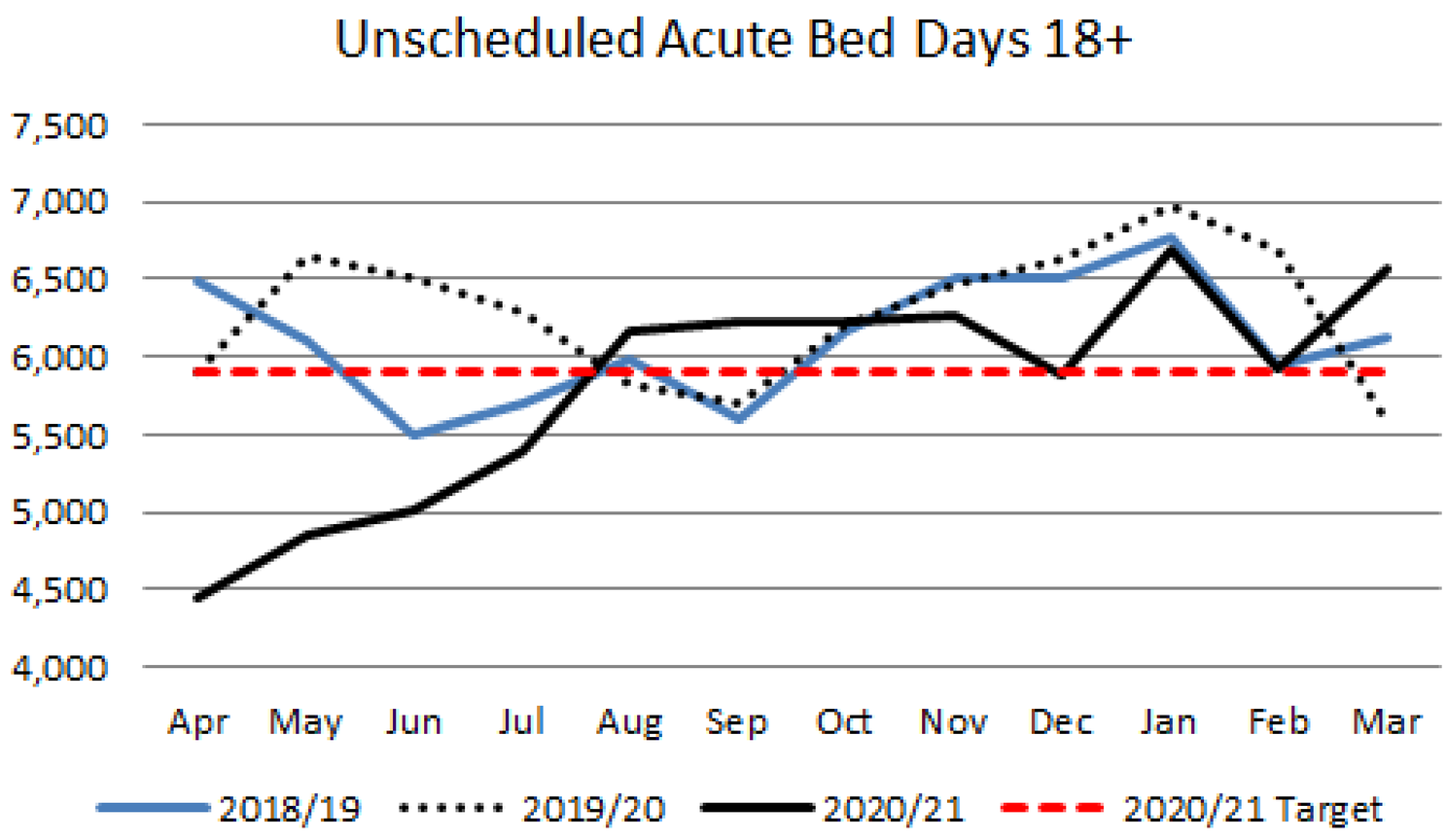
Appendix 1: Core Integration Indicators

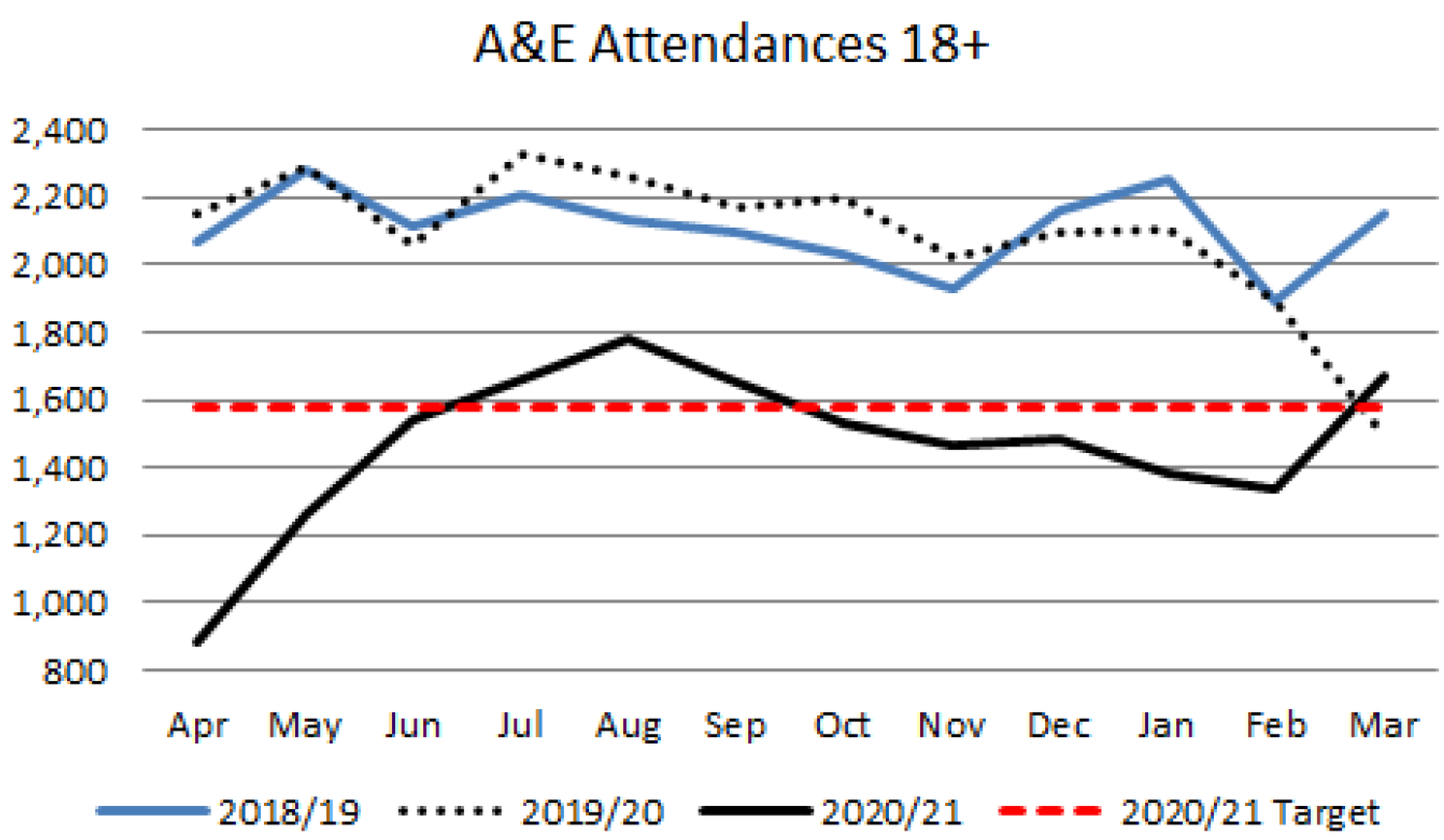
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2019/20	90.70%	92.90%	28	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible*	2019/20	79.70%	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	

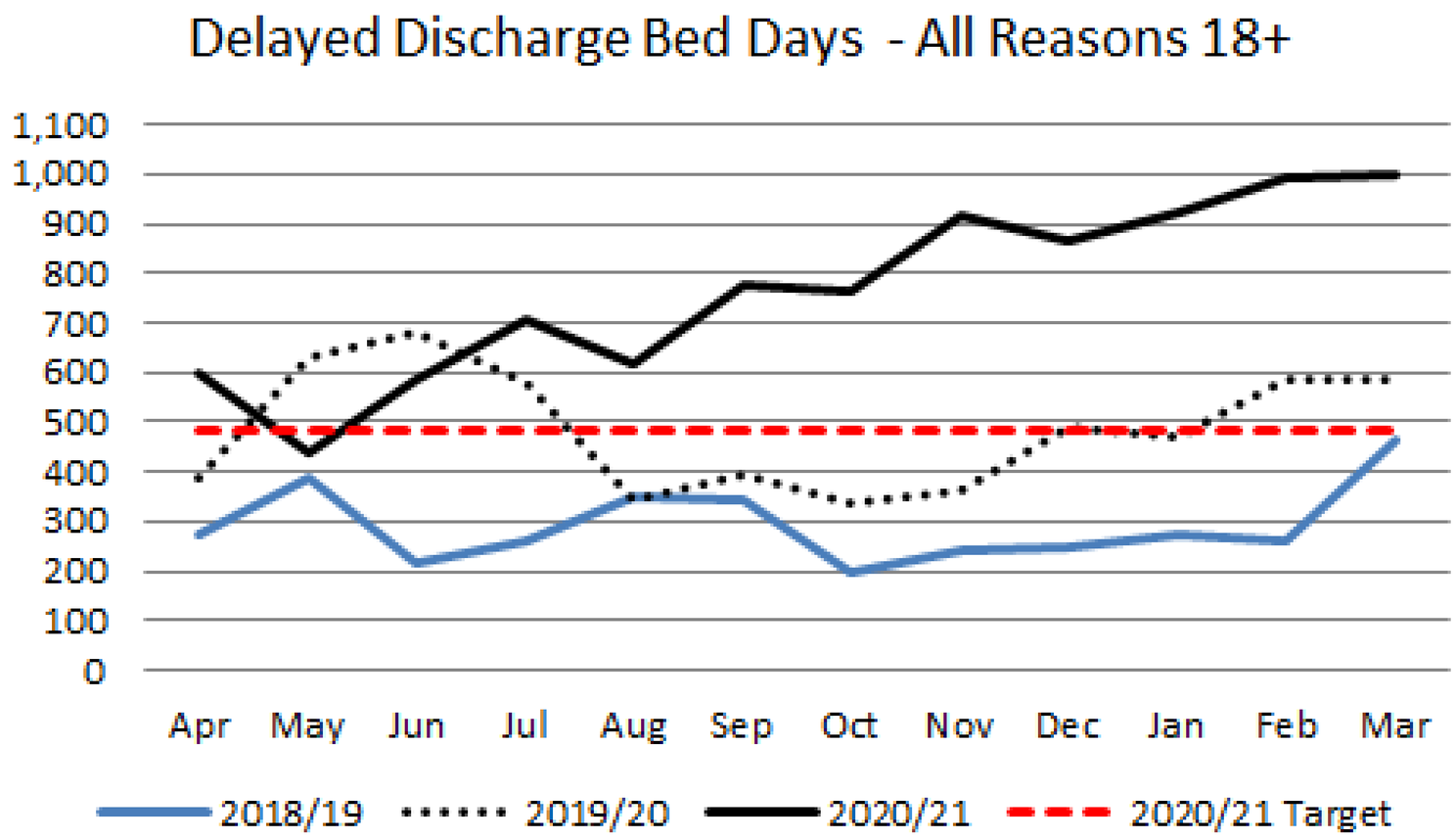
* Also a Local Government Benchmarking Framework Indicator
Please note that NI-10, NI-21 and NI-23 are not currently being reported nationally

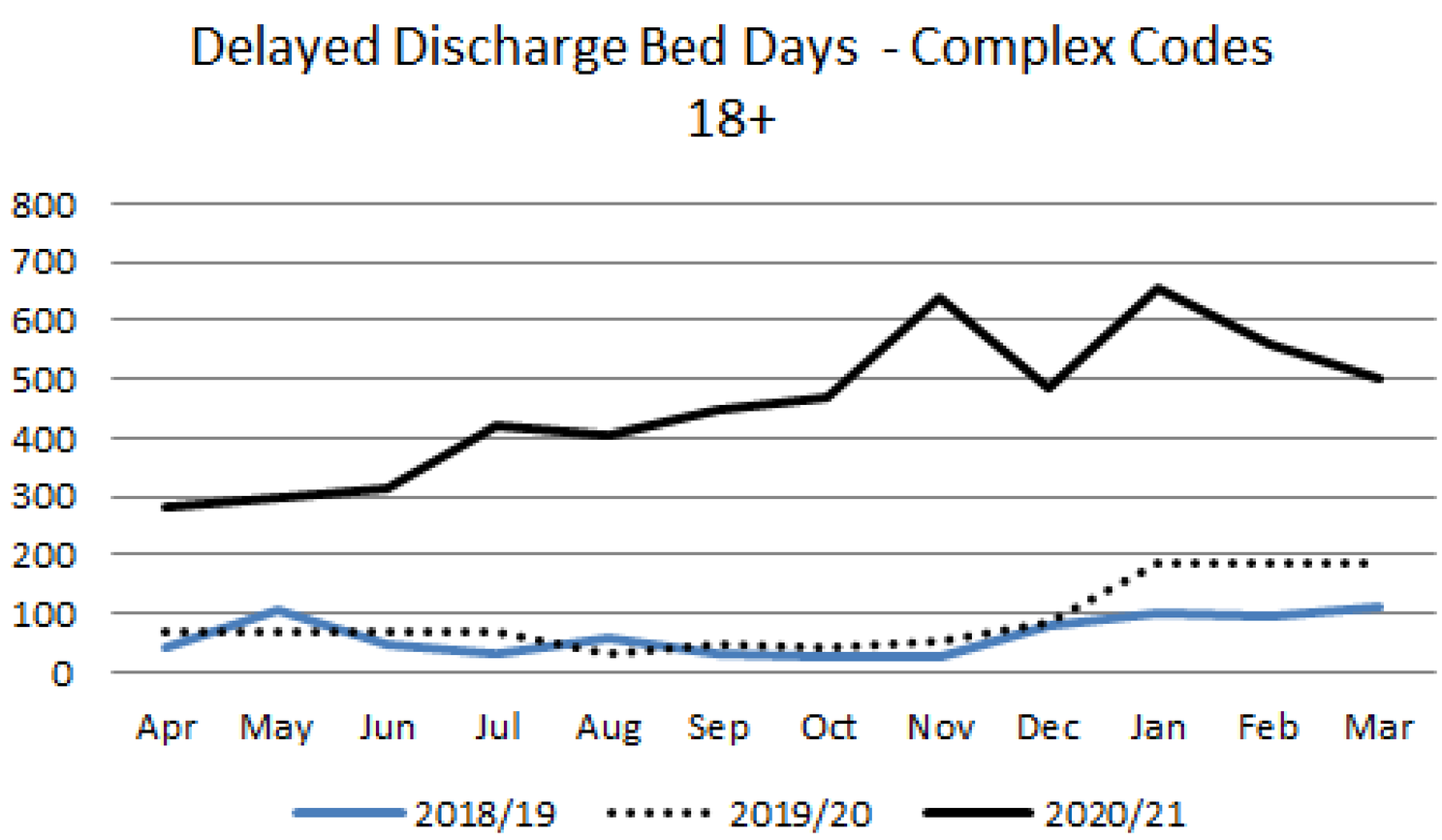
Appendix 2: Ministerial Steering Group Performance






A&E Attendances 18+
2,400
2,200
2,000
1,800
1,600
1,400
1,200
1,000
800
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20
2020/21
2020/21 Target


Delayed Discharge Bed Days - All Reasons 18+
1,100
1,000
900
800
700
600
500
400
300
200
100
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20
2020/21
2020/21 Target


Delayed Discharge Bed Days - Complex Codes
18+
800
700
600
500
400
300
200
100
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2018/19
2019/20
2020/21

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 Value	2020/21 Value	2020/21 Target	2020/21 Status	5 Year Trend
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 Value	2020/21 Value	2020/21 Target	2020/21 Status	5 Year Trend
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 Value	2020/21 Value	2020/21 Target	2020/21 Status	5 Year Trend
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 Value	2020/21 Value	2020/21 Target	2020/21 Status	5 Year Trend
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 Value	2020/21 Value	2020/21 Target	2020/21 Status	5 Year Trend
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 Value	2020/21 Value	2020/21 Target	2020/21 Status	5 Year Trend
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 & Social Care Partnership

Annual Complaints Report 2020/2021

www.wdhscp.org.uk

Contents

Introduction

West Dunbartonshire Health and Social Care Partnership (HSCP) aims to provide the best services possible for our citizens, however there will be instances where people feel dissatisfied with, or let down by, the service they receive. As an organisation we value any and all feedback we receive. Making a complaint to the HSCP gives us the opportunity to put things right for individuals and to improve our services. By investigating complaints and looking at any trends or patterns in complaints received, we can identify areas for improvement, gaps in service provision, training needs within the organisation or where particular groups may be experiencing similar dissatisfaction with our services. Often complaints can give us a fresh perspective: identifying issues or problems which we, working within the organisation, have not fully considered from a service user's point of view.

How we handle our complaints is essential to restoring positive relationships with people who feel let down by our services. This report will outline how we handled complaints during the period 1st April 2020 to 31st March 2021.

Model Complaints Handling Procedures

All public authorities in Scotland are required to produce, operate and report on a Model Complaints Handling Procedure (MCHP) in line with the Scottish Public Services Ombudsman's MCHP and Performance Framework.

Complaints about the functions and operation of West Dunbartonshire Health and Social Care Partnership Board are dealt with through the HSCP Board's MCHP which was developed during 2020/21 and was approved by the Board at their meeting on 26th November 2020. The HSCP Board's MCHP can be found on our website at HSCP Board MCHP. The HSCP has a duty to report on any complaints managed under the HSCP Board's MCHP. There were no complaints received about the functions of the HSCP Board during 2020/21.

When a complaint is received by West Dunbartonshire HSCP about our services, and not the functions of the HSCP Board, a decision is taken whether to process the complaint under either West Dunbartonshire Council's MHCP or NHS Greater Glasgow and Clyde's MHCP depending upon which service areas are covered. For example a complaint about service provided by Children's Social Work Services would be managed under the Council's MCHP but a complaint about a Psychiatry service would be managed under the NHS MCHP. West Dunbartonshire Council and NHS Greater Glasgow and Clyde will include these HSCP complaints in their Annual Complaints Reports however in the interests of openness and transparency and to fully reflect on the HSCP's handling of complaints they will also be included in this report.

There are two stages to both the Council and NHS MCHPs:

Stage 1 Frontline Resolution

We aim to respond to complaints quickly. This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem. We will respond to a stage 1 complaint within five working days or less, unless there are exceptional circumstances. If the person making the complaint is not satisfied with the response they are given at this stage, they can choose to take their complaint to stage 2.

Stage 2 Investigation

Stage 2 deals with two types of complaint: those that have not been resolved at stage 1 and have been escalated to stage 2; and those complaints that clearly require investigation and so are handled from the onset as stage 2. For a stage 2 we will acknowledge receipt of the complaint within three working days and provide a full response as soon as possible, normally within 20 working days. If our investigation will take longer than 20 working days, we will inform the person making the complaint of our revised time limits and keep them updated on progress.

SPSO Performance Framework

The Scottish Public Services Ombudsman (SPSO) have developed a standardised set of complaints performance indicators which organisations are required to use to understand and report on performance in line with the MCHP. The consistent application and reporting of performance against these indicators will also be used to compare, contrast and benchmark complaints handling with other organisations, and in doing so will drive shared learning and improvements in standards of complaints handling performance.

The SPSO required all MCHPs to be fully implemented by April 2021. Full year reporting of these indicators would therefore be anticipated to be required from 2021/22 going forward. To establish a baseline and identify any gaps in recording processes we have chosen to report the new indicators from 2020/21.

Indicator 1: Learning From Complaints

Complaints are routinely reported to our Senior Management Team and through the HSCP's Clinical and Care Governance meetings. These reports cover volume of complaints, compliance with timescales and outcomes by service area. Further detail at this level is available at Appendix 1. Detail is also provided about the nature of each complaint by theme and any actions taken as a result of the complaint investigation and resolution.

During 2020/21 learning from complaints contributed to the following agreed actions:

- Complaint investigation highlighted the pressures on the Social Work Duty service and will contribute to the review of duty referrals and requests for assistance from other professionals going forward.
- Services to review communication with service users during the transition period from Child to Adult services.
- Additional support and the sourcing of learning opportunities for Health Visiting staff in terms of managing challenging parental behaviour.

More general learning which was agreed and was to be disseminated through team meetings and briefings was:

- Importance of reviewing processes to ensure efficient and fit for purpose.
- Importance of staff communicating timeously, clearly and respectfully with service users and family members.
- Importance of staff adhering to the General Data Protection Regulations, ensuring proper use of systems with accurate record keeping.
- The need to follow Data Protection Legislation in relation to sharing personal data with third parties.

Work was also begun to improve the complaints process itself. A quality assurance review of a sample of complaints is underway to identify where the process has worked well and where it has not worked well due to delays, information gaps, communication between teams. The quality of responses is also being considered and a suite of draft templates has been developed, adapting SPSO tools available online, to assist investigating officers with the investigation process and to give a full and structured response to complaints. Once finalised this will form a complaints toolkit for staff to access online.

Self-evaluation against the SPSO's Complaints Improvement Framework has also begun and this will be reviewed as part of our monitoring of the effectiveness of our improvements.

Indicator 2: Volume of Complaints Received

This indicator counts all stage 1 complaints, whether they were escalated to stage 2 or not, plus all complaints which were treated on receipt as stage 2. West Dunbartonshire HSCP received a total of 83 complaints during 2020/21.

Indicator 3: Complaints Closed Within Timescale

Stage 1 complaints: 34% were closed within 5 working days, 19 of the 56 received. For the remainder we have been unable to identify whether they have been closed within timescale and we will be improving our recording mechanisms during 2021/22 to more accurately report this figure. For those stage 1 complaints that were not referred through the Information Team, who manage complaints, but made directly with frontline services, it would be anticipated that most would be dealt with as they arose however we do not yet have the data to evidence this.

Stage 2 complaints: 47% were closed within 20 working days, 14 of the 30 received. Complex complaints that cut across services often take longer to co-ordinate a response. We endeavour to keep people informed of any extension to timescales required to make a full response however this has not been carried out in every case during 2020/21.

Complaints escalated from stage 1 to stage 2: Of the 3 complaints escalated, 2 were closed within timescale i.e. 67%

Indicator 4: Average Time to Full Response

Stage 1 complaints: Due to the gaps in recording we are unable to report this for stage 1 complaints.

Stage 2 complaints: The average time to full response was 23 working days.

Complaints escalated from stage 1 to stage 2: The average time to full response after escalation was 17 working days.

Indicator 5: Outcomes of Complaints

Stage 1 complaints: Due to the gaps in recording we are unable to report this for stage 1 complaints however those complaints which have not been escalated to stage 2 have been resolved in some way.

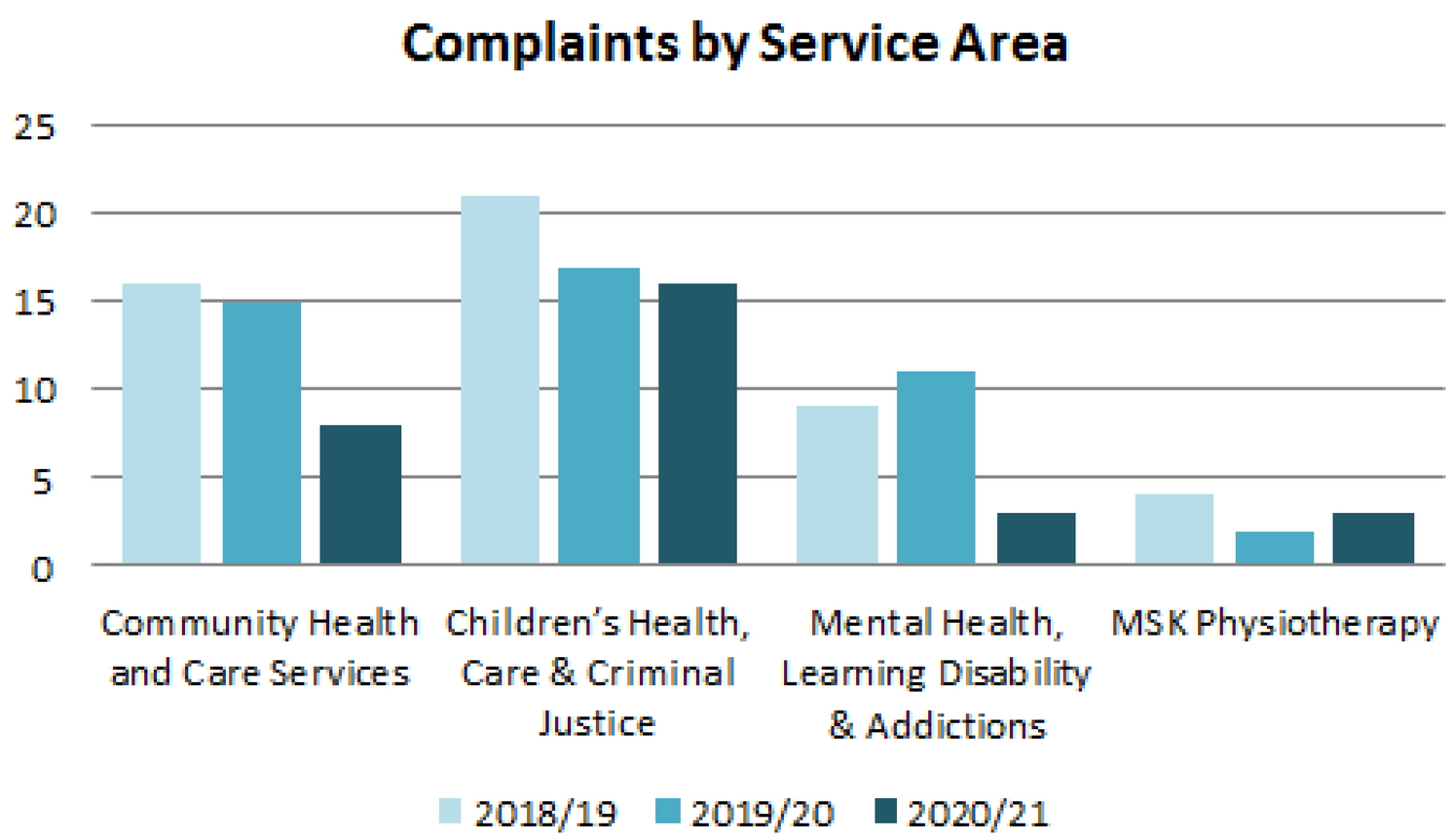
	Stage 2		Escalated to Stage 2	
Outcome	Number	%	Number	%
Upheld	1	3%	0	0%
Partially Upheld	7	23%	2	67%
Not Upheld	18	60%	1	33%
Unsubstantiated	2	7%	0	0%
Ongoing	2	7%	0	0%
Total	30	100%	3	100%

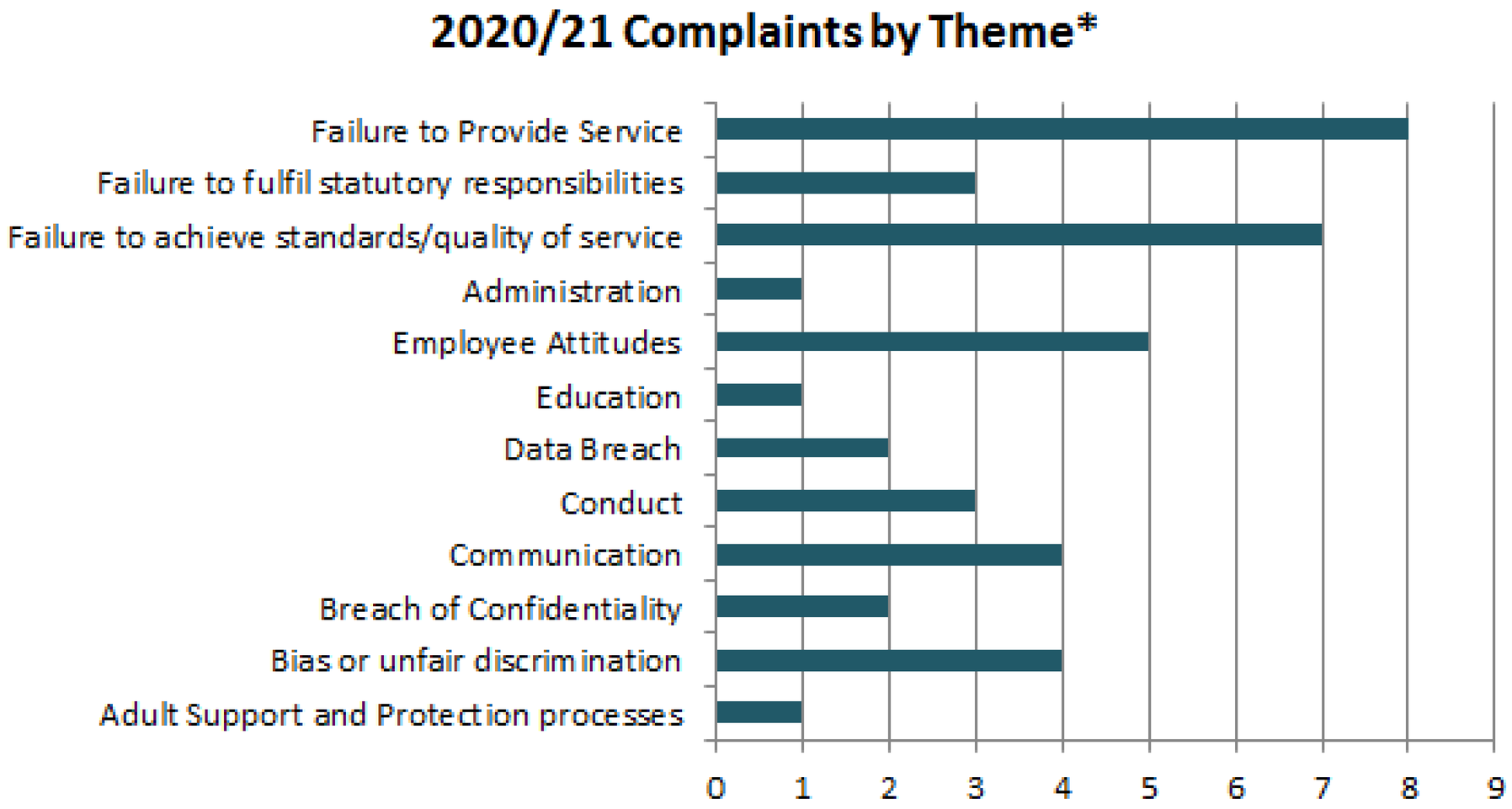
There are a further 3 indicators which are not required to be reported on but are recommended by the SPSO. These relate to raising awareness of complaints handling, lessons learned and identifying any barriers to making a complaint; staff training in frontline resolution, complaints handling and investigations; and customer satisfaction with their experience of making a complaint and their response.

The development work currently underway to review our processes and online and training resources should have an impact on these areas. We are also exploring ways to gather feedback on the complaints experience and whether this is feasible across both stage 1 and stage 2 complaints.

The HSCP is committed to making the complaints experience as easy and accessible as possible and to use our complaints as a valuable resource to improve services for the people of West Dunbartonshire.

Appendix 1: Stage 2 Complaints





* More than one theme may apply per complaint.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Strategy and Transformation

20 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 Board:

2.1.1 Approve the reviewed and updated Strategic Risk Register (Appendix A).

2.1.2 Note the two current strategic risks selected by the HSCP Audit and Performance Committee 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.

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 are 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 with 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 At their meeting of 16 September 2021, the HSCP Audit and Performance Committee will be asked to select two current strategic risks to be presented in greater detail to the HSCP Board on the 24 March 2022. The Board will receive a verbal update on the agreed risks upon presentation of this report.

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. This 6 month update will again be reviewed by the HSCP Audit and Performance Committee at their meeting of 16 September 2021. The HSCP Board will receive a verbal update on the agreed actions from that meeting upon presentation of this report.

8.3 The Chief Officer and Strategic Management Team reviewed the Strategic Risk Register on the 1 September 2021, presented this to the HSCP Audit and Performance Committee for further scrutiny on 16 September 2021 and now seek final approval from the HSCP Board.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the HSCP Board 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.

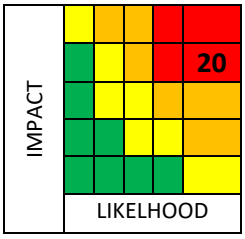
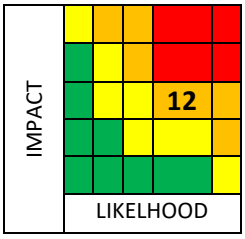
Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 5 September 2021

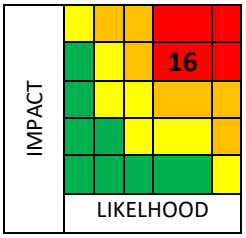
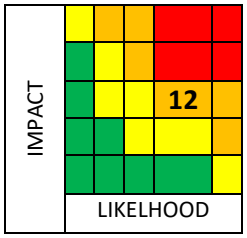
Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
16 Church Street
Dumbarton
G82 1QL

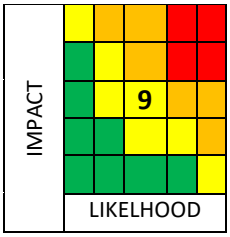
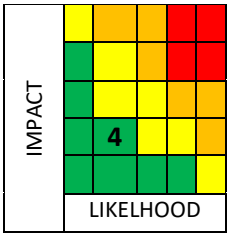
Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk
Phone: 07786 747 952

Appendices: Strategic Risk Register (Appendix 1)

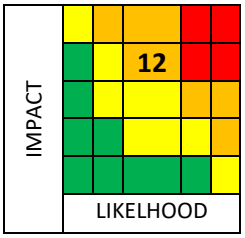
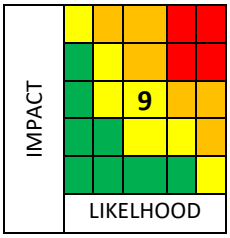
West Dunbartonshire Health and Social Care Partnership
Strategic Risk Register 2021 – 2022

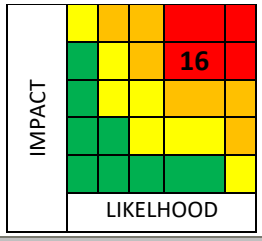
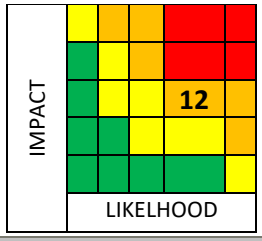
Financial Sustainability/Resource Allocation and Savings Targets	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to deliver HSCP Board priorities within approved budget incorporating allocated savings targets. Failure 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. 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.	Beth Culshaw; Julie Slavin		Almost Certain - Major **Unacceptable**		Probably – Moderate **Issue**
Mitigating Actions					
A process of managing and reviewing budget by the Senior Management Team is in place; including application of earmarked reserves, analysis of monthly monitoring reports, securing recurring efficiencies, vacancy management, turnover targets and overtime restrictions.					
Financial position monitored through ~~to~~ 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.					
The Integration Scheme requires a recovery plan will be implemented to address areas of significant in-year overspend across all service areas. HSCP SMT, all budget managers/commissioners of service working with WDC and NHSGGC procurement teams on the priorities identified within the procurement pipeline, to ensure that externally purchased services are delivering Best Value.					
Active engagement with Partner Bodies in budget planning process: Scottish Government, WDC and NHSGGC including identifying dependencies and risks on any organisational savings programme and ensure that, where appropriate, HSCP budget managers implement initiatives e.g. FIP (Financial Improvement Programme).					
To continue to engage with forums/groups to identify proposals and consolidate approved policies including eligibility criteria, assessment, charging and financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets.					
As required by the Ministerial Steering Group, continue to work with Scottish Government, West Dunbartonshire Council, NHS Greater Glasgow and Clyde & Greater Glasgow and Clyde Board-wide Integrated Joint Boards to bring forward notification and approval of budget allocation before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings, service transformation or withdrawal of service.					
A continued commitment to due diligence in all roles; communication and consideration within and between all areas of service; consultation and communication with the public; staff groups and representatives; Health and Social Care Partnership Board members including elected members.					
The delivery of a medium to long term budget strategy for the HSCP and refreshed on an annual basis to reflect the impact of new budget settlements on the delivery of strategic priorities and agreed service improvement programmes.					
A mechanism has been agreed for calculation of set aside budgets this now must be aligned with the draft unscheduled care commissioning plan.					

Procurement and Commissioning	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
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 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. Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value. Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.	Margaret-Jane Cardno		Probably - Major **Unacceptable**		Probably – Moderate **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.					

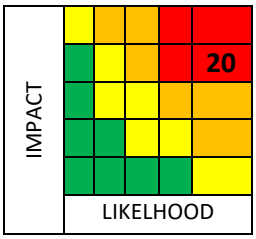
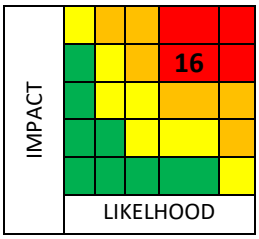
Performance Management Information	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.	Margaret-Jane Cardno		Possible - Moderate **Adequate**		Unlikely - Minor **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.					

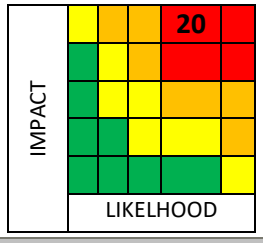
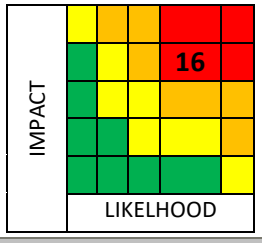
The Commissioning Plan will support the links between finance and planning to meet demand and service delivery within the current financial envelope.
Regular performance reports are presented to the HSCP Board by Chief Officer and Heads of Services; providing members of the Board with a range of data 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**
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. 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.	Margaret-Jane Cardno		Possible - Major **Issue**		Possible - Moderate **Adequate**
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.					

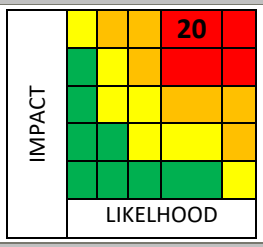
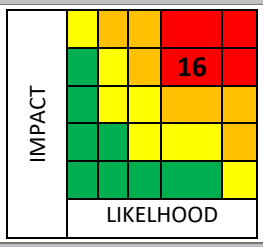
Outcomes of external scrutiny: Inspection recommendations	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to deliver on recommendations within reports by Care Inspectorate and other relevant scrutiny bodies.	Chief Social Work Officer		Probably - Major **Unacceptable**		Probably - Moderate **Issue**
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.					

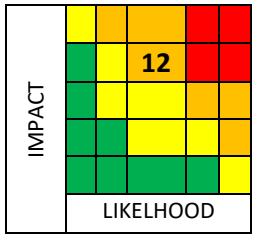
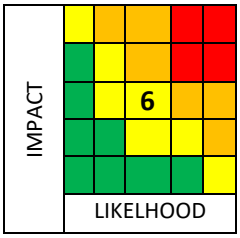
The HSCP Boards has agreed additional investment from reserves to support operational managers to deliver on improvement action plans.

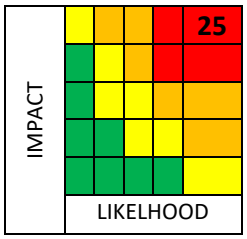
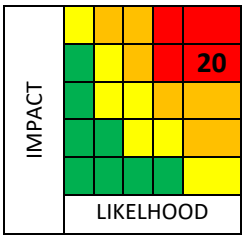
Delayed Discharge and Unscheduled Care	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care. 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.	Jo Gibson		Almost Certain - Major **Unacceptable**		Probably - Major **Unacceptable**
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**
Failure to have an appropriately resourced workforce to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services .	Audrey Slater		Probably- Catastrophic **Unacceptable**		Probably - Major **Unacceptable**
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 Polices 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					

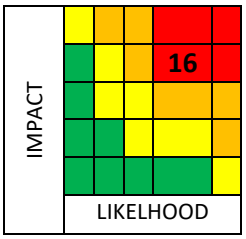
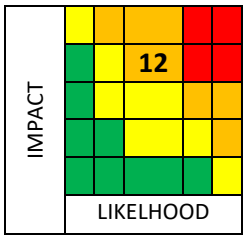
Statutory and Mandatory Training reports
I Matter reports
KSF/ PDP and Be the Best Conversations

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 **Unacceptable**		Probably - Major **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 **Issue**		Possible - Minor **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 20/21Continue 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
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. Financial Impact – rapid response, prescribing costs, commissioning and procurement impact. 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. 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. 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.	Beth Culshaw		Almost Certain - Catastrophic **Unacceptable**		Almost Certain - Major **Unacceptable**
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**
1. Legislative requirements Failure to meet legislative duties in relation to child protection, adult support & protection and multi-agency public protection arrangements (MAPPA). Failure to ensure that Guardianship cases are appropriately monitored, supported and reviewed by social workers. 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 Failure to ensure compliance with relevant risk assessments and evidence-based interventions. 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. Failure to monitor commissioned and other partnership services which could impact on an individual's safety or risk to themselves or others. Failure to monitor and ensure the wellbeing of adults in independent or WDC residential care facilities. Failure of staff to recognise, report and manage risk.	Chief Social Work Officer		Probable - Major **Unacceptable**		Possible - Major **Issue**
Mitigating Action					
Review of interim and longer-term arrangements to support child protection and adult protection activity and multi-agency practice arising from vacant Public Protection Coordinator post.					
West Dunbartonshire's Child Protection and Adult Support and Protection Committees ensure child and adult protection procedures are followed and have a scrutiny role over compliance linked to implementation of relevant policies and procedures.					
Chief Social Work Officer attends the North Strathclyde MAPPA Strategic Oversight Group; responsible manager attends the Management Oversight Group which monitors local compliance with national standards and legislative duties.					
Chief Social Work Officer and Heads of Service ensure that child and adult protection plans as well as MAPPA risk management plans are regularly reviewed; themes and trends from local audit activity are reported to clinical and care governance structures, the Child and Adult Protection Committees and the MAPPA Strategic Oversight Group.					
West Dunbartonshire Nurtured Delivery Improvement Group (DIG) – which includes the Chief Social Work Officer – continues to review progress to achieve the recommendations from the joint strategic inspection of children and young people's services (2017).					
Chief Social Work Officer and Heads of Service ensure appropriate systems and processes are in place to ensure that findings of external scrutiny (e.g.: Care Inspectorate) processes are acted upon timeously and appropriately, including 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 BOARD

Report by Head of Strategy and Transformation

20 September 2021

Subject: Health and Social Care Partnership (HSCP) Risk Management Policy

1. Purpose

1.1 The purpose of this report is to present the findings of the desktop review and internal audit of the Risk Management Policy and supporting strategy for the Health and Social Care Partnership.

2. Recommendations

2.1 The Health and Social Care Partnership Board is recommended to:

2.1.1 Note the content of this report;
2.1.2 Note that on the 24 June 2021 the HSCP Audit and Performance Committee scrutinised this report and agreed to recommend to the HSCP Board that the Risk Management Policy for the HSCP be approved;
2.1.3 Approve the Risk Management Policy for the Health and Social Care Partnership (Appendix A); and
2.1.4 Note the supporting strategy for Risk Management.

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 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.

3.3 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 supporting strategy, the current version was approved by the Partnership Board August 2015.

4. Main Issues

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

4.2 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.

4.3 The Chief Officer has responsibility for managing operational risks as those more 'front-line' in nature and local managers and team leaders can lead the development of activities and controls to respond to these risks. 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.

4.4 The Risk Management Policy and underpinning strategy (Appendix B) supports the regulatory frameworks within which health and social care professionals practice; and the established professional accountabilities that are currently in place within the NHS and local government. All health and social care professionals remain accountable for their individual clinical and care decisions.

4.5 The Policy and supporting strategy recognise the importance of routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims

Internal Audit of Strategic Risk Assessment

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

4.7 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. It also looked at whether the approach to identifying and prioritising risks and matching them

with appropriate responses is reasonable; and whether risks and the actions taken to mitigate them are regularly monitored.

4.8 Audit Scotland's Best Value Risk Assessment toolkit was used as a foundation framework for the review work undertaken. This incorporated an in-depth review of the updated Risk Management Policy and the supporting strategy. The audit has provided reassurance that the policy and strategy are aligned with recognised risk management methodology and that controls and procedures are being followed and has highlighted where they could be improved.

4.9 There were three points arising from the internal audit, these are incorporated into the implementation plan (Appendix B), which will contribute to further strengthening and embedding effective risk management across HSCP services.

Monitoring and Review

4.10 The Risk Management Policy and supporting strategy has been presented to the 24 June 2021 HSCP Audit and Performance Committee for review and scrutiny.

4.11 Subject to HSCP Board approval, the revised Risk Management Policy and supporting strategy will be live from 20 September 2021 and kept under review.

4.12 To align with the HSCP Strategic Planning cycle the next review will take place in 2022 and every three years thereafter. This will ensure it reflects the current standards and best practice in risk management and fully reflects the HSCP strategic priorities.

5. Option Appraisal

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

6. People Implications

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

6.2 This policy and supporting strategy will be promoted and made readily accessible to Health and Social Care Partnership staff and will form the basis of any future risk management training.

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 It is the responsibility of the HSCP Board to approve a local Risk Management Policy and supporting strategy, alongside the establishment of adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management. The implementation of such arrangements by the HSCP Board will be subject to scrutiny.

8.2 Failure to comply with this responsibility in respect of effective risk management would place the HSCP Board in breach of its statutory duties.

8.3 Risk management proactively reduces identified risks to an acceptable level by creating a culture founded upon assessment and prevention, rather than reaction and remedy. It plays a vital role supporting and informing decision making, in providing a safe and secure environment for citizens, service users, carers and staff.

8.4 It should be embedded into all organisational processes and involve everyone in the organisation. Organisations that manage risk effectively and efficiently are more likely to achieve safe and effective care, and do so at lower overall cost.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 There is no requirement for an environmental sustainability review for the content of this report.

11. Consultation

11.1 The Risk Management Policy and supporting strategy has been reviewed by the Health and Social Care Partnership Senior Management Team and HSCP Audit and Performance Committee.

11.2 West Dunbartonshire Internal auditor carried out a full audit of the Risk Management Policy and supporting strategy.

11.3 Monitoring Officers within Audit and Fraud, Regulatory Services, Trade Union Representatives and Risk Management team 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. In particular outcome 9, resources are used effectively and efficiently in the provision of health and social care services. It will prevent or mitigate the effects of loss or harm; and will increase success in delivery of the 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 of the Risk Management Policy and Strategy, approved by the Board in 2015.

Margaret-Jane Cardno
Head of Strategy and Transformation
Date: 5 September 2021

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

Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk
Phone: 07786 747 952

Appendices: Appendix 1 – Risk Management Policy
Appendix 2 – Risk Management Strategy

Background Papers: HSCPB Risk Management Policy and Strategy (August 2015)
Health & Social Care Partnership Board Financial Regulations
The Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Guidance for Integration Financial Assurance

Localities Affected: None

West Dunbartonshire Health and Social Care Partnership

Risk Management Policy

Document Title:	Risk Management Policy	Owner:	Margaret-Jane Cardno
Version No.	2.0	Superseded Version:	V1 Final August 2015 Soumen Sengupta
Date Effective:	31 April 2021	Review Date:	31 May 2022

Document Management - Version Control

Policy Title & Reference	Risk Management Policy			
Version Number & Date	V2	31/04/2021		
Title, Version Number & Date of superseded version (if applicable)	Risk Management Policy & Strategy		V1.0	19 August 2015 Soumen Sengupta
Rationale for Introduction/driver for Change	The Integration Scheme requires a Risk Management policy and underpinning strategy be in place to support integrated service delivery (except for NHS acute hospital service). The risk management framework provides the IJB with information to aid decision making in relation to delivery of the HSCP Strategic Plan.			
Summary of Substantive Changes (if applicable)	The Policy is now a standalone document with the supporting strategy developed to enable effective implementation. Align the review period with the lifecycle of the HSCP Strategic Plan (review every 3 years). Next interim review would be 2022, then every 3 years.			
Summary of Technical changes (if applicable)	HSCP Risk Management Policy now supported by a separate Risk Management Strategy and Framework.			
Lead Officer	Margaret-Jane Cardno, Head of Strategy and Transformation			
Final Trades Union Position				
Consultation and Approval Process	Financial consultation	January 2021		
	Legal consultation	March 2021		
	Audit and Fraud consultation	February 2021		
	Trades Union	March 2021		
	Approval at HSCP Board	20 September 2021		
Accompanying Documentation(incl EIA)	HSCP Strategic plan 2019 - 2022			
Linked Policies and Procedures	Public Bodies (Joint Working) (Scotland) Act 2014 HSCP Risk Management Strategy 2021 Strategic Risk Register Clinical Care and Governance Public Protection Risk Register			

Risk Management Policy

1 West Dunbartonshire Health and Social Care Risk Management Policy

2 Introduction

2.1 West Dunbartonshire Health and Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated it by NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council (described within the Integration Scheme).

2.2 The Partnership Board, Council and the Health Board believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

3 Policy Aims

3.1 The policy seeks to enhance governance, transparency and accountability. It has been developed to support a culture where the HSCP workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

4 Risk Management Policy

4.1 The risk management policy will enable the HSCP Board to demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the Health and Social Care Partnership.

4.2 The fundamental measure of success of risk management will be how well the HSCP Board has been able to use its allocated resources to effectively deliver its Strategic Plan.

4.3 In doing so the HSCP Board aims to provide safe and effective care and treatment for citizens, patients and clients, and a safe environment for everyone working within the Integrated Joint Board and others who interact with the services delivered under the direction of the Integrated Joint Board.

4.4 All health and social care professionals remain accountable for their individual clinical and care decisions. Aligned with the established professional accountabilities that are currently in place within NHS and Local Government.

4.5 The HSCP Board believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

4.6 Effective communication of risk management information is essential to developing a consistent and effective approach to risk management. This policy and supporting strategy will be promoted and made readily accessible to HSCP staff and will inform any risk management training provided to them by the Council and Health Board.

4.7 The HSCP Board purposefully seeks to promote an environment that is risk ‘aware’ and strives to place risk management information at the heart of key

decisions. This means that the HSCP Board can take an effective approach to managing risk in a way that both address significant challenges and enables positive outcomes.

4.8 In normal circumstances the HSCP Board's appetite/tolerance and grading for risk is established using a two dimensional grid or matrix. The impact of risk as one axis and likelihood as the other and for grading risk, the score obtained from the risk matrix are assigned grades as follows:

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				

1 - 3	Low
4-9	Medium
10-16	High
16 +	Very High

4.9 The HSCP Board promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for citizens, patients, clients and the Board.

4.10 The HSCP Board will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the HSCP Board.

5 Benefits of Risk Management

5.1 Key benefits of effective risk management include:

- Appropriate, defensible, timeous and best value decisions are made;
- Risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- High achievement of objectives and targets;
- High levels of morale and productivity;
- Better use and prioritisation of resources;
- High levels of user experience/satisfaction with a consequent reduction in adverse incidents, claims and/or litigation; and
- A positive reputation established for the HSCP Board and partnership.

6 Implementing the Policy

6.1 The Joint Board, through the supporting risk management strategy, has established a risk management framework, which covers implementing the Risk Management Policy through clear procedures, processes, systems, risk management roles and responsibilities.

7 Review of the Policy

7.1 This Risk Management Policy will be reviewed every three years aligned with the HSCP Strategic Plan or sooner in the event of new guidance or good practice becoming available.

Background reading / reference documents

- Public Bodies (Joint Working) (Scotland) Act 2014
- West Dunbartonshire Health and Social Care Partnership Risk Management Policy and Strategy 2015
- West Dunbartonshire Council Risk Management Framework
- NH Greater Glasgow and Health
- West Dunbartonshire Health and Social Care Partnership Clinical and Care Governance

Person to Contact:

Margaret-Jane Cardno, Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
16 Church Street
Dumbarton
G82 1QL
Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk
Phone: 07786 747 952

West Dunbartonshire Health and Social Care Partnership

Risk Management Strategy

Document Title:	Risk Management Strategy & Framework	Owner:	Margaret-Jane Cardno
Version No.	2.0	Superseded Version:	V1.0 19/8/15 Risk Management Policy & Strategy
Date Effective:	31 March 2021	Review Date:	Aligned with Strategic Plan 2022 review

Document Management - Version Control

Policy Title & Reference	Risk Management Strategy and Framework			
Version Number & Date	V2	31/04/2021		
Title, Version Number & Date of superseded version (if applicable)	Risk Management Policy & Strategy		V1 Final	19 August 2015 Soumen Sengupta
Rationale for Introduction/driver for Change	The Integration Scheme requires that a Risk Management policy and strategy be in place to support integrated service delivery (except for NHS acute hospital service). This risk management strategy and framework supports the policy to provide the IJB with information to aid decision making in relation to the risks associated with the Strategic Plan.			
Summary of Substantive Changes (if applicable)	Align the review period with the lifecycle of the HSCP Strategic Plan (review every 3 years). Next full interim review would be 2022, then every 3 years.			
Summary of Technical changes (if applicable)	HSCP Risk Management Policy now supported by a separate Risk Management Strategy and Framework.			
Lead Officer	Margaret-Jane Cardno, Head of Strategy and Transformation			
Final Trades Union Position				
Consultation and Approval Process	Financial consultation	January 2021		
	Legal consultation	March 2021		
	Audit and Fraud consultation	February 2021		
	Trades Union	March 2021		
	Approval at HSCP Board	20 September 2021		
Accompanying Documentation(incl EIA)	HSCP Strategic plan 2019 - 2022			
Linked Policies and Procedures	Public Bodies (Joint Working) (Scotland) Act 2014 Strategic Risk Register WDC Risk Management Framework NHS Risk Management Framework Clinical Care and Governance			

Risk Management Strategy and Framework

Risk Management Strategy and Framework

The Integration Joint Board's Risk Management Policy includes information on the risk management approach of the Health and Social Care Partnership Board (HSCP Board) including information around the risk scoring matrix and governance roles and responsibilities around Risk Management. The deployment of the policy is detailed in the following risk management strategy and framework.

1 Introduction

1.1 This strategy and framework sets out the approach, procedure, process, systems, risk management roles and responsibilities for monitoring and management of Strategic Risks for the HSCP Board.

1.2 The primary objectives of this strategy will be to:

- Promote awareness of risk and define responsibility for managing risk within the Health and Social Care Partnership (HSCP);
- Establish communication and sharing of risk information through all areas of the HSCP;
- Initiate measures to reduce the HSCP Boards' exposure to risk and potential loss; and,
- Establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

1.3 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, financial risk, business risk, opportunities or threats.

1.4 **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.

1.5 **Operational risks** 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 HSCP Board's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be 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. 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.

1.6 All risks will be analysed consistently with an evaluation of risk impact (scored 1 to 5) multiplied by likelihood (scored 1 to 5) shown in table.

	Risk Impact	Likelihood
1	Insignificant	Rare
2	Minor	Unlikely
3	Moderate	Possible
4	Major	Probable
5	Catastrophic	Almost certain

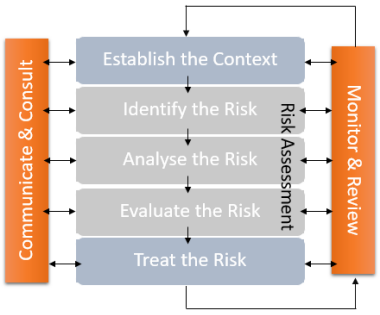
1.7 All risks assessed as scoring 10 or above will be monitored and extreme risk, scoring 16 or above, will be viewed as significant and therefore subject to closer scrutiny by the HSCP Audit and Performance Committee.

1.8 This document represents the risk management framework to be implemented across the HSCP Board and will contribute to the Board's wider governance arrangements.

2 Risk Management Process

2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects

2.2 It is proactive 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 defensible and beneficial decisions are made.



2.3 The HCSP embeds risk management practice by consistent application of the risk management process shown in the diagram, across all areas of service delivery and business activities.

3 Application of good risk management

3.1 Standard procedures (3.2 – 3.10) will be implemented across all areas of activity that are under the direction of the HSCP Board in order to achieve consistent and effective implementation of good risk management.

3.2 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.

3.3 Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.

3.4 Categorisation of risk under the headings below:

- Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes.
- Operational Risks: such as risks that may arise from or impact on Clinical Care and Treatment, Social Care and Treatment, Citizen Service, Employee Health, Safety and Well-being, Business Continuity/Supply Chain, Information Security and Asset Management.

3.5 Appropriate ownership of risk. Specific risks will be owned by/assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.

3.6 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix I.

3.7 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with cost effective measures to bring it to a level where it

is acceptable or tolerable for the Joint Board in keeping with its appetite/tolerance for risk. In the case of opportunities, the Joint Board may take an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the Joint Board is confident in its ability to achieve the benefits and manage/contain the associated risk.

3.8 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.

3.9 Reporting of strategic risks and key operational risks to the IJB on a six monthly basis.

3.10 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

Risk leadership and accountability

4 Governance Roles and Responsivity

4.1 Integration Joint Board: Members of the Integration Joint Board are responsible for:

- Oversight of the HSCPB's risk management arrangements;
- Receipt and review of reports on strategic risks and any key operational risks that require to be brought to the HSCPB's attention; and,
- Ensuring they are aware of any risks linked to formal reports and recommendations from the Chief Officer and other senior officers of the Health and Social Care Partnership concerning new priorities/policies and the like.
- Strategic risk registers will be presented to the HSCP Audit and Performance Committee for scrutiny and the HSCP Board for approval on an annual basis.

4.2 The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

4.3 The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

4.4 Members of the Senior Management Team are responsible for:

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the IJB; and,
- ensuring that the standard procedures set out in this strategy are actively promoted across their teams and within their areas of responsibility.

4.5 It is the responsibility of each risk owner to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk are proportionate to the context and level of risk.

4.6 All persons working under the direction of the IJB Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. 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

4.7 Safe working practices developed within their service areas. This approach requires everyone to understand:

- the risks that relate to their roles and activities;
- how their actions relate to their own, their patient's, their services user's/client's and public safety;
- their accountability for particular risks and how they can manage them;
- the importance of flagging up incidents and/or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- that good risk management is a key part of the HSCP Board's culture. These operational risks are controlled and monitored by the Council and Health Board rather than the HSCP Board.

4.8 Partner Bodies: It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, clinical and non-clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

4.9 Senior Information Risk Owner: Responsibility for this specific role will remain with the Council and the Health Board.

Resourcing Risk Management

5 Resourcing the risk management framework

5.1 The Health Board's Director of Finance and Council's Section 95 Officer will ensure that the IJB and its Audit Committee is provided with the necessary technical and corporate support to develop, maintain and scrutinise strategic risk registers.

5.2 Much of the work on developing and leading the ongoing implementation of the risk management framework will be undertaken as part of routine activity within the IJB.

5.3 Wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/risk management specialists).

6 Resourcing those responsible for managing specific risks

6.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.

6.2 Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Financial Officer.

Training, learning and development

7 Risk management training and development opportunities

7.1 To implement effectively, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.

7.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required.

Monitoring activity and performance

8 Monitoring risk management activity

8.1 The Joint Board operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.

8.2 Monitoring will include review of the IJB's risk profile at Senior Management Team level every six months.

8.3 It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

9 Monitoring risk management performance

9.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.

9.2 Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of

clinical care are controlled, or, budget monitoring PIs (Performance Indicators) can provide assurance that key financial risks are under control.

9.3 The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.

9.4 Reviewing the Joint Board's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act review cycle that will shape future risk management priorities and activities of the Joint Board, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the Joint Board.

10 Performance and Effectivness Controls

10.1 The performance and effectiveness controls will inform the review of the strategic risks monitored by the Health and Social Care Partnership Board. The following controls will inform the annual review:

- A policy is in place to define the aims and pupose of strategic risk management
- The risk strategy is clearly stated and aligns to the HSCP Strategic Plan
- Risk management approach comply with the Scottish Government's, West Dunbartonshire Council and NHS Greater Glasgow and Clyde.
- A process is in place to ensure strategic risk is monitored and revised during the year in response to developments and there is a process in place to revoke/supersede previous versions.

10.2 There is a robust process in place for reporting and monitoring arrangements, ensuring they are clear and implemented in practice.

Communication

11 Communicating Risk Management

11.1 Communicating, consulting on and reviewing the risk management framework.

11.2 Effective communication of risk management information across the Joint Board is essential to developing a consistent and effective approach to risk management.

11.3 Copies of the Policy and supporting strategy will be widely circulated via the Senior Management Team and will form the basis of any risk management training arranged by the IJB.

11.4 The Integration Joint Board at its meeting of 20 September 2021 approved the Risk Management Policy (version 2.0).

11.5 This strategy and framework aligns with the review cycle of the HSCP Strategic Plan and reviewed every three years, to ensure that it reflects current standards and best practice in risk management, and fully reflects the Integration Joint Board's business environment.

Appendices

Appendix A – Risk Matrix
Appendix B - Risk Impact and Likelihood Description

Background reading / reference documents

- Public Bodies (Joint Working) (Scotland) Act 2014
- Integration Scheme, HSCPB,
- Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration
- West Dunbartonshire Risk Management Framework
- NHS Greater Glasgow and Clyde Risk Management Framework
- HSCP Risk Management Policy
- Internal Audit of HSCP Risk Management February 2021

Person to Contact:

Margaret-Jane Cardno, Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
16 Church Street
Dumbarton
G82 1QL

Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk Phone: 07786 747 952

Appendix A – Risk Matrix

Impact of Risk	(1) Rare	(2) Unlikely	(3) Possible	(4) Probably	(5) Almost certain
(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					

Likelihood of Risk

Likeli-hood	Consequence/Impact 1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

>16	Very High
10-16	High
4-9	Medium
1-3	Low
	Normal Risk Tolerance

Level of risk	How risk should be managed
Very High Risk (16 - 25) Red	Requires active management. High impact/high likelihood: risk requires active management to manage down and maintain exposure at an acceptable level.
High Risk (10 - 15) Amber	Contingency plans. A robust contingency plan may suffice together with early warning mechanisms to detect any deviation from plan.
Medium Risk (5 - 9) Yellow	Good Housekeeping. May require some risk mitigation to reduce likelihood if this can be done cost effectively but good housekeeping to ensure the impact remains low should be adequate. Reassess frequently to ensure conditions remain the same.
Low Risk (1 - 4) Green	Review periodically. Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not

	changed.

Appendix B - Risk Impact and Likelihood Description

Risk Impact	**1**	**2**	**3**	**4**	**5**
	Insignificant	Minor	Moderate	Major	Catastrophic
Financial	<£100k	£100k - £250k	£250k – 500k	£500l - £1,000k	>£1,000k
Reputation	Individual negative perception	Local negative perception	Intra industry or regional negative perception	National negative perception	Sustained national negative perception
Legal and Regulatory	Minor regulatory or contractual breach resulting in no compensation or loss	Breach of legislation or code resulting in a compensation award	Regulatory censure or action, significant contractual breach	Breach of regulation or legislation with server costs/fine	Public fines and censure, regulatory veto on projects/withdrawal of funding. Major adverse corporate litigation
Operational/ Continuity	An individual service or process failure	Minor problems in specific areas or service	Impact on specific citizen group or process	Widespread problems in business operations	Major service of process failure impacting majority or major customer groups.

Likelihood	1	2	3	4	5
	Rare	Unlikely	Possible	Probably	Almost Certain
Definition	Not likely to happen in the next 3 years	Unlikely to happen in the next 3 years	Possible to occur in the next year	Likely to occur in the next year	Very likely to occur in the next 6 months

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: **Special Monthly COVID – 19 Meeting of Joint Staff Forum**

Date: **Thursday 15 July 2021, 2 p.m.**

Venue: **Microsoft Teams**

MINUTE

Present: Beth Culshaw (chair); Diana McCrone; Samantha Stirling; Richy Kennedy; Sylvia Chatfield; Margaret-Jane Cardno; Vivien Thomson; Jonathan Hinds; Fiona Taylor; Leanne Galasso; Michelle McAloon; Margaret Wood; Sandra Cowie; David Smith; David Scott; Sean Davenport; Andrew McCready; Val Jennings.

Apologies: Peter O'Neill; Ann Cameron-Burns; Audrey Slater; Mags McCarthy; Allan Wallace; Moira Wilson; Susan Walker; Debbie Duffy.

In Attendance: Hazel Slattery (minute)

Item	Description	Action

1. Welcome, Introductions, Apologies

B Culshaw welcomed everyone to the meeting. Fiona Taylor, Interim Head of Community Health and Care who is standing in for Jo Gibson during her absence was introduced to members.

2. Standing Agenda Items

a) Minutes of Last Meeting

D McCrone highlighted that the minute stated that all communications would be shared with JSF. D McCrone is assuming that NHS have had no communication as she has not received any communication. B Culshaw agreed at last meeting that managers would share communication with all staff, and also with the JSF. The last communication was on 24th June 2021 which was circulated to all JSF members. D McCrone added that Alison McBride is meeting with convenors but no NHS convenors have been invited, D Smith added that the time of this meeting was asked if it could be changed as it clashed with the JSF, A McBride was unable to accommodate this request, D Smith asked if meetings could be arranged in consultation with trade unions. A McBride stated to D McCrone that no NHS staff were in Council building's. S Cowie added that NHS were unaware of the convenors meeting held by A McBride today.

Post Meeting Note
A McBride has a weekly meeting with Council Trade Union Convenors specifically to discuss the Council's approach to the re-occupation of buildings. During the employee session, A McBride confirmed with D

McCrone that the normal processes for NHS Trade Union consultation would continue to take place via established frameworks.

MJ Cardno acknowledged that there can be short delay of Council communications being shared with NHS staff, Council Officers are issued with communications by email, managers then cascade this information through teams. J Hinds confirmed that Specialist Children's Services were invited to Zoom meetings held by A McBride, workforce updates are shared across his managers team, J Hinds will reinforce to managers the importance of sharing communications with all staff groups.

A McCready added that risk assessments should also be shared with both Council and NHS unions. Risk assessments will be shared with Trade Unions colleagues. B Culshaw confirmed that some risk assessments have been shared with NHS Unions.

b) Chief Officer Update

Rates of infection continue to go up and down, rates locally have came down quite sharply over the past few days, this is will continue to be monitored closely. There have been pressures in some services, staff have worked hard to ensure services continue to be provided.

There have been a small number of positive cases in care homes.

Vaccinations are rolling out well, vaccination centres are seeing a low uptake in those under 30s, B Culshaw asked members to encourage those under 30 to take up the vaccination. Vaccination bus was in the Dumbarton area last week, drop in clinics are also available.

A number of return to work plans are being finalised. Day services are in the process of re opening. Changing guidance in the use of masks and social distancing have been taken in to consideration.

c) Service Updates

i. Children's Health & Care and Criminal Justice

Since last JSF a lot of Covid related activity has taken place along with recovery and restart plans, a formal update was provided at the JCC this morning. As of this week Children and Families Team have moved in Aurora House, a Duty service is now provided at both ends of the authority. Further work is required by Assets to remove furniture on the ground floor.

Looked after Children services continue to manage Covid situations, Covid situations have stabilised.

Community Children's Health are feeling pressure on school nursing, the senior nurse has written to Education colleagues advising of the changes in provision to the school nursing.

Criminal Justice Social Work continue with restart plan to upscale service and court work. National changes to one of the recording system Visor

are taking place, HR, ICT and Legal colleagues have been advised, discussion are ongoing re in the impact.

Specialist Children's Service require to get back into their space in Clydebank, it is hoped that staff will be in premises sooner rather than later. A report is going to ORG next Thursday.

Volume of demand continues to be high across Children and Families.

ii. Mental Health, Addictions and Learning Disabilities
Work is ongoing for the Adult Support and Protection inspection, case file reading feedback session will be providing on 31st August 2021. A new lead officer – Gail McEwan is in post for six months to support officers.

118 Dumbarton Road – discussions are ongoing, a building will be identified as soon as possible, staff and staff side representatives will be consulted.

The Learning Disability Day Service is reopening, Health and Safety are reviewing how many can be in the building in the anticipation that social distancing is reduced to 1 metre.

The IOM Learning Disabilities is due to start in post on 23rd August 2021. Addition services have started 2 newly qualified nurses. There are ongoing discussions with spend from Scottish Government Drug Task Force monies, staff have been involved in discussions.

Mental Health ward had a suspected Covid outbreak within the wards, however came back with negative results. Some issues of vacancies and absences across Mental Health are causing additional pressure on staff, plans are in place to support staff, the next 6-8 weeks will be challenging for staff until vacancies are filled.

A McCready asked if government guidance has been received on moving to 1 metre social distancing, B Culshaw advised that services are pre empting the change in social distancing. Discussions are ongoing at national level on changes to social distancing and isolations. M Wood asked colleagues to keep isolation changes in their minds as this will have an effect on staff.

iii. Health and Community Care
Day Care Services restarted last week. F Taylor met with Community Care Convenors last week, Care at Home staff are facing significant pressures due to absences. F Taylor recognised the hard work of staff who continue to provide services to our clients.

D McCrone asked if we are expecting low numbers of clients to return to services, B Culshaw advised that this would be reviewed as the closure of day care services has had a knock on effect on other services i.e. residential.

iv. HR Report

Council absence has increased for 3rd consecutive months, 9.3% across the HSCPs for council staff which excludes isolation. Three top reasons for absence remain the same, personal stress, muscular and skeletal, acute conditions. Staff will continue to be supported through council policies and supports.

NHS statistics were shared by email due to technical issues. NHS absence for June was 5.92%, short term absence 2.19% and long term absence 3.37%. This is an increase from 5.21% in May. Top reasons for absence are anxiety/stress/depression/ other psychiatric illness; gastro-intestinal problems; other MSK problems; benign and malignant tumours, cancers and back problems.

A new template is being devised to collate both WDC and NHS absences, this will hopefully be shared at the next meeting.

d) Trade Union Updates

Trade Unions have concerns nationally re the reduction to 1 metre for social distancing and changes to isolation guidance. Concerns are that this would provide a two tier workforce.

D Smith asked for it to be noted that a grievance was submitted on 9th June and no acknowledgement of grievance received within the policy timescales,5 weeks later a hearing has still not been arranged. B Culshaw stated that she did not agree with the statement made as an initial acknowledgement was sent when on annual leave and there have been various points clarified via email. The investigation is underway, and a hearing date proposed.

4 Rolling Agenda Items

a) Premises

Issues around Aurora continue to be addressed.

b) Ethical Care Charter

MJ Cardno circulated briefing paper prior to the meeting. IJB considered report and action plan on the implementation of Unison's Ethical Care Charter on 25th February 2021. This was discussed at the JSF on 23rd April 2021 where is was noted that the action plan had been distributed and an update of the work would be brought back to the JSF at an appropriate time. D McCrone disputed that this had been shared with the JSF.

MJ Cardno reassured members that this remains a priority for the HSCP, however there is currently a significant lack of capacity within the Strategy and Transformation Service. Further progress will be made in this area upon the appointments of the Contracts, Commissioning and Quality Improvement Manager.

c) Re-start Plan

Restart plans continue to be put in place.

d) Redesign of Strategy and Transformation Service
This was detailed in the briefing note provided to members prior to the meeting. The Head of Service met with Trade Union Convenors on 6th July 20210 and the detailed business case was discussed and shared. In broad terms the proposals were support and the service is progressing with job evaluation, recruitment etc. as appropriate.

e) Financial Plans
Finance session will be arranged in August 2021.

f) iMatter
It was confirmed that the date of issue for the iMatter survey is 23rd August.

5. New Agenda Items

a) Findings of My Life Assessment
MJ Cardno provided full details on briefing paper provided to members prior to the meeting. Paper provided to IJB on 25th February 2021 where it was agreed that the assessment would be launched on 1st April 2021 will a full report of project provided back to IJB in six months. The next IJB is scheduled for November 2021, this report will be shared with the JSF for information in order that staff side representatives on the IJB can seek feedback prior to the November Board Meeting.

D Smith asked if any feedback has been received from staff and what the driver of change was given that staff are under pressure due to the Covid pandemic, he was advised that weekly reference meetings have been taking place to gather staff views and implementation. The driver for change came from the SDS inspection which took place in 2019, the outcome of this inspection was to provide a strengths based assessment based on structured, moving to an asset based model. D Smith stated that there is not a place to record unmet need on the assessment, S Chatfield advised that if there no specific council service available to meet that need or person did not meet specific criteria this would be recorded within the summary of the assessment.

b) Area Partnership Forum Exchange
Documents circulated prior to the meeting for information.

5. Rolling Action Log

MJ Cardno provided full details on the briefing paper circulated to member prior to the meeting, in the last 6 months services have experience significant challenges in respect of sourcing ICT equipment and it can be confirmed that although orders have been placed in a timely manner, some team continue to await the delivery of hardware. This is reflective of a national challenge in respect of global tensions between the demand for and supply of hardware. Although there remains no definite date for the delivery of this equipment, this continues to be a high priority at GGC Board level with the Chief Officer working closely with procurement colleagues in order to try and expedite delivery times.

MSK Premises – meetings have taken place re Vale of Leven and Glasgow City. Needs have been submitted, the ARC building was suggested as a possible premises however it was felt that the current building would provide the needs of the service. A further meeting has been arranged.

Positive progress has been made with regards to Shettleston and Baillieston, discussion with accommodation leads has resulted with an agreement in principle, architect plans will be produced and agreed prior to sign off with departments. Staff side support has been extremely valued.

Frequency of meetings – a further discussion is required between the joint chairs of the meeting as the meeting is focussing on both Covid and substantive items.

Strategic Planning – trade unions will provide 2 nominated representatives.

6. Any Other Business

a) Three Key Elements for Area Partnership Forum MM

1. Continuing pressures of Covid and how staff continue to respond.
2. Reopening of offices including Day Care and working together.
3. Progress around MSK.
4. Working on Communication challenges between WDC and NHS.

6. Date of Next Meeting

19th August clashes with HSCP Board needs rearranged.

Acknowledge that this would be J hinds last meeting of the JSF as he is moving on the Care Inspectorate as Strategic Lead. Members of the group wished J Hinds all the best in his new role.