Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Monday, 22 November 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 November 2021

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

MONDAY, 22 NOVEMBER 2021

1 APOLOGIES

2 DECLARATIONS OF INTEREST

3 (a) MINUTES OF PREVIOUS MEETING **7 - 12**

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 20 September 2021.

(b) ROLLING ACTION LIST **13 - 15**

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

4 RECORDING OF VOTES

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

5 VERBAL UPDATE FROM CHIEF OFFICER

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

6 2021/22 FINANCIAL PERFORMANCE UPDATE REPORT **17 - 57**

Submit report by Chief Financial Officer providing an update on the financial performance as at period 6 to 30 September 2021 and a projected outturn position to 31 March 2022.

7 CHARGING POLICY REVIEW **To Follow**

Submit report by Chief Financial Officer detailing the review of Charging Policy.

8/

8 WINTER PLANNING FOR HEALTH AND SOCIAL CARE AND PANDEMIC FUNDING **59 - 84**

Submit report by Chief Financial Officer providing an update on the recently announced Scottish Government funding for Winter Planning for Health and Social Care and Pandemic funding for 2021/22 and beyond.

9 AUDIT SCOTLAND: COVID-19 – TRACKING THE IMPACT OF COVID-19 ON SCOTLAND'S PUBLIC FINANCES: A FURTHER UPDATE **85 - 109**

Submit report by Chief Financial Officer providing an overview of the Audit Scotland report on 'Covid-19 – Tracking the impact of Covid-19 on Scotland's public finances: A further update'

10 MENTAL HEALTH RECOVERY AND RENEWAL: SPECIALIST CHILDREN'S SERVICES – CAMHS FUNDING **111 - 127**

Submit report by Chief Officer providing an update on proposals for the planned use of the first and second tranches of the new Scottish Government Mental Health Recovery and Renewal Fund 2021/22 and 2022/23 specifically in relation to Specialist Children's Services (SCS) CAMHS.

11 SCOTTISH GOVERNMENT FUNDING FOR CHILDREN & YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH SUPPORTS AND SERVICES PROGRESS UPDATE **129 - 131**

Submit report by Interim Head of Children's Services and Social Work providing an update on any progress on work to develop and improve community mental health supports and services for children and young people within West Dunbartonshire.

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

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

13/

13 COVID-19 RECOVERY AND RENEWAL PLAN – KEEP BUILDING BETTER: A JOURNEY OF CONTINUOUS IMPROVEMENT **133 - 138**

Submit report by Head of Strategy and Transformation providing an update on COVID-19 recovery planning as we move through the Scottish Government Road Map out of recovery which sets out a 'phased' planned approach to how we collectively recover across Scotland.

14 UPDATE ON STRATEGIC PLANNING **139 - 144**

Submit report by Head of Strategy and Transformation providing an update on the approach to reviewing the Strategic Commissioning Plan and seeking approval to extend the current Strategic Plan 2019 – 2022 for a further 12 months from March 2022.

15 STRATEGIC RISK REGISTER SIX MONTH REVIEW **145 - 156**

Submit report by Head of Strategy and Transformation presenting the updated Strategic Risk Register.

16 STRATEGIC RISK DEEP DIVE - WORKFORCE SUSTAINABILITY **157 - 170**

Submit report by Acting Head of People and Change providing an update on the approach taken to workforce sustainability.

17 SIX MONTH MONITORING REPORT ON MY LIFE ASSESSMENT / ADULT SOCIAL CARE ELIGIBILITY CRITERIA **171 - 185**

Submit report by Acting Head of Health and Community Care providing monitoring information relating to the six months since launch of the My Life Assessment (MLA) and adult social care eligibility criteria.

18 THE IMPLEMENTATION OF ELIGIBILITY CRITERIA POLICY FOR (UNPAID) CARERS **187 - 215**

Submit report by Chief Nurse providing an update on the work of the Carers' Development Group (CDG) on the development of eligibility criteria for carers and the CDG endorsement of same for use in West Dunbartonshire.

19/

19 IMPROVEMENT ACTION PLAN FOR JUSTICE SERVICES: UPDATE ON ACTIVITY **217 - 225**

Submit report by Head of Children's Health, Care and Justice providing an update on activity surrounding the Improvement Action Plan for Justice Services.

20 EQUALITIES IMPROVEMENT UPDATE **227 - 236**

Submit report by Head of Strategy and Transformation providing an update on the recent and proposed improvement work to embed equalities across the HSCP.

21 CLINICAL AND CARE GOVERNANCE ANNUAL REPORT 2020-2021 **237 - 264**

Submit report by Clinical Director describing the clinical and care governance arrangements of the HSCP and the progress made in improving the quality of health and social care. This year the report describes work undertaken across the HSCP in response to the unique circumstances of the Covid-19 pandemic in order to maintain safe effective person centred care.

22 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2020-2021 **265 - 302**

Submit report by Head of Mental Health, Addictions and Learning Disabilities and Interim Chief Social Work Officer providing the Chief Social Work Officer (CSWO) Annual Report for 2020-21 (Appendix 1) which details information on the statutory work undertaken on the Council's behalf, including a summary of governance arrangements, service delivery, resources and workforce.

23 MINUTES OF MEETING FOR NOTING **303 - 311**

Submit for information the undernoted Minutes of Meeting for:-

(a) Joint Staff Forum held on 23 August 2021; and

(b) Joint Staff Forum held on 16 September 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 and SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board held via video conference on Monday, 20 September 2021 at 10.00 a.m.

Present: Denis Agnew, John Mooney and Jonathan McColl, West Dunbartonshire Council; 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); Barbara Barnes, Chair of the Locality Engagement Network, Alexandria and Dumbarton; Selina Ross - Chief Officer, West Dunbartonshire CVS; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Kim McNab, Service Manager, Carers of West Dunbartonshire; Anne MacDougall - Chair of the Locality Engagement Network, Clydebank; Saied Pourghazi, Helen Little - Lead Allied Health Professional and John Kerr - Housing Development and Homelessness Manager.

Attending: Sylvia Chatfield, Head of Mental Health, Addictions and Change; Jennifer Ogilvie, HSCP Finance Manager; Fiona Taylor, Senior Nurse; Jacqui McGinn, Health Improvement and Inequalities Manager; Lyn Slaven, Strategy Lead; Nigel Ettles, Principal Solicitor; Lynn Straker and Ashley MacIntyre, Committee Officers.

Also Attending: Jack Kerr, Auditor – Audit Scotland.

Apologies: Apologies for absence were intimated on behalf of Rona Sweeney, NHS Greater Glasgow and Clyde Health Board; Margaret-Jane Cardno, Head of Strategy and Transformation – West Dunbartonshire Council and John Paterson, Chief Constable – Police Scotland.

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 19 August 2021 were submitted and approved as a correct record with the adherence that a report detailing the DNACPR policy in West Dunbartonshire is brought to the November Board meeting. This action was added to the Rolling Action list.

ROLLING ACTION LIST

A Rolling Action List for the Partnership Board was submitted for information and relevant updates were noted by the Board.

VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer provided a verbal update on the recent business of the Health and Social Care Partnership. She discussed the current rates of Covid-19 infection within West Dunbartonshire and stated that it had peaked at a rate of 1300+ infections per 100,000 people which was a significant concern but noted positively that the rate had now fallen steadily since and that this week the data reflected 766 infections per 100,000 which, although still high, is now reducing. She advised it was causing significant pressures within the Health Board, particularly with regard to staffing issues and the Home Care provision.

With regard to Care Homes within West Dunbartonshire, there had been a very small number of positive cases, both for residents and staff, however due to the vaccination program, residents remained on the whole well, and often asymptomatic and that the situation was being monitored very closely.

The Chief Officer noted that the Health Board was in the early planning stages for the vaccination program being rolled out to young people aged 12+ and was also planning for the winter season with regard to rolling out booster vaccinations and preparing for the flu virus alongside Covid-9. It is expected that a report will be presented to the next meeting of the Board providing further information on the plans She also noted that the Inspection by the Care Inspectorate had concluded and that staff had worked alongside Police Scotland in relation to Adult Support and Protection services in West Dunbartonshire. A report will be published shortly on the Inspection??, and Members will be provided with a copy and the associated Action Plan. . It was also noted that an Inspection of Children at Risk of Harm in West Dunbartonshire had commenced and will run until March 2022.

The Chief Officer advised that the preferred candidate for the role of Head of Children's Services and Chief Social Work Officer had been identified and following standard processes and employment checks, it is hoped this will be announced formally in the coming week.

The Chief Officer noted that with regard to the new Health Centre, Queens Quay, Clydebank, i that it was considered that sufficient parking was available for users and in fact more spaces were available than the original Health Centre building. She advised that the situation will be closely monitored when the building is officially handed over to in October. She also noted that discussions had started with regard to the Golden? Jubilee Hospital being able to provide X-Ray facilities and she would advise the Board of progress at the next meeting.

Dates for a site visit to the new Health Centre facility in Clydebank at the end of October 2022 will be announced soon and she hoped Members are able to attend.

Lastly, she advised that the National Consultation of National Care Service had been extended to 2 November 2021, and in line with a request at the last HSCP Board meeting, a working discussion with Board members in October 2021 was planned. The date will be circulated to Members shortly and this action will be added to the Rolling Action List.

SCHEDULE OF MEETINGS: HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

The Board noted and approved the meeting schedule outlined in Appendix 1 of the report.

UNSCHEDULED CARE JOINT COMMISSIONING PLAN UPDATE

A report was submitted by the 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.

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

(1) to approve the Design and Delivery Plan 2021/22-2023/24, attached as the appendix to the report, as the updated and refreshed Board-wide unscheduled care improvement programme;

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

(3) to 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;

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

(5) to note the ongoing engagement work with clinicians, staff and key stakeholders;

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

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

WEST DUNBARTONSHIRE HSCP DELAYED DISCHARGES

A report was submitted by the 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 had been taken to minimise these.

After discussion and having heard the Acting Head of Health and Community Care in further explanation and in answer to Members' questions, the Board agreed to note the content of the report and the efforts being made to continue to prioritise a sustained reduction in those whose discharge is delayed.

AUDITED ANNUAL ACCOUNTS

A report was submitted by the Chief Financial Officer presenting the Audited Annual Accounts for approval and signature for the year ended 31 March 2021.

After discussion and having heard from Chief Financial Officer in further explanation and in answer to Members' questions, the Board agreed to approve the audited Annual Accounts for the period 1 April 2020 to 31 March 2021 and to recommend them for final signature by the Chair, Chief Officer and Chief Financial Officer.

FINANCIAL PERFORMANCE UPDATE

A report was submitted 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.

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

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

(2) to note the reported revenue position for the period 1 April 2021 to 31 July 2021 was reporting a favourable (under spend) position of £0.207m (0.35%);

(3) to note the projected outturn position of £0.321m underspend (0.18%) for 2021/22;

(4) to approve the recommended criminal justice virement of £0.063m from revenue to capital as detailed in section 4.23 of the report;

(5) to agree that the health pay initial funding shortfall of £0.190m is met by reducing the previously agreed prescribing uplift;

(6) to note that the projected costs of Covid-19 for 2021/22 are currently estimated to be £6.098m;

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

(8) to note the current reserves balances; and

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

ANNUAL PERFORMANCE UPDATE

A report was submitted by the 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.

After discussion and having heard from the Health Improvement and Inequalities Manager in further explanation and in answer to Members' questions, the Board agreed to approve the Annual Performance Report 2020/21 and the Annual Complaints Report 2021/21 for publication.

VARIATION IN ORDER OF BUSINESS

Having heard the Chair, Mr Agnew, the Board agreed to vary the order of business as hereinafter minuted.

RISK MANAGEMENT POLICY

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

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

(1) to note the content of this report;

(2) to 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;

(3) to approve the Risk Management Policy for the Health and Social Care Partnership, shown as Appendix A to the report; and

(4) to note the supporting strategy for Risk Management.

STRATEGIC RISK REGISTER SIX MONTH REVIEW

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

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

(1) to approve the reviewed and updated Strategic Risk Register shown as Appendix A to the report.;

(2) to note that this review had 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; and

(3) to note that the two current strategic risks will be selected by the HSCP Audit and Performance Committee at its November 2021 meeting and will then be presented in greater detail to the HSCP Board on the 24 March 2022.

MINUTES OF MEETING FOR NOTING

The Minutes of Meeting of the Special Covid-19 Joint Staff Forum held on 15 July 2021 were submitted and noted by the Board.

FINAL COMMENTS FROM CHAIR

The Chair, Mr Agnew, requested that if a Member wished to discuss an item which had not been included in the Agenda, that they speak to the Chief Officer, Ms Culshaw, directly.

The meeting closed at 11.04 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.	Head of Strategy and Transformation, Margaret-Jane Cardno	Ongoing	To be discussed with Trade Unions. UPDATE 24/06/21: On discussion it was agreed the review should be every 6 months and not every 24 months.	Open

Update On The Implementation Of Eligibility Criteria For Adult Social Care – My Life Assessment Monitoring Report	The Partnership Board agreed that a report providing monitoring data from the implementation of the new assessment would be provided to the Board in 6 months from launch and data will be published annually in the HSCP Performance Report.	Head of Strategy and Transformation	November 2021	On forward planner. UPDATE: 19/08/21 – This has been placed on the Forward Planner for November HSCP Board meeting. UPDATE: 22/11/21 – This is now included in HSCP Board Agenda for 2 November 2021 – Item 17.	Open. To be Closed after this Meeting.
Board Meeting – 20 September 2021					
Agenda item	**Board decision and minuted action**	**Responsible Officer**	**Timescale**	**Progress/Update/ Outcome**	**Status**
Confirm dates with HSCP Board Members to discuss National Consultation of National Care Service.	The Chief Officer advised a meeting date will be circulated to Members to allow them to attend and discuss the National Consultation results in October 2021.	Chief Officer – Beth Culshaw	October 2021	Ongoing. UPDATE: 22/11/21 – Members were circulated the National Consultation on National Care Service and invited to attend a Special HSCP Board meeting on 1 November 2021 to discuss and share their views.	Open. To be Closed after this Meeting.

Bring DNACPR report to November Board meeting	The Chief Officer confirmed a report detailing the DNACPR policy in West Dunbartonshire will be brought to the November 2021 Board meeting.	Chief Officer – Beth Culshaw	November 2021	Ongoing. UPDATE: 22/11/2021 - DNACPR now included in Document Pack for this meeting.	Open. To be closed after this meeting.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

22 November 2021

Subject: 2021/22 Financial Performance Update Report

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 6 to 30 September 2021 and a projected outturn position to the 31 March 2022.

2. Recommendations

2.1 The HSCP Board is recommended to:

- **note** the updated position in relation to budget movements on the 2021/22 allocation by WDC and NHSGGC;
- **note** the reported revenue position for the period 1 April 2021 to 30 September 2021 is reporting a favourable (under spend) position of £0.450m (0.54%);
- **note** the projected outturn position of £0.948m underspend (0.54%) for 2021/22;
- **note** that the projected costs of Covid-19 for 2021/22 are currently estimated to be £7.785m;
- **note** the update on the monitoring of savings agreed for 2021/22;
- **note** the update on the current reserves balances;
- **note** the update on the capital position and projected completion timelines; and
- **note** the progress on the 2022/23 budget setting process, initial planning assumptions and the expected timeline in relation to our partner bodies budget offers.

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 and it is anticipated that the health allocation will be formally confirmed by letter in the coming weeks once all pay award funding is confirmed. A total net budget of £175.788m 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. Quarter 2 LMP was submitted on 26 October 2021 with the next submission due on 15 February 2022.

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	**4,380**	**7,318**
Additional PPE	1	25
Flu Vaccination	5	5
Community Hubs	30	95
Additional Care Home Placements	7	7
Additional Capacity in Community	43	86
Additional Staff Costs	1,777	2,921
Staff Wellbeing	25	50
Additional FHS Prescribing	57	92
Additional FHS Contractor Costs	3	20
Social Care Provider Sustainability Payments	1,230	2,050
Increased costs of Service Provision	269	619
Loss of Income	157	305
Other	234	435
Unachievable Savings	542	1,008
Offsetting Cost Reductions	0	(400)
Remobilisation Costs	**135**	**467**
Adult Social Care	34	236
Reducing Delayed Discharge	95	190
Other	6	41
Total Spend	**4,515**	**7,785**
Funding		
Earmarked Reserve for Covid Pressures	(3,347)	(4,970)
Grant Funding for Social Care £500 Thankyou Payment	(688)	(935)
Grant Funding for Third Party Provider £500 Thankyou Payment	(234)	(234)
Assumed funding to come	0	(1,646)
Total Funding	**(4,269)**	**(7,785)**
Assumed Funding Gap	**246**	**0**

4.2 The table above provides a summary of the actual and projected costs based on September 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. The table details the anticipated full drawdown of the Covid-19 Pressures Reserve with an anticipated funding shortfall of £1.646m 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. The application of the new Winter Pressures monies (covered within a separate report on this agenda) will also impact on cost projections.

4.3 The actual to date position shows an overspend position of £0.246m which is not funded from the Covid-19 earmarked reserves but from specific Scottish Government grant funding. This relates to social care £500 thankyou payments made to staff, the costs of which have not yet been claimed from the Scottish Government with the next claim due to be submitted by West Dunbartonshire Council in January 2022.

4.4 The full year forecast 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.

4.5 Following conclusion of the Quarter One review process letters were sent to all NHS Scotland Directors of Finance confirming the position of the Board and further steps to be taken this financial year as detailed below:

- Further funding of £0.126m has been allocated to West Dunbartonshire HSCP to support the costs related to purchase of PPE.

- While no funding has being allocated at this time to meet under-achievement of savings, it has been confirmed that overall support will be provided to Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control in place. However given the uncertainty on the overall funding envelope for 2022/23 Integration Authorities have been advised that they should take appropriate action to reduce this request for support as far as possible.

- Further funding will be provided at Quarter 3, if it is deemed necessary and applicable.

4.6 The Scottish Government issued updated guidance for providing financial support to social care providers for costs relating to the COVID-19 pandemic on 1 November 2021. This guidance covers the period 1 November 2021 to 31 March 2022 with the main points detailed below:

- Where a provider is facing additional costs directly as a result of the pandemic then they should supply information on these to the Integration Authority for reimbursement.

- In determining whether a payment can be made for care and support that is reduced or not delivered as a direct result of the Covid-19 pandemic one of the following criteria must be met prior to the consideration of payment for non delivery of care and under-occupancy:

    - Financial support will continue to be available in line in the event of a service having to **stop or close** to new admissions due to Covid-19 outbreaks and/or Covid-19 related Public Health advice, for a period of more than 28 consecutive days.

    - Financial support will continue to be available in the event of a **group support or day service running at a reduced service** due to COVID-19 related Public Health advice.

    - If providers do not meet the criteria for this support, they should contact the commissioning authority to make them aware, so that they can work together to consider local support for providers in financial difficulty, as would be the case pre-Covid-19.

- Where the criteria set out above are met, care home providers subject to the NCHC can continue to receive a payment for under-occupancy that is a direct result of the Covid-19 pandemic by the Authority in the care homes boundary area.

- Where the criteria set out above are met, residential care homes that do not fall under the terms and conditions of the NCHC can also receive payment for under-occupancy that is a direct result of the Covid-19 pandemic from the host Authority, providing there is a commissioning relationship in place.

- Where a non building based service remains suspended or is reduced as a direct result of the pandemic, and in either case meets the above criteria, the provider can receive payment to cover the costs of the care and support that cannot be delivered.

Summary Position

4.7 The current year to date position as at 30 September is an underspend of £0.450m. The projected outturn position, with all identified Covid-19 costs being fully funded from reserves or additional anticipated funding, is a potential underspend of £0.948m. This consolidated summary position is presented in greater detail within Appendix 3, with the individual Health Care and Social Care reports detailed in Appendix 4.

4.8 Members should note that the projected underspend takes into account £6.742m of expenditure to be drawn down from earmarked reserves. Detail on the anticipated level of reserves with supporting narrative is provided within Appendix 7.

4.9 The summary position is reported within Table 2 below which identifies the projected 2021/22 budget under spend of £0.948m (0.54% 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	107,054	52,848	52,625	223	108,080	(1,026)	(1,093)	67	0.1%
Social Care	102,024	44,550	43,586	964	100,824	1,200	(679)	1,879	1.8%
Covid-19	0	0	1,168	(1,168)	7,785	(7,785)	(4,970)	(2,815)	0.0%
Expenditure	**209,078**	**97,398**	**97,379**	**19**	**216,689**	**(7,611)**	**(6,742)**	**(869)**	**-0.4%**
Health Care	(4,015)	(2,000)	(2,000)	0	(4,015)	0	0	0	0.0%
Social Care	(29,275)	(12,598)	(12,107)	(491)	(28,277)	(998)	0	(998)	3.4%
Covid-19	0	0	(922)	922	(2,815)	2,815	0	2,815	0.0%
Income	**(33,290)**	**(14,598)**	**(15,029)**	**431**	**(35,107)**	**1,817**	**0**	**1,817**	**-5.5%**
Health Care	103,039	50,848	50,625	223	104,065	(1,026)	(1,093)	67	0.1%
Social Care	72,749	31,952	31,479	473	72,547	202	(679)	881	1.2%
Covid-19	0	0	246	(246)	4,970	(4,970)	(4,970)	0	0.0%
Net Expenditure	**175,788**	**82,800**	**82,350**	**450**	**181,582**	**(5,794)**	**(6,742)**	**948**	**0.5%**

4.10 The majority of the projected underspend of £0.948m is represented by staffing vacancies with a detailed analysis on the projected annual variances in excess of £0.050m contained within Appendix 5.

Update on Prescribing 2021/22

4.11 The 2021/22 prescribing forecast outturn is comprised of a number of complex variables and is based on:

- Prescribing volumes;
- Cost per item
- Number of generic items dispenses as a percentage of total items dispensed;
- Pricing and short supply; and
- Transfer of Apremilast costs and budget from Acute Sector into FHS.

4.12 The average cost per item for the period April to July is currently £10.17 with a projection that this will increase to £10.30 for the period August to March. This is relatively low in comparison to the national average and is in part predicated by the volume of generic drugs dispensed as a percentage of all drugs. For West Dunbartonshire this is currently 77.3% (2019/20 - 76.3%) and is the highest percentage within NHSGCC.

4.13 Detailed analysis on prescribing activity is provided in Appendix 6 and reports a near to breakeven position based on the recurring 2020/21 rollover budget. As reported to the September HSCP Board the anticipated inflationary increase for prescribing has been redirected to close the health care pay funding gap.

Update on Pay Awards

4.14 The currently reported forecast spend for Social Care services includes the anticipated impact of the initial 2021/22 pay offer for social care staff made in March 2021 being:

- A £800 uplift in annual salary for those earning less than £25,000;
- A 2% uplift for those earning between £25,000 and £40,000;
- A 1% uplift for those earning between £40,000 and £80,000; and
- A £800 uplift in annual salary for those earning more than £80,000

4.15 The initial offer was revised in June 2021 to an £850 uplift in annual salary for those earning less than £25,000 with the remaining elements unchanged.

4.16 Following union ballots the revised offer was rejected leading to a further amended offer being made by COSLA on 29 October which includes £30m extra funds from the Scottish Government and £18.5m made available from Scottish Councils. The terms of the revised offer are detailed below:

- An increase in the Scottish Local Government Living Wage (SLGLW) hourly rate to £9.78;
- An £850 flat rate increase for those earning less than £25,000 annually (4.72% to 3.43% depending on starting salary). This covers national SCP 2-40 and is calculated on a nominal 37 working week;
- A 2% increase for those earning between £25,000 and £40,000;
- A 1% increase for those earning between £40,000 and £80,000;
- A £800 flat rate increase for those earning more than £80,000 annually; and
- A backdating of the implementation date of the pay award and the increase in the SLGLW to 1 January 2021

4.17 If accepted the revised offer and the cost of the backdating element could cost in the region of £0.375m and while the offer appears to come with some additional funding the financial impact of this on West Dunbartonshire HSCP is unclear at this time.

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 Detailed analysis of reserves is detailed in Appendix 7 and identifies that at this time it is anticipated that £6.741m will be drawn down from earmarked reserves to fund expenditure in 2021/22. The most significant challenge remains recruitment of staff into a number of fixed term posts.

New Funding

4.20 There have been several new funding announcements over recent months as detailed below:

- Mental Health Recovery and Renewal: Specialist Children's Services (CAMHS Funding) with phases 1 and 2 announced on 5 May and 14 September respectively;
- £300m for Winter Planning for Health and Social Care announced on 5 October 2021; and
- £482m for ongoing Pandemic Costs announced on 26 October 2021

4.21 The above funding announcements specify a number of priorities to be addressed and outcomes to be achieved in return for this investment, with the current detail presented in two separate reports to this agenda. Further reports will be submitted to the Board as all funding shares are confirmed and plans for delivering on specific priorities and outcomes are developed.

Housing Aids and Adaptations and Care of Gardens

4.22 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 delegated to the HSCP Board and should be considered as an addition to the HSCP's 2021/22 budget allocation of £72.749m from the council.

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

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

Table 6 - Financial Performance as at 30 September 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	224	448
Aids & Adaptations	250	12	250
Net Expenditure	**703**	**236**	**698**

2021/22 Capital Expenditure

Health Care

4.25 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.

4.26 The HSCP Clydebank Health Quarter Capital Project Board held on 29 October was updated with the key milestones and project interdependencies of the new Clydebank Health and Care Centre.

4.27 The proposed completion date remains end of 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

4.28 As detailed in Appendix 8 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.

4.29 The Covid-19 reserve can be used to tackle backlogs in community assessments by increasing the number of Occupational Therapists and Assistants, however at this time due to recruitment challenges it is anticipated that the Aids and Adaptations budget will be underspend by £0.230m as the backlog is addressed.

2022/23 to 2024/25 Budget Setting

4.30 The SMT are working in partnership with the finance team to inform initial 2022/23 to 2024/25 budget projections which include reflecting the priorities set out within the Strategic Plan, current pressures which will impact on future years, known transition packages and demographic pressures. Estimations of additional costs linked to Scottish Government policy and Covid-19 remobilisation and recovery as well as the full year impact of 2021/22 management and baseline adjustments are being fully considered within draft budgets.

4.31 Indicative social care funding and the Council's long term financial strategy (as reported to West Dunbartonshire Council in March and October 2021 respectively) have been used as a baseline with regard to our anticipated funding settlements from West Dunbartonshire Council. There are no

indications as yet regarding an uplift from NHSGCC; however a board wide assumption of 2% has been built into estimates at this time.

4.32 There was an ambitious plan to update the MTFP this side of the calendar year but the scale of additional funding coupled with the ongoing Covid-19 response has rendered this unlikely. It is anticipated that the HSCP Board's updated Medium Term Financial Plan (MTFP) will be reported to the Board in March 2022 and will cover the period 2022/23 to 2031/32. However anticipated funding settlements from our partner organisations and estimated cost pressures result in the following budget gaps for 2022/23 as detailed below:

- Social Care – £6.274m
- Health Care – £0.591m

4.33 While the HSCP continues to move through Recovery and Renewal, as detailed throughout this report, the financial consequences of responding and adapting to the pandemic and planned recovery will present financial challenges into 2022/23 and beyond. For example, will the current National Services Scotland (NSS) Hub arrangements continue beyond March 2022 or will this have to be factored into local budgets? Also while verbal reassurances have been made around continued financial support formal notification of the funding to cover all Covid-19 costs incurred in 2021/22 is still required.

4.34 In 2021/22 public sector pay agreements only covered a single year and while the pay uplift for health care staff for 2021/22 have been agreed negotiations regarding the pay uplift for social care staff are ongoing. Assumptions on the level of pay award for public sector staff in general remain unknown. The likely scenario contained within the MTFP was a 3% uplift; however based on 2021/22 negotiations current working assumptions are 2% for both health care staff and social care staff. For the HSCP a 1% variation in pay equates to approximately £0.800m.

4.35 There is also a degree of uncertainty across health and social care and the public sector in general and current assumptions around the settlement from Scottish Government and the resulting impact on financing offers from our funding partners. This is based on officers' estimates around the likely position. It should be noted that settlement figures for 2022/23 are expected to be provided, again for a single year, in mid-December 2021. Given the political partnership within the Scottish Parliament it is likely that the funding advised at that point will not be subject to any further negotiated parliamentary adjustment as the Scottish Government budget (including the settlement) passes through the relevant parliamentary processes to approval.

4.36 A further potential complication in funding announcements for Integration Authorities is outcome of the consultation on the National Care Service which was one of the key recommendations of the Independent Review of Adult Social Care, the results of which were published in February 2021.

4.37 Both WDC and NHSGGC are continuing to work through their own budget setting processes and the Chief Officer and Chief Financial Officer attend both officer and elected administration budget working groups. They each have a range of scenarios which assesses the potential level of budget gap including impact any additional gap may have on the HSCP Board's funding offers.

4.38 In early October the Heads of Service were issued with a range of information and planning assumptions and asked to prepare a range of high level savings options which could be considered initially by the SMT to be further developed and considered as the impacts of the pandemic lessened and recovery commenced. The work surrounding the submission and consolidation of these options are ongoing at this time.

4.39 In early 2022 the HSCP Board will receive a comprehensive update on the anticipated budget gaps with a range of recommendations on how to address any gap including a range of savings options and the application of reserves in the short term.

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. The regular financial performance reports to will update on any material changes to current costs and projections.

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 financial impact of the continuing negotiations in relation to social care pay uplifts (including a further update to Scottish living wage levels) are unclear at this time.

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

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None required.

11. Consultation

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

12. Strategic Assessment

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

13. Directions

13.1 The recurring and non-recurring budget adjustments up to 30 September 2021 (as detailed within Appendix 1) will require the issuing of a revised direction, see Appendix 9.

Julie Slavin – Chief Financial Officer
Date: 9 November 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 – Prescribing Analysis
Appendix 7 – Reserves
Appendix 8 – Social Care Capital Update
Appendix 9 – Directions

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

Localities Affected: All

Item 6
Appendix 1

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 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

West Dunbartonshire Health & Social Care Partnership **Appendix 1**
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 2021

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Gms X Chg Hscp Covid Ml 6701	0		0
Pay Award Shortfall to fund	(190)		(190)
Anticipated outstanding budget adjustments	(125)		(125)
Period 6 Adjustments			
Hscp Ncl Adjust Gps Bud	133		133
Hscp Ncl Reduce Dent Inc	32		32
Gms X Chg Hscp Covid Ml 6701	(3)		(3)
Sesp Chd Eat Up - West D	50		50
Sesp Diabetes - Wd	20		20
Apremilast Cam From Acute Q1	11		11
Camchp68 Wdhscp Smoking Prev	70		70
Apremilast Cam From Acute M4	8		8
Camchp16 Wdhscp Mhrr Camhs	497		497
Camchp97 Wd Wkforce Wellbeing	36		36
Budget Trs Fr Nw Pcmh	54		54
Camhs Waiting List Budget	9		9
Camhs Waiting List Budget	77		77
Camhs Waiting List Budget	7		7
Ldl Team From Ld To Hscps	12		12
Anticipated outstanding budget adjustments	(482)		(482)
Revised Budget 2021/22	**103,039**	**72,749**	**175,788**

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Appendix 2

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 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		
2020/21 Approved Savings delayed until 2021/22						

West Dunbartonshire Health & Social Care Partnership **Appendix 2**
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 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
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.	401			
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**		**968**	**1,008**	**29**	**367**

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Appendix 3

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 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	30,040	14,371	14,448	(77)	29,815	225	(35)	260	0.9%
Care at Home	11,995	5,007	5,263	(256)	12,506	(511)	0	(511)	-4.3%
Physical Disability	2,604	1,076	981	95	2,415	189	0	189	7.3%
Childrens Residential Care and Community Services (incl. Specialist)	25,751	11,188	11,291	(103)	25,739	12	(123)	135	0.5%
Strategy, Planning and Health Improvement	1,775	788	653	135	1,711	64	(71)	135	7.6%
Mental Health Services - Adult and Elderly, Community and Inpatients	9,227	4,225	4,136	89	9,277	(50)	(68)	18	0.2%
Addictions	2,817	1,499	1,524	(25)	3,249	(432)	(481)	49	1.7%
Learning Disabilities - Residential and Community Services	11,443	5,137	5,065	72	11,330	113	(29)	142	1.2%
Family Health Services (FHS)	30,131	14,992	14,992	0	30,131	0	0	0	0.0%
GP Prescribing	19,924	10,004	9,771	233	19,924	0	0	0	0.0%
Hosted Services	7,247	3,620	3,345	275	6,983	264	244	20	0.3%
Criminal Justice (Including Transitions)	137	72	10	62	43	94	0	94	68.6%
Resource Transfer	16,924	8,462	8,462	0	16,924	0	0	0	0.0%
Covid-19	0	0	246	(246)	4,970	(4,970)	(4,970)	0	0.0%
HSCP Corporate and Other Services	5,773	2,359	2,163	196	6,565	(792)	(1,209)	417	7.2%
Net Expenditure	**175,788**	**82,800**	**82,350**	**450**	**181,582**	**(5,794)**	**(6,742)**	**948**	**0.5%**

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	77,913	36,709	37,524	(815)	82,002	(4,089)	(5,393)	1,304	1.7%
Property	964	324	367	(43)	1,304	(340)	(29)	(311)	-32.3%
Transport and Plant	1,399	303	280	23	1,352	47	0	47	3.4%
Supplies, Services and Admin	3,923	1,596	1,392	204	3,905	18	(51)	69	1.8%
Payments to Other Bodies	71,184	32,049	32,110	(61)	74,408	(3,224)	(764)	(2,460)	-3.5%
Family Health Services	29,954	14,903	14,893	10	30,066	(112)	0	(112)	-0.4%
GP Prescribing	19,924	10,004	9,771	233	19,924	0	0	0	0.0%
Other	3,815	1,511	1,045	466	3,725	90	(505)	595	15.6%
Gross Expenditure	**209,076**	**97,399**	**97,382**	**17**	**216,686**	**(7,610)**	**(6,742)**	**(868)**	**-0.4%**
Income	(33,288)	(14,599)	(15,032)	433	(35,104)	1,816	0	1,816	-5.5%
Net Expenditure	**175,788**	**82,800**	**82,350**	**450**	**181,582**	**(5,794)**	**(6,742)**	**948**	**0.5%**

Item 6
Appendix 4

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 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	857		378	309	69	928	(71)	(71)	0	0.0%
Childrens Services - Community	3,507		1,708	1,735	(27)	3,543	(36)	(36)	0	0.0%
Childrens Services - Specialist	2,075		754	893	(139)	1,819	256	256	0	0.0%
Adult Community Services	9,868		4,753	4,932	(179)	9,849	19	(35)	54	0.5%
Community Learning Disabilities	659		330	329	1	659	0	0	0	0.0%
Addictions	2,078		907	955	(48)	2,310	(232)	(232)	0	0.0%
Mental Health - Adult Community	4,018		1,897	1,868	29	4,086	(68)	(68)	0	0.0%
Mental Health - Elderly Inpatients	2,863		1,428	1,380	48	2,871	(8)	0	(8)	-0.3%
Family Health Services (FHS)	30,131		14,992	14,992	0	30,131	0	0	0	0.0%
GP Prescribing	19,924		10,004	9,771	233	19,924	0	0	0	0.0%
Other Services	2,888		1,615	1,654	(39)	4,038	(1,150)	(1,151)	1	0.0%
Covid-19	0		0	0	0	640	(640)	(640)	0	0.0%
Resource Transfer	16,924		8,462	8,462	0	16,924	0	0	0	0.0%
Hosted Services	7,247		3,620	3,345	275	6,983	264	244	20	0.3%
Net Expenditure	**103,039**		**50,848**	**50,625**	**223**	**104,705**	**(1,666)**	**(1,733)**	**67**	**0.1%**

West Dunbartonshire Health & Social Care Partnership **Appendix 4**
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 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		410	344	66	783	135	0	135	14.7%
Residential Accommodation for Young People	2,927		1,260	1,224	36	2,855	72	0	72	2.5%
Children's Community Placements	5,628		2,828	2,829	(1)	5,631	(3)	0	(3)	-0.1%
Children's Residential Schools	3,398		1,219	1,396	(177)	3,754	(356)	0	(356)	-10.5%
Childcare Operations	4,740		2,196	2,040	156	4,718	22	(290)	312	6.6%
Other Services - Young People	3,477		1,226	1,173	53	3,419	58	(53)	111	3.2%
Residential Accommodation for Older People	7,070		3,060	2,899	161	6,747	323	0	323	4.6%
External Residential Accommodation for Elderly	7,666		4,802	4,784	18	7,630	36	0	36	0.5%
Sheltered Housing	1,350		621	646	(25)	1,398	(48)	0	(48)	-3.6%
Day Centres Older People	1,180		311	306	5	1,169	11	0	11	0.9%
Meals on Wheels	22		(5)	3	(8)	38	(16)	0	(16)	-72.7%
Community Alarms	(23)		(320)	(307)	(13)	4	(27)	0	(27)	117.4%
Community Health Operations	2,907		1,150	1,187	(37)	2,981	(74)	0	(74)	-2.5%
Residential - Learning Disability	8,630		3,874	3,868	6	8,647	(17)	(29)	12	0.1%
Physical Disability	2,319		949	855	94	2,130	189	0	189	8.2%
Day Centres - Learning Disabilty	2,153		933	869	64	2,024	129	0	129	6.0%
Criminal Justice (Including Transitions)	137		72	10	62	43	94	0	94	68.6%
Mental Health	2,346		901	888	13	2,320	26	0	26	1.1%
Care at Home	11,995		5,007	5,262	(255)	12,506	(511)	0	(511)	-4.3%
Addictions Services	739		592	569	23	939	(200)	(249)	49	6.6%
Equipu	285		126	126	0	285	0	0	0	0.0%
Frailty	138		68	62	6	126	12	0	12	8.7%
Carers	1,218		406	84	322	1,218	0	0	0	0.0%
Integrated Change Fund	0		0	0	0	0	0	0	0	0.0%
Covid-19	0		0	246	(246)	4,330	(4,330)	(4,330)	0	0.0%
HSCP - Corporate	1,529		266	362	(96)	1,182	347	(58)	405	26.5%
Net Expenditure	**72,749**		**31,952**	**31,725**	**227**	**76,877**	**(4,128)**	**(5,009)**	**881**	**1.2%**

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 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	9,868	9,814	54	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				
Social Care Variances					
Strategy Planning and Health Improvement	918	783	134	15%	↑
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.				
Mitigating Action	None required as this time				
Actual Outcome	An underspend is anticipated at this time				
Residential Accommodation for Young People	2,927	2,855	72	2%	↑
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 in childrens homes which are going to advert in September.				
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 6 covering 1 April 2021 to 30 September 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	3,754	(357)	-11%	↓
Service Description	This service area provides residential education for children and includes the costs of secure placements				
Main Issues / Reason for Variance	The unadjusted position is an adverse variance of £0.656m mainly due to the delay in transitions of one young person residing at Good Sheperd with an annual overspend of £0.100m (the HSCP are liable for 100% of the cost as the young person is no longer in education), two new placements costing £0.200m at Spark of Genius, one new placement within children with disabilites budget at a cost of £0.167m and 4 new residential clients that were previously in external fostering of £0.239m. However analysis of these costs have taken place with the result that £0.299m of increased service provision and £0.150m of unachieved savings are deemed to be covid related and have therefore been included in the October LMP as suitable to be funded from Covid reserves.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	Over spend anticipated of £0.455mm at this time				
Childcare Operations	4,740	4,428	312	7%	↑
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				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 2021
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Other Services - Young People	3,477	3,374	103	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 and additional income from Asylum seekers				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

Residential Accommodation for Older People	7,070	6,747	323	5%	↑
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The favourable variance is mainly due to increases in staffing vacancies particularly in Crosslet House and Support Services, the impact of the reduction in cross contamination prevention requirements is also having an impact on agency contractual relationships.				
Mitigating Action	None required as this time				
Anticipated Outcome	While an underspend is anticipated at this time, long term the outcome is harder to predict. As client numbers increase with isolation rules easing the need to backfill absences will also increase so the final outturn will be dependent on both absence levels and client contribution levels.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 2021
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Community Health Operations	2,906	2,981	(74)	-3%	↓
Service Description	Adult services				
Main Issues / Reason for Variance	the unadjusted position is an adverser variance of £0.167m mainly due to increased staffing and the unanticipated recharge of an NHS member of staff. However analysis of these costs have taken place and covid related costs of £0.093m have been recorded in the October LMP.				
Mitigating Action	Officers will continue to monitor staffing levels				
Anticipated Outcome	An underspend is anticipated at this time				
Physical Disability	2,319	2,130	189	8%	↑
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.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 2021
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Day Centres - Learning Disabilty	2,153	2,024	129	6%	↑
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 in the Dumbarton centre				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Criminal Justice (Including Transitions and VAW)	137	43	94	69%	↑
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				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 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	12,506	(510)	-4%	↓
Service Description	This service provides care at home which includes personal care and minor domestic tasks				
Main Issues / Reason for Variance	The unadjusted variance is an adverse position of £0.910m mainly due to increase in staff isolation and positive covid cases impacting on internal and external care at home resulting in 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. An analysis of the forecast spend has taken place and £0.512m of covid related costs have been recorded in the October LMP.				
Mitigating Action	Officers continue to review packages and seek to balance internal and external				
Anticipated Outcome	An overspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 2021
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
HSCP - Corporate	1,529	1,125	403	26%	↑
Service Description	This budget contains Corporate spend and income pending allocation to services				
Main Issues / Reason for Variance	The unadjusted position is a favourable variance of £0.594m mainly due to currently unallocated living wage funding of £0.660m, admin saving not being achieved, vacant posts and pay award budget unallocated. However the based on analysis of the likely future utilisation of the living wage funding it has been determined that £0.200m can be recorded as offsetting savings within the October LMP.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 2021
Prescribing Analysis

Financial Ledger

Financial ledger figures cover four months of prescribing actuals (April to July) for financial year 2021-22 plus a two month financial accrual (August & September). Total variance is a year to date underspend of £0.233m on WDC FHS Prescribing with a forecast year end minimal overspend of £0.010m.

Table 1 - Financial Ledger Data

Year to Date Postiion 2021/22	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	YTD Variance %
	£000's	£000's	£000's	£000's	
Schedule 4 Gic	19,386	9,762	9,923	(161)	
Central Gic	513	257	241	16	
Patented Drugs - Actual Discount	(282)	(141)	(143)	2	
Rebates	(365)	(182)	(182)	0	
Prescribing Invest To Save	199	99	99	0	
Generic Drugs - Discount Clawback	0	0	0	0	
Prescribing Other	473	209	181	28	
Prescribing Contingency	0	0	(348)	348	
HSCP Prescribing	**19,924**	**10,004**	**9,771**	**233**	**2.33%**
Non Discretionary Pharmaceutical	5,927	2,959	2,959	0	
Total Prescribing	**25,851**	**12,962**	**12,729**	**233**	

Forecast Outturn Position 2021/22	Annual Budget	Forecast Full Year	Forecast Variance	YTD Variance %	Note
	£000's	£000's	£000's		
Schedule 4 Gic	19,386	19,817	(431)		
Central Gic	513	488	26		
Patented Drugs - Actual Discount	(282)	(282)	0		Based on
Rebates	(365)	(365)	0		approximately
Prescribing Invest To Save	199	199	0		1.932m items
Generic Drugs - Discount Clawback	0	0	0		being dispensed
Prescribing Other	473	426	47		
Prescribing Contingency	0	(348)	348		
HSCP Prescribing	**19,924**	**19,934**	**(10)**	**(0.05%)**	

Based on item volume increase/(decrease) compared to 2019/20, August 2021 to March 2022 of (2.5%)
Based on average cost per item August 2021 to March 2022 of £10.30

Prescribing Other' category, as listed above, includes budget and costs for Stoma Fees, VAT, Dental Prescribing, SG/CPS funding (dating back years) and assorted smaller charges including broken bulk other dispensing costs. Previously held within Health Board these budgets are now devolved to HSCP's.

West Dunbartonshire Health & Social Care Partnership **Appendix 6**
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 2021
Prescribing Analysis

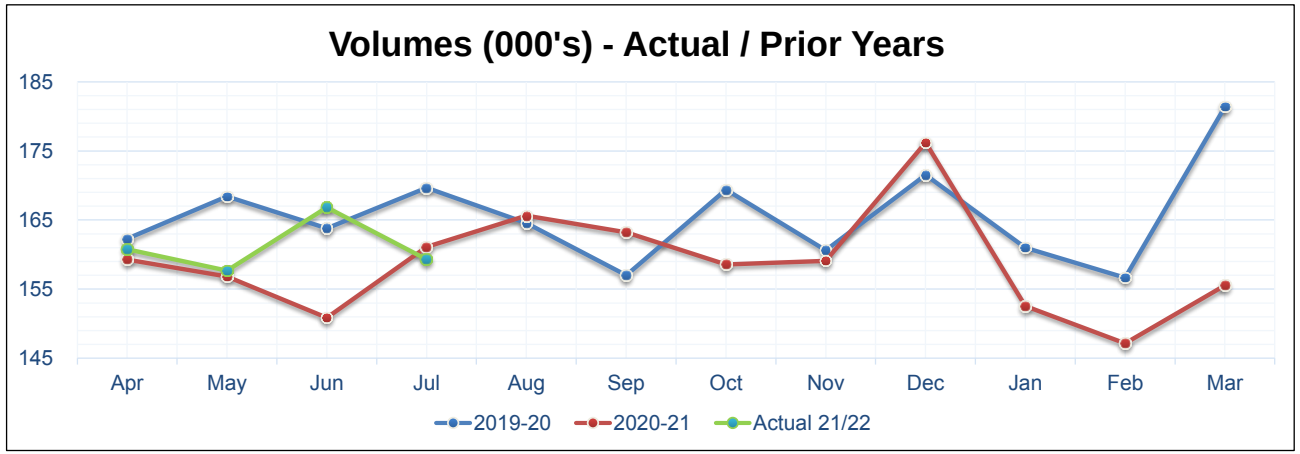
GIC actuals – volumes and values

Prescribing outturn during 2020/21 was driven by a reduction in item volumes dispensed of 0.080m items with 1.906m items dispensed in 2020/21 compared with 1.986m items dispensed in 2019/20.

The 2021/22 budget for WDC was calculated based on volumes from 2019/20 (including an adjustment for Covid impact spike in late March 2020).

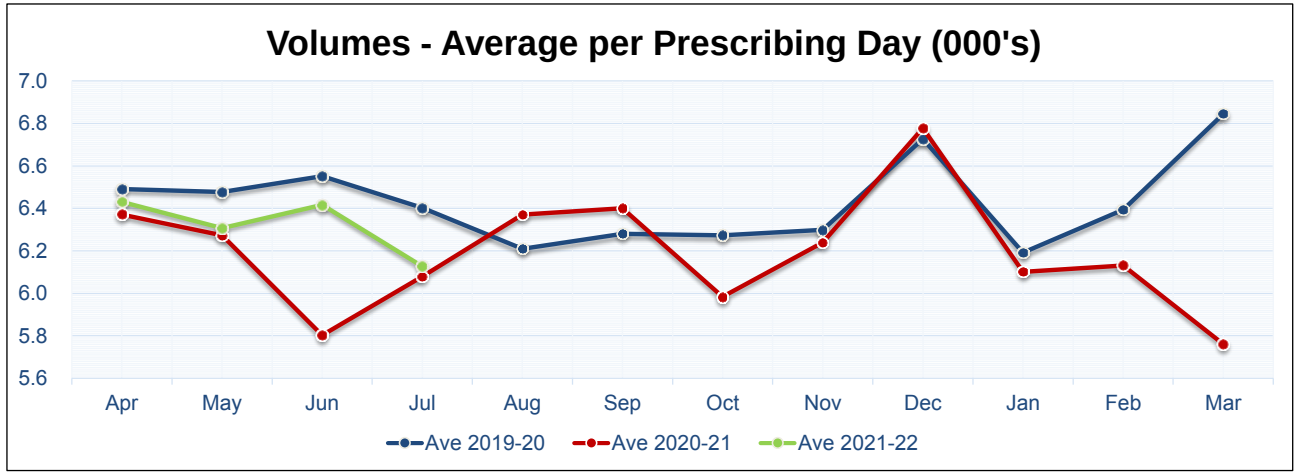
Actuals recorded for April 2021 to July 2021 have seen items dispensed track under the 2021/22 forecasted volumes despite fluctuations month per month. Whilst June 2021 recorded volumes above the two previous June figures, July 2021 fell to 2020/21 Covid impacted levels. Graph 1 tracks current year's actual items dispensed (green line) against 2020/21 actuals (red line) and 2019/20 actuals (blue line).

Graph 1 - Volume of Items Dispensed

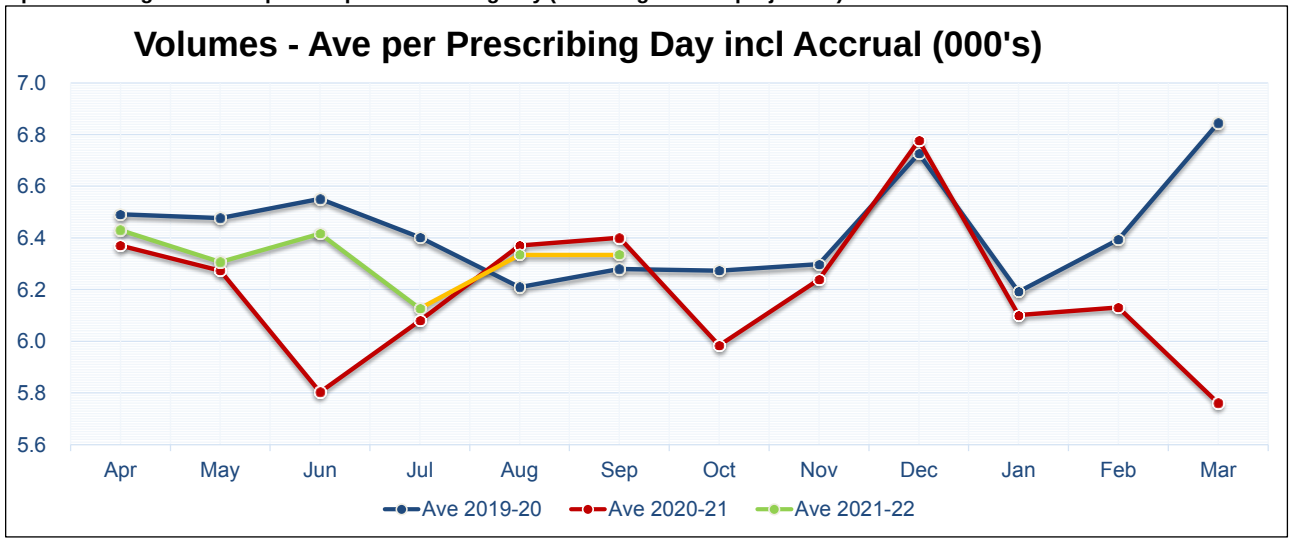


Graph 1 displays current year actual (green line) highlighted against actuals from previous two years. **A total of 0.159m items were dispensed in July 2021** compared to 0.167m items in June 2021 – a decrease of 0.008m items over one month. On a cumulative YTD position the volume dispensed between **April 2021 and July 2021 was 0.645m items** (April 2020 to July 2020 was 0.628m items with April 2019 to July 2019 being 0.664m items). Cumulative 2021/22 volume levels are up on previous year but still tracking below 2019/20 levels. This analysis includes fluctuations dependent on number of weekends and or public holidays within each month. Analysing volume trends on the number of prescribing days per month, which should smooth over any long / short months illustrates that at present actual items dispensed for 2021/22 are following a similar pattern to 2019/20 (albeit at a lower level) with an assumption that August and September 2021 will be more in line with the 2020/21 pattern as detailed in Graph 2 and 3.

Graph 2 - Average Items Dispensed per Prescribing Day



Graph 3 - Average Items Dispensed per Prescribing Day (including accrual projection)



Four months actual GIC expenditure to end of July 2021 is £6.5m. Four months into 20-21 the actual GIC expenditure was £6.3m. **The increase of £0.2m** in costs year on year as a result **of increased volumes valued at £0.173m** and an increase in **tariff pricing of £0.045m**.

Item 6
Appendix 7

West Dunbartonshire Health & Social Care Partnership
Analysis of Reserves 2021/22

Analysis of Reserves	Period 6 Forecast Movement based on Financial spend projections: Actual Opening Balance as at 1 April 2021	Period 6 Forecast Movement based on Financial spend projections: Forecast Movement in Reserves	Period 6 Forecast Movement based on Financial spend projections: Forecast Closing Balance as at 31 March 2022	Comparison of June Projected Movement with Period 6 Forecast Movement: Projected Movement in Earmarked Reserves (June HSCP Board)	Comparison of June Projected Movement with Period 6 Forecast Movement: Forecast Movement in Reserves	Comparison of June Projected Movement with Period 6 Forecast Movement: Forecast Unallocation of Reserves	Notes
	£000	£000	£000	£000	£000	£000	
Unearmarked Reserves							
Unearmarked Reserves	(4,367)	(948)	(5,315)				
Total Unearmarked Reserves	**(4,367)**	**(948)**	**(5,315)**				
Earmarked Reserves							
Scottish Govt. Policy Initiatives	**(4,445)**	**1,681**	**(2,763)**	**1,891**	**1,681**	**210**	
Criminal Justice	(111)	0	(111)	20	0	20	Underspend related to transitions transferred to earmarked reserve
Carers Funding	(266)	0	(266)	80	0	80	Faciliated sessions have taken place with the Carers Development Group to consider the allocation of this funding including the delivery of the unpaid carers strategy delivery plan. This work is being undertaken in the spirit of co-production and considers not only the allocaiton of reserves but recurring revenue funding.
Social Care Fund - Living Wage	(678)	0	(678)	0	0	0	The HSCP does not have any local Frameworks in place and with support from the Corporate Procurement Unit and the Commissioning Manager the HSCP Board may have to consider instructing WDC to "sign-up" to the Scotland Excel Care and Support Frameworks. This will increase the current hourly rates paid across a number of providers.
GIFREC NHS	(72)	0	(72)	36	0	36	Scottish Government earmarked non recurring funding with conditions of spend - This is ring fenced to fulfil GG&C Partnership's commitment to link social care data with Health data via the NHS GG&C Clinical Portal application and funds external I.T support, software upgrades and related requirements. The work is co-ordinated by GG&C Corporate I.T. and they advise when draw down of funds are required.
TEC (Technology Enabled Care) Project	(89)	35	(54)	43	35	8	Scottish Government non recurring grant funding for technology enabled care project. At this time only £0.035m is anticipated to be drawn down in 2021/22.
Mental Health Action 15	(295)	68	(227)	138	68	70	This is Scottish Government funding which is ring fenced and will be allocated in line with the approved programme plan to increase the number of mental health workers as set out within the Action 15 commitment. This will include additional fixed term Nursing and Medical staff to address the backlog of care resulting from pandemic e.g. Maintenance of Psychological Therapy targets and supporting the physical health of those experiencing complex mental health. Also productivity gains with the use of digital technology. In addition we also expect high demand in our Older People service arising from the likely increase in frailty due to loss of mobility combined with the mental health effect of Covid, additional physiotherapy provision of a physio technician within mental health supports frailty recovery and reduce length of stay within our inpatient services. Recruitment is currently being progressed and at this time we anticipate that £0.068m will be drawn down in 2021/22.

West Dunbartonshire Health & Social Care Partnership
Analysis of Reserves 2021/22

Appendix 7

	Period 6 Forecast Movement based on Financial spend projections			Comparison of June Projected Movement with Period 6 Forecast Movement			
Analysis of Reserves	**Actual Opening Balance as at 1 April 2021**	**Forecast Movement in Reserves**	**Forecast Closing Balance as at 31 March 2022**	**Projected Movement in Earmarked Reserves (June HSCP Board)**	**Forecast Movement in Reserves**	**Forecast Unallocation of Reserves**	**Notes**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	
Alcohol and Drug Partnership	(594)	481	(114)	349	481	(132)	This is Scottish Government ring fenced funding (Drug Death Task Force, and Reduce Drug Death and Harms) and will be spent in line with Scottish Government guidance on Residential Rehab, Harm Reduction and Improving Access to Treatment, including lease of Mobile Harm Reduction Unit. Staff recruitment is ongoing and the mobile unit has been procured and the service is awaiting delivery with the anticipated drawdown in 2021/22 being £0.481m at this time.
Primary Care Boardwide MDT	(27)	0	(27)		0	0	NRAC Share of non recurring ring-fenced funding allocated to hosted Primary Care (Renfrewshire HSCP) for Board Wide Multi-Disciplinary Team post in relation to PCIP. Each HSCP were transferred their share to Earmark at year end from Renfrewshire (host).
Child Health Weight (Henry Programme)	(15)	15	0	15	15	0	This is Scottish Government ring fenced funding to deliver a test of change for to support pre 5 child healthy weight (Tier 2) that meets Health Scotland published Standards for Weight Management for Children and Young People. Henry is evidenced based family intervention programme and the reserve will be used to fund the facilitator training to skill practitioners to deliver our Healthy Families programme and support health visitor training on the core HENRY training to support to skill practitioners to use HENRY's proven approach to support family behaviour change. At this time it is anticipated that the reserve will be fully drawn down in 2021/22.
Infant Feeding PFG Funding	(21)	21	0	21	21	(0)	This is Scottish Government ring fenced funding for the Breast Feeding project and will involve the secondment of a health visitor to lead for Breast Feeding project for 6 months and continued funding for a Health improvement worker and some educational supplies for nursery providers. At this time it is anticipated that the reserve will be fully drawn down in 2021/22.
Community Living Change Fund	(357)	0	(357)	27	0	27	This is Scottish Government ring fenced funding. Across the 6 GGC HSCPs a short life working group has been convened to cover both complex learning disability delays and complex mental health delays. Total funding of £4.5m has been allocated over a 3 year period (of which WD HSCP share is £0.357m) to achieve the recommendations to reduce the delayed discharges of people with complex needs, repatriate those people inappropriately placed outside of Scotland and redesign the way services are provided for people with complex needs. Work is underway with GG&C re Board wide approach to work - there has been agreement for a Programme Board to lead with this work. There are two areas being targeted; 1) Community Services and link to inpatients, and 2) Multi agency collaborative focussing on commissioning challenges.

West Dunbartonshire Health & Social Care Partnership
Analysis of Reserves 2021/22

Appendix 7

	Period 6 Forecast Movement based on Financial spend projections			Comparison of June Projected Movement with Period 6 Forecast Movement			
Analysis of Reserves	**Actual Opening Balance as at 1 April 2021**	**Forecast Movement in Reserves**	**Forecast Closing Balance as at 31 March 2022**	**Projected Movement in Earmarked Reserves (June HSCP Board)**	**Forecast Movement in Reserves**	**Forecast Unallocation of Reserves**	**Notes**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	
Childrens Mental Health and Wellbeing	(175)	0	(175)	148	0	148	This is Scottish Government ring fenced funding to support the mental health of Children and Young People from the impacts of Covid-19 pandemic and will fund the first year of a Clinical Psychologist post (2 year fixed term post to support the HSCP strategic plan of seeing children and young persons with mental health and/or neurodev difficulties for treatment within 18 weeks), provide access to swimming lessons and transport for children and young people (in partnership with Sports Development), fund the roll out of Dyadic Developmental Practice (DDP) training to multi-agency staff (including Education, social work and relevant third sector partners) and will seek to extend CEDAR (children experiencing domestic abuse recovery) supports reflecting impact of domestic abuse during pandemic (therapeutic group work for children & young people and their mothers). Recruitment of the Clinical Psychologist post has proved challenging and remains unfilled despite being advertised 4 times, officers are considering alternatives supports available.
PCIF	(1,414)	1,010	(404)	707	1,010	(303)	This is Scottish Government ring fenced funding. The HSCP is progressing Year 4 of the new GMS Contract implementation and returns submitted to date provide an overview of progress to date in delivering our local PCIF against the MoU commitments with an anticipation that £1.010m will be drawn down in 2021/22.
PCIP Premises	(118)	0	(118)	118	0	118	This is Scottish Government ring fenced funding and will support improvement to GP Practices including Dumbarton Health Centre.
Winter Plan for Social Protection - Fundng for Vulnerable Children	(91)	46	(45)	90	46	44	This is Scottish Government ring fenced funding to support Alternative to Care out of hours and emergency provision within the community and fund intensive support to facilitate a young person returning to West Dunbartonshire from expensive residential placement for initially a 6 month period which will be kept under review with entry and exit strategy agreed. An agency worker has been recruited for children with disability to manage and prioritise the review of backlog cases and to feed into the redesign project with a revised methodology for monitoring and review of cases, however this has only been attained on part time basis due to national agency availability issues and at this time it is anticipated that £0.046m will be drawn down in 2021/22 to fund this post.
SG District Nursing Funding	(44)	0	(44)	44	0	44	Ring Fenced SG funding for investment/expansion of District Nursing workforce. Additional staffing phased over next 4 years
Analogue to Digital Community Alarms	(30)	0	(30)	30	0	30	This is Scottish Government ring fenced funding to support a pilot project to move community alarms from analogue to digital.
PEF Funding – Speech & Language Therapy Projects	(49)	6	(44)	25	6	20	Ring Fenced funding from WDC Education for additional speech & language therapy projects. Recruitment to a new fixed term post has proved challenging. Additional hours for an existing staff member has been approved, however this will result in only £0.006m being drawn down in 2021/22,

West Dunbartonshire Health & Social Care Partnership
Analysis of Reserves 2021/22

Appendix 7

	Period 6 Forecast Movement based on Financial spend projections			Comparison of June Projected Movement with Period 6 Forecast Movement			
Analysis of Reserves	**Actual Opening Balance as at 1 April 2021**	**Forecast Movement in Reserves**	**Forecast Closing Balance as at 31 March 2022**	**Projected Movement in Earmarked Reserves (June HSCP Board)**	**Forecast Movement in Reserves**	**Forecast Unallocation of Reserves**	**Notes**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	
HSCP Initiatives	**(4,237)**	**542**	**(3,695)**	**1,501**	**542**	**959**	
Service Redesign and Transformation	**(1,030)**	**490**	**(540)**	**790**	**490**	**300**	
Recruit to fixed term development post to progress work on Older People's Mental Health, Adult Mental Health and Learning Disabilities Strategies.	*(177)*	0	(177)	44	0	44	*Work requires to take place to progress the development of community and inpatient Older Peoples Mental Health Services within WDHSCP. The current provision of inpatient services is split between Gartnavel Royal and Vale of Leven/Dumbarton Joint and medical workloads and long term recruitment issues of medical staff have resulted in a temporary reduction in dementia assessment beds within the Vale. To faciltate development work and strategic planning around the direction of development and support prevention of hospital admission and discharge delays a Service Manager would be required to assist the Head of Service in the delivery of service objectives including strategic policy implementation and support the development of WDHSCP Mental Health and Learning Disability Strategies, as well and providing strong governance accross services to support the Recovery and Renewal Plan. The recruitment process is underway, job descriptions has been agreed and now with HR for job evaluation.*
Recruit to fixed term posts with the integrated HSCP Finance team	*(144)*	0	(144)	36	0	36	*The Finance Team have come under increasing pressure to respond to the many demands in enhanced reporting to the Scottish Government and other stakeholders linked to numerous Scottish Government policy commitments. The requirement to attend local project boards, GGC Boardwide and national groups is diluting the time available to carry out key management accounting tasks including regular and timeous HSCP Board reports. The recruitment process has commenced in relation to the two fixed term positions.*
Extension of the role of the Service Improvement Leads until 31 March 2023 . Approved by the Board at 25 March 2021 meeting.	*(388)*	193	(195)	388	193	195	*The service improvement leads are in post and no issues are anticipated in relation to the drawdown of this reserve in 2021/22.*
Additional six social workers in children and families on a non recurring basis. Approved by the Board at 25 March 2021 meeting.	*(322)*	297	(25)	322	297	25	*While the six social workers are in post and no issues are anticipated in relation to the drawdown of this reserve in 2021/22 Board members will recall that these fixed term posts were agreed as part of a proposed resolution to the 2019 children and families staffing grievance. Work in respect of service redesign is currently paused, however post holders are working within the service within current service parameters. Unallocated work is reducing however the service is still experiencing a number of vacancies mainly due to illness which has mitigated this and the impact of the pandemic is also evident in this respect due to the changes in working arrangements and priorities.*

West Dunbartonshire Health & Social Care Partnership
Analysis of Reserves 2021/22

Appendix 7

	Period 6 Forecast Movement based on Financial spend projections			Comparison of June Projected Movement with Period 6 Forecast Movement			
Analysis of Reserves	**Actual Opening Balance as at 1 April 2021**	**Forecast Movement in Reserves**	**Forecast Closing Balance as at 31 March 2022**	**Projected Movement in Earmarked Reserves (June HSCP Board)**	**Forecast Movement in Reserves**	**Forecast Unallocation of Reserves**	**Notes**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	
Unscheduled Care Services	(500)	0	(500)		0	0	Unscheduled care services in Greater Glasgow & Clyde are facing an unprecedented level of demand. To meet the twin challenges fo rising demand and patient needs and deliver the high standards of care aspired to significant changes are required. This new reserve has been created to cover initial work outlined in the Strategic Commissioning Plan for Unscheduled Care Services in Greater Glasgow & Clyde 2020-2025.
COVID-19 Recovery	**(806)**	**23**	**(783)**	**337**	**23**	**314**	
CEDAR domestic abuse group worker to address backlog of support to women and children in recovery from Domestic abuse and support redevelopment of the service as a trauma responsive service and Violence against Women coordination to support the development of the Violence against Women Partnership.	*(425)*	0	*(425)*	212	0	212	*This reserve was created to fund a CEDAR domestic abuse group worker (to address the backlog of support to women and children in recovery from Domestic abuse and support redevelopment of the service as a trauma responsive service), Violence against Women coordination (to support the development of the Violence against Women Partnership) and additional staffing to lead on the development and oversight of kinship care within the children and families service (developing the policy and support provided to kinship carers, including working with legal colleagues with a view to achieving permanence for more children within kinship placements). All posts will support our redesign priorities with a view to creating a sustainable and fully refreshed approach to this significant area of statutory responsibility. The recruitment process is underway and new posts have been through the job evaluation process where required, however any drawdown is likely to be minimal in this financial year due to recruitment timescales.*
Refer to Childrens Mental Health and Wellbeing above and recruitment of a fixed term 2 year Clinical psychologist. During Covid the numbers of children and young people with an eating disorder has increased and WD CAMHS has approx 38 high risk cases that require regular psychological interventions.	*(220)*	23	*(197)*	34	23	11	*During Covid the numbers of children and young people with an eating disorder has increased and West Dunbartonshire CAMHS has numerous high risk cases that require regular psychological interventions. The use of reserves will support recruitment of additional nursing, admin and clinical staff to support the HSCP strategic plan of seeing all children and young persons with mental health and/or neurodev difficulties for treatment within 18 weeks. Additional nursing staff will increase the skill mix and allow more assessments to be completed each week while additional clinical staff (clinical psychologist and clinical support worker) will increase clinical capacity to allow interventions to commence for those children with a higher clinical risk. All posts have now been filled with the exception of the clinical psychologist as recruitment of this post has proved challenging and remains unfilled despite being advertised 4 times, officers are considering alternatives supports available. At this time it is anticipated that only £0.023m will be drawn down in 2021/22 due to recruitment difficulties.*

West Dunbartonshire Health & Social Care Partnership
Analysis of Reserves 2021/22

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	£000	**£000**	**£000**	**£000**	**£000**	**£000**	
To recruit fixed term Physio, Admin Support and Social Work Assistant to support clinical staff in addressing backlog of care resulting from pandemic restrictions alongside the need to respond to the perceived expected increased demand as a direct result of COVID-19 within Mental Health Services. As part of Post Covid recovery we require to work through the backlog of Self- Directed Support social care reviews including adopting our new person centred assessment paper work to assist people to live independently.	*(161)*	0	*(161)*	91	0	91	*To recruit fixed term Physio, Admin Support and Social Work Assistant to support clinical staff in addressing backlog of care resulting from pandemic restrictions alongside the need to respond to the perceived expected increased demand as a direct result of COVID-19 within Mental Health Services. As part of Post Covid recovery we require to work through the backlog of Self- Directed Support social care reviews including adopting our new person centred assessment paper work to assist people to live independently. The Medical Secretary, Business Admin Manager and Social Work Assistant posts are being progressed through recruitment process, however the Physio Technician post has been put on hold and proposal is being reconsidered by the Service. Any drawdown in 2021/22 is anticipated to be minimal at this time due to recruitment timescales.*
Unachievement of Savings	(485)	29	(456)		29	(29)	The response to COVID-19 has put a number of savings that were built into 2020/21 budgets approved in March at risk of not being achieved and has resulted in the creation of this reserve to provide services additional time to mobilise plans agreed. The action plan around Self Directed Support including the agreement of robust eligibility criteria will impact on the success of savings delivery.
Recruitment Campaign for Internal Foster Carers	(30)	0	(30)	7	0	7	It is proposed that we seek to recruit an additional 10 foster carers across the three year period over and above standard recruitment processes, where we see around 4/5 carers going through our recruitment process per year. Due to staff vacancies and sickness it is unlikely that the service will be unable to focus on any meaningful recruitment campaign for the forseeable future resulting in minimal (if any) drawdown from this reserve in 2021/22.
Champions Board Top Up Funding	(18)	0	(18)	18	0	18	The Champions Board is due to end its funding in October 2021. With finances that are available there is an identified shortfall of £0.018m to pay for staffing and formal back up provision. This reserve was created to allow support to be maintained in place until April 2022 and will allow this crucial service to develop their work, moving out of Covid restrictions, enabling them to reach out to our looked after community after this pandemic. It has been agreed that a full evaluation report will be completed by the end of 2021, with a view to seeking a position on the future arrangements of the Champions Board.
Promise Keeper Fixed Term Recruitment	(71)	0	(71)	10	0	10	The Promise Scotland is responsible for driving the work of change demanded by the findings of the Independent Care Review. The Promise Plan 2021/24 is the next step towards keeping the promise made to children and families. It seeks to ensure that the fundamentals are set and that there is significant and sustained action over 5 priority areas: a good childhood, whole family support, supporting the workforce, planning and building capacity. It is the intention to recruit to a dedicated 'Promise Keeper' post to ensure West Dunbartonshire HSCP and partners can deliver on this significant policy commitment and the recruitment process is underway.

West Dunbartonshire Health & Social Care Partnership
Analysis of Reserves 2021/22

Appendix 7

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	£000	**£000**	**£000**	**£000**	**£000**	**£000**	
Public Protection Officers	(244)	0	(244)	122	0	122	Public Protection duties are a core function of the HSCP across social work and health. These relate to the assessment and management of risk and harm to children and adults in need of support and protection as well as the management of offenders subject to multi-agency public protection arrangements (MAPPA). Recent review of adult and child protection services has identified a vital need to upscale audit and quality assurance activity across services and professions, alongside the development of core training to ensure the partnership can demonstrate its delivery of pubic protection duties. The posts would also provide importance capacity to develop service improvements and support single and multi-agency training across services with responsibility for public protection.
Participatory Budgeting	(300)	0	(300)	50	0	50	Community Empowerment Participatory Budgeting. The HSCP has undertaken pre-engagement activity in order to establish the community impact of Covid-19, this will be further explored further as part of the new Strategic Plan 2022-2025.
Digital Transformation	(282)	0	(282)	66	0	66	Digital transformation has become a key priority across health and social care services, this presents significant opportunities in terms of transforming service not only in respect of the challenges arising from Covid-19 but also in relation to current service models focusing on health improvement and early intervention linked to health care. The Care First system is reaching the end of its natural life and work is required not only to scope and project manage this work but also to identify capital budgets to replace the system over the next 3 years.
Training and Development	(327)	0	(327)	83	0	83	Leading on continuing professional development is one of the most important roles for a Health and Social Care Partnership. It enables health and social care professionals to acquire new knowledge and skills as well as maintain and improve their standards across all areas of their practice. For the HSCP to be effective, it is important that continue to develop as integrated services and that the whole system continues to learn and develop. This proposal seeks to assist health and social care staff (and includes the recruitment of a Learning and Development Officer) to meet the CPD requirements of a variety of professional bodies to ensure evidence of professional development as well as the ability to meet the requirements of professional regulatory bodies, including practice teaching, child protection post-qualifying award and Mental Health Officer (MHO) Awards, ensuring learning and development is rooted in evidence and excellent practice. The Covid pandemic; political; social and economic factors have changed the way social care is being delivered. This means the HSCP must re-design their workforce structures and support systems, this bid seeks to stimulate activity to address the learning and development needs of the whole health and social care workforce.
Change and Transformation	(144)	0	(144)	18	0	18	This is part of a wider reserves proposal to embed a change and transformation team within the HSCP. While further information is required a key element of the bid relates to a change and transformation fund to complement the work being undertaken by the Service Improvement Leads.

West Dunbartonshire Health & Social Care Partnership
Analysis of Reserves 2021/22

Appendix 7

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	£000	**£000**	**£000**	**£000**	**£000**	**£000**	
Covid-19	**(5,025)**	**4,970**	**(55)**	**5,025**	**4,970**	**55**	
COVID-19 Pressures	(4,970)	4,970	(0)	4,970	4,970	0	The Scottish Government not only fully funded actual Covid-19 expenditure in 2020/21 but also provided funding in advance to alleviate ongoing cost pressures as the HSCP continues to move through the ongoing pandemic and into recovery. At this time spend on Covid-19 in 2021/22 is forecast to be £7.786m (includes spend related to the £500 thankyou payment which is fully funded via a specific grant from the Scottish Government) to be funded from the application of the Covid-19 Pressure reserve and anticipated further funding.
NHS Board Adult Social Care	(55)	0	(55)	55	0	55	
Health Care	**(2,729)**	**(453)**	**(2,932)**	**513**	**(453)**	**966**	
DWP Conditions Management	(164)	6	(158)	0	6	(6)	Former Board Wide Condition Management Programme, funded by DWP - hosted in West Dun HSCP. Small recurring costs to fund storage costs and an admin post. There is a possibility that this reserve could be utilised for another purpose.
Physio Waiting Times Initiative	(703)	(204)	(907)	200	(204)	404	There is a 3 year planned approach for spend of the earmarked reserves. The MSK service will utilise the reserves wholly towards enhancing the quality of service provision and clinical care. The MSK service are required to protect £0.100m of the reserves due to possible cost of Electronic Patient Records (EPR).
Retinal Screening Waiting List Grading Initiative	(125)	(40)	(165)	63	(40)	103	There is currently backlog of patients due to service being suspended and current reduced clinic capacity (social distancing 2m) and locations. The reserves will be used to fund a double clinics per month at two location. This will be reviewed after 4 months to see if more clinics are required.
Prescribing Reserve	(1,284)	0	(1,284)	31	0	31	This reserve was newly created in 2018/19 in preparation of the UK's exit from the European Union and while the UK has now left the European Union (EU) and the transition period has passed there is an ongoing risk of anticipated increases in drug costs arising from potential future supply issues and pricing impacts arising from the COVID-19 as well as the risk that to Greater Glasgow and Clyde boardwide prescribing efficiency programmes will be is unable to fully achieve anticipated savings that were built into budgets pre COVID19. This increased reserve represents 6.61% of the 20/21 approved prescribing budget. While the majority of the reserve is being held to address prescribing risk West Dunbartonshire carers currently complete a significant number of visits for solely medication prompts per week with each visit costing 25% of the carer completing the visit's hourly rate. Additional fixed term pharmacy technician resource for 2 years (at a cost of £0.088m) would enable an additional follow up review for suitable clients approximately 4-6 weeks following discharge. It is anticipated that this will free up carer and GP time and ensure patients are reviewed by the most appropriate member of the health care team and will promote the realistic medication in the community and continue to work toward reducing the number of preventative readmissions to hospital.

West Dunbartonshire Health & Social Care Partnership
Analysis of Reserves 2021/22

Appendix 7

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	£000	**£000**	**£000**	**£000**	**£000**	**£000**	
CAMHS	(134)	88	(46)	86	88	(2)	Access to Tier 3 CAMHS is a National priority. The service continues to face significant increased demand alongside critical staffing challenges which in turns impacts on waiting time performance and this reserve was created to provide additional support to the team to enable them to see more children and young people with mental health issues and improve our performance against the 18 week referral-to-treatment target. All posts have been filled with £0.088m anticipated to be drawn down in 2021/22 to fund associated staffing costs.
Health Centre	(250)	0		63	0	63	The revenue costs anticipated Health Centre due for completion in 2021 are £0.250m more than currently budgeted as reported to the HSCP Board throughout 2019/20. This burden will be built into future budgets, however an earmarked reserve is being created to allow time to generate options for funding this budget gap.
Planning and Health Improvement	(70)	70	0	70	70	0	Reserve created to fund Prevention and Early Intervention work, included Peer Research, Tests of Change, Smoke Free Playgrounds, publiciity and printing costs and Third Sector Activity Programmes. At this time no issues are anticipated with the reserve forecast to be fully drawn down in 2021/22.
Recovery and Renewal Fund for Childrens Mental Health	0	(373)	(373)		(373)	373	Recovery and renewal funding of £0.497m was allocated to the HSCP in period 6 - it is unlikely that this will be fully spent in 2021/22 due to the remaining timescales within this financial year.
Social Care	**(1,004)**	**0**	**(1,004)**	**38**	**0**	**38**	
Learning Disability	(113)	0	(113)	0	0	0	Creation of learning disability reserve from funding received from East Renfrewshire Reserves in relation to resources claimed for one very high cost LD package for a male now being supported within the community.
Care Homes	(891)	0	(891)	38	0	38	Newly created reserve to deal with the unknown legacy impact of covid on the care home sector.
Total Earmarked Reserves	**(17,440)**	**6,741**	**(10,450)**	**8,968**	**6,741**	**2,227**	
Total Reserves	**(21,807)**	**5,793**	**(15,765)**				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 2021

Month End Date	**30 September 2021**
Period	**6**

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%	883	(230)	-21%
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. There is likely to be an underspend at this time due to the ongoing impact of Covid-19.

Mitigating Action

Officers will continue to monitor the postion

Anticipated Outcome

Provision of adaptations and equipment to HSCP clients as anticipated.

West Dunbartonshire Health & Social Care Partnership **Appendix 8**
Financial Year 2021/22 Period 6 covering 1 April 2021 to 30 September 2021

Month End Date	**30 September 2021**
Period	**6**

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	27,531	27,053	98%	27,531	0	0%
Current Year Financials	476	18	4%	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. Officers in HSCP and Asset Management are progressing the disposal strategy for Mount Pleasant, Frank Downie and Queen Mary Day Centre. Clydebank Care Home is due to be financially complete by the end of financial year 2021/22.

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.

Item 6
Appendix 9

Direction from Health and Social Care Partnership Board.
The Chief Officer will issue the following direction email directly after Integration Joint Board approval.

From: Chief Office HSCP
To: Chief Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 22 November 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	HSCPB000015JS22112021	
2	Date direction issued by Integration Joint Board	22 November 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 HSCPB000013JS20092021	
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 £103.039m in line with the Strategic Plan and the budget outlined within this report	
8	Specification of those impacted by the change	2021/22 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health	
9	Budget allocated by Integration Joint Board to carry out direction	The total 2021/22 budget aligned to the HSCP Board is £206.639m. Allocated as follows: West Dunbartonshire Council - £72.749m NHS Greater Glasgow and Clyde - £103.039m 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 21 February 2022	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

22 November 2021

Subject: Winter Planning for Health and Social Care and Pandemic Funding

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with an update on the recently announced Scottish Government funding for Winter Planning for Health and Social Care and Pandemic funding for 2021/22 and beyond.

2. Recommendations

2.1 The HSCP Board is recommended to:

- **Note** the funding made available by Scottish Government for the ongoing costs of the pandemic and Winter Planning for Health and Social Care;
- **Note** the priorities to be addressed and outcomes to be achieved in return for this investment;
- **Agree** to passing on the element of funding, aligned to the Adult Social Care Pay Uplift, to providers to enable them to increase pay for staff delivering direct care in adult social care to a minimum of £10.02 per hour. This is on the proviso that the funding is sufficient to cover all the costs;
- **Agree** that best endeavour is made to provide this uplift for December or as soon as possible thereafter given the requirement to communicate directly with every adult social care provider and have them formally commit to paying a minimum of £10.02 per hour to direct care staff;
- **Note** that a significant element of the funding will be made available on a recurrent basis into 2022/23 and is likely to cover priorities already committed to and therefore must be considered as part of the budget setting process to support projected budget gaps across health and social care; and
- **Note** that further reports will be submitted to the Board as all funding shares are confirmed and plans for delivering on specific priorities and outcomes are developed.

3. Background

3.1 Two new funding announcements totalling £300m and £482m were made by the Scottish Government on 5 October 2021 and 26 October 2021 respectively, to help protect health and social care services over the winter period and provide longer term improvement in service capacity, and meet costs of the pandemic and remobilising health services respectively.

4. Main Issues

£300m for Winter Planning for Health and Social Care

4.1 On 5 October the Scottish Government allocated investment of £300m (letter attached at Appendix 1) of recurring funding as a direct response to current and anticipated systems pressures now and across the winter months. The planning work is predicated on four key principles:

- **Maximising capacity** – through investment in new staffing, resources, facilities and services;
- **Ensuring staff wellbeing** – ensuring that staff continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support;
- **Ensuring system flow** – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible; and
- **Improving outcomes** – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

4.2 The funding is to support health and social care system pressures and it is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response.

4.3 The distribution mechanisms have yet to be fully finalised as elements of funding will come to Integration Authorities via health boards and councils. A further letter was received on 4 November (attached at Appendix 2) setting out some confirmed allocations and notification that quarterly returns will be required to demonstrate outcomes against key performance indicators. The known allocation of the new investment are detailed in Table 1 below together with specific details relating to West Dunbartonshire HSCP where available.

Table 1 – Detail of the £300m Funding Announcement for Winter Planning for Health and Social Care

Funding	Scotland (£m)	WDC (£m)	Recurring Funding	Distribution Information
Multi-Disciplinary Working	20.0	0.336	Yes	1.68% (*Adult Social Care GAE*)
Recruiting 1,000 additional NHS staff	15.0	0.269	Yes	8.14% (*of GGC total on an NRAC Basis)*
Providing Interim Care	40.0	0.673	Partially	1.68% (*Adult Social Care GAE*)

Expanding Care at Home Capacity	62.0	1.043	Yes	1.68% (*Adult Social Care GAE*)
Social Care Pay Uplift (£10.02/hr)	48.0	TBC	Yes	TBC
Primary Care	28.0	TBC	TBC	Bidding Process
Covid-19 Financial Support for Social Care Providers	TBC	TBC	TBC	TBC
Nationally Coordinated Recruitment in Specialist Areas of Need	TBC	TBC	TBC	TBC
International Recruitment (*to attract at least 200 registered nurses from outwith Scotland by March 2022*)	4.5	TBC	TBC	TBC
Professional Regulators' Emergency Covid-19 Registers	TBC	TBC	TBC	TBC
Healthcare Students	TBC	TBC	TBC	TBC
Wellbeing	4.0	0.072	TBC	8.14% (*of GGC total on an NRAC Basis*)
Total	**221.5**	**2.393**		

Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff

4.4 This recurring funding package of £20m is to support Multi-Disciplinary working to support discharge from hospital and to ensure that people can be cared for as close to home as possible while reducing avoidable admissions to hospital. Multi-Disciplinary teams should support:

- Social work and care assessments;
- Hospital to home; and
- Rapid response in the community

4.5 In addition the recurring funding package of £15m supports the recruitment of 1,000 new health care support workers (HCSWs) with specific focus on AfC bands 3 and 4, to provide capacity in both the community and in a hospital setting and band 2 roles in Acute settings. The key point to note is the application of this funding must **increase** capacity within the community and for NHSGCC this equates to 222 additional staff (see Annex A of Appendix 1).

4.6 West Dunbartonshire HSCP have been allocated an 8.14% NRAC share of the NHSGGC total of 222 which equates to 18 new HCSWs. The recruitment process has already commenced and if successful the new recruits will be deployed as follows:

- Focussed Intervention Team - 2 Rehab Support Workers/ Occupational Therapist Assistants;
- Hospital Discharge Team - 4 HCSWs Band 4;
- Care at Home - 4 HCSWs Band 4 to support hospital discharge
- Community Older People Team - 4 HCSWs Band 4; and
- District Nursing - 4 HCSWs Band 3 to support End of Life and Out of Hours**.**

Providing Interim Care

4.7 Funding of £40m for 2021/22 and £20m for 2022/23 will enable patients who are currently in hospital to move into care homes and other community settings on an interim basis (likely to be up to 6 weeks) to allow them to complete their recovery in an appropriate setting. Working with the Multi-disciplinary teams an offer of interim care should only be made with the HSCP is unable to provide the patient with an appropriate care at home package or a placement in their first choice care home. It is essential that a clear interim care plan is in place (with an agreed end date) prior to the placement commencing.

4.8 The Chief Officer has tasked appropriate senior officers to develop a plan on how best to invest this element of funding to deliver on the key priority that interim care should have a clear focus on rehabilitation, recovery and recuperation.

Expanding Care at Home Capacity

4.9 Recurring funding of £62m for 2021/22 is to build capacity in community based care at home services and is designed to fulfil unmet need and the current increase in demand and complex needs while helping to reduce pressures on unpaid carers. There are three strands to this funding stream as detailed below:

- Expansion of existing services
- Prevention of the escalation of care needs
- Technology enabled care (TEC)

4.10 The HSCP Board have invested in the care at home service over the last few years to support anticipated demographic demand pressures, however members also approved some targeted efficiency saving in the 2021/22 budget setting exercise predicated on a service redesign programme. While the service redesign has commenced progress has been impacted by the ongoing response to the pandemic. However the service has continued to provide support hospital discharge despite Covid-19 related absences and recruitment challenges.

4.11 The application of this new recurring funding must take into consideration the requirement to deliver on approved efficiencies aligned to service redesign and recognise the projected pressures in overtime, agency and externally commissioned packages of care.

Social Care Pay Uplift

4.12 A maximum of £48m has been allocated to enable employers to increase the hourly rate of Adult Social Care staff engaged in direct care from 1 December 2021 from a minimum of £9.50 per hour to a minimum of £10.02 per hour which equates to a 5.47% increase. This funding only applies to Adult Social Care staff employed by external providers and does not apply to HSCP Social Care staff employed through the council.

4.13 This funding is recurring (albeit the level of funding for 2022/23 is unknown at this time) and will be baselined into Local Government settlement from 2022/2023. The funding for 21/22 will be paid as the redetermination of the General Revenue Grant in March 2022.

4.14 On the 29 October CoSLA Leaders considered, and agreed, a paper on the Scottish Government policy intent. To ensure the policy can be delivered at speed, to tackle winter pressures as intended, the Scottish Government proposal was that the uplift be implemented using the same approach that was developed for the Annual Adult Social Care Workforce Uplift. This approach sets out that a consistent % uplift should be applied to an agreed percentage of the full contract value, in line with typical workforce costs. Based on data collection analysis the percentage weightings have been assessed as:

- Residential care – 71%
- Non-residential – up to 86%
- Personal Assistants – 89%

4.15 This approach requires the HSCP to apply a 5.47% increase to the above percentages of the contract value in order for providers to apply the uplift in pay for the eligible workforce from 1 December 2021. It is estimated that the full year cost of applying this uplift to HSCP externally commissioned services (including external care home) is in the region of £1.4m to £1.5m depending on the percentage of the contract value applied to non- residential services.

4.16 While the Scottish Government is aware that due to the implementation method some providers may find that the uplift will either be in excess of their funding requirements, or will be insufficient to meet all costs, the view is that this still remains the most balanced and practical delivery route.

4.17 A requirement of funding is that that all monies are spent on uplifting workforce pay, and providers must formally commit that care workers delivering direct care would have their hourly rate lifted to at least £10.02 with any additional funds remaining being spent on improving pay for the directly employed workforce working within services.

Covid-19 Financial Support for Social Care Providers

4.18 As detailed in the Financial Performance Update report, also submitted to this HSCP Board, the Scottish Government has committed to continue to fund

additional Covid-19 costs related to mobilisation and adhering to public health measures

Primary Care

4.19 Funding of £28m (letter of 22 October attached at Appendix 3) will support a range of measures including accelerated multi-disciplinary team (MDT) recruitment to aid General Practice and targeted funding to tackle the backlog in routine dental care. The Scottish Government has allocated an element of the £28m to support further recruitment of MDT staff as part of implementation of the GP contract which will subsequently provide further support to general practice over the winter period. Further detail on the investment of the remainder of the £28 million is still to follow.

4.20 This funding is by application only and is heavily caveated and will only be made available to HSCP's who are able to demonstrate that:

- They are likely to be able to spend their recurring PCIF allocation for 2021/22 including any amounts that are still to be drawn down. For West Dunbartonshire this equates to:
    - 2021/22 allocation of £2.803m (including baselined GP pharmacy funding); and
    - Earmarked reserve - £1.414m
- They are reasonable confident that this additional funding will be spent on MDT staff in financial year 2021/22

4.21 Representatives from West Dunbartonshire's Primary Care Improvement Plan Steering Group met with Scottish Government officials on 4 November to discuss progress on the delivery of the Memorandum of Understanding (MoU) priorities. It was recognised that West Dunbartonshire have made significant progress against a number of priorities, however the lack of confirmation on full funding to deliver all elements of the MoU and national recruitment and retention challenges remains a key risk to the end point.

4.22 The Steering Group are considering submission of a funding bid, however any bid requires to be realistic around the funding caveats highlighted at 4.20 above.

£482m for Pandemic Costs

4.23 On 26 October 2021 the Scottish Government allocated a further £482m to NHS Boards and Integration Authorities to meet costs of the pandemic and remobilising health services. The funding packages includes £121m funding for Test and Protect and a further £136m to support the progress of the vaccination programme with the remainder of the funding to cover costs including additional staffing to support hospital scale-up, equipment, maintenance and IT. While the vast majority of this funding announcement is directed towards NHS Boards there has been a small allocation of £0.126m made to the HSCP to cover some

PPE costs as contained within Local Mobilisation Plan (LMP) returns. The costs associated with our LMP are set out within the regular Financial Performance Update Reports to the HSCP Board.

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 funding allocations as detailed in Table 1 above there are no other financial implications known at this time. Further reports will be submitted to the Board as all funding shares are confirmed, and plans for delivering on specific priorities and outcomes are developed, with any financial implications included within the normal financial performance monitoring reports.

7.2 Recurring funding allocations (where known) will be included in the budget setting report due to be submitted to the HSCP Board in March 2022.

8. Risk Analysis

8.1 The main financial risk associated with the new funding relates to:

- The scale and pace of action required and the risk that existing challenges surrounding staff recruitment and retention will be exacerbated on a national basis and may result in the requirement to earmark an element of this funding for use in 2022/23;
- The impact on local mobilisation plan projections related to additional care at home pressures; and
- The cost of applying the uplift for Social Care Pay Uplift being in excess of available 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 application of the Social Care Pay Uplift will require the issuing of a Direction as detailed as Appendix 4.

Julie Slavin – Chief Financial Officer
Date: 11 November 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 – Letter received 5 October 2021
Appendix 2 – Letter received 4 November 2021
Appendix 3 – Letter received 22 October 2021
Appendix 4 – Direction

Background Papers: None

Localities Affected: All

NHS Scotland Chief Operating Officer
John Burns

Director of Mental Wellbeing and Social Care
Donna Bell

E: john.burns@gov.scot
E: donna.bell@gov.scot

Scottish Government
Riaghaltas na h-Alba
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Item 8
Appendix 1

Local Authority Chief Executives
Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS
Chief Executives, NHS
Directors of Human Resources, NHS
Directors of Finance, NHS
Nurse Directors, NHS

By email

Dear colleagues,

Winter Planning for Health and Social Care

We are writing to confirm a range of measures and new investment being put into place nationally to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

This new investment of more than £300 million in recurring funding, as set out by the Cabinet Secretary for Health and Social Care in Parliament today (05 October 2021), is a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.

All of our winter planning preparations are predicated on four key principles:

1. *Maximising capacity* – through investment in new staffing, resources, facilities and services.

2. *Ensuring staff wellbeing* – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
3. *Ensuring system flow* – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. *Improving outcomes* – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

Collectively, these principles are designed to ensure the action we take now has a lasting and sustainable impact. We are not just planning to build resilience in our health and social care systems to see us through this winter; we are also building on the approach to recovery and renewal set out in the NHS Recovery Plan and through our continued efforts to improve social care support.

It is understood that collectively we continue to face significant demand across services and that current pressures are likely to further intensify over the winter period. We are grateful to you and your colleagues across the NHS, social work and social care who are working tirelessly to help us navigate through the on-going pandemic and to manage current demands.

You will already be aware that the NHS in Scotland will remain on an emergency footing until 31 March 2022. In connection with this, we are actively examining how we manage the volume of work connected with staff governance, staff experience and some on-going programmes of work over the winter period. This may include temporarily slowing or suspending some programmes – but this does not mean that the Scottish Government is no longer committed to completing those programmes. We are particularly mindful of the pressure on employer and staff time and wish to engage with you on how we manage work programmes that are not directly related to relieving winter service pressures, to enable us to support the objectives of maximising capacity and supporting staff wellbeing and, at the same time, progressing other Ministerial priorities.

The suite of new measures, and the actions now required of health boards, and in partnership with integration authorities and Local Authorities, is supported by significant new recurring investment. Further specific information on allocations to be made to individual areas will be provided to NHS Directors of Finance and IJB Chief Finance Officers in the coming days. Further discussions on Local Authority distribution mechanisms will take place urgently.

It is critical that we continue to work together to make progress at pace and we would like to offer our sincere thanks in advance for your collective efforts in implementing the suite of measures set out immediately below.

Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff

We are providing recurring funding to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes up to £15 million for recruitment of support staff and £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and recurring.

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers;
- Enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work;
- Ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs;
- Rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community; and,
- Scaling up Hospital at Home to prevent or avoid admissions.

To further support this work, we are asking territorial health boards to recruit 1,000 new health care support workers, with a specific focus on Agenda for Change bands 3 and 4, immediately, to provide additional capacity across a variety of services both in the community and in hospital settings. Boards are also able to recruit to new band 2 roles in acute settings and to support progression of existing staff into promoted posts. These roles will support hospital services as well as support social care teams to enable discharge from hospital. Boards are asked to recruit staff to assist with the national programme of significantly reducing the number of delayed discharges.

It is essential that all of this increases capacity within local community systems and we are mindful that recruitment may inadvertently move staff from other sectors including Care at Home services and care homes. Decisions – including the decision to recruit new staff to MDTs – should be made in active consultation with H&SCP Oversight Groups, which have been stood up to manage community demand and the deployment of resources.

Boards should note that there will be a national recruitment campaign for social work and social care which will link in with activity being undertaken by Local Authorities.

Full details of the expected volume of staffing that each territorial board is expected to recruit, is set out at Annex A. It is expected that recruitment activity should be commenced immediately.

The Scottish Government has already provided £1 million of funding in-year across NHS Scotland to build capacity within recruitment teams and national health boards have offered to provide mutual-aid to territorial boards to manage new volume recruitment. Health boards have the flexibility to use recruitment agencies to assist with any aspect of the recruitment process.

NES has offered support with training and upskilling including residential fast-track induction in partnership with GJNH. This can take the form of developing 'Once for Scotland' induction and statutory and mandatory training at pace to allow mutual aid between boards on statutory and mandatory training and potential centrally coordinated Hub and Spoke training provision where boards would find this helpful.

Providing interim care

£40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control. Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

The offer of an interim placement should be made when the HSCP are unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins.

Expanding Care at Home capacity

£62 million for 2021/22, has been allocated for building capacity in care at home community-based services. This recurring funding should help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

Therefore, this funding should be spent on:

i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; Enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.

ii. **Funding a range of approaches to preventing care needs from escalating,** such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.

iii. **Technology-Enabled Care (TEC),** equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.

Social Care Pay Uplift

Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS/ Community based health services.

COVID-19 Financial Support for Social Care Providers

The Scottish Government will continue to fund additional COVID-19 costs relating to remobilisation and adhering to public health measures, and the Social Care Staff Support Fund, until 31 March 2022. From 1 November 2021, the non-delivery of care and under-occupancy elements of financial support will only be available in exceptional circumstances where services are impacted for a sustained period due to COVID-19 outbreaks or following COVID-19 related Public Health guidance.

Nationally Coordinated Recruitment in Specialist Areas of Need

We know there are specific workforce shortages where Boards individually have struggled to achieve the numbers of workforce that they need. The Scottish Government is already providing marketing support for a nationally coordinated recruitment campaign for six Health Boards to deliver more midwives, predicated on a model developed for the nationally coordinated recruitment earlier this year of public health consultants, which was very successful.

In addition to this, we will make available national marketing support for Band 5 recruitment across the Health Boards. In particular, we will take forward a marketing campaign for Band 5 nurses working in community health and social care. We will request shortly from you the number of vacancies you aim to fill and will work with you to agree the next stages of this process.

We have also approved funding to extend the my jobs Scotland recruitment website until March 2022 to all third and independent sector organisations, which will mean that all social care vacancies can be advertised at no additional cost to providers on one platform. We will be running a national marketing campaign to attract more people to the sector, focusing on social media, working with schools and colleges and linking to the work we're doing with the SSSC and NES on career pathways and learning and development.

International Recruitment

We know international recruitment is a useful lever to alleviate pressures and as such are supporting Boards to increase the use of international recruitment through a number of measures. The Scottish Government has provided new recurring funding of £1 million to develop capacity within recruitment teams to support international recruitment. A readiness checklist for international recruitment has also been shared with boards to allow self-assessment and identification of priority areas for action.

The development of partnerships with a range of agencies such as Yeovil District Hospital Trust has been established to build a pipeline supply of international staff. A Memorandum of Understanding is available for use by Boards to engage the services of Yeovil District Hospital Trust. We now require that Boards nationally work towards the recruitment of at least 200 registered nurses from overseas by March 2022.

To support this, in year funding of £4.5 million has been identified to offset direct recruitment costs and can be used to support prospective candidates, including the provision of temporary accommodation for incoming recruits, and other reasonable out-of-pocket expenses.

We are also establishing OSCE training provision and training support in Scotland which will offer a comprehensive training programme either directly to Boards or as facility to train local trainers to prepare candidates to sit their OSCE exam to gain NMC registration. This will expedite the process of gaining NMC registration and significantly reduce the burden of training and preparing a candidate to Boards.

In addition, we are establishing the NHS Scotland Centre for Workforce Supply based in NES to identify further labour markets, build relationships with a range of recruitment agencies, promote the use in Scotland of Government to Government agreements for international recruitment and support Boards and candidates where appropriate with on-boarding.

We will make contact with Board HR teams in the coming weeks to receive an update on the use of the funding provided and the plan to accelerate readiness to commence international recruitment.

Professional Regulators' Emergency Covid-19 Registers

The Scottish Government's chief health professions officers, including the Deputy Chief Medical Officer, Deputy Chief Nursing Officer, Chief Allied Health Professions Officer and Chief Pharmaceutical Officer wrote on 27 September to remaining registrants on the professional regulators' emergency Covid-19 registers. This communication encourages registrants to apply for vacancies on the NHS Scotland Jobs website and, where relevant, to consider returning to service via Board staff banks.

This communication has been issued in anticipation of further challenges in the upcoming winter months, to encourage experienced professionals to return and support services in their area of expertise.

We hope that this approach of directing emergency registrants to live vacancies will attract suitable candidates to professional opportunities, based on your current and future staffing needs. Boards are asked to consider how retirees might be flexibly deployed. Many are unlikely to be able to return to full-time work, but can be deployed on a part-time basis, or via Board staff banks across areas of need.

Healthcare Students

The utilisation of the skills and experience of healthcare students has been an important step in addressing some of the workforce challenges. Whilst the Scottish Government does not believe it is appropriate to disrupt healthcare students' programmes through authorising full-time student deployment at this time, we do believe the deployment of healthcare students (apart from dental students) in appropriate part-time support roles will be beneficial to support boards' workforce capacity.

A national offer via an open letter has been made to healthcare students – including nursing, midwifery, AHP students and undergraduate medics – through their colleges and universities signposting them to the availability of 3 or 6 month Less Than Full Time Fixed Term Contracts (LTFTFTC), with their nearest health board.

A Director's Letter, reaffirming the policy arrangements set out in the Director's Letter 02/2021 will be issued and will provide further detail on the employment and deployment of students.

Wellbeing

Of significant importance is the wellbeing of our health and social care workforce, wherever they work, and this remains a key priority. We are working to ensure that the right level of support is offered across the system.

We are actively listening to colleagues to understand where the pressures are and what actions can be taken to mitigate the resulting impact on staff. Now, more than ever, it is critical that staff look after staff wellbeing and take the rest breaks and leave to which they are entitled, as well as being given time to access national and local wellbeing resources at work.

We are committed to ensuring we collectively provide the strategic leadership and oversight of staff wellbeing. An immediate priority is to address people's basic practical and emotional needs, and we are also developing further practical support measures and additional resources for Boards as you respond to winter pressures.

In support of that ongoing engagement, £4 million is being made available in this financial year to help staff with practical needs over the winter, such as access to hot drinks, food and other measures to aid access to rest and recuperation, as well as additional psychological support. £2 million of this funding will be made available immediately, with the remainder being allocated following the conclusion of ongoing discussions with staff-side representatives and employers to understand how the investment can best support staff welfare needs.

Finally, we appreciate the pressure our services are facing and once again reiterate our gratitude for the hard work and dedication of all our colleagues across the health and social care sector for all they do to support us through this challenging period.

Yours sincerely,

John Burns
Chief Operating Officer,
NHS Scotland

Donna Bell
Director of Mental Wellbeing
and Social Care

Annex A

Volume of Staffing – NRAC Share

Allocations by Territorial Board 2021-22		
	Target share	**NRAC Share**
NHS Ayrshire and Arran	7.38%	74
NHS Borders	2.13%	21
NHS Dumfries and Galloway	2.99%	30
NHS Fife	6.81%	68
NHS Forth Valley	5.45%	54
NHS Grampian	9.74%	97
NHS Greater Glasgow & Clyde	22.21%	222
NHS Highland	6.59%	66
NHS Lanarkshire	12.27%	123
NHS Lothian	14.97%	150
NHS Orkney	0.50%	5
NHS Shetland	0.49%	5
NHS Tayside	7.81%	78
NHS Western Isles	0.67%	7

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

Mental Wellbeing, Social Care and NCS Directorate
Donna Bell, Director

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Local Authority Chief Executives
HSCP Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS Territorial Boards
Chief Executives, NHS Territorial Boards
Directors of Finance, NHS Territorial Boards
Nurse Directors, NHS
HSCP Chief Finance Officers
Local Government Directors of Finance

via email

4th November, 2021

Colleagues

Further to John Burns' letter of 5 October, and following discussion at the Settlement and Distribution Group meeting on 18 October, this letter provides further detail on key components of the additional winter 2021-22 funding announced. Specifically it covers:

- £40 million for interim care arrangements,
- £62 million for enhancing care at home capacity,
- Up to £48 million for social care staff hourly rate of pay increases, and
- £20 million for enhancing Multi-Disciplinary Teams (MDTs).

Purpose of Funding

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s; and,
iii. expanding Care at Home capacity.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the **Schedule 1-3** attached to this letter. A template will be provided to enable this to be done consistently and as easily as possible.

Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

Distribution of Funding 2021-22

Annex A to this letter sets out the distribution of £40 million for interim care, £62 million for expansion of care at home capacity and £20 million to enhance multi-disciplinary teams to cover the period from 1 October 2021 to 31 March 2022. This additional funding will be distributed to local authorities on a GAE basis and will require to be passed in full to Integration Authorities. Distributions will be made as redeterminations of the General Revenue Grant in March 2022.

In addition, we plan to make up to £20 million available for providing interim care in 2022-23, while support for expansion of care at home capacity will be made available on a recurring basis to support permanent recruitment and longer term planning. Further detail will be set out as part the Scottish Budget for 2022-23 to be published on 9 December.

Funding for pay uplifts for staff will be discussed further with HSCP CFOs to agree the most appropriate distribution method, with the final distribution methodology and guidance to be covered in a separate note.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals. Advice provided in **Schedule 2** is intended to provide further detail on how that funding should be utilised.

Yours sincerely

Richard McCallum
Director of Health Finance and Governance

Donna Bell
Director of Mental Wellbeing, Social Care and NCS

Annex A – Winter 2021-22: System Pressures – additional funding

Local Authority	All Adult Social Work GAE %	Interim care (£)	Care at home capacity (£)	Multi-Disciplinary Teams (£)	Total (£)
Aberdeen City	3.77%	1,507,000	2,337,000	754,000	4,598,000
Aberdeenshire	4.24%	1,698,000	2,632,000	848,000	5,178,000
Angus	2.39%	954,000	1,479,000	477,000	2,910,000
Argyll & Bute	1.82%	728,000	1,129,000	364,000	2,221,000
Clackmannanshire	0.90%	359,000	556,000	179,000	1,094,000
Dumfries & Galloway	3.27%	1,306,000	2,025,000	653,000	3,984,000
Dundee City	2.88%	1,153,000	1,787,000	577,000	3,517,000
East Ayrshire	2.32%	929,000	1,439,000	464,000	2,832,000
East Dunbartonshire	2.04%	816,000	1,265,000	408,000	2,489,000
East Lothian	1.92%	767,000	1,188,000	383,000	2,338,000
East Renfrewshire	1.76%	703,000	1,089,000	351,000	2,143,000
City of Edinburgh	8.92%	3,567,000	5,530,000	1,784,000	10,881,000
Na h-Eileanan Siar	0.62%	248,000	384,000	124,000	756,000
Falkirk	2.84%	1,134,000	1,758,000	567,000	3,459,000
Fife	6.92%	2,768,000	4,291,000	1,384,000	8,443,000
Glasgow City	11.16%	4,464,000	6,919,000	2,232,000	13,615,000
Highland	4.40%	1,761,000	2,730,000	881,000	5,372,000
Inverclyde	1.68%	670,000	1,039,000	335,000	2,044,000
Midlothian	1.51%	603,000	934,000	302,000	1,839,000
Moray	1.83%	734,000	1,137,000	367,000	2,238,000
North Ayrshire	2.77%	1,109,000	1,719,000	555,000	3,383,000
North Lanarkshire	5.80%	2,321,000	3,597,000	1,160,000	7,078,000
Orkney Islands	0.44%	175,000	271,000	88,000	534,000
Perth & Kinross	3.18%	1,271,000	1,969,000	635,000	3,875,000
Renfrewshire	3.31%	1,323,000	2,051,000	662,000	4,036,000
Scottish Borders	2.35%	938,000	1,454,000	469,000	2,861,000
Shetland Islands	0.38%	151,000	234,000	76,000	461,000
South Ayrshire	2.51%	1,002,000	1,554,000	501,000	3,057,000
South Lanarkshire	5.91%	2,362,000	3,661,000	1,181,000	7,204,000
Stirling	1.66%	666,000	1,032,000	333,000	2,031,000
West Dunbartonshire	1.68%	673,000	1,043,000	336,000	2,052,000
West Lothian	2.85%	1,140,000	1,767,000	570,000	3,477,000
Totals	**100.00%**	**40,000,000**	**62,000,000**	**20,000,000**	**102,000,000**

Schedule 1

Interim Care

Overview: Delayed discharges are rising to unacceptable levels due to care, primarily care at home, being unavailable. Remaining unnecessarily in hospital after treatment is complete can lead to rapid deterioration in physical and mental well-being among older people, particularly people with dementia. In addition, the occupancy of acute hospital beds by those who no longer need clinical care means these beds will not be available to those who do need them.

Funding allocation: £40 million for 2021-22

Outcome: More appropriate care and support for people who are unnecessarily delayed in hospital. An interim solution should be provided until the optimum care and support is available (noting that remaining in hospital cannot be one of the options). Short-term capacity issues are affecting care at home services and long-term care home placements, (meaning an individual's choice of care home might not readily be available).
People should not remain inappropriately in hospital after treatment is complete. This is detrimental to their own health and well-being as well as unnecessarily occupying a hospital bed. Partnerships must come up with alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met. These should include alternative care and support at home (alternative to formal care at home services), including extended use of self-directed support options or short-term interim placements in a care home. Either scenario should provide a reabling element with a professionally led rehabilitation programme.

In achieving this outcome:

- There will be no financial liability for the cost of care to the individual, with interim care services provided free of charge to the service recipient.
- Each individual should have a care plan that takes account of the interim arrangements, with expected timescales for moving on.
- Interim care should have a clear focus on rehabilitation, recovery and recuperation.
- Where appropriate, each individual should have a professionally led rehabilitation plan. Professional input will be required from Allied Health Professionals so that care home staff are able to follow a programme of rehabilitation aimed at improving physical and cognitive abilities, particularly focussed on activities for daily living (ADLs).
- Individuals should not be forced to move to an interim placement and must consent to a move. Where individuals do not have capacity to give consent but have someone who can do that for them such as Powers of Attorney or court-appointed guardians the consent of that person should be sought.
- Existing guidance on choice of accommodation should be followed for those assessed as needing a care home placement.
  https://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf
- Under this guidance, individuals are expected to make three choices of care homes, which must be suitable, available and willing to accept the person. Under normal circumstances, they must also be at the usual weekly rate, but partnerships may choose to pay a supplement for a short period.
- No one should be moved from hospital to a care home on an interim basis against their explicit wishes. Where someone lacks capacity to consent, the views of those with lawful authority to make decisions on their behalf should be consulted.

- Choosing to remain in hospital is not an option.
- Leaving hospital and not going home can be a very emotive issue and should be carefully and sensitively managed in discussion with families. Staff should be supported to carry out these discussions.
- Ideally, interim beds will be in dedicated sections of care homes and block booked for this purpose, although it is acknowledged that some partnerships will need to spot purchase individual beds where available.
- Interim placements should be accessible, flexible and responsive to the needs of families to visit and remain in close contact with their relative.
- Multi-Disciplinary Teams should conduct regular reviews of each individual in interim care to ensure that individuals are able to be discharged home or to their care home of choice as quickly as possible
- If a patient is assessed as requiring a permanent placement in a care home after the initial 6 week period, then the normal financial assessment should be undertaken and the Local Authority and/or individual will become liable for payment of care home fees in the usual manner, with the initial 6 week period wholly disregarded from the usual procedures set out in CCD 1/2021 - Revised guidance on charging for residential accommodation (scot.nhs.uk)
- If the interim care home placement goes beyond 6 weeks and the person is ready to go home but cannot safely be discharged home due to a lack of a care package, then the Integration Authority will remain liable for all care home fees.

Key Performance Indicators:

- Number of people delayed in their discharge from hospital.
- Hospital bed days associated with delays and overall length of stay in hospital.
- Number of people who have been discharged to an interim care home.
- Number of people who have moved on from the interim placement by the agreed date for the placement to end.
- Average length of interim care placements.

Schedule 2

Multi-Disciplinary Working

Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues.

Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services.

Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multi-disciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services.

Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.

Funding allocation: £20 million for MDTs, and £15m for Band 3&4 recruitment for 2021-22

Outcome: Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.

In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people's long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

Key Performance Indicators:

- Significant reductions in delayed discharge and occupied bed days
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.

Schedule 3

Expanding Care at Home Capacity

Overview: The current pressures on social care support are caused in part by increased need and acuity. It is important that this funding also supports services and interventions to prevent this trend from continuing, supporting people to maintain or even reduce their current levels of need. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.

Funding allocation: £62 million for 2021-22

Outcome: To decrease the number of people who are waiting for a care at home service, ensuring people have the correct level and types of provision to meet their need in a safe and person centred way.

In achieving this outcome:

- Existing services should be expanded by measures including, recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; enabling unpaid carers to have breaks.
- Resource should be put into a range of preventative and proactive approaches as rehabilitation, re-enablement and community based support.
- Increasing the use of community equipment and Technology-Enabled Care (TEC) where appropriate supporting prevention and early intervention.

Key Performance Indicators:
Reductions in:

- Those waiting for an assessment for care.
- Those waiting for a care at home service.
- Unmet hours of care
- Evidence of the types of services and activity funded, and the number of people supported by these.
- % increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.
- Evidence of resource to support the use of technology and digital resources.

Primary Care Directorate
General Practice Policy Division

E: Naureen.Ahmad@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Integration Authority Chief Officers
NHS Board Chief Executives
Integration Authority
Chief Finance Officers
NHS Board Director of Finance

22 October 2021

Dear Colleagues,

WINTER SUPPORT FUNDING

You will be aware of the Scottish Government's announcement of a £300 million investment in hospital and community care to help support the NHS and social care system over the winter period. https://www.gov.scot/news/over-gbp-300-million-new-winter-investment-for-health-and-care/

£28 million of this additional funding will underpin a range of measures including accelerated multi-disciplinary team (MDT) recruitment to aid General Practice and targeted funding to tackle the backlog in routine dental care. Of this £28 million the Scottish Government is making funding available to support further recruitment of MDT staff as part of implementation of the GP contract. This will in turn help provide further support to general practice over the winter period. Further detail on the investment of the remainder of the £28 million will follow in due course.

This funding will be made available to HSCPs who:

- Are on track to spend their recurring PCIF allocation for 2021/22 (including any amounts still to be drawn down)
- Can demonstrate reasonable confidence that this additional funding will be spent on MDT staff in financial year 2021/22

Applications should clearly demonstrate that the HSCP can satisfy these two points and set out the numbers and type of additional staff that they expect to employ and by when. Applicants will be expected to provide regular reporting on numbers of staff recruited and should not seek to "run down" their PCIF reserves to access this funding.

Applications should also demonstrate how this funding will help accelerate achievement of full delivery of the three key Memorandum of Understanding 2 work streams namely pharmacotherapy, vaccinations and CTAC.

While priority will be given to applications for further MDT recruitment in these three key work streams applications for funding will also be accepted to recruit to the wider GP contract MDT staff who are not part of the three key work streams (e.g. MSK Physio) or where HSCPs have been adversely affected by NRAC changes to their funding profile.

Applications for funding should be made to the Scottish Government by 12 November 2021. The Scottish Government will consider all applications and if successful a payment is expected to be made with December allocations.

We expect that this funding will be recurring and would remind you of the commitment made in the Memorandum of Understanding 2:

All MoU parties are committed to developing an integrated PCIF proposition for financial years 2022-25 by Autumn 2021 for evaluation and approval by Scottish Ministers utilising Value for Money principles and a methodology that assumes at least £155m of funding per annum uprated in line with inflation, which will include increases in staff pay as set by the Scottish Government.

All HSCPs can therefore expect that PCIF funding will continue into the next financial year and beyond with at least £155 million being available. Further details of the profiled spend for 2022-25 will follow.

Yours sincerely,

Naureen Ahmad

Deputy Director of General Practice Policy
Primary Care Directorate, Scottish Government

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

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

From: Chief Office HSCP
To: Chief Executive WDC
CC: HSCP Chief Finance Officer, HSCPB Chair and Vice-Chair
Subject: Winter Planning for Health and Social Care and Pandemic Funding (22 November 2021)
Attachment: *attach relevant HSCPB 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	HSCPB000017JS22112021	
2	Date direction issued by Integration Joint Board	22 November 2021	
3	Report Author	Name of report author – Julie Slavin (Chief Financial Officer)	
4	Direction to:	West Dunbartonshire Council	
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No	
6	Functions covered by direction	West Dunbartonshire HSCP Externally Commissioning Adult Social Care	
7	Full text and detail of direction	*The HSCPB is directing the Council to commence engagement with the Adult Social Care sector with regard to the policy intention of paying a minimum of £10.02 per hour to uplift the pay of staff engaged in direct care.*	
8	Specification of those impacted by the change	The change will impact positively on the staff engaged in direct care within externally commissioned services	
9	Budget allocated by Integration Joint Board to carry out direction	The financial resources allocated to the HSCP have yet to be confirmed. It is anticipated that the distribution of funding will equal actual costs incurred.	
10	Desired outcomes detail of what the direction is intended to achieve	Scottish Government policy intent supported by CoSLA.	
11	Strategic Milestones	*Implementation to pay uplift as soon as possible taking engagement timescales into account.*	*31 January 2022*

12	Overall Delivery timescales	31 March 2022
13	Performance monitoring arrangements	This will be monitored as part of the normal financial performance report.
14	Date direction will be reviewed	*21 February 2022*

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

22 November 2021

Subject: Audit Scotland: Covid-19 – Tracking the impact of Covid-19 on Scotland's public finances: A Further Update

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with an overview of the Audit Scotland report on Covid-19 – Tracking the impact of Covid-19 on Scotland's public finances : A further update

2. Recommendations

2.1 The HSCP Board is asked to:

- **note** the content of the report; and
- **note** that the challenges identified within the report have been considered by officers and are incorporated within recovery and financial plans

3. Background

3.1 Since the start of the pandemic services have continued to operate as far as is appropriate or allowed, albeit in a modified format as the impact of Covid-19 continues to be managed in line with any Scottish Government restrictions and guidance.

3.2 It is clear that there have been significant financial implications for Scotland's public finances and these implications have been explored in a series of reports from Audit Scotland:

- August 2020: Covid-19- Implications for public finances in Scotland;
- February 2021: Covid-19 - Tracking the implications of Covid-19 on Scotland's public finances; and
- September 2021: Covid-19 - Tracking the impact of Covid-19 on Scotland's public finances : A further update

3.3 The September 2021 report is split into 3 main sections and highlight a number of key messages ranging from the unprecedented level of funding allocated to mitigate the harms of the pandemic, the source of this funding, the balance required to ensure transparency in a challenging, fast moving and unpredictable environment and the challenge that lies ahead regarding difficult budget decisions.

4. Main Issues

Covid-19 Spending and Funding in 2020/21

4.1 The Scottish Government allocated gross funding of £9.5 billion for Covid-19 spending in 2020/21 with actual spend estimated to be £8.8 billion, most of which was funded by £8.6 billion of Barnett consequentials from the UK Government and a reallocation of £1.14 billion from other budget areas.

4.2 The allocated funding supported a wide variety of public bodies, individuals, business and third sector organisations, with the support for the health and social care sector totalling £2.9 billion (31% of the total allocated figure of £9.5 billion).

4.3 While the Scottish Government decides how it spends Barnett consequentials overall there were broad similarities between the UK and the Scottish Government with regard to spending on Covid-19 during 2020/21.

Covid-19 Spending and Funding in 2021/22 to date

4.4 The Scottish budget was passed in March 2021 and included £3.3 billion of funding allocated to Covid-19 spending which focuses mainly on health and social care and local government with the support for health and social care totalling £1.1 billion (33% of the total allocated figure of £3.3 billion). Unlike 2020/21 the Covid-19 funding allocated by the Scottish Government has been fully funded at source by Barnett consequentials.

4.5 The pace of funding announcements has eased for the 2021/22 financial year to date with circa 70 announcements made to the end of July 2021 compared to an estimate of over with over 90 announcements for the same period in 2020/21.

4.6 Since the March budget it was anticipated that two significant strands of further funding have been announced being £300 million for Winter Planning for Health and Social Care and £482 million for pandemic costs. Full details of how this funding will impact West Dunbartonshire HSCP are unclear at this time with work ongoing to confirm distribution mechanisms.

The Challenges facing the Scottish Government's financial response

4.7 It is clear that there are a number of challenges that the Scottish Government will face as it continues to move through the response to the pandemic with many extending into the medium and long term. Three key challenges are detailed below and mirror those faced by West Dunbartonshire Health and Social Care Partnership (HSCP).

- In a fast moving environment it is essential that decision making is fully transparent;

- Efficient and effective financial management will become more challenging and difficult decisions lie ahead; and
- In times of significant uncertainty and volatility planning for the medium and long term is difficult but is necessary.

4.8 The challenges highlighted above have been fully considered by officers and will be incorporated within recovery and financial plans as far as possible given that data on anticipated additional demand has not yet fully revealed itself.

4.9 The HSCP will make use of any new data published by the Scottish Government around their themes of the "four harms of Covid-19": Direct Health Impacts; Indirect Health Impacts; Societal Impacts and Economic Impacts.

5. Options Appraisal

5.1 None required

6. People Implications

6.1 None identified at this time

7. Financial and Procurement Implications

7.1 Other than the financial highlights noted above, there are no specific financial implications covered in the Audit Scotland report at this time. Detailed financial implications as they relate to West Dunbartonshire HSCP will be covered within the normal financial performance update and budget setting reports.

8. Risk Analysis

8.1 The main financial risks to the level of ongoing Covid-19 funding, and the medium term outlook for the Scottish public finances, relate to the reaction of the UK Government to the degree of uncertainty within the UK economy and the pressures of moving through the phases of renewal and recovery from the pandemic.

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None required.

11. Consultation

11.1 None required.

12. Strategic Assessment

12.1 While 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 it is evident that financial practice at a local level is greatly determined by financial practice at a national level.

13. Directions

13.1 None required.

Julie Slavin – Chief Financial Officer
Date: 01 November 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 – Audit Scotland Report: Covid-19 – Tracking the impact of Covid-19 on Scotland's public finances: A further update

Background Papers: Covid-19: Implications for Public Finances in Scotland
https://www.audit-scotland.gov.uk/uploads/docs/report/2020/briefing_200820_covid.pdf

Tracking the impact of Covid-19 on Scotland's Public Finances – Audit Scotland Report February 2021
https://www.audit-scotland.gov.uk/uploads/docs/report/2021/briefing_210224_covid.pdf

2020/21 Audited Annual Report and Accounts

Localities Affected: All

Covid-19

Tracking the impact of Covid-19 on Scotland's public finances

A further update

AUDIT SCOTLAND

Prepared by Audit Scotland
September 2021

Contents

The impact of Covid-19 on Scotland's public finances

1. The pandemic has had significant consequences for the people of Scotland, impacting on the way they live, the environment they live in and the services they receive.

2. The Scottish Government is reporting data against the 'four harms' of Covid-19, each of which will have an impact on Scottish public finances for years to come:

- Direct health impacts: Covid-19 causes direct and tragic harm to people's health.
- Indirect health impacts: Covid-19 is also having a wider impact on health and social services and how people are using those services. These changes will have an impact on people's health in both the short term and long term.
- Societal impacts: the restrictions put in place have slowed the spread of the virus but have caused broader societal harms that can be harder to understand and measure.
- Economic impacts: the provision of direct services and goods, taxes to fund public services like health and welfare, and opportunities for employment and income have all been impacted by Covid-19, and these impacts may continue for some time.

Key messages

1 The Scottish Government has been spending unprecedented sums to mitigate the harms of the pandemic.

- The Scottish Government allocated around £9.3 billion to support Covid-19 spending in 2020/21.
- The Scottish Government currently estimates its actual spend on Covid-19 in 2020/21 was at least £8.8 billion.
- The Scottish Government anticipates it will spend at least £4.9 billion more on Covid-19 in 2021/22, and to date has budgeted to spend £3.3 billion.
- Spending has been widespread across the economy and public services, with over 300 individual spending measures announced to date. The

largest amounts have been spent on direct financial support for business, health and social care and local government.

2 Spending has been funded by additional Barnett consequentials and by reallocating some existing budgets.

- The Scottish Government spent £8.6 billion of Barnett consequentials on its Covid-19 response in 2020/21, carrying £1.15 billion over to 2021/22.
- The UK Government guaranteed the level of Barnett consequential funding for 2020/21, but has not done so for 2021/22.
- £1.14 billion was reallocated from existing budgets in 2020/21.

3 Transparency is essential but challenging in a fast-moving and unpredictable environment.

- During 2020/21, Scottish Government directorates exercised judgement over the classification of Covid-19 spending within portfolios in real time.
- Centrally, the Scottish Government is now collating and analysing portfolios to identify the overall levels of Covid-19 spending.
- As Scotland moves into the recovery phase, it will likely become increasingly hard to define what is, and what isn't, Covid-19 spending.

4 Difficult budget decisions lie ahead.

- The financial response needed to address the four harms of the pandemic will develop over time.
- The recovery from the pandemic must be managed alongside other financial pressures which predate the pandemic.
- Planning for the medium term is difficult, but necessary, to manage the levels of uncertainty and volatility facing the Scottish budget.

Note: The figures used in this paper are unaudited, and we will comment further on actual spending in our Scottish Government Consolidated Accounts audit and future performance audit work on Covid-19 spending.

1. Covid-19 spending and funding in 2020/21

3. In our February 2021 paper, Covid-19: Tracking the implications of Covid-19 on Scotland's public finances, we reported on the spending and funding position up to the end of December 2020. The 2020/21 financial year is now complete, and more information is known about the first year of the Scottish Government's Covid-19 response, and the nature of spending interventions. This chapter sets out what the Scottish Government budgeted to spend in 2020/21, what information is currently available on actual spend during the year, and how this spending was funded.

Spending in 2020/21

The Scottish Government allocated a gross figure of £9.5 billion for Covid-19 spending in 2020/21

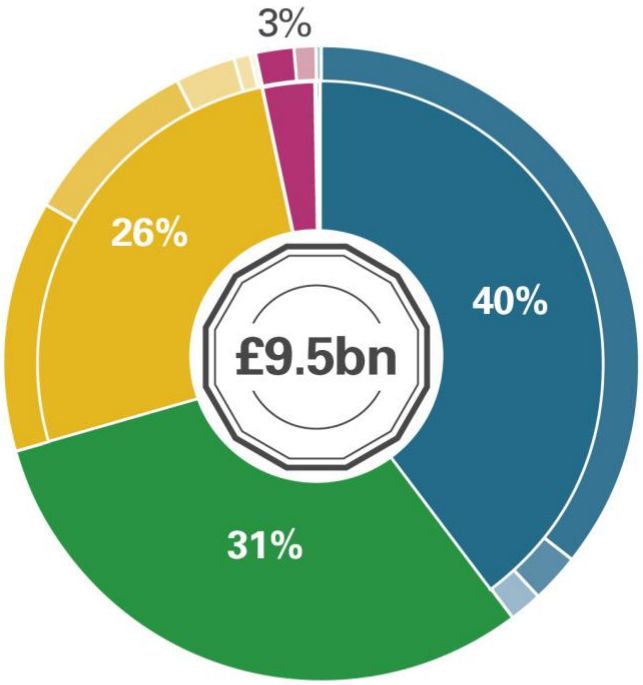
4. Our analysis shows a total of £9.5 billion was allocated for Covid-19 measures in 2020/21. Where the amounts initially allocated were underspent, the remaining balances were redeployed to support other spending through in-year budget revisions. This £9.5 billion figure includes both the original and the redeployed planned spending. Spending that was redeployed includes £183 million of underspends against the first tranche of business support (paragraph 13). The net allocation of Covid spending in-year was £9.3 billion.

5. This spending supported a wide variety of public bodies, individuals, businesses and third sector organisations during 2020/21. (Exhibit 1)

- The largest area of Covid-19 spending was on business support, which received nearly £3.8 billion. The largest funding measures were for Business Support Grants (£1.2 billion) and non-domestic rates relief (£972 million).
- The second largest area of spending was Health and Social Care, which received over £2.9 billion for Covid-19.
- Local Government was the third largest area of spend, receiving £1.2 billion. Spending within Local Government included £524 million in additional Covid-19 funding to support councils and compensate for lost income, and £155 million to cover funding pressures within Local Government. In addition, local authorities were also responsible for managing and distributing some business grants and other funds.

Exhibit 1
Covid-19 budgeted spending in 2020/21

Budget breakdown		£9,510.2m
Support for business	**40%**	**£3,789.9m**
Business		£3,391.8m
Tourism & Culture		£230.1m
Economic recovery		£168m
Health and social care	**31%**	**£2,939.3m**
Health and social care		£2,939.3m
Other public services	**26%**	**£2,487.5m**
Local Government		£1,198.2m
Transport		£874.3m
Education		£303.1m
Universities		£80.9m
Justice		£31m
Support for individuals	**3%**	**£282.7m**
Charity		£166.6m
Individual		£116.1m
Other government	**0%**	**£10.8m**
Other government		£10.8m



Source: Scottish Government Budget revisions; Audit Scotland analysis

The distribution of Covid-19 spending changed during the pandemic

6. The Scottish Government makes announcements of spending in real time, and in 2020/21 these were collated at three points in the year through the Budget Revision process.

7. In the early stages of the pandemic up to the Summer Budget Revision in July 2020, the largest area of support was for business support grants. At this stage, funding was primarily concentrated in portfolio areas such as Communities and Local Government, which included much of the business support spend.

8. During the summer and the autumn there was a drop in cases after the first lockdown and the partial re-opening of the economy. In the Autumn Budget Revision (published in September) the largest areas of support were for the health response to the pandemic, and additional support to bus and rail franchises.

9. Over the winter, case numbers surged again and Scotland went back into lockdown. By the time of the Spring Budget Revision in February, the most significant commitments included an additional £778 million for business support, £524 million in support for local government for Covid-19 pressures including lost income, as well as an additional £439 million in Covid-19 funding for health.

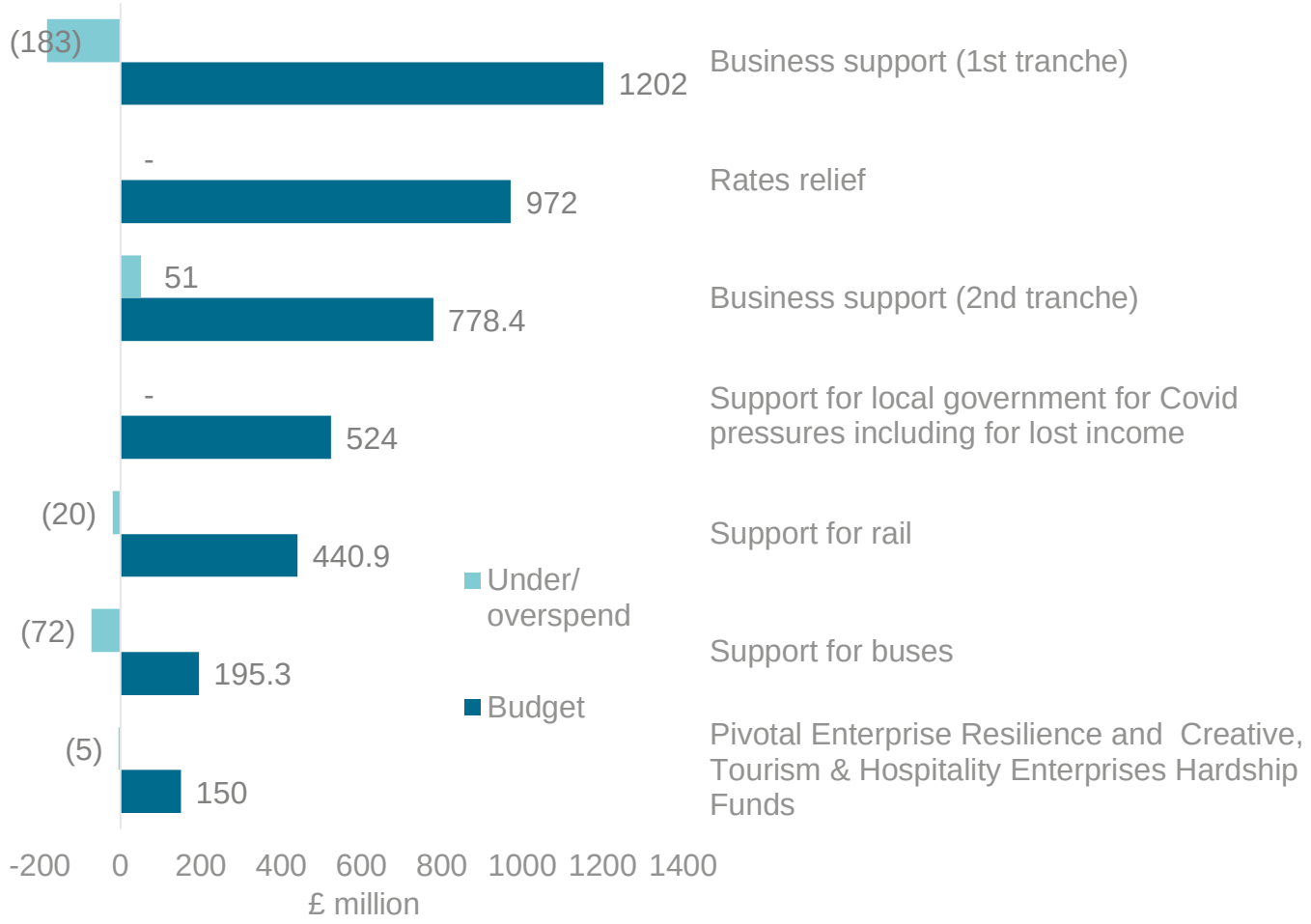
The Scottish Government currently estimates its actual spend on Covid-19 in 2020/21 was £8.8 billion

10. The Scottish Government has provided provisional figures indicating that the actual spend on Covid-19 in 2020/21 so far identified is £8.8 billion. These figures are currently unaudited.

11. The largest proportion of the actual spend was in the Communities and Local Government portfolio, with approximately £3.3 billion recorded. This includes support both to local government and the business support provided through local government in 2020/21. This is followed by the Health and Sport portfolio, with an actual spend of £2.76 billion, and the Economy, Fair Work and Culture portfolio, with an actual spend of £1.2 billion.

12. We have compared the spending lines in the available spending data with the figures included in the budget revisions and selected some of the larger examples for analysis. Our analysis shows that many of these larger funds were fully disbursed or had small underspends (Exhibit 2).

Exhibit 2
Comparing budget to actual spend for selected large Covid schemes



Source: Scottish Government, Audit Scotland

13. There are exceptions where there are larger underspends against budget. For example, support for buses reported a £72 million underspend (37 per cent). The Scottish Government has informed us that this was because the initial estimate of the cost of bus operator support was difficult. Some private operators recovered more quickly than anticipated, whilst others could not operate at agreed levels because of self-isolation. The £183 million underspend against the business support figures was redeployed into the Pivotal Enterprise Resilience Fund, the Creative, Tourism and Hospitality Enterprises Hardship Fund and other business support schemes during the year.

14. The Scottish Government is collating and analysing what has been attributed by directorates as Covid-19 spending. The Scottish Government has commented that the tracking of spend is more straightforward across health and social care and the larger support schemes; outside of these, judgements have been made about how Covid-19 disruption to spending on services has been recorded. As such, the Scottish Government considers this to be a minimum total for Covid spending at this stage.

Covid-19 funding in 2020/21

Most of the Scottish Government's spending in response to Covid-19 in 2020/21 was funded by Barnett consequentials from the UK Government

15. Given the volatility and uncertainty that the pandemic brought, from July 2020 the UK Government began to provide guarantees of total Barnett funding in advance of specific UK spending commitments being made. In total, the Scottish Government received an additional £9.7 billion in-year funding for 2020/21, of which £8.6 billion was guaranteed.

16. The Scottish Government applied £8.6 billion of Barnett consequentials to the 2020/21 Scottish budget. The Scottish and UK Governments agreed to apply the remaining £1.15 billion to its 2021/22 budget, due to the last tranche of additional funding being announced relatively late in the financial year (see section 2 below).

The Scottish Government has allocated Barnett consequentials broadly in line with the UK, with some aspects tailored towards Scottish Government priorities

17. The Scottish Government decides how it spends Barnett consequentials. There are no specific requirements for any block grant funding to be spent on initiatives similar to the UK spending decisions from which it derives. Nonetheless, the Scottish Government has committed to spend all Covid-19 consequentials on its pandemic response.

18. We carried out a high-level analysis of UK and Scottish Government spending on Covid-19 to understand where Covid-19 policy aligned and diverged during 2020/21. We compared UK Government spending (and the Barnett consequentials this generated) with our tracking of the Scottish Government's Covid-19 spending commitments.

19. Overall, our findings showed that spending on Covid-19 during 2020/21 was broadly similar between the UK and Scottish Governments. Some examples of similar individual measures of support include:

- **Business support** – for both Governments, the largest individual funding measure was on Covid-19 business support grants.
- **Transport** – the main area of spend within transport for both the UK and Scottish Governments comprised of support to rail operators. Other key areas of financial support within transport were to bus operators and support for active travel (for example, cycling).

20. In some areas, the Scottish Government chose to diverge policy from the UK Government, including:

- **Mental health** – the UK Government's Department of Health and Social Care allocated £25 million to mental health services in England, compared to allocations of over £27 million made by the Scottish Government.

- **Charities / Third sector** - the UK Government spent £453 million on specific support to the charity sector in 2020/21. In Scotland, the charity sector received £135 million in specific support during the same period, which constitutes a higher proportion than the rest of the UK, given the difference in population size between each country.

The Scottish Government also met the costs of Covid-19 spending by reallocating £1.14 billion from other areas of the budget

21. Alongside Barnett consequentials, the Scottish Government has also met the costs of Covid-19 spending by reallocating other elements of its budget. Over the course of 2020/21, the Scottish Government reallocated a total of £1.14 billion from other areas of its budget, though not all of this was to support the Covid-19 response. The majority of this funding (£745.4 million) was reallocated towards the end of the financial year, as part of the Spring Budget Revision.

22. Spending reallocations within and across portfolios have also become more prevalent in-year as a consequence of the pandemic. Most of the funds reallocated to Covid-19 spending in 2020/21 came from underspends in directorates emerging as a consequence of reductions in demand and the cancellation, postponement, or delay of individual programmes because of the pandemic.

23. Some of this reallocated funding was assigned to specific and related Covid-19 measures. For example, in the transport sector, passenger subsidies for bus, rail and ferry operators were repurposed to cover operators' revenue losses due to reduced services and passenger numbers in lockdown.

24. In general, there is no direct link between a given underspend and the new programmes the money was transferred to. The Scottish Government centrally collates under- and overspending reported through directorates before applying these to budget revisions. In these cases, reallocated funds are made available centrally to the overall response to Covid-19, rather than allocated to specific programmes or projects within portfolios.

2. Covid-19 spending and funding in 2021/22 to date

Covid-19 spending in 2021/22 to date

The 2021/22 Scottish budget included £3.3 billion of Covid-19 spending

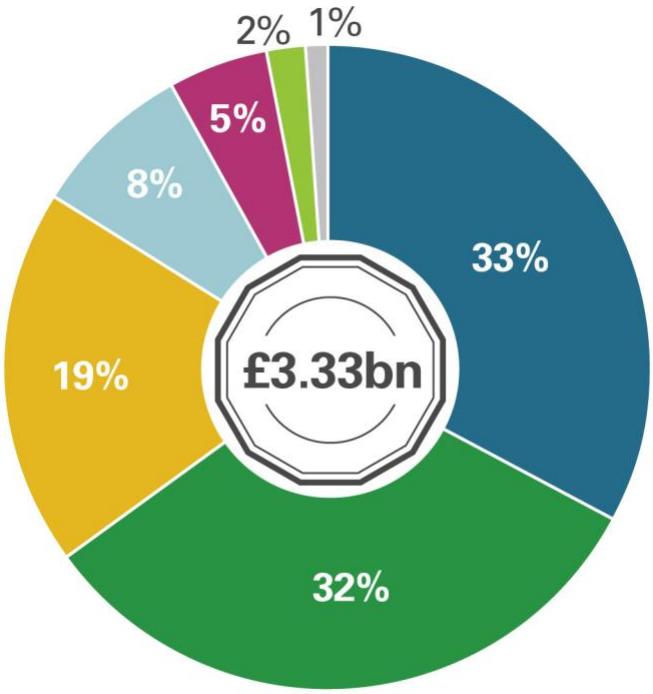
25. The Scottish budget was passed in March 2021, and the final budget included £3.3 billion of Covid spend. This figure increased during the budget stages as more funding information was made available from the UK Government (please see below).

Covid-19 spending in the 2021/22 budget focuses on the health and social care and local government portfolios

26. Nearly two-thirds of the £3.3 billion assigned to Covid-19 during 2021/22 is planned to be spent on the Health and Social Care and Social Justice, Housing and Local Government portfolios. £640 million will be spent in the Finance and Economy portfolio, much of which has been allocated to employability and business support schemes. The majority of the remaining amount that has been allocated to other portfolios is intended to address ongoing disruption from the pandemic, such as support for transport operators. (Exhibit 3)

Exhibit 3
Total Covid-19 spending in 2021/22 budget (£ million)

Total Covid-19 funding		£3,330m
33%	Health & social care	£1,080.0m
32%	Social justice, housing & local government	£1,064.6m
19%	Finance & economy	£640.1m
8%	Net zero, energy & transport	£277.2m
5%	Education & skills	£177.8m
2%	Justice	£75m
1%	Rural affairs & Islands	£22m



Source: Scottish Government, Audit Scotland analysis

The Scottish Government's Covid-19 spending response continues to develop

27. In our previous tracker papers, we reported that over 90 publicly available Covid-19 spending announcements had been made between March and the end of July 2020, and that the number of announcements was over 170 by the end of December 2020. We estimate that by the end of the 2020/21 financial year over 230 announcements had been made.

28. The pace of announcements has slowed for the 2021/22 financial year. We estimate that over 70 announcements that apply to the 2021/22 financial year were made up to the end of July 2021. This includes some of the spending that was included in the 2021/22 Scottish budget, and some further announcements that have been made since the budget was passed. Since March 2020, there have been over 300 separately announced spending measures for Covid-19.

29. The largest number of announcements made for 2021/22 relate to business spending (17 announcements) followed by support to individuals (16 announcements) up to the end of July 2021. The highest value of announcements was for health and social care, at over £2 billion.

30. We will continue to track spending announcements related to Covid-19 throughout the year. The Scottish Government will also give an updated position on Covid spending in 2021/22 as part of the Autumn Budget Revision later in September.

Covid-19 funding in 2021/22 to date

£4.7 billion of Covid-19 Barnett consequentials have so far been made available for 2021/22

31. For 2021/22, £4.7 billion of Covid-19 Barnett consequentials have been allocated: £3.7 billion in the budget as amended, and a further £1 billion from main estimate yet to be allocated. Of the £3.7 billion included in the budget, £3.3 billion was resource spending for Covid-19 (see Exhibit 3). A further £70 million of resource and £278 million of capital and financial transaction Covid-19 consequentials were used to support the overall budget.

32. The Scottish Government has been informed of a further £175 million to be allocated. However, these consequentials will not be confirmed until the UK Government's supplementary estimates are published early in 2022.

Tracking funding applied to the 2021/22 budget is complicated by the timings of Barnett consequentials arising from UK Government fiscal events

33. As mentioned above, the Scottish and UK Governments agreed to apply £1.15 billion of 2020/21 funding to the Scottish Government's 2021/22 budget, due to the last tranche of additional funding being announced relatively late in the financial year. The Scottish Government agreed with HM Treasury that it was not required to carry this funding forward through the Scotland Reserve, instead holding it within UK reserves and reallocating it to the Scottish Government in 2021/22. This type of carry forward has been done before but not on such a large scale. The agreement between the Scottish and UK Governments is outwith the fiscal framework.

34. As a result of this and the announcement of the UK budget in early March, there were substantial changes to funding available and budgeted spending during the stages of the Scottish budget itself (Exhibit 4). Further funding changes will be reflected through in-year budget revisions.

Exhibit 4

Changes in Barnett consequentials reflected in the 2021/22 Scottish budget, £ billion

Barnett consequentials applied to 2021/22 budget	Additional	Cumulative
UK Spending review 2020	1.3	
Assumed additional BCs in advance of UK budget	0.5	
Barnett consequentials applied to Stage 1 budget (January 2021)	**1.8**	**1.8**
2020/21 Barnett consequentials carried over to 2021/22	1.2	
UK budget	1.2	
LESS UK budget assumed at Stage 1	-0.5	
Barnett consequentials applied to Stage 3 (final) budget (March 2021)	**1.9**	**3.7**
UK main estimates 2021	1.0	
Barnett consequentials expected in the Autumn Budget Revision (September 2021)	**1.0**	**4.7**
UK supplementary estimates (based on UK funding announcements)	0.2	
Potential additional Barnett consequentials for 2021/22 known to date	**0.2**	**4.9**

Source: Audit Scotland. Some figures may not sum due to rounding

Large changes in the budget are likely to continue throughout 2021/22

35. Increasingly, the Scottish budget is subject to a high degree of change during the financial year. This volatility has been exacerbated during the pandemic with big changes required to spending plans.

36. We expect large in-year changes to continue in 2021/22, and the first indications of this will be set out in the Autumn Budget Revision later in September 2021.

37. The UK position is a source of uncertainty for the Scottish budget. Unlike the Barnett consequentials allocated in the 2020/21 budget year, the consequentials announced for 2021/22 are not guaranteed by the UK Government. As such, the total amount may rise or fall throughout the year, depending on in-year UK Government spending changes.

3. The challenges facing the Scottish Government's financial response

38. Looking ahead, there are some emerging challenges that the Scottish Government will face as it manages the public finances through the next stages of the pandemic. The response to the pandemic is continuing and it is likely that many of the challenges highlighted in this briefing will extend into the medium and long term.

Transparency is essential when decision making is happening in a fast-moving environment

39. In 2020/21, the pandemic developed rapidly and there were significant pressures on public services that had to be met by additional spending. The Scottish Government had to make decisions quickly and monitor the budget in a fast-moving and unpredictable environment.

40. The Scottish Government's budget includes episodic reviews through the budget revision process. This is an important way in which the budget is rebalanced (matching spending commitments and anticipated funding), and formally approved by Parliament at specific points during the year. The speed at which spending plans have changed in response to the pandemic means that the Scottish Government has had to develop its approach to managing the overall position.

41. The existing processes for monitoring the budget were not designed to separate out specific spending in areas across portfolios, such as costs attached to the Covid-19 response. There are a number of areas where Covid-19 spending is complex:

- **Actual Covid-19 spending in 2020/21:** in 2020/21, overall budget monitoring was focussed on the aggregate position of under- and overspends against the total budget funding available, rather than spending against specific Covid-19 measures. Covid-19 funding was allocated to business areas to spend on managing and curtailing the impact of the pandemic, and Scottish Government business areas applied judgement over what constituted Covid-19 spending.

- **Reallocations:** budget revisions are managed across Government, which means it is not always possible to establish the detail of reprioritisations within directorates. For 2020/21, the amount of reprioritisations is likely to be higher than that set out in the budget

revisions, because business areas manage the individual under- and over-spending against budget lines of a portfolio budget collectively. This means that the Scottish Government finance team does not have the detail of all reprioritisations of spending that were managed at portfolio level.

- **Spending announcements:** Our tracking of the Scottish Government's Covid-19 public spending announcements shows a total of £8.4 billion for 2020/21. These spending allocations are different to the spending as set out in the budget revisions, because the announcements are made in real time based on an initial assessment of requirements, while budget revisions happen at set points in the year when there is often updated information available.

42. The Scottish Government is currently in the process of collating actual spending data for 2020/21, as well as asking business areas to identify what is Covid-19 spending in their expenditure information for 2021/22.

43. As more spending and funding announcements are made, and as the Scottish Government moves into the post-vaccine recovery phase, tracking the budget will become more complex. As spending links more widely with economic development issues and other government goals, it will likely become increasingly hard to define what is, and what isn't, Covid-19 spending. This means that transparency over spending and budget management processes will remain vital.

Financial management will become more challenging, and difficult decisions lie ahead

44. The Scottish Government's financial response will need to adapt as the pandemic develops, in order to mitigate the four harms it has identified.

45. It is not possible to say at this stage how these harms may develop. We do not know what the direct health impact of the new Delta variant will be, or if any other variants will emerge. The economic impacts of the pandemic may begin to ease as a result of the economy re-opening over the summer, but the Job Retention Scheme (furlough) and Self-Employment Income Support Scheme are both scheduled to close in September. The employment impacts of this are currently unknown. In the longer term, we may increasingly see the financial consequences of the indirect health impacts and societal impacts of the pandemic, for example NHS treatment and courts backlogs.

46. These demands on public finances must be managed alongside existing financial sustainability pressures in areas such as the NHS.

47. With increasing pressures on public revenues and spending, and the Scottish budget subject to ever more volatility, uncertainty and complexity, it will be challenging to match spending to the available funding in the coming years. This will need to be done in a way that minimises the disruption to individuals, public bodies and services, ensures value for money is maintained and avoids unintended consequences.

Planning for the medium term in periods of significant uncertainty and volatility is difficult, but necessary

48. The Auditor General has previously identified the need for improvements to medium-term financial planning to aid Parliament's understanding of the financial risks and opportunities arising from the pandemic. He has also recently highlighted the importance of including better links between spending options and outcomes in any future medium-term financial strategies.

49. The Scottish Government published its latest medium-term financial strategy alongside the 2021/22 Scottish budget. This sets out its assessment of Scotland's economic and fiscal outlook, as well as a broad spending outlook considering the effects of changing funding levels for government spending. It will be important that the Scottish Government continues to update this to ensure that the wider context for the 2022/23 budget and beyond is understood.

Scottish Government responses also need to work alongside UK Government and local government measures

50. The medium-term outlook for the size of the Scottish budget will depend heavily on how the UK Government reacts to fiscal risks, uncertainty and the pressures of recovering from the pandemic during this financial year. The approach set out by the UK Government at its 2021 Spending Review, planned for Autumn 2021, will determine the levels of Scottish funding until 2024/25.

51. Having a clear picture of how initiatives at each level of government are working together to respond to and recover from the pandemic is needed to properly understand the effectiveness of Covid-19 measures and to support budgeting and financial planning. Effective communication and cooperation between governments will be central to this.

Audit Scotland has realigned its planned work programme in response to the pandemic

52. We paused our planned work programme at the start of the pandemic and revised our planned work and approach to public audit to take into account the new issues raised by Covid-19. We will continue to revisit our work programme and refine this as we understand more about how the post-pandemic world will develop, and as the longer-term impact of the pandemic becomes clearer.

Responding to the impact of the pandemic on people in Scotland

53. The unknown course of the pandemic, increasing pressures on public revenue and spending, the uncertain and complex fiscal environment and potentially competing policy priorities, present significant challenges for the Scottish Government. How well these are planned for and managed will directly impact on the delivery of public services and Scotland's people.

54. We will continue to monitor Covid-19 spending and how it relates to the 'four harms' identified by the Scottish Government to provide assurance around sound financial management, value for money and how spending is contributing to improving societal and economic outcomes for people. We will undertake this

through the range of our work, including financial audits of individual bodies and our programme of performance audits.

55. Audit Scotland's strategy for Following the pandemic pound is to take a 'whole-system' approach to auditing the allocation and distribution of Scottish Government funding. Our aim is to provide both the Scottish Government and the public with overall conclusions regarding the level of Covid-19 funding allocated to businesses, communities and public services. We will achieve this in several ways:

- Firstly, we will provide commentary and judgements on the actions taken by individual organisations in distributing Covid-19 funding at all levels.

- Secondly, given the dynamic and ever-evolving nature of the pandemic, we will also make use of shorter blogs and briefings alongside our audit reports in order to provide timely and more frequent insights into how public money is being deployed to address Covid-19.

- Thirdly, we will integrate Covid-19 reporting into our existing programme of audit work. In doing so, we will focus on issues relating to economic recovery and growth, policy priorities, inequalities, innovation and transformation, and governance and accountability. In addition, we will also undertake specific targeted work in response to parliamentary interest.

Covid-19

Tracking the impact of Covid-19 on Scotland's public finances: A further update

This report is available in PDF and RTF formats, along with a podcast summary at:
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AUDIT SCOTLAND

Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
T: 0131 625 1500 E: **info@audit-scotland.gov.uk**
www.audit-scotland.gov.uk

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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Officer

22 November 2021

Subject: Mental Health Recovery and Renewal: Specialist Children's Services – CAMHS Funding

1. Purpose

1.1 To update the Health and Social Care Partnership Board on proposals for the planned use of the first and second tranches of the new Scottish Government Mental Health Recovery and Renewal Fund 2021/22 and 2022/23 specifically in relation to Specialist Children's Services (SCS) CAMHS.

2. Recommendations

2.1 The HSCP Board is recommended to:

- **Note** the priorities and funding made available by the Scottish Government for Phase 1 and Phase 2 Mental Health Recovery & Renewal priorities for CAMHS;
- **Agree** to a centralised whole GGC approach to increasing the workforce, undertaken in the initial stages, the approach similar to that which is used for Action 15 monies in Adult Mental Health with budget delegated thereafter. Recruitment decisions will follow governance arrangements within each HSCP Board;
- **Approve** the proposed spending priorities identified for Phase 1 funding as outlined in Appendix 2a & b; and
- **Note** that funding proposals for Phase 2 funding will be the subject of a future report.

3. Main Issues

Phase 1 Funding

3.1 The Scottish Government wrote to Health Boards and HSCP's on the 5 May outlining their Mental Health Recovery & Renewal – 2021/22 Phase 1 funding for CAMHS of £6.1m (see Table 1 below) with the focus on 3 areas for improvement.

3.2 Funding has also now been confirmed to be on a recurring basis with the exception of the funding linked to the CAMHS waiting list initiative which is for 2 years.

Table 1: Scottish Government Funding – Phase 1

Element	Health Board Allocation
Full implementation of the CAMHS specification – Community CAMHS. *Focusing on meeting waiting times standards and gaps in the Service specification*	£3,286,109
Expansion of transition timescales for CAMHS from age 18 up to the age of 25yrs old for targeted groups and those who wish it. *Focusing on joint planning and transitions with adult services initially for Eating Disorders Trauma/Looked After Learning Disabilities and Neurodevelopmental patient cohorts.*	£1,876,899
Clearance of CAMHS waiting list backlog. *Supporting extension of the existing fixed term waiting list staffing in HSCP teams with substantive enhancement based on demand and capacity modelling and development of workforce plan.*	£938,449
Total Phase 1	**£6,101,457**

Phase 2 Funding

3.3 Scottish Government have subsequently written to Health Boards and HSCP's on the 14th September outlining Phase 2 funding allocations (**Appendix 1**) to deliver the following further elements as detailed on Table 2 below:

Table 2: Scottish Government Funding – Phase 2

Element	Health Board Allocation 2021/22	Health Board Allocation 2022/23
Establish capacity to provide access to specialist Neurodevelopmental professionals to support the implementation of the recently published National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care.	£679,703	£1,166,157
Creation of 3 regional CAMHS Intensive Psychiatric Care Units (IPCU) adjacent to the existing Adolescent inpatient facilities (IPCU) Intensive Home Treatment Teams.	£366,507	£733,013

Establishment of regional Child and Adolescent Mental Health Services (CAMHS) services for children and young people with learning disabilities, forensic needs and those who are in secure care and prison.	£155,488	£266,550
Establish capacity to provide Child and Adolescent Mental Health Services (CAMHS) Intensive Home Treatment Services planned regionally and integrated with regional adolescent inpatient pathways.	£444,250	£666,376
Establish Child and Adolescent Mental Health Services (CAMHS) Unscheduled Care provision planned regionally and integrated with regional adolescent inpatient pathways.	£259,886	£444,250
Establish capacity and provision of Child and Adolescent Mental Health Services (CAMHS) Liaison Services delivered by paediatric acute inpatient and outpatient services.	£388,719	£666,376
Establish a national data gathering and research facility in NHSGGC	£500,000	£1,000,000
Emergency funding for financial year 2021/2022 has also been identified to support management of the increase presentations for Eating Disorders across all age ranges.	£988,457	£988,457
Total Phase 2	**£3,783,010**	**£5,931,179**

Approach and Governance

3.4 A CAMHS Mental Health Recovery and Renewal Programme Board has been convened which will oversee the significant work plan associated with the utilisation of the funding. The programme Board is chaired by the Chief Officer with strategic responsibility for CAMHS, with representatives from all HSCP's; Board managed Tier 4 services, Partnership and HR and Finance.

3.5 The existing CAMHS Waiting List Initiative group chaired by the Head of Specialist Children's Services and the CAMHS Workforce planning group chaired by the CAMHS Clinical director will report in to the Programme Board. Other working groups will need to be formed to plan for each work stream and the development of proposals for Phase 2 funding. Detailed proposals for Phase 2 will be the subject of a future report to the HSCP Board.

Principles

3.6 The funding will require a large scale increase in staffing in order to deliver the improvements and expanded services. The following principles should apply to the funding;

- Usage of funding will be aligned to CAMHS services.
- Provision of direct clinical care and case holding posts will be maximised.
- Supervision per profession will be built into workforce plans
- Posts will be aligned to Tier 3 CAMHS teams within HSCPS and Tier 2 Board and regional services.

Finance - CAMHS Phase 1 funding: Board wide NHSGGC split per HSCP

3.7 The National Resource Allocation Committee or NRAC split will be used to allocate funding to the 6 HSCP's. There are a number of longstanding agreements in terms of the delivery of CAMHS that will then require further alignment of funding, specifically East Dunbartonshire's residents are served through the Glasgow City CAMHS teams and the East Renfrewshire CAMHS teams delivers to a number of South Glasgow residents. This has been reflected in the allocations detailed in Table 3 below.

Table 3: Phase 1 NRAC Funding Split across HSCPs

	NRAC %	CAMHS Spec	CAMHS Up to 25 years	CAMHS WLI	TOTAL CAMHS
NHSGGC Allocation	See Table 1				
NRAC Split by HSCP (adjusted for 3.2% of Glasgow postcodes serviced by East Renfrewshire					
Glasgow City	50.52%	£1,659,867	£948,052	£474,026	**£3,081,946**
East Dunbartonshire	8.35%	£274,304	£156,672	£78,336	**£509,312**
East Renfrewshire	10.36%	£340,581	£194,527	£97,263	**£632,372**
Inverclyde	7.34%	£241,250	£137,793	£68,896	**£447,939**
Renfrewshire	15.29%	£502,543	£287,034	£143,517	**£933,093**
West Dunbartonshire	8.14%	£267,563	£152,822	£76,411	**£496,795**
TOTAL		**£3,286,109**	**£1,876,899**	**£938,449**	**£6,101,457**

Work Force Planning Process for Phase 1

3.8 The workforce planning group is facilitating engagement with each HSCP, via Service Managers, to produce both an initial plan for utilising the funding and the development of a 3-5 years' sustainable workforce plan for CAMHS. CAMHS Professional leads, for Psychiatry, Psychology, Nursing, Psychotherapy, Family Therapy and AHP's have prepared SBARs for their specific professional groups proposing increases in staffing and potential, new ways of working aligned to achieving the outcomes specified. A centralised recruitment approach will be taken supported by the Professional Leads. The professional lead recommendations have been shared with each HSCP to support local decision making.

3.9 Each HSCP in consultation with their CAMHS teams have prepared an initial costed draft workforce plan aimed to address gaps, reduce backlog, and meet ongoing demand. (**Appendix 2a & b**) provides detail of the proposed spend. A range of posts will be created at Health Board level i.e. Medical, to deliver services and support the programme across and on behalf of HSCP's. Each HSCP has submitted their proposed workforce.

3.10 The draft workforce plan shows variation across each programme of work but within the overall financial framework available. A number of workforce proposals will deliver across a number of these work streams. There are also variations across the years to reflect expectations on the pattern of recruitment of staff, this moves into a balanced position in the final year. These variations across year will require to be managed within the overall financial envelope available to the HSCP for this programme of work.

3.11 It is anticipated that the following will be indicators of progress against achieving the requested outcomes:

Outcome 1: Full implementation of the CAMHS service specification.

This funding will be aligned to increasing case holding capacity in CAMHS teams and focused on expanding staffing to address any internal waits for specific MDT members i.e. OT/SLT and on meeting the standards of '*Offer a first appointment to all children and young people who meet the CAMHS Scotland referral criteria. This first appointment, unless in unscheduled or urgent care, should be as soon as possible and no later than 4 weeks'* and *'Provide interventions and treatments, where required and agreed with children, young people and families/carers, as soon as possible, and no later than 18 weeks from first referral, with the median experienced wait for treatment being no longer than 12 weeks'.*

Performance against this outcome will be measured against delivery of the waiting time standards. In addition, our workforce plans indicate that we should aim to increase our staffing to be at 20 wte per 100,000 population. Our current position is approx. 14 WTE. It is unlikely that sufficient staff will be available to recruit on the scale needed to meet demand in GG&C within this financial year. The workforce plan will aim to increase staffing based on qualification and recruitment windows for key professional groups such as Nursing and Psychology

Outcome 2: Expansion of CAMHS to support targeted groups of young people should they wish to remain in CAMHS up to age 25yrs and to improve transitions for young people.

This funding will be utilised to support posts who work across CAMHS and Adult services providing a bridge and improving the transition experience of Young people where there are particularly vulnerabilities i.e. LAC, Learning Disability, Eating Disorders and Neurodevelopmental disorders. Performance against this will be measured though the joint working and implementation of the transition care planning guidance in GG&C.

Outcome 3: Clearance of backlogs on waiting lists for CAMHS

Scottish Government has recognised in some Board areas that this may take up to two years, with funding provided for year 1 in 2021-22. This funding will be utilised to provide case holding capacity to see and treat children who have been waiting longest first. Performance will be measured through: Number of children on the waiting list: 18 week RTT, and the numbers of first treatment appointments delivered. Additional staff have already been recruited via the GG&C waiting list initiative.

Data

3.12 Performance information for the delivery of CAMHs services within West Dunbartonshire is provided weekly to the Head of Service and Chief Officer which is analysed and actively managed by the local CAMHs manager. The latest performance data is attached within Appendix 3 and demonstrates the significant improvement and that we are achieving 100% with respect to performance and the number of children on the waiting list seen with 18 weeks Referral to Treatment Target (RTT).

4. People Implications

4.1 The current CAMHs workforce will be expanded in terms of numbers and skill mix/MDT.

5. Financial and Procurement Implications

5.1 The proposals have been developed to fit within the allocation from SG. Given that proposals are linked to successful recruitment, the ability to spend allocations this year will be limited. Scottish Government has confirmed elements of the funding will be recurring which will support permanent recruitment to the roles required.

6. Risk Analysis

6.1 Inability to recruit sufficient staff in key case holding professions i.e. nursing and Psychology. To mitigate a wider range of professional groups are being recruited. Senior nursing roles are being created to secure and bring in nurses. Unqualified roles such as clinical support workers are being created. Social media is being used to sell the benefits of working for NHSGGC.

7. Equalities Impact Assessment (EIA)

7.1 None required.

8. Environmental Sustainability

8.1 None required.

9. Consultation

9.1 This paper has been prepared in consultation with Chief Officers, NHSGGC Corporate Management Team and senior management representation from the six GG&C HSCPs.

10. Strategic Assessment

10.1 This new funding will support the five strategic priorities of the HSCP Board:

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

10.2 Funding will be used to:

- Increase access to mental health services and to support pathways from universal services.
- Increase staffing capacity to see more children sooner specifically to reduce waiting list backlogs.
- Improve access to therapy and support timely interventions.

11. Directions

11.1 The directions to NHSGGC Health Board are attached within Appendix 4.

Beth Culshaw – Chief Officer
Date: 9 November 2021

Person to Contact: Val Tierney – Chief Nurse

E-mail: val.tierney@ggc.scot.nhs.uk

Appendices:
Appendix 1 – Mental Health Recovery & Renewal Fund – Phase 2 Child and Adolescent Mental Health Services Improvement
Appendix 2 – Draft Workforce Plan
Appendix 3 – Extract of Performance RTT Data
Appendix 4 – Directions to NHSGGC

Background Papers:

Localities Affected: All

Directors of Finance, NHS Boards
Chief Finance Officers, Integration Joint Boards

Copy to:
Chief Executives, NHS Boards
Chief Officers, Integration Joint Boards
Chairs, NHS Boards
Directors of Regional Planning
Chairs of Regional Planning Groups
COSLA

By Email

14 September 2021

Dear Colleague,

MENTAL HEALTH RECOVERY & RENEWAL FUND – PHASE 2
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IMPROVEMENT

I am writing to provide you with an overview of phase 2 allocations from the Scottish Government's Mental Health Recovery & Renewal Fund which will be provided to improve Child and Adolescent Mental Health Services (CAMHS). This will be followed up with specific allocation letters.

The previous Minister for Mental Health wrote to all NHS Boards, and partners, on 24 March 2021. This letter outlined the intention to make around £40 million available to take forward dedicated packages of CAMHS improvement work, based on gap analysis undertaken as part of the implementation of the National CAMHS Services Specification. I hope the following information is helpful in outlining these packages of work.

The Fund supports the delivery of actions set out in the Mental Health Transition and Recovery Plan to respond to the mental health need arising from the Covid-19 pandemic. It will also benefit the full agenda for mental health and wellbeing in line with the four areas of key need set out on page 9 of the Plan.

We appreciate colleagues' concerns around the issue of non-recurring funding as the £120 million Fund – allocated as a result of Barnett Covid-19 consequential funding – is for 2021-22 only. However, Ministers recognise that if we are to deliver real transformation, a significant amount of this investment will need to be made on a recurring basis. We hope that the commitments to increase direct mental health investment, contained in both the NHS Recovery Plan and this year's Programme for Government, will provide sufficient comfort that recurring funding will be available where it is required and would encourage you to plan on that basis, recognising the funding will need to be confirmed at the next Spending Review. We will continue to discuss with our stakeholders the extent of that requirement over the next few months.

Phase 1 Board Allocations 2021-22

Following on from the Minister's initial letter in March, in May 2021, you received a letter from Hugh McAloon, Mental Health Deputy Director, including details of allocations from the first phase of Recovery & Renewal funding of **£29.15 million** for CAMHS improvement as set out in the table below.

CAMHS Improvement	Allocation 2021-22 (£m)
CAMHS Service Specification	16.4
CAMHS up to age 25	8.5
CAMHS backlog	4.25
Total	**29.15**

Phase 2 Board Allocations 2021-22

As indicated in the initial March letter, I can now confirm that a further total part-year effect funding of **£10.83 million** for 2021-22 (£18.75 million full year-effect) is being allocated for other packages of CAMHS improvement work, as set out below. Allocations have been calculated using the National Resource Allocation Committee (NRAC) mechanism. For 2021-22, funding has been allocated on a part-year basis, taking into account that we are now in Q2 of the financial year. The table below provides a breakdown of this funding, providing the full-year equivalent.

CAMHS Improvement	2021-22 Part-year equivalent (£m)	Full-year equivalent (£m)	Allocated to
CAMHS Neurodevelopmental Standards and Specification	3.06	5.25	Territorial Boards (NRAC).
CAMHS Intensive Psychiatric Care Units (IPCU)	1.65	3.3	Territorial Boards (NRAC) but delivered regionally by NHS Greater Glasgow and Clyde, Tayside & Lothian (implementing recommendations in IPCU Review).
Intensive Home Treatment Teams	2.0	3.0	Territorial Boards (NRAC) but planned regionally and integrated with regional adolescent inpatient pathways.
Learning Disabilities, Forensic and Secure CAMHS	0.7	1.2	Territorial Boards (NRAC) but delivered regionally.
Out of Hours unscheduled care	1.17	2.0	Territorial Boards (NRAC) but planned regionally and integrated with

			regional adolescent inpatient pathways.
CAMHS Liaison Teams	1.75	3.0	Territorial Boards (NRAC) but delivered by paediatric acute inpatient and outpatient services.
Data gathering, research and evaluation	0.5	1.0	NHS Greater Glasgow and Clyde on behalf of National e-Health Director Group.
Total	**10.83**	**18.75**	

Separate allocation letters will issue for each package of funding. We recognise that there is a mixed picture in terms of delegation of children's services to Integration Joint Boards (IJB) and letters setting out with Board allocations will provide indicative IJB allocations.

It is for Regional Planning Groups, local Boards and IJBs to work together to ensure that the funding outlined above is used for the purposes intended and achieves best value.

Other CAMHS-related funding in 2021-22

Finally, I would like to make you aware that **up to £750,000** will be allocated to other bodies (e.g. Third Sector) in 2021-22 for a national programme to support partnership and collaboration with children, young people and families. This is a commitment in the National CAMHS Service Specification and this allocation will fund engagement teams to enable the design, delivery and evaluation of CAMHS to draw on lived experience at a local and regional level.

In order to support the implementation of the work packages outlined in the table above, a National Implementation Support resource will be established to assist Boards in their work to implement the National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care and the National CAMHS Service Specification. This will not be allocated to NHS Boards at this stage.

I hope that this letter has been helpful, and I would be grateful if you could pass this letter on to any relevant interests within your organisations.

If you have any questions, please contact Della Robb in the Scottish Government's Mental Health Division at della.robb@gov.scot.

Gavin Gray
Deputy Director, Mental Health & Social Care Directorate, Scottish Government

Mental Health Recovery & Renewal - CAMHS - Boardwide

Item 10 Appendix 2a

Project Bids	Funding	Who	WTE	Start Date	End Date	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
New Commitments									
CAMHS Specification									
Psychiatry - Consultant	Recurring	GGC Wide	1.00	01-Jan-22		33	134	138	142
Psychiatry - SAS grade	Recurring	GGC Wide	1.80	01-Jan-22		37	154	158	163
Pharmacy (Test of Change)	Recurring	GGC Wide	1.00	01-Jan-22		18	75	77	80
Development of digital therapy	Non Recurring	GGC Wide	1.00	01-Jan-22	31-Dec-22	20	63		
Programme management	Non Recurring	GGC Wide	3.00	01-Jan-22	31-Dec-23	63	258	199	
CAMHS Specification Total						**138**	**549**	**435**	**243**
CAMHS Up to 25									
Transition support posts (4 SCS + 4 Adult)	Recurring	GGC Wide	6.0	01-Jan-22		109	450	464	478
Band 7 - OT (LD Pathway)	Recurring	GGC Wide	0.5	01-Jan-22		8	33	34	35
Band 7 - SLT (LD Pathway)	Recurring	GGC Wide	0.5	01-Jan-22		8	33	34	35
Band 7 - Nurse (LD pathway)	Recurring	GGC Wide	0.5	01-Jan-22		8	33	34	35
Band 8A - Clinical Psychologist (LD pathway)	Recurring	GGC Wide	0.5	01-Jan-22		9	38	39	40
Trauma	Recurring	GGC Wide	0.5	01-Jan-22		13	54	56	58
CAMHS Up to 25 Total						**155**	**640**	**659**	**679**
CAMHS WLI									
No Boardwide proposals									
GRAND Total						**294**	**1,189**	**1,094**	**922**

CAMHS Specification		2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
East Dunbartonshire	8.35%	12	46	36	20
East Renfrewshire	10.36%	14	57	45	25
Glasgow City	50.51%	70	277	220	123
Inverclyde	7.34%	10	40	32	18
Renfrewshire	15.29%	21	84	66	37
West Dunbartonshire	8.14%	11	45	35	20
Total		**138**	**549**	**435**	**243**

CAMHS Up to 25		2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
East Dunbartonshire	8.35%	13	53	55	57
East Renfrewshire	10.36%	16	66	68	70
Glasgow City	50.51%	78	323	333	343
Inverclyde	7.34%	11	47	48	50
Renfrewshire	15.29%	24	98	101	104
West Dunbartonshire	8.14%	13	52	54	55
Total		**155**	**640**	**659**	**679**

GRAND TOTAL		2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
East Dunbartonshire	8.35%	25	99	91	77
East Renfrewshire	10.36%	30	123	113	96
Glasgow City	50.51%	148	601	553	466
Inverclyde	7.34%	22	87	80	68
Renfrewshire	15.29%	45	182	167	141
West Dunbartonshire	8.14%	24	97	89	75
Total		**294**	**1,189**	**1,094**	**922**

Assumptions

1. Inflation increase of 3% has been applied as a planning assumption at this stage to future years for pay, contractual etc
2. Costs are currently based on high level estimates. Full costings still to be done.
3. Assumes CAMHS Spec & Up to 25 funding becoming recurring
4. Assumes CAMHS WLI funding received for 2 years - 21/22 & 22/23

Mental Health Recovery & Renewal - CAMHS - West Dunbartonshire

APPENDIX 2b

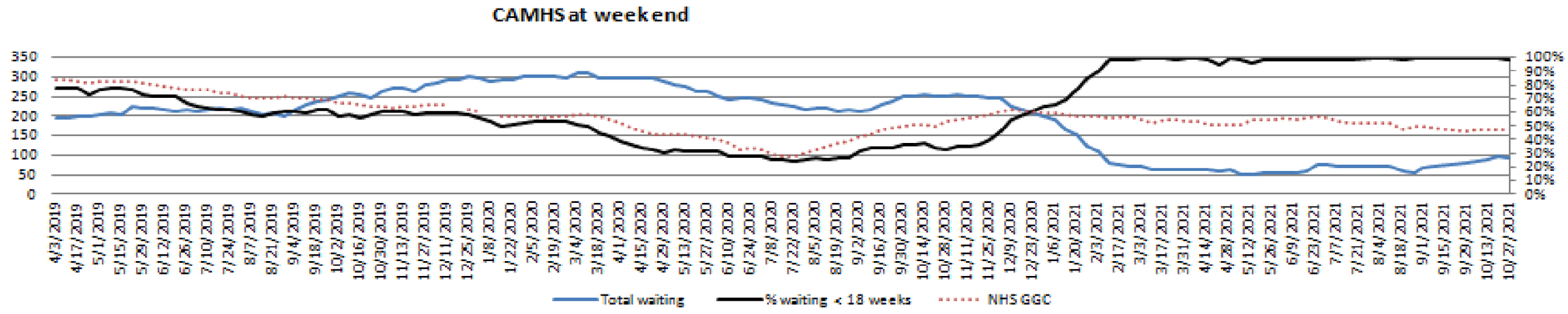
Project Bids	Band	Funding	Who	WTE	Start Date	End Date	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
New Commitments										
CAMHS Specification										
Contribution to NHSGG&C Wide services & developments		Recurring	GGC Wide		01-Jan-22		11	45	35	20
Nursing - Band 7	7	Recurring	Local	1.00	01-Jan-22		14	58	60	61
Nursing - Band 6	6	Recurring	Local	1.00	01-Jan-22		11	47	48	50
Nursing - Band 5	5	Recurring	Local	2.00	01-Jan-22		22	89	91	94
Family Therapist - Band 7	7	Recurring	Local	0.30	01-Jan-22		5	20	20	21
Principal Clinical Psychologist (8A)	8a	Recurring	Local	0.30	01-Jan-22		5	21	21	22
Assistant Psychologists (4)	4	Recurring	Local	1.00	01-Jan-22		8	35	36	37
Clinical Co-ordinator	8a	Recurring	Local	0.60	01-Jan-22		10	42	43	44
OT - Band 7	7	Recurring	Local	0.20	01-Jan-22		3	12	12	12
AHP - Band 6	6	Recurring	Local	0.20	01-Jan-22		2	9	10	10
Admin	3	Recurring	Local	0.20	01-Jan-22		2	6	6	7
Accommodation		Recurring	Local							
Non-Pay		Recurring	Local				7	7	7	7
Total Costs				**6.80**			**100**	**389**	**390**	**384**
Funding							**268**	**268**	**268**	**268**
Variance							**168**	**(121)**	**(122)**	**(117)**
CAMHS Up to 25										
Contribution to NHSGG&C Wide services & developments		Recurring	GGC Wide		01-Jan-22		13	52	54	55
Total Costs							**13**	**52**	**54**	**55**
Funding							**153**	**153**	**153**	**153**
Variance							**140**	**101**	**99**	**98**
Variance CAMHS Spec + Up to 25							**308**	**(21)**	**(23)**	**(19)**
CAMHS WLI										
Nursing/ Psychology (6)	6	Non-recurring	Local	1.00	01-Jan-22	31-Dec-22	13	41		
Total Costs				**1.00**			**13**	**41**	**0**	**0**
Funding							**76**	**76**		
Variance							**63**	**35**	**0**	**0**
GRAND Total Costs							**126**	**482**	**443**	**440**
GRAND Total Funding							**497**	**497**	**420**	**420**
GRAND Total Variance							**371**	**14**	**(23)**	**(19)**

Assumptions

1. Inflation increase of 3% has been applied as a planning assumption at this stage to future years for pay, contractual etc
2. Costs are currently based on high level estimates. Full costings still to be done.
3. Assumes CAMHS Spec & Up to 25 funding becoming recurring
4. Assumes CAMHS WLI funding received for 2 years - 21/22 & 22/23

West Dunbartonshire Weekly Referral to Treatment (RTT) Data	29th July - 4th August	5th - 11th August	14th-20th August	19th - 25th August	26th Aug - 1st Sep	2nd - 8th Sep	9th - 15th Sep	16th - 22nd Sep	23rd - 29th Sep	30th Sep - 6th Oct	7th - 13th Oct	14th - 20th Oct	21st - 27th Oct	28th Oct - 3rd Nov
Patients on RTT Waiting List - Waiting to be seen (as at date of report)														
Number of Patients on RTT Waiting List **(waiting for Treatment appointment)**	62	61	58	56	65	69	72	76	77	86	89	95	91	92
Longest Wait RTT as at date of report **(waiting for treatment appointment)**	18	12	13	14	15	16	17	15	15	15	16	17	18	19
Patients Attended 1st Treatment Appointment - (removed from RTT Waiting List)														
Number of Patients Attended 1st Treatment (Partnership) **(removed from waiting list)**	5	4	6	9	2	6	10	6	5	4	7	8	8	4
Longest Wait (Number of Weeks) as at date of Attended 1st Treatment appointment (Partnership) from date of Referral Received **(removed from waiting list)**	12	13	14	21	12	6	13	17	14	16	13	13	12	11
Referrals														
Referrals Received	3	4	3	7	14	17	17	14	12	17	16	15	7	10
Referrals Accepted	2	2	2	5	11	12	17	11	9	14	11	14	7	8
Referrals Redirected	1	2	1	2	3	5	0	3	3	3	5	1	0	2
Open Cases														
Number of Open Cases	543	534	528	532	543	544	588	556	551	545	526	533	519	519

Children's Health, Care and Criminal Justice



As at 27th October 2021 a total of 92 children and young people were waiting to be seen by CAMHS, 91 of which were waiting less than 18 weeks. The NHS GGC figure was 47%.

Item 10
Appendix 4

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

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

From: Chief Office HSCP
To: Chief Executive NHSGCC
CC: HSCP Chief Finance Officer, HSCPB Chair and Vice-Chair
Subject: For Action: Direction(s) from HSCPB (add date)
Attachment: *attach relevant HSCPB 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	HSCPB000016JS22112021
2	Date direction issued by Integration Joint Board	22 November 2021
3	Report Author	Name of report author – Val Tierney Chief Nurse
4	Direction to:	NHS Greater Glasgow and Clyde only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	West Dunbartonshire HSCP Child and Adolescent Mental Health Service
7	Full text and detail of direction	*The HSCPB is directing the Health Board to provide the funding required to enable the HSPC to deliver on the* Mental Health Recovery and Renewal Programme and implement the significant work plan associated with the utilisation of the funding
8	Specification of those impacted by the change	The change will impact positively on young people who use services, carers, staff colleagues and partner organisations
9	Budget allocated by Integration Joint Board to carry out direction	The financial resources allocated to the Health Boards are as follows

	NRAC %	CAMHS Spec	CAMHS Up to 25 years	CAMHS WLI	TOTAL CAMHS
NHSGGC Allocation	See Table 1				
NRAC Split by HSCP (adjusted for 3.2% of Glasgow postcodes serviced by East Renfrewshire					
Glasgow City	50.52%	£1,659,867	£948,052	£474,026	**£3,081,946**
East Dunbartonshire	8.35%	£274,304	£156,672	£78,336	**£509,312**
East Renfrewshire	10.36%	£340,581	£194,527	£97,263	**£632,372**
Inverclyde	7.34%	£241,250	£137,793	£68,896	**£447,939**
Renfrewshire	15.29%	£502,543	£287,034	£143,517	**£933,093**
West Dunbartonshire	8.14%	£267,563	£152,822	£76,411	**£496,795**
TOTAL		**£3,286,109**	**£1,876,899**	**£938,449**	**£6,101,457**

Local Recruitment Plans for West Dunbartonshire HSCP
See Appendix 2 of attached HSCP Board Report

10	Desired outcomes detail of what the direction is intended to achieve	The direction is intended to achieve the following three areas of improvement I. Full implementation of the CAMHS specification – Community CAMHS. Focusing on meeting waiting times standards and gaps in the Service specification II. Expansion of transition timescales for CAMHS from age 18 up to the age of 25yrs old for targeted groups and those who wish it. Focusing on joint planning and transitions with adult services initially for Eating Disorders Trauma/Looked After Learning Disabilities and Neurodevelopmental patient cohorts. III. Clearance of CAMHS waiting list backlog. Supporting extension of the existing fixed term waiting list staffing in HSCP teams with substantive enhancement based on demand and capacity modelling and development of workforce plan. *This contributes to the following National Health and Wellbeing Outcomes:* 3. People who use health and social care services have positive experiences of those services, and have their dignity respected 7. People who use health and social care services are safe from harm 9. Resources are used effectively and efficiently in the provision of health and social care services.

		This contributes to the following elements of the HSCP Strategic Plan Early Intervention, Access, Resilience	
11	Strategic Milestones	*Insert milestone 1* **Outcome 1: Full implementation of the CAMHS service specification**. This funding will be aligned to increasing case holding capacity in CAMHS teams and focused on expanding staffing to address any internal waits for specific MDT members i.e. OT/SLT and on meeting the standards of '*Offer a first appointment to all children and young people who meet the CAMHS Scotland referral criteria. This first appointment, unless in unscheduled or urgent care, should be as soon as possible and no later than 4 weeks'* and *'Provide interventions and treatments, where required and agreed with children, young people and families/carers, as soon as possible, and no later than 18 weeks from first referral, with the median experienced wait for treatment being no longer than 12 weeks'*. Performance against this outcome will be measured against delivery of the waiting time standards. In addition, our workforce plans indicate that we should aim to increase our staffing to be at 20 wte per 100,000 population. Our current position is approx. 14 WTE. It is unlikely that sufficient staff will be available to recruit on the scale needed to meet demand in GGC within this financial year. The workforce plan will aim to increase staffing based on qualification and recruitment windows for key professional groups such as Nursing and Psychology	
		Insert milestone 2 **Expansion of CAMHS to support targeted groups of young people should they wish to remain in CAMHS up to age 25yrs and to improve transitions for young people.** This funding will be utilised to support posts who work	

		across CAMHS and Adult services providing a bridge and improving the transition experience of Young people where there are particularly vulnerabilities i.e. LAC, Learning Disability Eating disorders and Neurodevelopmental disorders. Performance against this will be measured though the joint working and implementation of the transition care planning guidance in GGC.	
		Insert milestone 3 …. **Clearance of backlogs on waiting lists for CAMHS** (Scottish Government have recognised in some Board areas that this may take up to two years), with funding provided for year 1 in 2021-22. This funding will be utilised to provide case holding capacity to see and treat children who have been waiting longest first. Performance will be measured through: Number of children on the waiting list: 18 week RTT, and the numbers of first treatment appointments delivered. Additional staff are already recruited via the GGC waiting list initiative	
12	Overall Delivery timescales	Detail timescales of key stage and final delivery date. Milestone 1: It is unlikely that sufficient staff will be available to recruit on the scale needed to meet demand in GGC within this financial year. The workforce plan will aim to increase staffing based on qualification and recruitment windows for key professional groups such as Nursing and Psychology Milestone 2: Performance against this will be measured though the joint working and implementation of the transition care planning guidance in GGC. Timescales to be confirmed. Milestone 3: has already been achieved within West Dunbartonshire HSCP	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.	
14	Date direction will be reviewed	*February 2023*	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Health Improvement and Inequalities Manager

22 November 2021

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

1. Purpose

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

2. Recommendations

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

- Note content of report
- Seek a full report to HSCP Board in March 2022.

3. Background

3.1. A full comprehensive background to the community mental health supports and services for children and young people was provided to HSCP Board on 19th August 2021. The report provided the context and supporting framework, details of ongoing research and engagement, service planning, the financial overview including a detailed action plan and required Directions.

4. Main Issues

4.1. Progress continues on the implementation of 'West Dunbartonshire Distress Brief Intervention (DBI) Associate Programme'. This will be a new service for young people experiencing emotional distress with the aim of "*ask once get help fast*". The service is for young people aged 16yrs to 24yrs (26yrs for care experienced young people)' to specifically support young people who are experiencing 'emotional distress' and not requiring clinical intervention.

4.2. The multi agency Delivery Group established in September 2021 will lead on the implementation of the new service. Membership of the delivery group includes the National DBI Programme Lead, National DBI Service Manager, Police Scotland, Scottish Fire & Rescue, representation from Mental Health Services, Primary Care, Health Improvement, Specialist Children's Service, LAAC Services, Education, Learning & Attainment,. The delivery group will be co chaired by West Dunbartonshire HSCP and Scottish Association for Mental Health (SAMH).

4.3. SAMH has been commissioned as the third sector partner who will provide the person centred support for each referral. To support referrals into the programme key frontline services will identify staff to undertake a one hour online learnpro module on a 'compassionate' response to distress and DBI processes.

4.4. Progress continues on phase two of the commissioned work undertaken by Glasgow University. Phase two focus is on engagement with children, young people and their families on their views on local needs in relation to community mental health & wellbeing supports and services. Full service review findings expected early 2022.

5. People Implications

5.1. Learning from the National DBI programme & pilot areas suggests the impact on staff to be minimal due to the nature of the short, online module.

6. Financial and Procurement Implications

6.1. Full costs for the first year of the programme are £100,000 with additional Scottish Government indicative seed funding of £50,000. The £100,000 is being met by Children and Young People's Mental Health & Wellbeing Community Supports& services 2020/21 local allocation (£233,000).

7. Risk Analysis

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

8. Equalities Impact Assessment (EIA)

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

9. Environmental Sustainability

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

10. Consultation

10.1. Consultation plans were outlined in the programme update in 19th August 2021 HSCP Board paper and will be further detailed as plans progress.

11. Strategic Assessment

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

12. Directions

12.1. None. Full directions provided in report submitted 19th August 2021

Jacqui McGinn
Health Improvement & Inequalities Manager
1 November 2021

Person to Contact:	Jacqui McGinn, Health Improvement & Inequalities Manager, Telephone 01389 776889; email jacqui.mcginn@ggc.scot.nhs.uk
Appendices:	**None**
Background Papers:	**A Fairer, Greener Scotland: Programme for Government 2021-22**.
Wards Affected:	All

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Strategy and Transformation

22 November 2021

Subject: COVID-19 Recovery and Renewal Plan – Keep Building Better: A Journey of Continuous Improvement

1. Purpose

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

2. Recommendations

2.1 It is recommended that the HSCP Board Note the progress made in standing up local services.

3. Background

3.1 On the 23 September 2020 the HSCP Board approved West Dunbartonshire HSCP COVID-19 Recovery and Renewal Plan – Keep Building Better a Journey of Continuous Improvement and agreed that progress reports be submitted to future HSCP Boards.

4. Main Issues

4.1 Mental Health Services continue to remain open providing support face to face, by telephone or virtually. The service are experiencing small levels of absence due to COVID-19; however these are spread out across services. The service are making use of staff bank and overtime shifts to ensure cover across services. The team are actively involved in work across NHS GG&C to maximise access to services and prioritise the most at risk patients in the community.

4.2 Addiction Services continue to provide services offering a hybrid model of options to provide treatment and support. These are a mix of face to face, by telephone or virtually and are assessed using RAG risk assessment based on individual need. Staffing is continually monitored and processes are in place to ensure that caseloads continue to be managed in a safe and effective manner. All staff are fully vaccinated and continue to use lateral flow testing in line with guidance.

4.3 The Learning Disability team in West Dunbartonshire provides a wide range of services including from the integrated team covering nursing, psychology, psychiatry, physiotherapy, occupational therapy, speech and language therapy and social work, as well as through the Dumbarton Centre, Supported Housing, Respite services, Community Connections and Work Connect. The support provided is a mix of face to face, telephone and digital. The Dumbarton Centre continues to offer crisis spaces within its service through a triage process. There is no absence in the integrated team due to COVID-19 currently, however there has been, and continues to be, single incident cases across services as a whole. There are vacant posts in a number of the services at present and while recruitment is ongoing, staffing remains challenging. To ensure we are continuing to provide safe, effective, person-centred services, overtime and bank shifts are being offered and agency social work staff are joining the team from mid October 2021 for an interim period. The West Dunbartonshire Learning Disability team also works closely with NHS GG&C Board wide Learning Disability services to: provide cover in extenuating circumstances to in-patient services, maximise access to inpatient services, prioritise the most at risk patients in the community and support the Collaborative Practice group, which has been established to support complex placements Board wide, to strengthen community based solutions going forward.

4.4 Care Homes: We continue to see small numbers of COVID-19 positive residents and staff across internally and externally provided care homes in West Dunbartonshire. The impact of vaccination, use of personal protective equipment and stringent infection control measures means that outbreaks are small and contained and that staff and residents are experiencing much reduced morbidity and mortality associated with positive cases. We continue to monitor care homes via weekly multiagency oversight meetings and daily TURAS data returns. There are an increasing number of staff vacancies being reported via the Care Inspectorate in relation to West Dunbartonshire care homes, the impact of which is being closely monitored. To date is has had no adverse impact on the quality of care delivered. Innovative recruitment campaigns are ongoing. The provision of mutual aid from NHS/HSCP remains available for care homes in extremis. A third cycle of multi professional care assurance visits to all care homes in West Dunbartonshire has commenced with completion scheduled for the end of November 2021. The care assurance visits focus on three areas, infection prevention control, resident health care needs and workforce leadership and culture. The assessment is completed collaboratively and includes discussions with the care home managers and their staff and residents, alongside observation of the care environment including interactions with staff and residents to collate information to complete the tool. All residents in Care Homes across West Dunbartonshire, who met the eligibility criteria, have now been vaccinated against flu and have also had their COVID-19 booster. Eligible staff on duty the day the vaccination team visited were also given their annual flu vaccination and COVID-19 booster.

4.5 The Care at Home Service is working hard with the Hospital Discharge team to ensure that anyone who is due to be discharged from hospital is not delayed due to waiting for Care at Home to be in place. Services have returned to pre-pandemic levels. Personal Protective Equipment (PPE) Hubs The Scottish Government Adult Social Care PPE Steering Group reviewed the PPE arrangements for the adult social care sector as a whole over the summer, including examining a range of alternative delivery models. The review concluded that the existing arrangements served the sector well and that they should be extended until the end March 2022 to provide reassurance over the autumn and winter period. The memorandum of understanding has been extended to reflect this. Adult social care providers can access the WDHSCP local PPE Hub for PPE supply if their existing supply routes fail. This support will continue to be available to adult social care providers across the sector including unpaid carers and personal assistants who can access supplies via PPE hub if there business as usual routes fail.

4.6 Population Vaccination COVID-19 /Flu: Given the ongoing impact of COVID-19 on the most vulnerable in society, it is imperative that we continue to do all that we can to reduce the impact of flu and COVID-19 on those most at risk, through vaccination. With the enormous success of the COVID-19 vaccination programme, as we enter flu season, it is more important than ever that we build on the success from last year's vaccination programme. These efforts will help us to prevent ill health in the population and minimise further impact on the NHS and social care services. It is a key priority to encourage uptake of flu vaccine amongst health and social care workers and all eligible groups. This is critical to safeguard staff, whilst also protecting those in their care.

4.7 There is a particular focus on those who are aged 65 years and over, those aged under 65 years old in an at-risk group as well as pregnant women (at all stages of pregnancy). The Autumn programme went live on the 27 September 2021 and is expected to run until December at full capacity.

4.8 COVID-19 boosters will be offered to JCVI cohorts 1-9 inclusive of over 50s, frontline health workers and social care workers and all those over 16 with an underlying health condition. Everyone who is entitled to a booster will be contacted by letter. Those over 70 (starting with the oldest first) will be receiving letters with appointments to attend vaccination clinics where they will receive both flu vaccination and COVID-19 booster (if it has been 6 months since their 2nd vaccination). Those who have been defined as housebound by their GP's and have been given their 1st and / or 2nd vaccines by the District Nurses are on a database and although they will still receive letters, they can be assured that they will receive a house visit from the District Nursing Service to receive both vaccines.

4.9 Citizens in the other eligible groups will be offered appointments that will commence on the completion of the over 70's population. COVID-19 booster and flu vaccinations will be co-administered where clinically indicated and if sufficient time has elapsed since 2nd COVID-19 booster. i.e. 6 months. 12-15

year olds will be invited to vaccination centres where they will be offered one dose of COVID-19 vaccine in line with JCVI recommendations.

4.10 The online portal went live 21 September 2021 for appointments. Formal communication has gone out to HSCP, Local Authority and Care Home staff and contractors. There have been challenges around staffing across most sites however this has been addressed and is being monitored on a daily basis. The NHS GG&C operational lead for vaccination centres is in daily communication with clinical leads to ensure there are enough vaccinators at each location and if not, look to transfer staff from one centre to another.

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

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

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

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

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

12. Strategic Assessment

12.1 Not required for this report.

13 Directions

13.1 Not required for this report.

Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation
Date:	5 November 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	None.
Localities	All.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Strategy and Transformation

22 November 2021

Subject: Update on Strategic Planning

1. Purpose

1.1 The purpose of this report is to update the HSCP Board on the approach to reviewing the Strategic Commissioning Plan and seek approval to extend the current Strategic Plan 2019 – 2022 for a further 12 months from March 2022.

2. Recommendations

2.1 It is recommended that the HSCP Board:

2.1.1 Approve the proposal to extend the current Strategic Plan for a period of 12 months from March 2022, following consultation with the Strategic Planning Group and;

2.1.2 Approve the approach to engagement outlined in paragraphs 4.6 – 4.10 of this report, including the proposal to co-produce an engagement plan and delegate responsibility where possible to external partners to carry out engagement activity.

3. Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act"), places a number of duties on Integration Authorities in relation to strategic planning. A key principle of the strategic planning process is that it should be equitable and transparent, and therefore open to influence from all stakeholders via an on-going dialogue with people who use services, their carers and providers. Integration Authorities are required by law to review their Plans at least every three years however exceptions can be made under extenuating circumstances. The external factors described below combine to provide such circumstances.

3.2 On the 28 March 2019 the HSCP Board approved the final draft of the Strategic Plan 2019 – 2022. This plan comes to its natural conclusion on the 31 March 2022. The legislation allows for the Strategic Plan to continue beyond March 2022 if this is the outcome of consultation completed within the prescribed timeframe and via the prescribed minimum consultation requirements. A number of Integration Authorities across Scotland have

adopted this approach given the systemic pressures facing the sector, this list is not exhaustive but includes Glasgow City HSCP; West Lothian HSCP; Falkirk HSCP and East Lothian HSCP, who have agreed to defer production of their Strategic Plan by six months.

3.3 The capacity of officers within the HSCP and across the health and social care system generally continues to be at reduced levels as a result of the operational response to the pandemic and recovery planning. Capacity also continues to be vulnerable to further increases in community transmission of the virus and the subsequent demands placed on the sector as a whole. These challenges are further exacerbated as we move into the winter planning period.

3.4 The approach to stakeholder engagement and communication across the sector has changed dramatically since the onset of the pandemic and offers additional challenges and opportunities for seeking the views of our stakeholders and citizens in order to shape and ultimately co-produce the Strategic Plan.

3.5 The review of the Strategic Plan comes within the context of a significant period of disruption and change for the health and social care sector as a result of; Covid-19 recovery planning and re-mobilisation; the impact of the Independent Review of Adult Social Care; the consultation on a National Care Service For Scotland and the Programme for Government.

3.6 On the 19 February 2020 the HSCP Board endorsed the West Dunbartonshire Health and Social Care Partnership Participation and Engagement Strategy 2020 – 2023.

3.7 The citizens of West Dunbartonshire are not a homogeneous entity. Our communities of geography and interest are complex, composed of individuals, families, and other groups shaped by contexts, experiences, and desires in a rich tapestry with different patterns of health literacy, values and expectations. All will have had different experiences during the pandemic and national and international evidence points to people within our most deprived communities will likely be most adversely affected, exacerbating health inequalities.

3.8 We must therefore renew our efforts and reflect on our approach to policy making in order that we fully understand this diversity and adopt comprehensive local approaches that give communities a voice, and the necessary resources to put ideas into action. By taking this opportunity to reflect on how we deliver a community led strategy for the HSCP we can ensure diverse local voices are heard, map local concerns, strengths and alliances, and co-produce programmes to support positive outcomes through working with our citizens.

3.9 On the 24 June 2021 the HSCP Board approved an ambitious action plan for the review of the HSCP Strategic Plan. The Senior Management Team wish to hold on to the ambitions within that plan.

3.10 In August and September 2021 Strategic Planning Group Members attended a series of workshops facilitated by Healthcare Improvement Scotland. These high energy sessions reinforced the importance of stakeholder involvement in shaping the Strategic Plan, moving beyond consultation to a more mature model of partnership working where stakeholders have a direct influence in the creation of the plan. The Strategic Planning Group reconvened on the 27 October 2021 for the first time since 19 November 2019. Although there is a renewed sense of energy and an ambition to engage communities and stakeholders in a more innovative way, the group remains in its infancy.

4. Main Issues

4.1 The approach to strategic planning presented to the HSCP Board in June 2021 was always known to be ambitious in terms of timing and capacity. However, officers remain ambitious for the HSCP and for the outcomes required for our communities as we move into a different phase of Covid-19.

4.2 The external factors referred to above combined with a lack of internal capacity have made usual process of carrying out engagement and consultation work in the year prior to approval of a new Strategic Plan problematic. The engagement activity would ordinarily be taking place within the same timescales that the impact of these external factors are developing. This may have invalidated or otherwise detracted from the engagement efforts with stakeholders and would have made the development of a Plan based on the informed views of stakeholders much more difficult to achieve.

4.3 It is proposed therefore to utilise the scope within the legislation to extend the lifetime of the current Strategic Plan by 12 months, from March 2022. This will give the HSCP Board and all of its stakeholders an opportunity to understand and evaluate how external factors have and will impact on the health and social care landscape for the short to medium term and enable the engagement effort to include consideration of those impacts more fully. The one year extension will be supported by operational delivery and improvement plans in order that the Board can continue to monitor progress against the key strategic priorities. These plans will be reported to the HSCP Board on the 21 March 2022.

4.4 Officers of the HSCP have consulted with the Strategic Planning Group and this is the recommendation being proposed to the HSCP Board. This complies with minimum statutory requirements and timescales.

4.5 If the Board are minded to approve this approach the Strategic Planning Group will ensure there is a full and comprehensive review of the Strategic Plan with all stakeholders, commencing immediately, with a view to

developing a revised Strategic Plan for approval at the HSCP Board in March 2023 for the period 2023 to 2026.

Engagement and Participation

4.6 In parallel with this work it is recommended that the Strategic Planning Group seek to review and refresh the West Dunbartonshire Health and Social Care Partnership Participation and Engagement Strategy. In line with the reporting of the new Strategic Plan this Strategy will be presented to the HSCP Board for their approval in March 2023.

4.7 During the pandemic organisations across the sector have required to fundamentally alter the way they communicate and engage with people. Although there are some examples of good practice, due to a lack of capacity within the HSCP, there is further work to be done in terms of exploiting the opportunity to engage on a far greater scale and potentially with groups that have not traditionally engaged with engagement methods such as large scale, public-facing events or surveys.

4.8 It is proposed that through the Strategic Planning Group officers within the HSCP work with our partners in the Third and Independent Sectors to identify the current engagement channels and co-produce the engagement activity for the review of the Strategic Plan. This would involve, wherever possible, tailoring the approach to the preferences of individuals and groups and delegating responsibility for elements of an agreed engagement plan to those organisations and groups. It is hoped this would enrich the feedback received, as well as vastly increasing engagement from communities and subsequently lead to a more representative and relevant Strategic Plan. At its meeting of 27 October 2021 the Strategic Planning Group agreed to establish short life working group to drive forward this work, representative were identified from the HSCP and the Third Sector.

4.9 By extending the current Strategic Plan and investing more time in citizen participation whilst taking a more innovative approach to engagement this will allow for the possibility of face to face engagement to be considered, an option which has not realistically been available in the last 18 months. This further ensures that the engagement methods deployed are those which maximise involvement and accessibility.

4.10 The approach is in concert within the context of the Scottish Government and COSLA's Planning with People guidance for engagement and the National Standards for Community Engagement.

5. Options Appraisal

5.1 A formal options appraisal is it not required in this instance.

6. People Implications

6.1 There are no direct staffing implications related to the recommendations within this report. However, due to pending staff changes there is an opportunity to review the post of Public Involvement Officer within the HSCP. No financial implications have been identified at this stage but the job description will be reviewed to ensure relevancy in the current climate.

6.2 Indirectly a number of Officers will be required to be involved in development of the plan. This recommendation seeks to recognise the pressures currently placed within HSCP services including winter pressures and the delivery of plans and programmes linked to the remobilisation of services within the context of the yet fully unknown impact of the Covid-19 pandemic. This will be taken into consideration as part of the development of the Strategic Plan and was part of the Strategic Planning Group deliberations during its meeting of 27 October 2021.

7. Financial and Procurement Implications

7.1 There are no financial or procurement implications arising as a result of this report. The Strategic Plan is required to outline the financial resources available to deliver it.

8. Risk Analysis

8.1 Should the Strategic Plan not be extended by one year it is likely that the HSCP would be unable to undertake a comprehensive review in line with statutory timescales. There is a significant risk that any limited engagement activity which could be undertaken would not take into account the wider external factors that may impact on the strategic priorities for the forthcoming Plan. The HSCP Board would therefore be in breach of its statutory duties if the proposal to extend the Strategic Plan is not approved.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the recommendations within this report do not have a direct impact on those with protected characteristics. However any proposed engagement approach will take account of the need to engage and consult with equalities groups and people with protected characteristics.

9.2 The Strategic Plan will include reference to objectives and measures that will contribute to the alleviation of socio-economic disadvantages affecting the outcomes experienced by individuals living within West Dunbartonshire.

10. Environmental Sustainability

10.1 A Strategic Environmental Assessment (SEA) is not required for this report.

11. Consultation

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

12. Directions

12.1 No directions are required as a result of the recommendations within this report.

Name	**Margaret-Jane Cardno**
Designation	Head of Strategy and Transformation
Date	2 November 2011

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: None

Background Papers: 24 June 2021 West Dunbartonshire HSCPs Approach To Strategic Planning

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Strategy and Transformation

22 November 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 Board (HSCP Board).

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 approved by the HSCP Board on 20 September 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 Care Partnership Risk Management policy and strategy. This policy and strategy was approved by the HSCP Board at its August 2015 meeting and internally reviewed in November 2017. A review of the Risk Management Policy and Strategy was presented to the HSCP Audit and Performance Committee on 24 June 2021 where it was recommended to the HSCP Board for approval. Board approval was granted 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. 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 15 November 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 15 November 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 Senior 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 15 November 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.

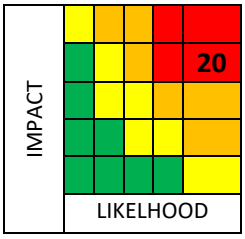
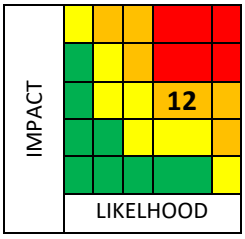
Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation
Date:	2 November 2021

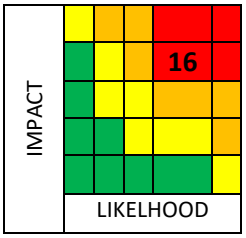
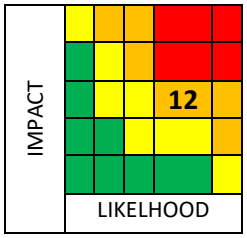
Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
16 Church Street
Dumbarton
G82 1QL

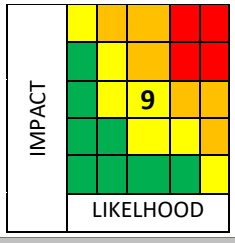
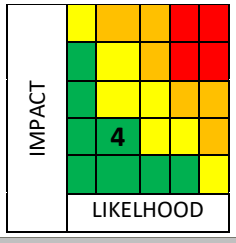
Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk
Phone: 07786 747 952

Appendices: Strategic Risk Register (Appendix 1)

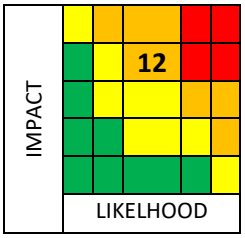
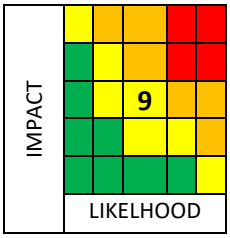
West Dunbartonshire Health and Social Care Partnership Strategic Risk Register 2021 – 2022

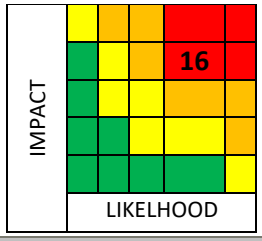
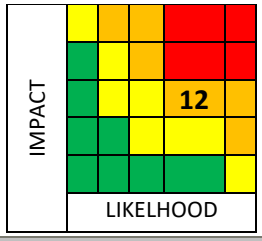
Financial Sustainability/Resource Allocation and Savings Targets	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to deliver HSCP Board priorities within approved budget incorporating allocated savings targets. Failure 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.					

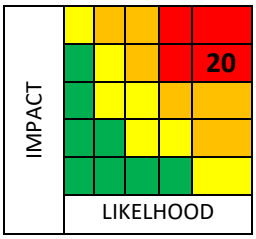
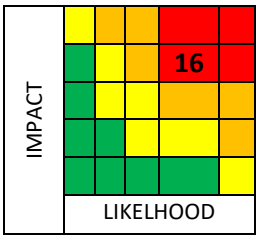
Performance Management Information	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget 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.					

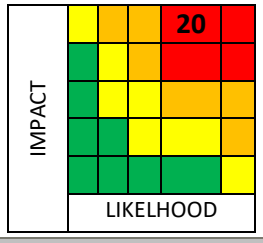
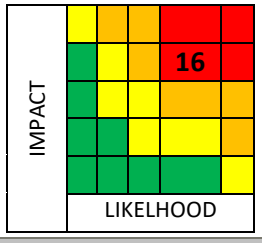
The Commissioning Plan will support the links between finance and planning to meet demand and service delivery within the current financial envelope.
Regular performance reports are presented to the HSCP Board by Chief Officer and Heads of Services; providing members of the Board with a range of data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

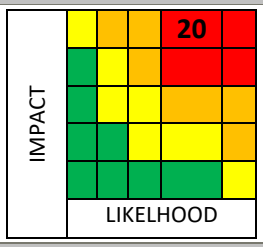
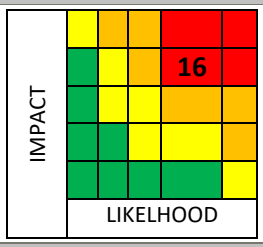
Outcomes of external scrutiny: Inspection recommendations	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to deliver on recommendations within reports by Care Inspectorate and other relevant scrutiny bodies.	Chief Social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

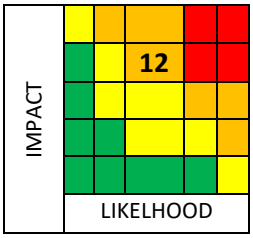
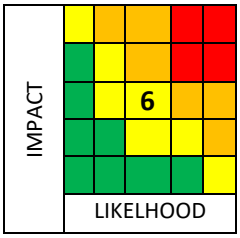
The HSCP Boards has agreed additional investment from reserves to support operational managers to deliver on improvement action plans.

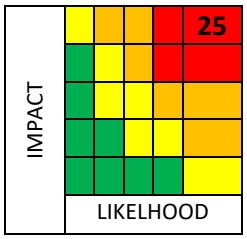
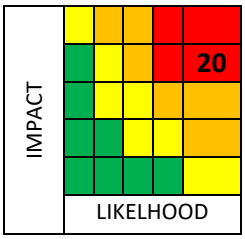
Delayed Discharge and Unscheduled Care	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer 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					

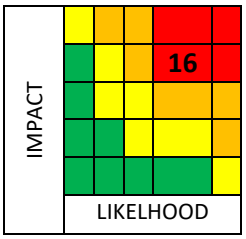
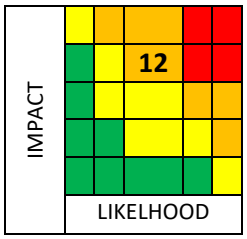
Statutory and Mandatory Training reports
I Matter reports
KSF/ PDP and Be the Best Conversations

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 & SOCIAL CARE PARTNERSHIP BOARD

Report by Head of People and Change

22 November 2021

Subject: Strategic Risk Deep Dive – Workforce Sustainability

1. Purpose

1.1 The purpose of this report is to update the HSCP Board on the approach taken to workforce sustainability

2. Recommendations

2.1 The HSCP Board is recommended to note the content of this report.

3. Background

3.1 The Strategic Risk Register was reviewed by the Audit and Performance Committee on 25 February 2021 and it was agreed that further details would be provided to the HSCP Board on Workforce Sustainability.

4. Main Issues

4.1 Workforce sustainability continues to be addressed through the mitigating actions contained in the risk register. However additional preventative and mitigating actions have been implemented to offset the impact of Covid 19 on Workforce Sustainability during, and as we emerge, from the pandemic.

4.1.1 The issue of Workforce Sustainability has been significantly heightened in light of the ongoing global pandemic whereby the services we provide are more vital than ever to the residents of West Dunbartonshire. Failure to have an appropriately resourced workforce to meet service demands caused by the inability to recruit, deploy or retain the workforce with necessary skills could potentially lead to disruption of services.

4.1.2 The last year and a half has without doubt brought the most challenging of times for us all, both professionally and personally, and nothing could have prepared us for the complexities brought by the global pandemic. Staff were dealing not only with how they were feeling about coming to work, but also their personal circumstances and concern for themselves and their loved ones who may have had underlying health conditions and were shielding, some staff who had caring responsibilities, were facing uncertainty about the closure of support services and some had to adapt to the challenge of home schooling, and working from home. Early on in the pandemic we lost a colleague to COVID and yet despite all of this we continued to deliver front line services and made sure that the citizens of West Dunbartonshire got the care and support they needed.

Throughout this time we have worked closely with our colleagues in the third sector who also provided invaluable assistance and support to the citizens of West Dunbartonshire including the establishment of humanitarian hubs

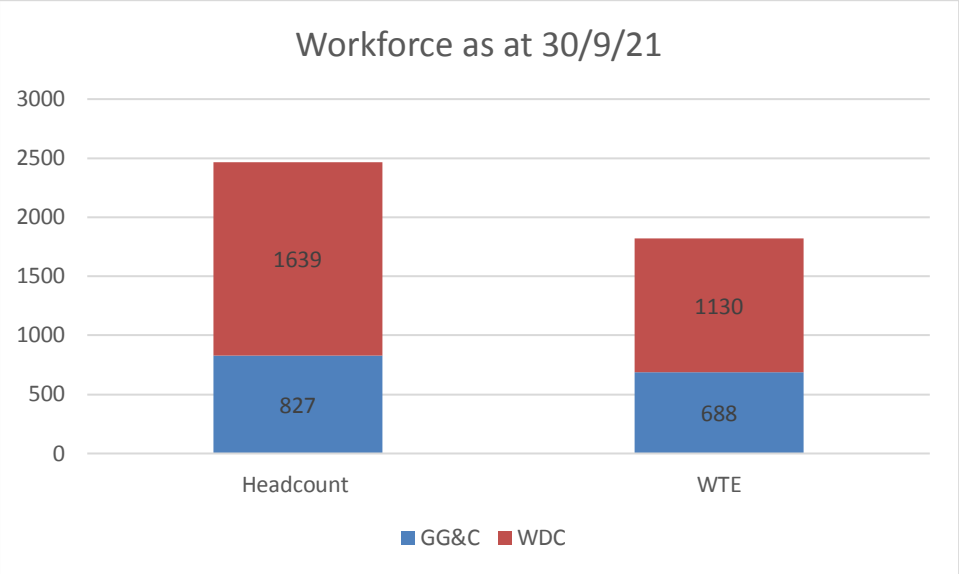
4.1.3 Trades Unions Colleagues were proactive in raising issues and working collaboratively to resolve them.

4.1.4 As the pandemic evolved we worked in partnership with colleagues in both NHS Greater Glasgow and Clyde and West Dunbartonshire Council to establish Community Assessment Centres, develop testing facilities for both staff and the wider population and successfully roll out the vaccination programme. New ways of working were established and we maximised the use of digital engagement. Almost daily we saw new guidance, developing as more was known about the nature of the pandemic , the infection and how to best respond to it.

4.1.5 As a management team we could not be prouder of our workforce for their hard work, commitment, dedication and professionalism. The outstanding achievements from our workforce were recognised through our staff awards scheme with a virtual ceremony on 1st November 2021.

5 Workforce Demographics

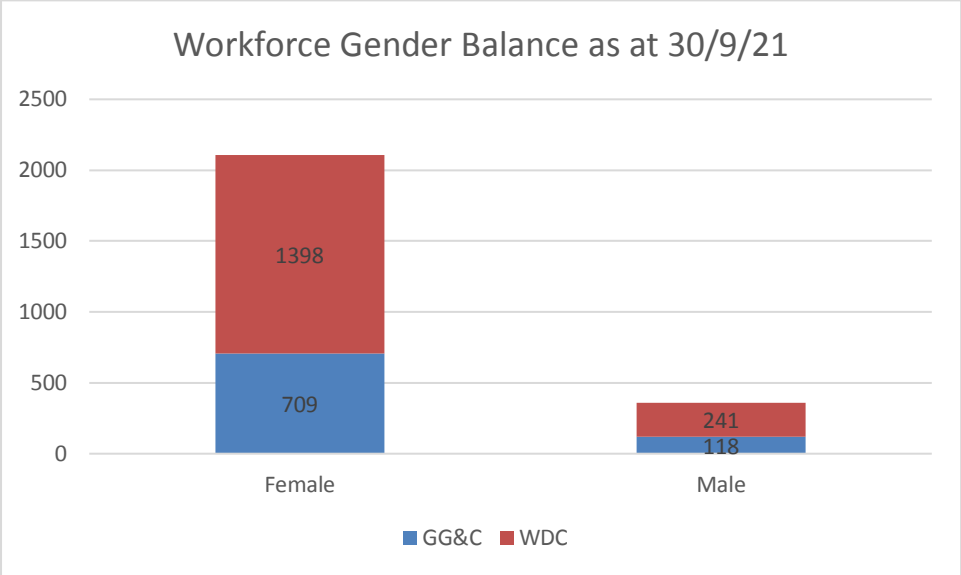
5.1 Workforce numbers and breakdown for West Dunbartonshire HSCP as at 30th September 2021 are detailed below



5.2 Gender Balance

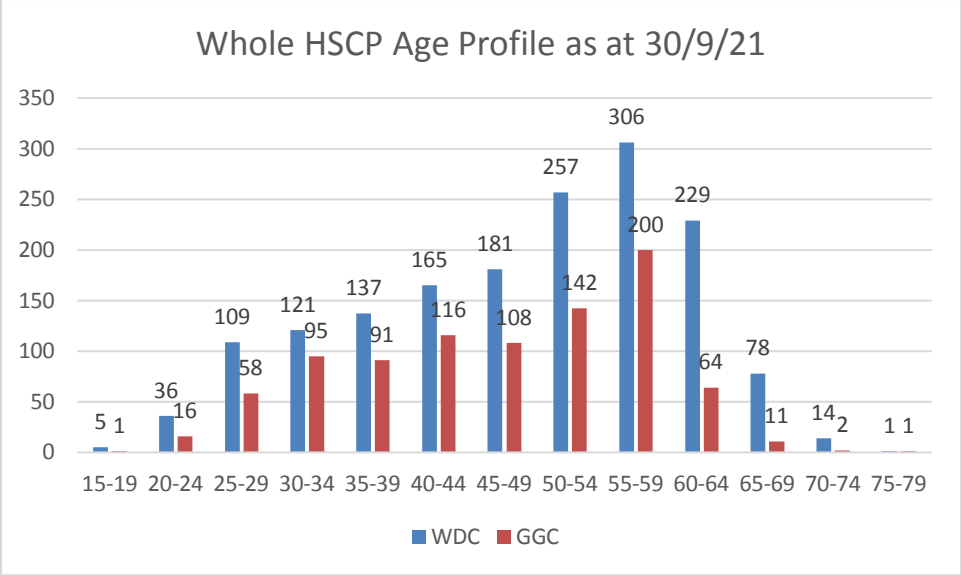
As can be seen below the gender balance within West Dunbartonshire HSCP is predominantly female and whilst this is not untypical within the caring sector we do need to consider how we encourage greater inclusion within the professions that we employ. We continue to promote opportunities in the care

sector though Internships, Modern Apprenticeships, Kickstart Programme etc to try to encourage those eligible to perhaps consider a career in the caring sector which they may not have previously considered. Within care homes, care at home and community care we employ 107 males which represents 10.5% of the workforce in that area. The remain

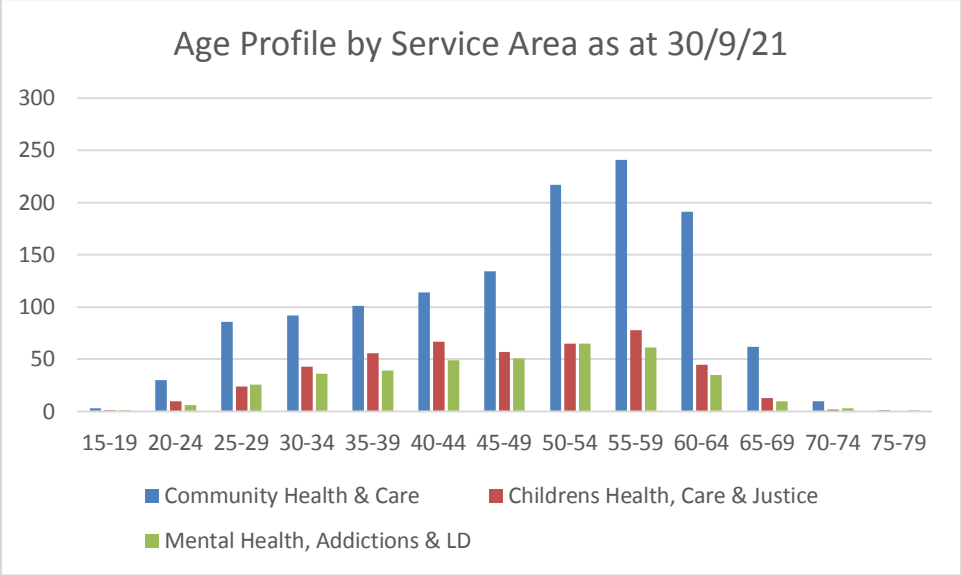


5.3 Age Profile

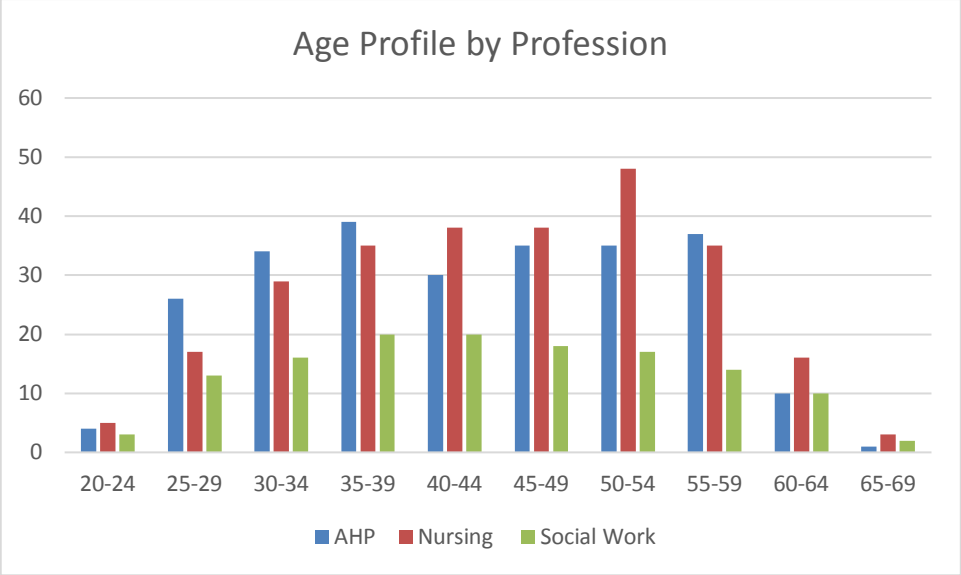
5.3.1 The age profile for staff in West Dunbartonshire HSCP is detailed below and indicates that 61% of our overall workforce are over the age of 45. Whilst this does not present an immediate risk we do need to be mindful of the importance of succession planning and the implications of an ageing workforce in coming years. It is also worth noting that 37% of our overall workforce are over the age of 55. We continue to look at opportunities to attract, retain and develop our younger workforce eg modern apprenticeships and the kickstart programme which offers individuals aged between 16 and 24 an opportunity to perhaps consider a career in the caring sector which they may not have previously considered. We also continue to explore and promote Leadership Development Programmes and coaching and mentoring across both WDC and NHS to ensure that succession planning is in place.



5.3.2 The age profile for staff by service areas largely mirrors the age profile of the HSCP as a whole however within Community Health and Care 67% of the workforce are over the age of 45 and 40% are over the age of 55.



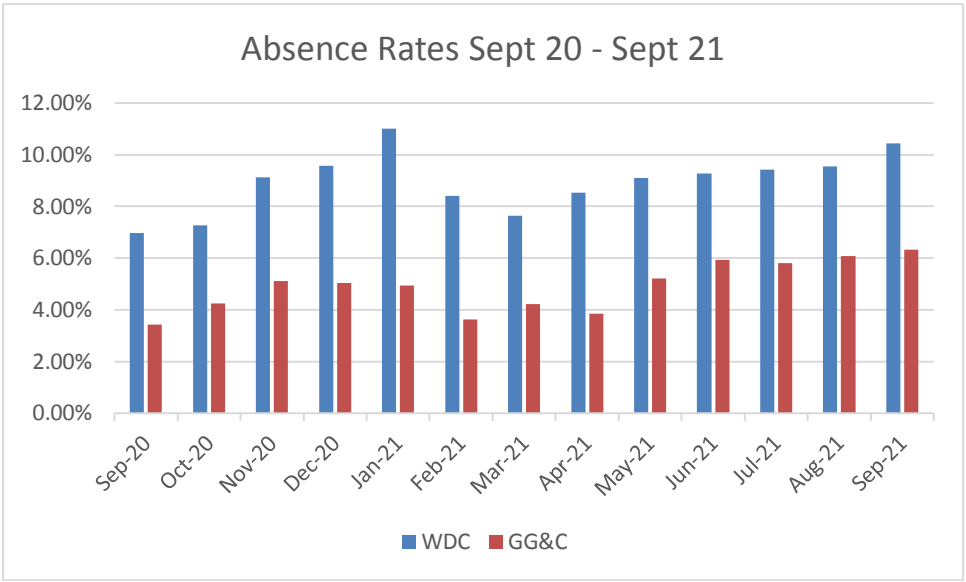
5.3.3 West Dunbartonshire HSCP employs a number of professions, with the main ones being Nursing, AHP's (particularly physiotherapy as hosted) and Social Work. Across all of nursing 53% of the workforce is aged over the age of 45 and 19% are over the age of 55. Social Workers have 45% of their workforce over the age of 45 and 19% over the age of 55. AHP's have 47% of their workforce over the age of 45 and 19% of their workforce over the age of 55



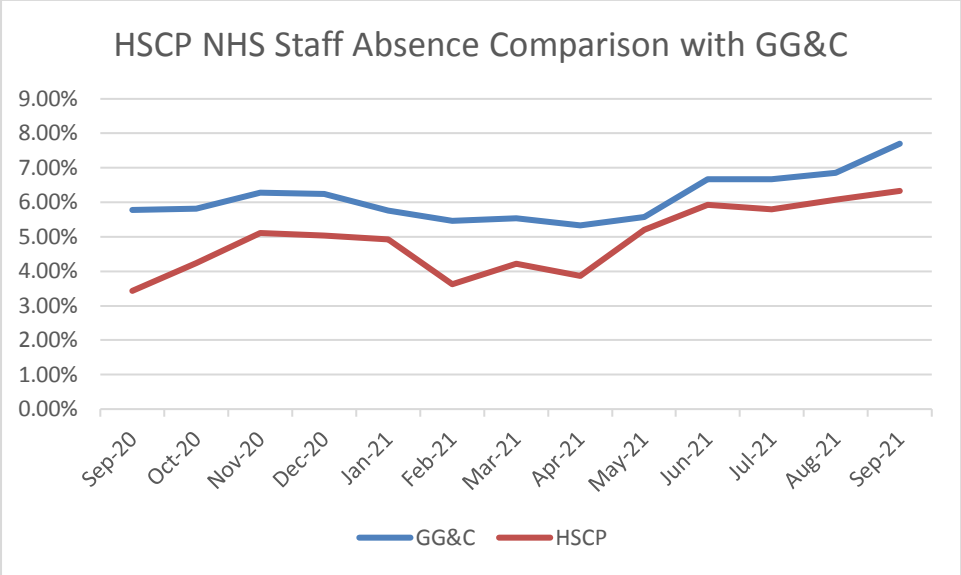
5.3.4 Recent changes to public sector pension schemes could result in retirement being more attainable and attractive earlier, which could see higher than normal numbers of staff retiring. As a high number of our staff are aged over 55 this could have resourcing implications, especially in hard to fill roles.

6 Absence Trend

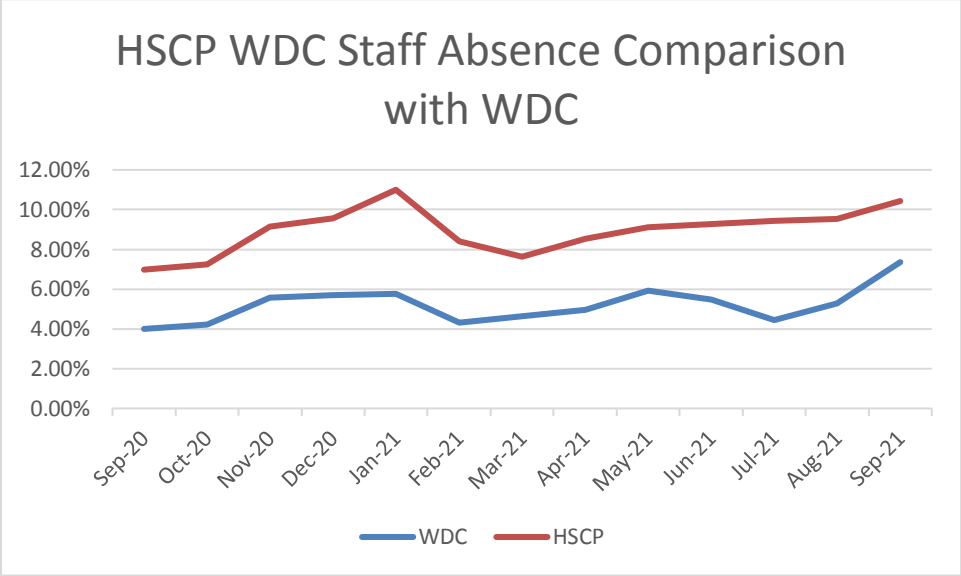
6.1 Non COVID-19 Absence levels within the HSCP are on the whole higher thanwhen compared to the same period in the preceding year for both NHS and WDC staff. Whilst this is not entirely unexpected, work is ongoing to provide targeted HR interventions to ensure staff and managers receive appropriate levels of support. Managers are being encouraged to have ongoing dialogue with their staff about wellbeing and to work with staff to try to prevent an absence eg adjusting work patterns



6.2 Absence rates for NHS staff working in the HSCP have increased by 2.9% compared to the same period last year. NHSGG&C average absence levels have increased by 1.93% when comparing to the same period last year. In comparison to GG&C as a whole our absence levels are consistently below the average however our pattern broadly mirrors that of GG&C.



6.3 Absence rates for WDC staff employed in the HSCP have increased by 3.45% when compared to the same period last year. WDC absence rates have increased by 3.36% when compared to the same period last year. HSCP absence levels are consistently higher than WDC levels. This in part can be attributed to the type of work carried out which can be both physically and emotionally challenging. Work is ongoing to ensure that appropriate HR support and interventions are in place to support both managers and staff in these areas.



7 Workforce Supports and Wellbeing

7.1 Creating a positive workplace and focusing on the mental health and wellbeing of staff has been of the utmost importance. For leaders at all levels of the HSCP, leading, motivating and supporting staff has been a priority. Leaders have empathised with the impact of the COVID-19 outbreak across the HSCP on both personal and professional lives as staff endeavoured to cope with a wide range of issues and feelings, such as, fear, anxiety, isolation and vulnerability.

7.2 Additional measures have been implemented as a result of Covid 19 to ensure the health, safety and wellbeing of staff is further prioritised. As well as Occupational Health and Employee Counselling services offered by both NHS GG&C and West Dunbartonshire Council. A plethora of help and support can be found through **The National Wellbeing Hub,** which can be found at https://www.promis.scot and this has been heavily promoted within the HSCP via Chief Officer Updates, the Joint Staff Forum etc. Trades Unions Colleagues have also been helpful in sharing these additional supports with their members.

7.3 In particular staff have been encouraged to contact **The National Wellbeing Helpline (0800 111 4191)** which is available 24 hours a day, seven days a week and is resourced by trained practitioners at NHS24. This helpline offers callers a compassionate and empathetic listening service based on the principles of psychological first aid, as well as advice, signposting and onward referral to local services if required**. Coaching for Wellbeing** has also been promoted to staff. This is a service designed to support with any of the issues staff may be facing during these challenging times. Staff are offered two hours of online coaching which includes support in building resilience, and helping individuals to take action to improve their wellbeing. Where appropriate, staff can also explore how to lead and support others who may be struggling. Further information can be found at https://www.promis.scot/wp-content/uploads/2020/12/Coaching-for-Wellbeing-Information-Pack.pdf

7.4 West Dunbartonshire Council also ran a serious of wellbeing webinars which were available to all HSCP staff. These covered a number of topics including Supporting a Remote Workforce, Mindfulness, Yoga and The Importance of Sleep.

7.5 All health and social care staff have also been encouraged to take part in NHS Greater Glasgow and Clyde Mental Health Check In which took place in August 2020, February 2021 and August 2021 and will be repeated in February 2022.

7.6 Trades Union Colleagues have joined us in promoting these services to their members.

7.7 Staff have been encouraged to use their Annual Leave Allowance during this leave year and managers have been reminded of the importance of

encouraging staff to fully utilise their leave in order to maintain a healthy work life balance and rest sufficiently.

7.8 Leadership development programmes have continued however uptake levels were not particularly high due to service pressures and other priorities. There is now an increased focus on leadership programmes and development, such as Project Lift, Leading for the Future, Quantum etc as part of the remobilisation of services and the return to business as usual. A number of staff continue to be supported on other leadership programmes through both the NHS and West Dunbartonshire Council, representing positive opportunities for staff to develop into leadership and management roles.

7.9 The Fair Work Convention has defined Fair Work as being positive for individuals, their wellbeing and society and is something employers should strive towards. Fair work is a key component of workforce sustainability. West Dunbartonshire HSCP is also committed to the Ethical Care Charter which was considered and signed off at the IJB earlier last year.

7.10 West Dunbartonshire Council and the HSCP are committed to ensuring the dimensions identified in the Fair Work Framework are embedded within our culture and behaviours. As we evolve through and emerge from the COVID 19 pandemic, the five dimensions will assume greater significance for our organisation and should be a key focus in our engagement with our workforce and Trades Union colleagues. The five dimensions are listed below

- Effective Voice – we foster an environment of open and ongoing dialogue with our workforce and Trades Union colleagues and seek out and listen to their views and ideas. Our HSCP workforce were invited to take part in the annual iMatter survey. The survey opened on 23rd August 2021. All team leaders were supported to promote this opportunity within their area and regular communications will be issued to the entire workforce to encourage a high rate of participation.

- Opportunity – Equal Opportunity is at the heart of both our NHS and WDC policies. We support access to opportunity for all through our recruitment and selections processes, modern apprenticeships, internships etc. We support our workforce to progress in their careers and everyone has access a wide range of training and development opportunities.

- Security –There are collective arrangements in place for pay and terms and conditions of employment. Occupational Sick Pay and Pension arrangements are in place for our workforce and we have an established range of flexible working and family friendly policies in place to support staff who have caring and family commitments.

- Fulfilment – Learning and development opportunities are available throughout the organisation and we try to effectively utilise individual skill sets in the most effective way. We recognise that fulfilment is a key aspect

in ensuring we have a motivated and engaged workforce and encourage creativity and innovation in our workforce and Trades Union colleagues.

- Respect – Mutual respect is an important aspect of our relationships with our workforce and Trades Union Colleagues. This is supported through established policies and procedures. We strive to ensure that our workforce feel valued in ways other than through pay or position. Engagement with employees at all levels in the organisation and with our Trades Union colleagues is high on our agenda

8. Partnership Working

8.1 Our Trades Union colleagues have worked collaboratively with us throughout the pandemic and this has proved to be invaluable especially in regard to communication, the frequently changing guidance and setting up of PPE hubs, Community Assessment Centres etc.

8.2 We strive to build on our positive relationships with Trades Union colleagues and will continue to do so, however two collective grievances have been submitted in recent months in the main from Childrens and Family Services, largely in relation to accommodation, communication and consultation.

8.3 One grievance has been concluded and an action plan has been developed to address concerns raised. As the grievance process moves to conclusion for the outstanding grievance we will of course consider any recommendations or learning that may come as part of the outcome from this. In the meantime we remain keen to work collaboratively with our Trades Union colleagues.

9 Return to the Workplace

9.1 Whilst most of NHS premises have remained open throughout the pandemic a number of West Dunbartonshire Council premises have remained closed.

9.2 As we begin to emerge from the pandemic and look to a gradual return to the workplace, we must recognise some of the challenges this will present.

9.3 The return to offices has initially been limited to small numbers and will be phased in over a number of months. These plans are being made in line with the Scottish Government's protection levels and will take into account any delays to the easing of restrictions and any changes to the guidance.

9.4 Whilst we prepare for this phased programme of return we will continue to take account of the restrictions in place for workplaces in Level 0.

9.5 Managers have been discussing workstyles with their teams and a number of staff whose role allows it have already opted to become remote or flexible workers meaning that they will not have a fixed desk or place of work. It is important that managers maintain regular and consistent dialogue with these individuals to avoid feelings of isolation and foster a culture of team inclusion,

9.6 For those staff who will be returning to the workplace, we will work with them to ensure they are supported to adapt back into to a work environment. We recognise that this may be daunting for some staff and we will work to ensure that we support staff who may be anxious about this and to address any concerns they may have.

9.7 Communication will be key as public health guidance can change quickly and the health and safety of our workforce is of paramount importance.

9.8 All workplaces will comply with social distancing guidance and we will comply fully with any public health guidance in relation to this.

9.9 We recognise that as we begin to emerge from the pandemic it is important to note that we continue to face a period of uncertainty with volatile rates of infection, potential changes to isolation guidance, and a challenging vaccination programme however we will endeavour to ensure our workforce are supported through this as we recognise the potential implications for workforce sustainability ie, increasing absence levels, higher staff turnover, difficult to attract quality staff, lower staff morale etc

10 Recruitment and Retention

10.1 West Dunbartonshire HSCP is facing the same challenges as other HSCP's, and the wider Health and Care sector, in relation to hard to fill roles.

10.2 Work in the care sector is no longer an attractive option for jobseekers. This can be partly attributed to what happened during the pandemic and partly due to market rates of pay. In a lot of cases individuals can earn comparable if not more lucrative salaries in other roles (eg supermarkets) with a lot less responsibility.

10.3 My Job Scotland currently has over twenty live adverts for care staff throughout Scotland. All adverts are for multiple staff and have closing dates months in advance indicating that Local Authorities have rolling recruitment as standard. The effect of this is that neighbouring Local Authorities are competing from the same pool of job seekers with different rates of pay across Local Authorities sometimes being the deciding factor. West Dunbartonshire HSCP currently has 24 care at home vacancies and 22 care home vacancies with interviews taking place the first week in October. Any vacancies not filled will be re advertised.

10.4 The turnover rate for WDC staff within the HSCP is 7.52%. This is higher than the whole of WDC rate which is currently 6.57%. For NHS staff within the HSCP the turnover rate is 6.6% compared to the GGC wide figure of 10.8%.

10.5 Work is ongoing within West Dunbartonshire HSCP to ensure that not only are we an attractive employment proposition but that we also have opportunities available to develop staff to ensure they remain with us. An example of this is

in our social work teams where we employ social work assistants who we may support to qualify as social workers. This includes help with the cost of the course, time off to undertake placements and a willingness to offer placements to other individuals on the course. This will backfill our staff who are out on placement and may attract those individuals to come and work with West Dunbartonshire in the future.

10.6 West Dunbartonshire HSCP attended career fairs etc pre covid however a lot of this activity stopped during the pandemic. It is vital that we now re establish links with schools and colleges and consider different and more innovative ways of advertising West Dunbartonshire HSCP as an employer of choice.

10.7 Links to Clydebank College will be re-established and our vision is to work closely with them to develop a programme to prepare job seekers for work in the care sector and support their development to progress their careers further should they wish to do so.

10.8 Exit interviews are offered to all staff leaving West Dunbartonshire HSCP regardless of the reason they leave. Work is ongoing to analyse further the reasons given for leaving in order that we can address any issues to encourage staff to stay with us.

11 Staff Opinion

11.1 iMatter is the NHS Scotland Staff Experience continuous improvement tool, developed nationally, and used within all NHS Scotland Boards. iMatter is designed to help individuals, teams, Directorates, HSCPs and Boards, understand and improve staff experience and understand the extent to which staff feel motivated, supported and cared for at work.

11.2 The process is based on a staff engagement questionnaire which all staff are asked to respond to and which in turn generates an overall HSCP Report and individual Team Reports. The team discusses the report and agrees the team strength along with up to 3 improvement actions. This improvement plan is captured on a team 'Storyboard' which the team then uses to monitor progress. The process is then completed annually.

11.3 iMatter was replaced by a much shorter pulse survey in 2020 due to the pandemic. Response rates are detailed below

	2020 Pulse Survey	2021 iMatter Survey
Response Rate	52%	62%

11.4 The questions used in the Pulse Survey were taken from the annual iMatter question set and are detailed in the table below along with the comparison to the same question in this years full iMatter Survey. The responses to each question are collated and given a Weighted Index Value. The full iMatter survey was conducted this September this year.

2020 Pulse Survey compared to 2021 iMatter Survey (Weighted Index Value)		
iMatter Question	**2020 Pulse Survey**	**2021 iMatter Survey**
I feel my Line Manager cares about my health and wellbeing	73	84
I feel my organisation cares about my health and wellbeing	53	71
I am treated with dignity and respect as an individual at work	71	83
My work gives me a sense of achievement	68	80
I get the help and support I need from other teams and services within the organisation to do my job	55	69
I feel appreciated for the work I do	52	71
I would recommend my organisation as a good place to work	61	74

11.5 Whilst there is an improvement in the questions asked in the Pulse Survey compared to the iMatter Survey we cannot be complacent and must continue to work collaboratively with staff to ensure this improvement continues.

11.6 The iMatter survey asks twenty eight questions in total, a large number of which were not asked in the Pulse Survey. The results fall into four different categories detailed below along with our outcomes

Category	**Number of questions in category**
Strive and Celebrate (67 – 100)	24
Monitor to Further Improve (51 – 66)	4
Improve to Monitor (34 – 50)	0
Focus to Improve	0

11.7 Out of the twenty eight questions twenty four of them fall into the Monitor to Further Improve Category and are detailed below

2021 iMatter Question	**Response**
I am confident performance is managed well within my organisation	63%
I have confidence and trust in Board members who are responsible for my organisation	60%
I feel that board members who are responsible for my organisation are sufficiently visible	54%

I feel sufficiently involved in decisions relating to my organisation	54%

11.8 It has been highlighted that the questions which relate to the Board and its members can have different connotations to different individuals. As we work through the action planning stage of the iMatter process we will drill down with teams to understand whether they answered the question in relation to NHS Greater Glasgow and Clyde Board, West Dunbartonshire Integrated Joint Board or West Dunbartonshire HSCP Senior Management Team.

12 Summary

12.1 As outlined above focusing on building a sustainable workforce continues to be essential if the HSCP aims to connect with the citizens of West Dunbartonshire and deliver authentic and successful services.

12.2 We will continue to encourage retention of key staff groups whilst encouraging opportunities for Modern Apprentices, internships and building on capacity of volunteers and third sector work force

12.3 Through the development and successful progress of Staff Governance, Staff Engagement, Workforce Planning and Staff Development we will build on our progress and successes to enable us to promote West Dunbartonshire HSCP as an employer of choice.

13 Options Appraisal

13.1 Not required

14. People Implications

14.1 By the nature of the paper, the implications for people are explicit throughout the narrative

15. Financial and Procurement Implications

15.1 There are no financial and procurement implications from this post

16 Risk Analysis

16.1 There are a number of risks in relation to workforce sustainability which continue to be addressed through the mitigation actions identified in the risk register. As the global pandemic continues to evolve and we hopefully begin to emerge from this particular attention needs to be paid to risks of increasing absence levels, potential difficulties in recruiting to the care sector and staff turnover levels.

17. Equalities Impact Assessment (EIA)

17.1 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

18. Environmental Sustainability

18.1 Not required for this paper

19. Consultation

19.1 This report has been shared with the co chairs of West Dunbartonshire HSCP Joint Staff Forum

20. Strategic Assessment

20.1 Not required for this report

21. Directions

21.1 Not required for this report.

Name	Audrey Slater
Designation	Head of People and Change
Date:	27th October 2021

Person to Contact: Audrey.Slater@ggc.scot.nhs.uk

Appendices: None

Background Papers: None

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

Report by Acting Head of Health and Community Care

22 November 2021

Subject: Six Month Monitoring Report on My Life Assessment / Adult Social Care Eligibility Criteria

1. Purpose

1.1 To provide the Board, as requested, with the monitoring report covering the six months since launch of the My Life Assessment (MLA) and adult social care eligibility criteria.

2. Recommendations

2.1 It is recommended the Board

a) Note the progress and challenges set out in the report
b) Note that ongoing monitoring will be published in the HSCP Annual Performance Report as previously agreed
c) Note that the Evaluation Advisory Group (EAG) will provide oversight regarding evaluation of the MLA for the next 18 months

3. Background

3.1 At its September 2020 meeting, the HSCP Board approved for implementation the national eligibility criteria for adult social care in April 2021. The Board asked that it be apprised of developmental work taking place between September 2020 and launch in April 2021.

3.2 At its February 2021 meeting, the HSCP Board was updated on the work undertaken to develop the My Life Assessment (MLA). The MLA was one of the HSCPs direct responses to the Care Inspectorate's Self-Directed Support Implementation Inspection (2019). In response to the criticism received in that report, the MLA was designed to be outcome focused and strengths based while taking cognisance of need and risk and facilitating 'good conversations'. The MLA is the vehicle for assessing eligibility for adult social care.

3.3 At its February 2021 meeting, the Board was advised of the monitoring and evaluation framework being developed for the MLA work and agreed that the Board would receive a monitoring report detailing data from the six months since launch of the MLA. It was agreed that thereafter, monitoring data would be reported in the HSCP Annual Performance Report.

4. Main Issues

4.1 Since the launch of the My Life Assessment and My Life Assessment Screening (MLA-S: a shorter version of the MLA to facilitate early impressions and inform decisions around early support), the workforce has been supported in a number of ways including: weekly huddles with key staff to facilitate rapid problem solving, key guidance documents, on site support, feedback from Senior Officers and other ad hoc support.

4.2 As with any change of this nature, support for staff will be ongoing. Ways to improve implementation will be sought through a variety of routes including monitoring and evaluation.

4.3 The Evaluation Advisory Group (EAG) has met four times and is now moving into the phase of work where it will be deciding upon which areas within the MLA process to focus and design evaluation approaches accordingly. This will almost certainly consist of systematically collating and analysing staff and service user experiences. The EAG intends to undertake at least one process evaluation (is it being implemented as intended?) and one outcome evaluation (what is the impact of delivery?) over the next 18 months.

4.4 The main issues identified through the monitoring of the MLA-S and MLA since April are captured in the report below.

5. Options Appraisal

None required.

6. People Implications

6.1 None identified at this time.

7. Financial and Procurement Implications

7.1 None identified at this time.

8. Risk Analysis

8.1 Risks relating to implementation, particularly in relation to implementation failure, are highlighted in the report. The chief risk is that failure to implement the eligibility criteria appropriately and by, for example, failing to make full use of community based and third sector supports, will see the HSCP overwhelmed and operating at unsustainable levels.

9. Equalities Impact Assessment (EIA)

9.1 An EQIA was undertaken and presented to the Board in September 2020. This EQIA concluded that monitoring of impact on protected groups would be important. The report below notes the levels at which data on protected characteristics (to allow analysis) has been collated. The priority is to increase the level at which these data is collated. It should be noted that even if compliance was 100%, it would likely be too early to offer meaningful and actionable interpretations due to a limited sample size. In addition to supporting collation of these data, it will continue to monitored on an ongoing basis to help inform that the policy is implemented in a non-discriminatory way.

10. Environmental Sustainability

10.1 None required.

11. Consultation

11.1 None required.

12. Strategic Assessment

12.1 By successfully implementing the MLA and adult social care eligibility criteria as part of our approach to people accessing SDS the HSCP will tackle **inequalities** by facilitating equitable and clear access to HSCP resources, ensuring services are proportionate to need and risk. This will enhance **early intervention** by supporting people to **access** the continuum of services ranging from universal services through to those provided by our third and independent sector partners and onto more specialist HSCP support. The MLA will highlight **assets** and strengths each citizen possesses and we will work collaboratively in a way that enables citizens to achieve their outcomes and increase their **resilience**, to be able to live well in the presence or absence of symptoms.

13. Directions

13.1 There are no directions accompanying this report.

Name: Fiona Taylor

Designation: Acting Head of Health and Community Care

Date: 25/10/2021

Person to Contact:	John Burns, Service Improvement Lead, Church St, WDC Offices, Dumbarton G82 1QL Email: john.burns@west-dunbarton.gov.uk Tel: 07880 472395
Appendices:	Appendix 1: My Life Assessment (MLA) Six Month Monitoring Report (April-Sept 2021)
Background Papers:	WDHSCP Eligibility Criteria for Adult Social Care: https://www.west-dunbarton.gov.uk/health-social-care/self-directed-support/eligibility-criteria/ HSCP Board Papers Sept 2020, Feb 2021: http://www.wdhscp.org.uk/media/2398/members-document-pack-bookmarked-hscp-board-250221.pdf
Localities Affected:	All

Appendix 1: My Life Assessment (MLA) Six Month Monitoring Report (April-Sept 2021)

1. Introduction and Background

1.1 This monitoring report accounts for the first two quarters (April – Sept 2021)relating to the implementation of the My Life Assessment (MLA) and the My Life Assessment-Screening (MLA-S). The MLA-S is designed to screen people who are seeking support from the West Dunbartonshire Health and Social Care Partnership (HSCP). Its primary aim is to establish who requires a full MLA as well as who might require support from other non-HSCP services either instead of or as well as support from the HSCP. This should ensure people are provided with early help from the appropriate service proportionate to their needs.

1.2 The MLA is an assessment designed to assess the needs, risks and strengths of people accessing health and social care services and inform decisions regarding eligibility criteria for adult social care, personal outcomes and Self-Directed Support options. The MLA was introduced by the HSCP to improve delivery of Self-Directed Support. It is one of the HSCP's responses to the Care Inspectorate findings (2019) that the HSCP approach to assessment did not facilitate 'good conversations', was too deficit focused and neglected client strengths and failed to record, report and measure outcomes.

1.3 The MLA was designed and shaped by HSCP staff, third sector partners usually involved in assessment processes and people with lived experience of HSCP assessment. The MLA is part of a suite of tools to support clients and staff in assessment and care planning. The MLA should be read alongside the guidance for staff – the MLA is *what* is to be completed in terms of assessment, the guidance details *how* it should be completed, for example, in a strengths and rights based way.

1.4 Work is underway to evaluate MLA implementation. Evaluation will provide a point in time look at certain issues, for example, how implementation has affected different people in different ways. An Evaluation Advisory Group (EAG) has been established to oversee the evaluation work. Monitoring activity, the focus of this report, will concentrate on a number of data points to give an indication of any implementation issues.

1.5 Over a period of time, a series of monitoring reports can indicate trends or changes in practice which may require action. Even a single quarter monitoring report can give an indication of whether implementation is

progressing as intended and whether any action might be required to support this. Prior to launch of the MLA, a dataset was agreed comprising indicators the HSCP would like to monitor. This is not intended to be a complete or exhaustive list, nor is it a final list – over time, the HSCP may choose to add or remove indicators depending on how useful the data proves.

1.6 Because this report contains data from quarters one (April – June) and two (July – Sept), there are times where comparisons between quarters are made and where the data is reported in aggregate. Where this is relevant the report will be clear about to which timeframes are being referred.

2. MLA-S Dataset

2.1 This six month monitoring report includes the following indicators in relation to the MLA-S:

- Number of screenings completed
- Number of outcomes from screening (it is possible, in many cases likely, that more than one outcome was recorded for a single person)

2.2 In quarters one and two there were 48 and 57 MLA-S completed respectively. The 48 screenings generated 139 different outcomes and the 57 generated 165 different outcomes. Combined, this means 105 screenings generated 304 different outcomes. The distribution and frequency of these outcomes is provided in Table 1[1].

Table 1: My Life Assessment Screening Outcomes April-June and July-Sept 2021 and Totals

MLA-S Outcome	Number of times recorded (April-June)	Number of times recorded (July-Sept)	Total April - Sept
1. Appears to meet eligibility criteria for HSCP adult social care (substantial / critical risk in one or more Life Areas)	31	37	68
2. Does not appear to meet eligibility criteria for HSCP adult social care (no or low risk for all Life Areas)	5	7	12
3. Appears to be moderate in relation to eligibility criteria for HSCP adult social	15	23	38

[1] It is not possible to say for certain that an individual screened in Q1 was not screened again in Q2 however any such number is suspected to be low.

care (where moderate is the highest rating in any of the Life Areas)			
4. Closed to HSCP	5	4	9
5. No service required from HSCP but review in 6-12 months	Unused	3	3
6. Proceed to full MLA within my service	15	27	42
7. Proceed to full MLA by other HSCP service	15	7	22
8. Referred to other HSCP service	22	17	39
9. Referred to 3rd sector service (except Carers of West Dun)	4	2	6
10. Referred to primary care service (e.g. GP)	2	5	7
11. Referred to Working4U	2	5	7
12. Signposted to community led service (e.g. mutual aid group / hobby / interest / sport / social inclusion group / faith based)	4	8	12
13. Referred to foodbank	3	2	5
14. Adult Carer Support Plan required	4	4	8
15. Young Carer Statement required	Unused	Unused	0
16. Referred to Carers of West Dun	4	5	9
17. Provided information on self-management activities / resources to access (e.g. online)	3	4	7
18. ASP Concern identified and ASP process initiated	1	3	4
19. Child Protection issue identified and Children and Families Social Work notified	Unused	Unused	0
20. Child welfare issue identified and GIRFEC process initiated	Unused	Unused	0
21. Other	4	2	6
22. **Total**	139	165	304

3. Comment:

3.1 As can be seen from Table 1, there were 304 outcomes identified from the use of the MLA-S across 105 screenings in the first six months of use. With the intention being that anyone looking to access social care from the HSCP should be screened using the MLA-S before deciding on whether a full MLA should be completed, it may have been expected that this number would be higher however we are able to see, albeit only slightly, a quarter on quarter increase in the number of MLA-S completed (57 up from 48). The HSCP is also unable to disaggregate some data to provide a reliable comparison (i.e. how many were actually referred compared to how many were screened).

3.2 The relatively high proportion – 45% in quarter one, 29% in quarter two and combined 37% for the two quarters – of people referred within the HSCP to other HSCP services could be an indication of the complexity and severity of issues affecting people looking to access services i.e. co-morbidities and treatment needs requiring to be addressed by multiple HSCP services. It could also be an indication of people accessing the HSCP via 'the wrong door'; people have possibly been screened by one service but require support from another. The outcome 'Proceed to full MLA by other HSCP service' is perhaps further evidence of this, however, this has halved from quarter one (15) to quarter two (7).

3.3 Notwithstanding, perhaps even because of the issue of complexity, higher numbers in outcomes such as referral to the third sector, community based support and self management may be expected. Such outcomes would not be in lieu of HSCP support but could facilitate a reduction in risk and need in the interim between the completion of an MLA-S, completion of a MLA and the provision of HSCP support. For example, and across the 6 months, when we know the pressure of increasing fuel and food prices, we may expect more than 16% (17/105) of people screened to be referred for benefit maximisation (Working4U) and 5 people referred to the food bank for support.

3.4 With 10% (5) in quarter one and 7% (4) in quarter two of those screened closed to the HSCP, this shows effective screening has prevented the full assessment being unnecessarily undertaken. It is not possible to provide comment on whether these same 9 people were associated with other outcomes e.g. referred to third sector.

3.5 Neither is it possible to comment on the appropriateness of only 9 referrals made to Carers of West Dunbartonshire, four ASP issue identified and zero child protection or welfare concerns recorded in the six months. With carers, ASP and child welfare and protection issues prevalent in West Dunbartonshire, particularly the former with an estimated 12000+ carers, it is not possible to compare with historical data e.g. comparing numbers of referrals to Carers of West Dunbartonshire would be to do so when there was

no screening in place (the need would likely have been identified during full assessment) and data from duty was not recorded. It is also possible that public protection concerns may become more apparent at full assessment rather than screening / duty.

3.6 Over the coming quarters, as more data becomes available, the MLA-S is further embedded and evaluation work is undertake, it is likely that MLA-S monitoring data will allow more insight and inform decision-making of how to improve the delivery and use of the MLA-S. Effective use of the MLA-S will undoubtedly help the HSCP evidence the impact its services have at this vital and early stage in assessing and supporting people which historically it has never been able to do; this data is beginning to demonstrate the extent of support provided at a stage in the service user journey which has never before been captured by the HSCP.

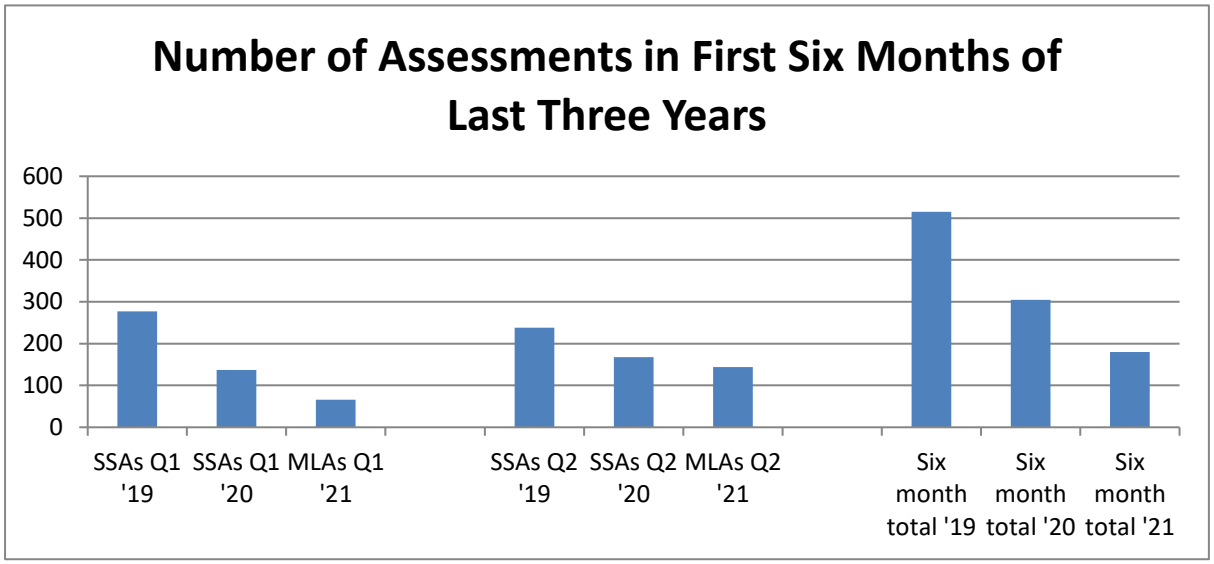
4. My Life Assessment Dataset:

4.1 The indicators included in the first six months' monitoring of the MLA include:

- Number of MLAs completed
- Number of legacy SSAs completed in quarter (predecessor to MLA)
- Number of SSAs completed in same quarter for 2019 and 2020
- Distribution of risk across the adult social care national eligibility criteria categories
- Collation of data regarding protected characteristics
- Number of MLA related complaints
- Number of referrals made to third sector
- Number of referrals made to third sector by risk category

4.2 In the quarter April-June there were 66 MLAs completed and 114 in Quarter two (180 over the six months). In the first quarter, the number of legacy SSAs completed (in error, when the MLA should have been completed instead) reduced from 15 in April, to five in May and zero in June. This remained the case in the second quarter.

Figure 1: Number of Assessments in First Six Months of Last Three Years



4.3 Figure 1 clearly shows a year-on-year decrease in the number of (legacy SSA and then MLA) assessments undertaken across the HSCP as a total and in each quarter, however we can also see an increase in the number of MLAs from Q1 to Q2.

4.4 It would be speculative to offer explanations for the year on year decrease however, it is likely the pandemic played a significant role. Future years' data will indicate whether this plateaus or reverses and future months' data will similarly show any changes throughout the year. The pandemic has certainly impacted upon how HSCP staff work (e.g. remotely in some cases) however, these data indicate that, if all else remained equal, the pressures associated with a high volume of assessments as in previous years will have reduced.

5. Distribution of Risk

5.1 When considering the distribution of risk across the risk categories within the eligibility criteria for adult social care of those assessed across the two quarters (n=180), we must consider how risk is assessed in the MLA. The MLA considers six life areas: physical health, mental health, social connectedness and participation, influence over one's life, and safety and security.

5.2 The assessment is undertaken to arrive a t a conclusion on levels of risk faced by the person which, in turn, informs the level of support required to mitigate this risk. More information on eligibility criteria is available here. The consequence is that each assessment produces six ratings of risk, one for each life area. If the person is assessed as substantial or critical in any of the life areas, they become eligible for adult social care services from the HSCP.

With that in mind, the approach to monitoring the distribution of risk involves reporting the highest level of risk for a person across each of the six life areas.

5.3 Of the 180 people assessed across quarters one and two, 43% (79) were assessed as critical while a further 36% (65) were assessed as substantial. People assessed at these levels are eligible for HSCP adult social care as per the policy meaning four fifths of people assessed exceeded the eligibility threshold.

5.4 The eligibility criteria allows for discretion to be applied in terms of providing adult social care for those people assessed as experiencing moderate risk. The data shows a further 27 people were assessed as moderate and were provided with a service from the HSCP meaning 95% (171 of 180) people assessed were provided with a service.

5.5 Nine people were assessed as low in terms of risk to their health, wellbeing and independent living so were not eligible for adult social care services. However, most were referred to Occupational Therapy and Sensory Impairment Teams or were already receiving an HSCP service prior to their MLA. Without knowing the details of what was provided, it is possible they too received social care support despite being in this low category of risk. Finally, three people (from 180) were assessed as no risk.

6. Comment

6.1 It is clear from the data that a very high proportion (98.4%) of those assessed went on to receive social care services. When compared to other Local Authority areas, this number is extremely high with estimates elsewhere being around a third of those assessed are often found to be ineligible for adult social care services.

6.2 There may be a number of explanations for this. Firstly, it is possible we are beginning to see the ‘bounce’ from the pandemic; the number of referrals dipped during lockdown(s) where there is much evidence to suggest people were experiencing a deterioration in their health and wellbeing. The data could indicate that people are accessing services now with higher levels of risk than before, and more of them too with a quarter on quarter increase in assessments. Perhaps the referral routes into the HSCP ensure only those at the higher end of risk to their health, wellbeing and independent living are referred / self-refer in the first place.

6.3 It is possible the MLA-S is ensuring only those who are more likely to require a service are moving through to receive a full MLA and, perhaps because they

have been screened as such, assessors are more likely to think such citizens are indeed experiencing higher risk and assess accordingly. Another contributor could perhaps be that the eligibility criteria remains not well understood and / or not being implemented.

6.4 At the same time, it should be noted that the number of assessments in the six months since April is lower than in any of the same time period in the previous three years. Perhaps if the number was higher the proportion of people receiving a service would be lower.

6.5 It may be useful to consider the proportions of people assessed at certain levels across the past three years. Table 2 shows that, compared to previous years there has been an increase in those people assessed in the top two categories of risk and a decrease in the number of those people assessed in the moderate category.

Table 2: Proportion of people assessed during six months from April for past three years

Risk Level	**Six months from April for past 3 years**		
	2019 (n=515)	2020 (n=305)	2021 (n=155)
Critical	23%	22%	43%
Substantial	25%	40%	36%
Moderate	42%	33%	15%
Low	9%	4%	5%

*percentages do not sum to 100 due to 'no risk' not being recorded in table

6.6 While we cannot be certain of the reasons, what is clear is that by providing a service to 95% of all people who are assessed, the HSCP is significantly stretching itself to potentially unsustainable levels. Combining this with the low frequency at which people tend to leave HSCP services helps better understand some of the other perceived pressures across the system.

7. Collation of protected characteristic data

7.1 Under the Equalities Act 2010 the HSCP is legally required to consider any impact policy changes it either proposes and / or implements may have across the nine protected characteristics contained within the Act (age, gender reassignment, sex, sexual orientation, race, religion or belief, marital and civil partnership status, disability, pregnancy and maternity). Through the Fairer Scotland Duty the HSCP has a responsibility to pay due regard to the impact any policy changes may have from the perspective of socio-economic status.

7.2 While having no negative or prejudicial impact is a good place to start, the HSCP has a responsibility to understand the issues faced across the diverse populations it serves and should consider how to develop and deliver services which meets the populations needs. As part of the Equalities Impact Assessment undertaken as part of the Eligibility Criteria Policy, the HSCP agreed to collate data regarding protected characteristics as part of its monitoring of the implementation of the MLA.

7.3 For the six months since April, 85% of MLAs have been completed with protected group data included and only 5 had at least one response where the person had noted they would 'prefer not to say'. This is consistent with the evidence that people are generally comfortable sharing their information when they understand it will be used in a way that will help shape their care and meet their needs. Further work is required to increase the proportion of assessments where protected characteristic data is recorded.

8. Complaints data

8.1 There were no complaints from service users recorded in the six months from April. The MLA and MLA-S guidance sets out how complaints should be addressed and, where appropriate, escalated. Complaints will continue to be monitored.

9. Referrals to third sector partners

9.1 The data for first two quarters show that of the 180 people assessed, only 16% (30) were recorded as being referred to third sector organisations for support (15% in Q1 and 17% in Q2 potentially indicates the beginning of a pattern). When considered against the risk profile of the people who were referred, seven were assessed as experiencing critical risk, 16 were experiencing substantial risk, four were moderate and three were low risk.

9.2 The overall number of referrals to the third sector appears very low. The HSCPs third sector partners provide support for a range of needs and issues including carer support, support with a physical or learning disability or sensory impairment, drugs and alcohol interventions, employability, community participation and involvement opportunities and more. They provide opportunities for people to tap into support as recipients but so too opportunities and training for people to become volunteers and providers of support.

9.3 Of the small sample of 30 it can be seen that the majority (23) were in the substantial and critical categories of the adult social care eligibility criteria. This is perhaps a reflection of the distribution of risk identified above (i.e. a combined 80% of those assessed found to be experiencing critical or

substantial risks). Presumably these referrals were made alongside the HSCP providing support for more critical and substantial risks. While effective partnership and collaborative working remains a key priority for the HSCP, some third sector services can be provided as an alternative to HSCP services.

9.4 While they may vary on a case to case basis, these supports are provided, and in some cases specifically commissioned, to provide early intervention for people experiencing lower levels of risk. In other words, the combined 36 people assessed as experiencing low or moderate risk as their highest risk could potentially have been well placed to receive support from third sector partners (either as alternative to or as well as support from HSCP) instead of only the seven actually referred.

10. Issue re risk recording

10.1 In addition to providing an opportunity to review (emerging) trends and activity, quarterly monitoring also provides a chance to identify any recording issues. One such issue was identified in this first quarter and relates to the recording of risks. As noted above, the MLA considers risk across six life areas. When these are first encountered within the assessment, the assessor is required to note the level of risk. Later in the assessment, the assessor is requested to input the risk again but this time into a summary table.

10.2 The reason for the summary table is to have in a single place the important information relating to risk, next steps etc. which is spread across a number of pages. The reason for having to manually (re)input the data is because the information system does not provide an autofill function that would draw the data down and save having to retype it. The consequence is that there have been a number of times where the risks from the body of the assessment do not match the data in the summary table.

10.3 This is critical to the integrity of the data and requires action to ensure the discrepancy is reduced. Before submitting their assessment for authorisation, assessors should be encouraged to double check this data (and proof read their entire assessment). Before authorising any assessment, Senior Social Workers should confirm the level of risk assessed in the body of the assessment and the level stated in the summary box is consistent.

11. Conclusion

11.1 This monitoring report for the six months since launch of the MLA in April 2021 has identified that the number of assessments completed is lower than previous years and the distribution of risk shows a higher proportion of people assessed to be within the higher risk categories.

11.2 The number of assessments completed which include protected characteristics requires to continue to be monitored and increased. The number of referrals made to third sector partners also requires to be increased if the HSCP is to make full use of the resources available to it and its citizens. The issue of a discrepancy between the inputting of the risk data in two separate sections requires to be addressed.

11.3 As with any monitoring report, particularly following launch of a new approach, interpretations are limited by lack of further data. More meaningful and useful interpretations and actions may arise as more data is collated. In addition, the aforementioned Evaluation Advisory Group through any evaluation activity – which will almost certainly include collating views of staff and service users – will help drive future changes and improvements to the assessment process.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

Report by Chief Nurse

22 November 2021

Subject: The Implementation Of Eligibility Criteria Policy For (Unpaid) Carers

1. Purpose

1.1 To update the HSCP Board on the work of the Carers' Development Group (CDG) on the development of eligibility criteria for carers and the CDG endorsement of same for use in West Dunbartonshire.

2. Recommendations

2.1 It is recommended the Board

a) Agree the introduction and implementation of an eligibility criteria policy for unpaid carers in West Dunbartonshire in compliance with Section 21 of the Carers' (Scotland) Act 2016
b) Agree implementation date of April 2022
c) Note this work has been endorsed by the Carers' Development Group
d) Note this aligns with the Eligibility Criteria for Adult Social Care Policy agreed by the HSCP Board on 23 September 2020

3. Background

3.1 It is recognised that unpaid carers (defined in Section 2 of the policy and hereafter referred to as 'carers') in Scotland are the single largest group of care providers. West Dunbartonshire Health and Social Care Partnership (WDHSCP) through its Strategic Plan 2019 -2022 and its Local Carers' Strategy 2020 – 2023, makes the following commitment,

"In accordance with the expectations of the Carers' (Scotland) Act 2016, the HSCP and partner organisations are committed to ensuring better and more consistent support for adult carers, young adult carers and young carers so that they can continue to care, if they wish, in better health and to have a life alongside their caring commitments".

3.2 WDHSCP has worked closely with key partner organisations through the West Dunbartonshire Carers' Development Group (CDG) to agree eligibility criteria. When implemented as intended, eligibility criteria will assist with the provision of proportionate support through a fair and transparent process for adult carers, young adult carers and young carers (definitions provided below).

3.3 The CDG brings together representatives from across the HSCP, partner

organisations and local carers to lead on the development and implementation of the West Dunbartonshire Local Carers' Strategy and to ensure this is done in a way that is compliant with the Carers' (Scotland) Act 2016.

3.4 The eligibility criteria endorsed by the CDG is that which was published by the National Carer Organisations (NCO) in June 2015. Scottish Government has produced a similar but slightly different version which is included in the updated Carers' Act Guidance published by Scottish Government in July 2021.

3.5 The HSCP will initially use the NCO version as this will allow the HSCP and partner organisations to continue to report on the Carer's Census. The revised version does not yet have the appropriate reporting infrastructure in place however, when appropriate, the HSCP will move to the criteria provided in the revised guidance.

3.6 The key differences between the criteria are mainly cosmetic. For example, the NCO version has a life area called 'health' and one called 'emotional' while the revised version pools these under 'health and wellbeing'; the NCO version refers to 'employment' while the revised version refers to 'employment and training'. Another difference is the NCO version has a section called 'feeling valued' while the revised version does not include this domain. For the remainder of this paper, when we refer to eligibility criteria, it is the NCO version to which we refer.

3.7 At the time of its development there was a national consultation on the NCO eligibility criteria, indeed Carers of West Dunbartonshire and local carers participated in that consultation which shaped the final published draft.

3.8 However, at that time, the decision was taken locally not to implement the criteria. This has invariably led to confusion and issues around, for example, role clarity and how to best ensure carer access to the appropriate resources. Consequently, the CDG is of a view that the introduction of eligibility criteria could help better inform and allow for more transparent decision-making when allocating and supporting carers to access resources.

4. Main Issues

4.1 Section 21 of the Carers' (Scotland) Act 2016 sets out the duty on each Local Authority to set local eligibility criteria for carers.

4.2 Section 21(2) of the Act defines local eligibility criteria as, "…the criteria by which the local authority must determine whether it is required to provide support to carers to meet carers' identified needs."

4.3 The Act also states that eligibility criteria are set locally to enable Local Authorities to provide support to carers in different caring situations across a

whole range of life circumstances. Local eligibility criteria will help local authorities to prioritise support and to target resources as effectively and efficiently as possible. This recognises that demand for support is increasing due to demographic changes, more complex needs and a greater intensity of caring. Preventative support for carers also has a role in helping manage future demand where it prevents needs from escalating.

4.4 The legal requirement to publish local eligibility criteria is intended to improve transparency in decisions about eligibility for carer support.

4.5 In addition to supporting compliance with legislation, the introduction of eligibility criteria will also help deliver Self-Directed Support (SDS) for carers where they will be able to access SDS in their own right, will better align the WDHSCP with other HSCP's positions across the country and will tie in with the HSCP Boards policy on eligibility criteria for adult social care (implemented April 2021).

4.6 The eligibility criteria is very similar to the national eligibility criteria for adult social care inasmuch as it rates risk across 5 categories:

- **No risk** – There are no risks to the carers health, wellbeing and quality of life due to their caring responsibilities

- **Low Impact -** Indicates that there may be some quality of life issues but the risk to the carer's health and wellbeing is low. They may have a need for universal and/or preventative support e.g. access to peer support.

- **Moderate Impact -** Indicates that there is some risk to the carer's health and wellbeing. This may call for provision of some health and social care services e.g. replacement care.

- **Substantial –** Indicates that the caring role is having a significant impact on the carer's health and well-being and their willingness and/or ability to continue caring. An immediate response is required

- **Critical Impact -** Indicates that there is a major risk to the carer's health and well-being and their willingness and/or ability to continue caring. It is likely to require urgent provision from health and social care services

4.7 These categories are then applied to the following eight life areas for adult carers: health, emotional, relationships, finances, life balance, future planning, employment, and living environment.

4.8 For young carers, the risk categories remain the same however the domains involved are from the SHANARI wellbeing indicators: safe, healthy, achieving, nurtured, active, respected, included.

4.9 Where a carer is experiencing issues in their life, an Adult Carer Support Plan (ACSP) or Young Carers Statement (YCS) should be offered to help assess the level of risk across the relevant life areas. Proportionate support can then be provided based on the level of identified need, risks and strengths to meet the carer's outcomes. The offer of an ACSP / YCS should be made to all carers, regardless of whether their caring responsibilities and the effects of same are expected to meet the eligibility criteria thresholds. It is the prerogative of the carer to decline the offer of an ACSP / YCS however it is the duty of the HSCP to make the offer to every carer it identified. Any carer also has the right to request an ACSP / YCS.

4.10 Work is underway to review the ACSP pro-forma to ensure the format and how it is used is person-centered, outcome focused and strengths based while providing an accurate assessment of need and risk. This work will also support role clarity between the HSCP and partners in terms of responsibilities therein i.e. who should undertake an ACSP with a carer and in which circumstances.

4.11 New guidance was published July 2021 regarding timescales to complete ACSP and YCS for carers of terminally ill people. The guidance notes that accelerated timescales and option of light touch plan/statement apply to carers of people who are terminally ill. While there are no timescales for the provision of ACSP / YCS generally – though Local Authorities are to provide an indication of local timescales in their Local Carer Strategy – the guidance provides specific timescales for carers of terminally ill people. Specifically, it states that a 'substantive conversation' which informs emergency provision and a light touch ACSP should be provided within 5 working days of the carer accepting the offer of or requesting an ACSP. A full ACSP should be completed within 10 working days of this date. The guidance should be referred to for more details.

4.12 The guidance notes that while the process of ACPS and YCS completion should be a joint one, the decision regarding eligibility is ultimately one for the Local Authority / HSCP. Any decision regarding eligibility should be communicated quickly and clearly to the carer.

5. Options Appraisal

None required.

6. People Implications

6.1 As noted above, work is required to identify the roles and responsibilities for completing ACSP /YCS. While it is the role of the Local Authority to ensure these are completed, it is an option for the Local Authority to commission a third party to either undertake this role or to undertake the role in

combination with the Local Authority. It appears to be the latter which is in place in West Dunbartonshire however, role ambiguity, among other issues, appears to contribute to a relatively low number of ACSP / YCS being completed by HSCP staff. Resolving these issues will make clearer any implications for staff and stakeholders.

7. Financial and Procurement Implications

7.1 There are no known financial and procurement implications at this time however, the work referred to above may bring about the need to consider, from a financial perspective, the impact of delivering the Local Authority / HSCP duties and responsibilities.

7.2 Work is also underway to review the existing commitments with the LCS action plan – one of which involves increasing the number of completed ACSP / YCS. An opportunity is being developed to consider how this can be resourced and procurement may play a role in this.

8. Risk Analysis

8.1 Failure to establish and publish eligibility criteria will see the HSCP continue to face risks in terms of audit and reputational risk.

8.2 Failure to implement eligibility criteria risks the level of need – met and unmet – being unknown and therefore unmanageable.

8.3 Failure to implement eligibility criteria continues to risk considerable variation on how services are provided for and accessed by carers; decision-making risks failing scrutiny, and would be inconsistent within and between services due to the lack of any barometer against which to test decisions or base them upon.

9. Equalities Impact Assessment (EIA)

9.1 An equalities impact assessment was undertaken and concluded:

"This policy should be introduced due to the assessed benefits and absence of significant negative impacts identified through this equalities impact assessment (EQIA). The group who completed the EQIA, made up of the manager from Carers of West Dunbartonshire, a carer rep, an HSCP Service Manager and an HSCP Service Improvement Lead who are all also members of the Carers Development Group which provided its endorsement of the policy, are satisfied that from the available data, the policy stands to make a more positive difference than negative. Examples include advancing equity and equality through transparent and collaborative decision making, ensure, where appropriate, carers can access Self Directed Support options and services proportionate to their needs. Work undertaken to deliver the policy

will also see assertive approaches taken to engage seldom heard populations. It was also recognised that some data were unavailable for certain protected characteristics, both at a local and national level. Efforts will be made to better understand any potential impacts on all protected groups and a monitoring framework is being developed to assist with this. The EQIA output is available as Appendix 2.

10. Environmental Sustainability

10.1 None required.

11. Consultation

11.1 As noted, there was extensive national and local consultation when the eligibility criteria was being developed by the National Carer Organisations. Since then, the Independent Review of Adult Social Care has made comment on eligibility criteria. In particular, the IRASC is keen that eligibility criteria not be implemented in a way that it becomes a barrier to people accessing proportionate and appropriate resources in a timely way. The HSCP intention for implementation is noted within the policy. In summary, it is intended to support a transparent, systematic and consistent approach to supporting carers and, where appropriate, facilitating their access to SDS and other services.

12. Strategic Assessment

12.1 This work is in line with the HSCPs 5 key strategic priorities: early intervention; access; resilience; assets and inequalities. However, further work is required to more clearly align the eligibility criteria and the implementation of a strengths based and outcome focused ACSP / YCS with these priorities.

12.2 For example, by successfully implementing the criteria as part of our approach to carers accessing SDS in their own right we will tackle **inequalities** by facilitating equitable and clear access to HSCP resources, ensuring services are proportionate to need and risk. This will enhance **early intervention** by supporting people to **access** the continuum of services ranging from universal services through to those provided by our third and independent sector partners and onto more specialist HSCP support. ACSP / YCS will highlight **assets** and strengths each citizen possesses and we will work collaboratively in a way that enables citizens to achieve their outcomes and increase their **resilience**, to be able to live well in the presence or absence of symptoms and conditions and alongside their caring role(s).

13. Directions

13.1 There are no directions accompanying this policy.

Name: Val Tierney
Designation: Chief Nurse
Date: 25/10/2021

Person to Contact:	John Burns, Service Improvement Lead, Church St, WDC Offices, Dumbarton G82 1QL Email: john.burns@west-dunbarton.gov.uk Tel: 07880 472395
Appendices:	Appendix 1: Eligibility Criteria Policy for (Unpaid) Carers Appendix 2: Equalities Impact Assessment
Background Papers:	WDHSCP Eligibility Criteria for Adult Social Care Scottish Govt. Carers Act Guidance 2021
Localities Affected:	All

Appendix 1: Eligibility Criteria Policy for (Unpaid) Carers.

Lead Officer:	Val Tierney, Chief Nurse
Policy Approved By:	West Dunbartonshire Health and Social Care Partnership Board
Date Approved:	TBC
Implementation Date:	April 2022
Review Date:	April 2023 (Pending approval date and aligns with review of Local Carers Strategy 2020-2023)

1. POLICY OBJECTIVES

1.1 The West Dunbartonshire Health and Social Care Partnership (HSCP) is responsible for working in collaboration with carers to determine (i) whether a need for the provision of community care support exists and (ii) how such need should be met.

1.2 Scottish Government Guidance locates eligibility decisions very clearly within the Carers' (Scotland) Act 2016. Section 21 states that Local Authorities have a duty to set eligibility criteria for carers and in Section 21b explains eligibility criteria as,

"…the criteria by which the local authority must determine whether it is required to provide support to carers to meet carers' identified needs."

1.3 The Act also sets out the following:

- Eligibility criteria are set locally to enable local authorities to provide support to carers in different caring situations across a whole range of life circumstances.

- Local eligibility criteria will help local authorities to prioritise support and to target resources as effectively and efficiently as possible. This recognises that demand for support is increasing due to demographic changes, more complex needs and a greater intensity of caring. Demand can vary from council to council. Preventative support to carers also has a role in helping manage future demand where it prevents needs from escalating.

- The requirement to publish local eligibility criteria is intended to improve transparency in decisions about eligibility for carer support.

- Although the duty applies to local authorities and relevant health boards it is delegated to integration joint boards under the Public Bodies (Joint Working) (Prescribed Local Authority Functions Etc.) (Scotland) Amendment (No. 2) Regulations 201798 and the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 201799.

1.4 The 2016 Act describes assessment as a two-stage process: first there is the assessment of needs and then, having regard to the results of that assessment, the Local Authority shall decide whether the needs of that person call for the provision of services. The operation of local eligibility criteria applies to this second stage of the assessment process; eligibility criteria requires to be used to determine whether a person assessed as needing support requires a statutory service to be put in place in order to meet those needs.

1.4 This policy provides a framework within which the HSCP will have the flexibility to develop services taking account of local needs and

circumstances, but in a way that ensures access to support is achieved more fairly, transparently and consistently. Furthermore, this policy will make it easier for people to understand the level of support that they are entitled to.

2. POLICY APPLICATION

2.1 This policy applies to carers as defined in the following:

(1) In the Carer (Scotland) Act 2016 "carer" means an individual who provides or intends to provide care for another individual (the "cared-for person").

(2) But subsection (1) does not apply—

(a) in the case of a cared-for person under 18 years old, to the extent that the care is or would be provided by virtue of the person's age, or

(b) in any case, to the extent that the care is or would be provided—

(i) under or by virtue of a contract, or

(ii) as voluntary work.

(3) The Scottish Ministers may by regulations—

(c) provide that "contract" in subsection (2)(b)(i) does or, as the case may be, does not include agreements of a kind specified in the regulations,

(d) permit a relevant authority to disregard subsection (2)(b) where the authority considers that the relationship between the carer and the cared-for person is such that it would be appropriate to do so.

(4) In this Part "relevant authority" means a responsible local authority or a responsible authority (see section 41(1)).

Meaning of "young carer"

In the Carers (Scotland) Act 2016 "young carer" means a carer who—

a. is under 18 years old, or

b. has attained the age of 18 years while a pupil at a school, and has since attaining that age remained a pupil at that or another school.

Meaning of "adult carer"

In the Act "adult carer" means a carer who is at least 18 years old but is not a young carer.

Meaning of "young adult carer"

In West Dunbartonshire a carer aged between 16-24 years is considered to be a Young Adult Carer

The local authority responsible for completing an Adult Carer Support Plan is always the local authority in which the cared-for person resides, rather than where the carer resides.

3. RELATED LEGISLATION, POLICIES AND PROCEDURAL MECHANISMS

3.1 The Carers (Scotland) Act 2016 links with a host of legislation and ties in closely with legislation regarding the provision of health and social care services more generally. Consequently, West Dunbartonshire Health and Social Care Partnership's responsibilities to carers – and to people more generally – are set out in the following legislation, policies and operational mechanisms, which are subject to change:

- The Social Work Scotland Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002
- Chronically Sick and Disabled Persons Act 1970
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- The Adult Support and Protection (Scotland) Act 2007
- Children (Scotland) Act 1995
- Children and Young People (Scotland) Act 2014
- Data Protection Act 1998
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998
- The Social Care (Self Directed Support) (Scotland) Act 2013
- The Equality Act 2010
- The Mental Health (Scotland) Act 2015
- The Carers (Scotland) Act 2016

3.2 Other related policies and mechanisms:

- My Life Assessment Form
- Non Residential Charging Policy
- Carer's Eligibility Criteria Equality Impact Assessment
- Adult Carer Support Plan
- Young Carer Statement
- Short Breaks Statement
- Respite policy

4. CONTEXT AND APPROACH TO IMPLEMENTATION

4.1 Scottish Government and CoSLA introduced a National Eligibility Framework which was adopted in West Dunbartonshire in 2010 and reaffirmed in 2021. In 2015 the National Carer Organisations developed an eligibility criteria framework specifically for carers. This has been slightly revised and published in July 2021 within the Scottish Government Guidance on the Carers (Scotland) Act 2016. This policy paper sets out how eligibility criteria for carers will be used in West Dunbartonshire, initially using the former up until the required reporting infrastructure is available to support the latter.

4.2 Eligibility criteria are a method for deploying limited resources in a way that ensures that resources are provided to those in greatest need by way of prioritisation, while also recognising where lower level intervention may prevent the deterioration of peoples' circumstances in less urgent need of support.

4.3 Eligibility criteria recognise 'risk' as the key factor in the determination of eligibility for services. However, many risks are changeable and can be offset by strengths and protective factors which will be identified in an Adult Carer Support Plan (ACSP) and Young Carer Statement (YCS). Risk can also fluctuate and the Act is clear that someone is a carer where they have an intention to care. For example, at the stage of someone being discharged from hospital and the care is yet to be provided.

4.4 The principles guiding practice in this policy are underpinned by the HSCP strategic priorities of early intervention, access, inequalities, assets and resilience. The principles ensure that support provided or funded by West Dunbartonshire Health and Social Care Partnership are intended to:

- Promote, support and preserve maximum independence and resilience where practical and practicable;
- Promote equitable access to social care resources
- Adhere to the principals of early and minimum intervention;
- Compensate for the absence of alternative support or complement existing support;
- Be fully cognisant of the risk to the carer and the person to whom they provide care (the 'care for person') if the support is not provided;
- Be fully cognisant of the carer's individual, community and family assets.
- Ensure carers are better supported on a more consistent basis so that they can continue to care, if they so wish, in good health and wellbeing, allowing them to have a life alongside caring
- Support young carers to have a childhood similar to their non-carer peers and be appropriately relieved of any inappropriate caring role to ensure quality of life

4.5 The approach to determining whether a carer meets local eligibility criteria will be through the use of an ACSP or YCS. The Act sets out that all carers identified by the HSCP should be offered an ACSP / YCS. It is the prerogative of the carer to accept or decline this offer. The Act states that where a carer declines the offer, they should continue to be supported to access universal services. The following should also be noted:

- A carer can request an ACSP / YCS and, where requested, this must be provided
- The carer's personal outcomes should be central to an ACSP / YCS
- Where a carer is unlikely to meet any local eligibility criteria, this does not preclude the need (either through an offer or request) to complete an ACSP / YCS
- The Act does not set timescales for the completion of an ACSP / YCS but

notes that HSCPs should set this out in their Local Carers Strategy. The exception is where the carer is providing care to a terminally ill person. These timescales are noted below.

- Reference should be made to the appropriate local and national guidance regarding ACSP / YCS and to the process outlined below.

4.6 The NCO eligibility criteria places risks into five categories: *critical, considerable, moderate low* and *no risk*. These categories are the same for adult and young carers. When considered against the different areas of a person's life, it is possible and likely that risks will be at different levels. Accordingly, the areas of a carer's life assessed through the ACSP / YCS will identify their outcomes and any risks and needs across their life and provide an indication of eligibility for each.

4.7 The eligibility criteria will consider the severity of risks across eight life areas / domains for adults and seven indicators for young people by using a table of indicators. The life areas for adults was agreed by the National Carer Organisations to reflect important in areas in a carer's life and include: health, emotional, relationships, finances, life balance, future planning, employment, and living environment.

4.8 The indicators for young people for young carers are from the SHANARI wellbeing indicators: safe, healthy, achieving, nurtured, active, respected, included.

4.9 Because each individual is unique, two carers in a similar situation may likely require a different level and blend of support; their needs, risks, strengths and assets, combined with the needs of the person for whom they provide care will inevitably combine to form different situations. Assessment and support planning done in collaboration with the carer and other relevant persons will be instructive in terms of what needs remain outstanding and whether those needs are assessed as eligible. The eligibility criteria will help inform decisions about which supports may be available and from whom support can be sought and provided.

4.10 An ACSP / YCS should take congnisance of any My Life Assessment undertaken for the cared for person. It is possible that some of the carers needs are indirectly met through the services being provided to the cared for person. To this end, it is recommended that, for example, when a My Life Assessment is reviewed, so to should any ACSP / YCS to ensure both the cared for person and the carers outcomes and needs are considered jointly where appropriate.

4.11 There may be circumstances where a cared for person, regardless of any assessed risk or even where such risk has not been assessed, does not wish to receive any support from services. This does not negate the right of the carer to be offered an ACSP / YCS and / or to be able to access services in their own right for their own outcomes.

4.12 It is not appropriate to place carers who require support in a date order queue. Response to need will be informed by the continuing systematic review of each carers needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending a more permanent response.

4.13 Where carers are assessed as being in the *critical* or *considerable* risk categories their needs will generally be eligible for statutory support and see the carer access SDS options.

4.14 Where eligibility is assessed as *moderate*, the primary response of the HSCP will be to provide the individual with advice/information and/or to signpost to community resources, supporting access to same where practical and practicable. Exceptions may be made where the absence of HSCP involvement will lead to a deterioration in the carer's circumstances and is likely to cost both the carer, the cared for person and the Local Authority greater expense (financial and otherwise) in the future. In these circumstances a short term intervention may be offered. Interventions of this nature will not normally continue beyond a six-week period, but this may be extended if the benefits for so doing are demonstrable, explicitly time-limited and authorised by senior management. As with all decisions pertaining to eligibility and intervention, decisions will require to be evidence informed and made on a case by case basis.

4.15 Where eligibility is determined to fall into the *low* category, the response of HSCP services will be to provide the individual with advice/information and/or to signpost towards direct access to universal support and resources, for example Carers of West Dunbartonshire.

4.16 Where a carer declines an ACSP / YCS and so they're outcomes and needs cannot be assessed, they will be supported to access universal support and resources. Please see the Model Framework in Figure 1 for illustration purposes.

4.17 The effect of the HSCP's eligibility criteria is that only services that reduce an individual's risk to a moderate level will normally be subject to statutory funding and provide the options in relation to Self Directed Support.

4.18 In practice, a carer is likely to have a combination of outcomes and needs, some of which may be eligible for statutory support and some of which can be met through universal services. In these cases, a carer could be receiving a blend of services from the most appropriate services and resources.

4.19 Key to discerning eligibility will be our outcome focused and strengths based approach to ACSP / YCS. By following the processes in Figure 2 and Table 3, an ACSP / YCS will help address the following:

a. What is the carer's desired outcomes – what do they want to achieve?

b. What are the barriers to those outcomes – what are the needs and risks to the carer being able to achieve those outcomes?
c. What are the carer's strengths in relation to these outcomes – what can they do by and for themselves by drawing on their strengths and assets in order to achieve their outcomes and mitigate any risks?
d. What barriers to outcomes remain outstanding and what can be supported by universal and other community based services?
e. Of any remaining barriers and risks, to what extent do these meet the eligibility threshold(s) for the provision of services by the HSCP and for which a budget can be provided to facilitate support?

4.20 An individual's needs, risks and strengths are likely to change which will directly impact on their eligibility and need for services. Using the eligibility criteria, the types of services required will change depending on the outcome of the ACSP / YCS. Timeous review of requirements will increase prevent dependence on services and increase independence where possible while also facilitating the possible redeployment of resources to others in need.

4.21 Following the completion of an ACSP / YCS a date for review will be agreed. Outwith this planned review, a carer can request to be re-assessed when there has been a demonstrable change in their circumstances or in the circumstances of the cared for person. Similarly, if the HSCP becomes aware of a change in circumstances, this too should trigger a review of ACSP / YCS. ACSP / YCS should be reviewed at least annually.

4.22 The conclusion of the ACSP / YCS will see decisions taken about eligibility. While the process of ACSP and YCS completion should be a joint one, the decision regarding eligibility is ultimately one for the Local Authority / HSCP. Any decision regarding eligibility should be communicated quickly and clearly to the carer. These will be explained clearly and in a way that's understood by the carer. If the carer disagrees with the outcome, they should discuss it with the assessing officer. If still dissatisfied, this should be escalated to the line manager of the assessing officer. If not satisfactorily resolved, the citizen should be supported to follow WDHSCP[1] complaints procedure.

Eligibility Criteria for Carers

Categories of risk

- **No risk** – There are no risks to the carers health, wellbeing and quality of life due to their caring responsibilities

- **Low Impact -** Indicates that there may be some quality of life issues but the risk to the carer's health and wellbeing is low. They may have a need for universal and/or preventative support e.g. access to peer support.

[1] Applies where the ACSP / YCS is undertaken by staff as part of their responsibilities delegated to Health and Social Care Partnerships. Where this role is undertaken by a third part, their respective complaints procedures should be followed.

- **Moderate Impact -** Indicates that there is some risk to the carer's health and wellbeing. This may call for provision of some health and social care services e.g. replacement care.

- **Considerable –** Indicates that the caring role is having a significant impact on the carer's health and well-being and their willingness and/or ability to continue caring. An immediate response is required.

- **Critical Impact -** Indicates that there is a major risk to the carer's health and well-being and their willingness and/or ability to continue caring. It is likely to require urgent provision from health and social care services.

Waiting Times

Neither the Act nor the accompanying guidance refer to the length of time carers should expect to wait to receive and ACSP / YCS nor any support which may follow. The single exception to this is where the carer is providing care to a terminally ill person. In these circumstances, the guidance notes that accelerated timescales and an option of light touch plan/statement apply to carers of people who are terminally ill. The guidance states that a 'substantive conversation' which informs emergency provision and a light touch ACSP should be provided within 5 working days of the carer accepting the offer of or requesting an ACSP. A full ACSP should be completed within 10 working days of this date.

In relation to waiting times for services, while no indication is made in the Act guidance, West Dunbartonshire HSCP will seek to provide services aligned to its policy on eligibility for adult social care where the categories of low, moderate, substantial and critical have associated timescales set out (where 'considerable' in the carers eligibility criteria is 'substantial' in the adult social care criteria). Please refer to that policy, which can be found here, for further information on timescales.

Table 1: Indicators for Adult Carer Eligibility Criteria

	UNIVERSAL SUPPORT MOVING TO COMMISSIONED SERVICES & SUPPORT (LOCAL AUTHORITY 'POWER TO SUPPORT')			MORE TARGETED, COMMISSIONED SERVICES & SUPPORT (LOCAL AUTHORITY 'DUTY TO SUPPORT')	
	0 Caring has no impact / no risk	**1 Caring has low impact / riskprevention**	**2 Caring has clear impact /small, moderate risk. Response needed.**	**3 Caring has considerable impact / high risk**	**4 Evidence of criticalimpact / crisis**
Health	Carer is in good health	Carer's health is beginning to be affected	Carer's health is at risk without intervention.	Carer's health requires attention	Carer's health is breaking/has broken down
Emotional	Carer has good emotional wellbeing. Carer has a good relationship withcared-for person	Caring role is beginning to have an impact on emotional wellbeing There is a risk of detrimental impact on relationshipwith cared-for person	There is some impact on carer's emotional wellbeing The is some detrimental impact on relationship with cared-for person	There is significant impact on the carer's emotional wellbeing The relationship with the cared- for person is significantly affected	Carer's emotional wellbeing is breaking/has broken down The relationship with the cared-for person is breaking/has broken down
Finance	Caring is not causing financial hardship, e.g. carer can afford housing costs and utilities	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities	Caring is causing severe financial hardship e.g. the carer cannot afford household essentials and utilities, not meeting housing payments
Life balance	Carer has regular opportunities to achieve the balance they want in their life. They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing	Carer has some opportunities to achieve the balance they want in their life. They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing	Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life. They have access to a few breaks and activities which promote physical, mental, emotional wellbeing	Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life. They have little access to breaks and activitieswhich promote physical,mental, emotional wellbeing	Due to their caring role, the carer has no opportunities toachieve the balance they want in their life. They have no access to breaks and activities whichpromote physical, mental, emotional wellbeing

Feeling valued	Carer feels their knowledge and expertise is always valued by health, social care and other practitioners and consequently they feel included and empowered	Carer feels their knowledge and expertiseis sometimes valued andconsequently they generally feel included and empowered	Carer increasingly feels their knowledge and expertise is not valued by health, social care and other practitioners and consequently they sometimes feel excluded and disempowered	Carer often feels their knowledge and expertiseis not valued by health, social care and other practitioners and consequently they often feel excluded and Disempowered	Carer feels their knowledge and expertise is never valued by health, social care and other practitioners and consequently they always feel excluded and disempowered
Future planning	Carer is confident about the future and has no concerns	Carer is largely confident about the future but has minor concerns	Carer is not confident about the future and has some concerns	Carer is anxious aboutthe future and has significant concerns	Carer is very anxious about the future and has severe concerns
Employment	Carer has no difficulty inmanaging caring and employment and/or education Carer does not want to be in paid work or education.	Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term Carer is not in paid workor education but would like to be in the long term	Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term Carer is not in paid work or education but would like to be in medium term	Carer has significant difficulty managing caring and employmentand there is a risk to sustaining employment and/or education in the short term Carer is not in paid work or education but would like to be soon.	Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving upwork or education. Carer is not in paid work oreducation but would like tobe now
Living environment	Carer's living environment	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term.		Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and cared for person.	Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and cared for person

Figure 1: Model Framework – provided for illustrative purposes

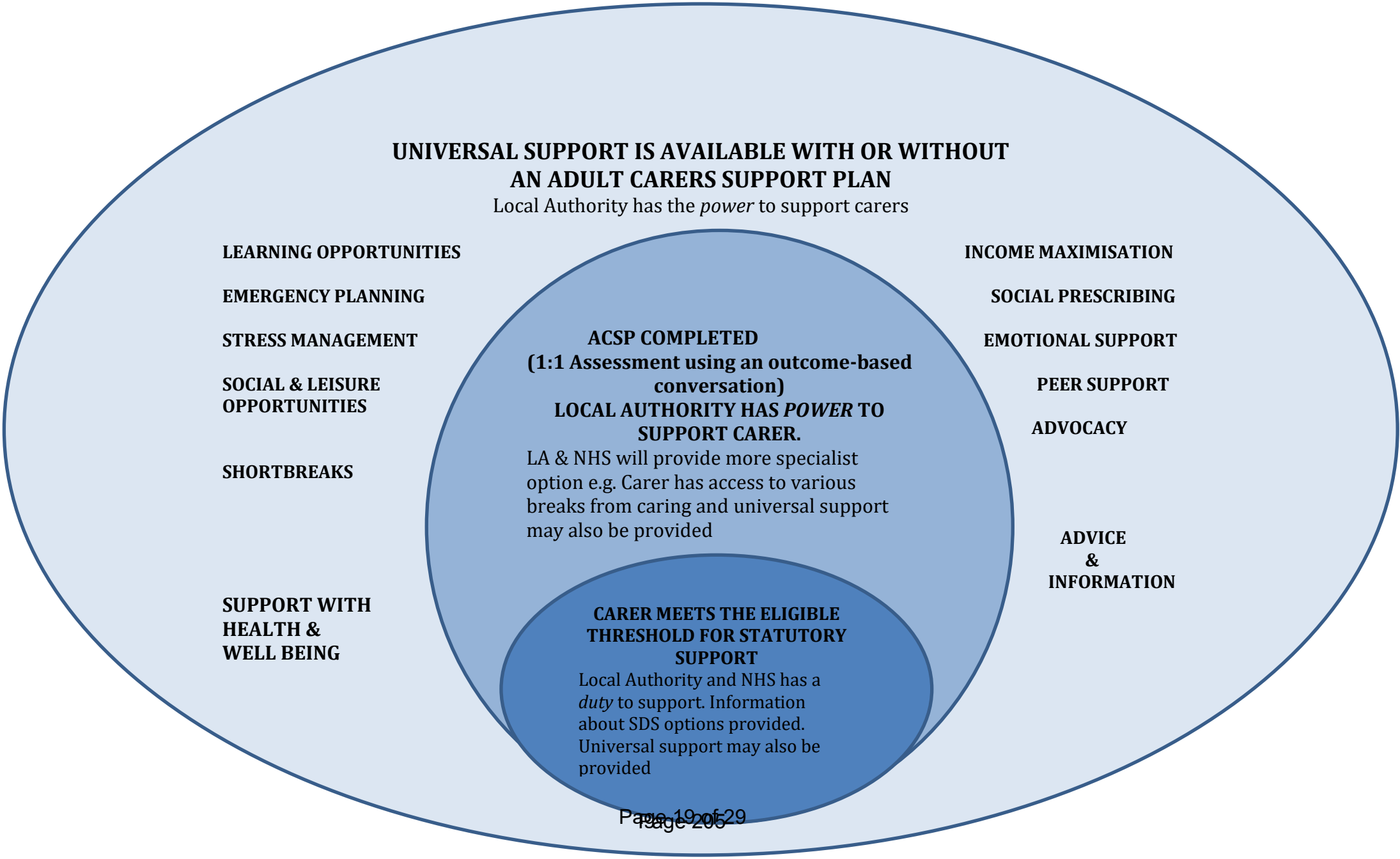
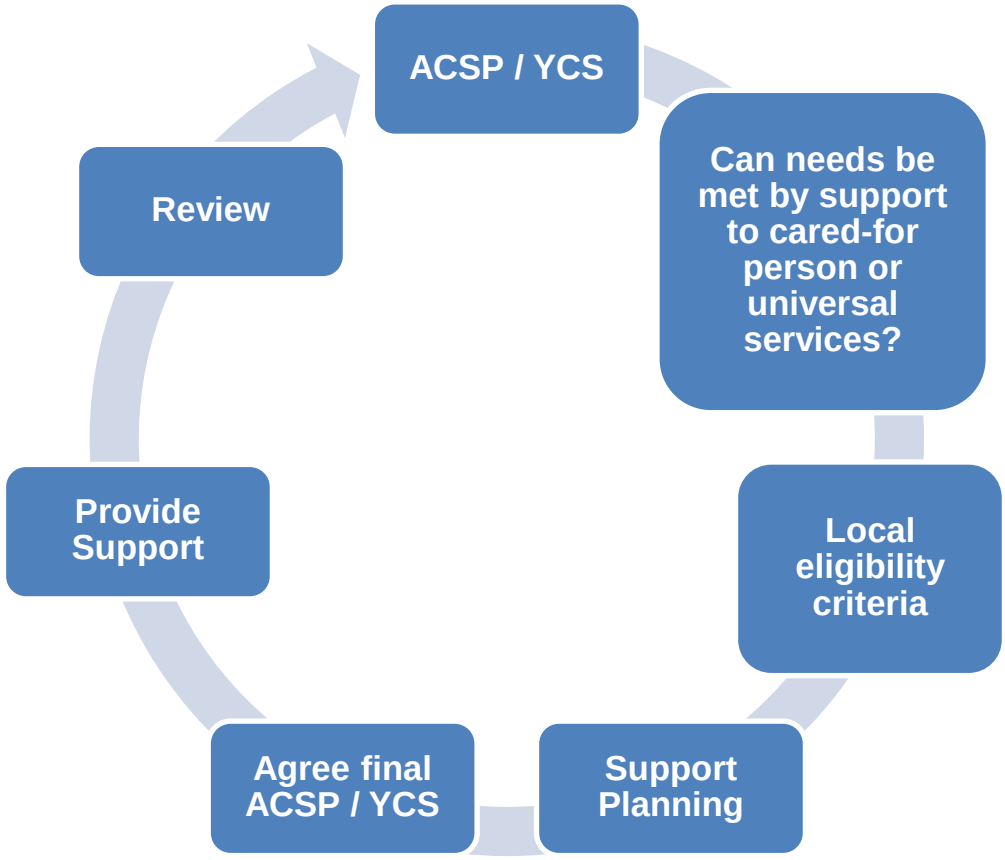


Table 2: Indicators for Young Carers (Based on NCO thresholds and SHANRI indicators)

	Universal support moving to commissioned services and support (local authority, power to support)			More targeted, commissioned services & support services & support (Local Authority 'Duty to support')	
	No Impact	**Low Impact**	**Moderate impact**	**Considerable Impact**	**Critical Impact**
Safe Living Environment	Young Carer free from abuse, neglect or harm at home, at school and in their community.	Young carers situation at home, at school and in their community is currently stable and manageable.	Young carers situation at home, school or in their community is not ideal and potential risk to young carer and cared for person is evident.	Young carers situation at home, school or in their community is not ideal and there are safety risks which cannot be remedied in the short term.	Young carers situation at home, school or in their community is unsuitable and there are safety risks for the young carer and the cared for person.
Health	Young carer is in good physical and mental health with no identified medical needs.	Young carer is able to manage some aspects of their caring/family/social roles and responsibilities. There is a possibility of the young carer's health being affected.	Young carer is able to manage some aspects of their caring/family/social roles and responsibilities. It is evident the young carers health is being affected.	Young carer is having difficulty in managing aspects of the caring/family/ social roles and responsibilities. Young carer's mental and physical health is affected as a result.	Young carer has significant physical/mental difficulties due to the impact of their role as a carer which may cause life threatening or long term harm.
Achieving Education & Learning	Young carer continues to access education/training and as no difficulty in managing caring role alongside.	Young carer has some difficulty managing caring alongside education/training There is a small risk to sustaining education/training in the long term.	Young carer has difficulty managing caring alongside education/training. There is a risk to sustaining education/training in the medium term.	The young carer is missing out on education/training and there is a risk of this ending in the near future due to their caring role.	The young carer is at significant risk or has had to give up education/training due to their caring role.
Nurtured Relationships	Young carer displays positive emotional wellbeing. They have a nurturing place to live and a positive relationship with the cared for person. Young carer feels acknowledged by	Young carer role beginning to have an impact on emotional wellbeing and may require additional help when needed. Risk of detrimental impact on relationship with cared for person.	Some impact on the young carers emotional wellbeing and on their relationship with the cared for person resulting in a strained relationship. Additional help needed where possible, in a suitable care setting.	Major impact on a daily basis to the young carer's emotional wellbeing and therefore impacts on the cared-for person. Young carer is unable to sustain many aspects of their caring role.	Relationship between the young carer and the cared-for person is broken. The young carer is unable to continue caring or has difficulty sustaining vital or most aspects of their caring role.

	professionals and does not require additional help.				Input is needed immediately for the young carer. The young carer never feels acknowledged and therefore feels excluded.
Active Life balance	Young carer has opportunities to take part in activities such as play, recreation and sport at home, in school and in their community.	Young carer has some opportunity to take part in activities such as play, recreation and sport at home, in school and in their community.	Young carer has limited opportunity to take part in activities such as play, recreation and sport at home, in school and in their community.	Young carer has few and irregular opportunities to take part in activities such as play, recreation and sport at home, in school and in their community. May have a negative effect on healthy growth/development.	Young carer has no opportunity to take part in activities such as play, recreation and sport at home in school and in their community. This has a negative effect on their healthy growth/development.
Respect Responsible	Young carer has regular opportunities to be heard and involved in decisions. They have an active and responsible role to be involved in decisions that affect them.	Young carer has some opportunities to be heard and involved in decisions and has an active and responsible role to be involved in decisions that affect them.	Young carer has limited opportunity to be heard and involved in decisions that affect them due to their caring role.	Young carer has few and irregular opportunities to be heard and involved in decisions that affect them due to their caring role.	Young carer has no opportunities to be heard and involved in decisions that affect them due to their caring role.
Included Finance	Young carer feels accepted in the community where they live and learn. Young carer has time to take part in community activities. Free from financial stress.	Young carer feels some acceptance in the community where they live and learn but is unsure how to take part in community activities. There is a small risk of financial stress.	Young carer has limited acceptance in the community where they live and learn, due to their caring role. There is a risk of financial pressure.	Young carer feels isolated and not confident in the community where they live and learn. Need for financial support.	Young carer does not feel accepted in the community where they live and learn. Young carer's financial position is severe and there is financial hardship.

Figure 2: Carer Support Pathway



The duty (as opposed to the power) to provide support to a carer depends on the extent to which a carer's needs for support meets local eligibility criteria. Key steps are outlined below in: Key steps in preparation of ACSP/YCS and applying local eligibility criteria.

Table 3: Key steps in preparation of ACSP/YCS and applying local eligibility criteria

Key Steps	Related sections from the Carers Act
(i) Prepare adult carer support plan or young carer statement setting out carer's identified	Section 6(1)(a) and (b) and section 12(1)(a) and (b)

personal outcomes and identified needs (if any). Accelerated timescales and option of light touch plan/statement apply to carers of people who are terminally ill.	
(ii) Consider which of the needs can be met through services or assistance to the cared-for person (other than 'replacement care' to provide a break from caring) or provided generally to persons in the area (i.e. by information and advice, universal services and community support).	Section 24(1)(a) and (b)
(iii) If needs are met wholly as per (ii), no further action (but keep under review).	Section 9(1)(l) and section 15(1)(m) re review
(iv) If needs are met only in part by (ii), or not at all, then apply local eligibility criteria to what are the 'outstanding' needs.	Section 24(2) and 3
(v) Decide whether the outstanding needs engage the legal duty to provide support, that is whether the local eligibility criteria are met. Criteria should be applied to each of the areas individually and independently of each other so that if a carer has identified needs in one domain (e.g. health and wellbeing) above the threshold, this would mean that those needs meet the local eligibility criteria and the carer would be eligible for support in that area.	Section 24(4)(a) and section 25(1)
(vi) If the outstanding needs do not meet the local eligibility criteria, decide whether the discretionary power to provide support should be used.	Section 24(4)(b)
NB: Consideration of whether the support to the carer should take the form of or include a break from caring (including replacement care where required) applies in relation to both the duty and power to support carers.	Section 25(1)
(vii) In the case of (v) and (vi), give the carer the opportunity to choose one of the options for self-directed support (unless ineligible to receive direct payments).	Social Care (Self-directed Support) (Scotland) Act 2013

The completion of this process should be collaborative and done in partnership with carers. The assessment process itself, however, is not an exact science and relies on the application of professional judgement and decision-making and the final decision in relation to eligibility lies with the assessor.

Appendix 2: Equalities Impact Assessment (EQIA)

AssessmentNo	405	**Owner**	JBurns	
Resource	HSCP		**Service/Establishment**	Joint
	First Name	Surname	**Job title**	
Head Officer	Margaret-Jane	Cardno	Head of Service, Strategy and Transformation	
Members	Kim McNab -Carers of West Dunbartonshire John Burns- Service Improvement Lead Lorraine Davin- Service Manager Clare Steel- Carer representative			

	(Please note: the word 'policy' is used as shorthand for strategy policy function or financial decision)
Policy Title	Eligibility Criteria Policy for (Unpaid) Carers
	The aim, objective, purpose and intended outcome of policy
	To implement eligibility criteria for unpaid carers living in West Dunbartonshire in compliance with section 21 of the Carers (Scotland) Act 2016. Implementation will see the unconditional offer of an adult carer support plan/ young carer statement to all identified carers. If the offer is taken up, and someone is assessed as eligible, this will lead to proportionate transparent decision making around supporting carers to access services via Self-Directed Support options, to achieve their desired outcomes. Where the offer is declined or the carer is assessed as ineligible, carers will be supported to access universal services.
	Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.
	West Dunbartonshire Carers Development Group comprising: unpaid carers, representatives from the HSCP Children and Families Social work team, HSCP Finance, WDC Education, HSCP School Nursing, HSCP Adult health and care services, HSCP District Nursing, West Dunbartonshire CVS, Y Sort it, Chief Nurse, HSCP addictions, HSCP Mental health, HSCP Justice, Champions Board, HSCP Information Services, HSCP Care at Home Services, HSCP learning disability services, HSCP Adult Support and Protection

Does the proposals involve the procurement of any goods or services?	**No**
If yes please confirm that you have contacted our procurement services to discuss your requirements.	**No**
SCREENING	
You must indicate if there is any relevance to the four areas	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	**Yes**
Relevance to Human Rights (HR)	**Yes**
Relevance to Health Impacts (H)	**Yes**
Relevance to Social Economic Impacts (SE)	**Yes**
Who will be affected by this policy?	
Unpaid carers who may be entitled to support via the definition in the Carers (Scotland) Act 2016 https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/ and referred to in the West Dunbartonshire HSCP Local Carers Strategy http://www.wdhscp.org.uk/carers/local-carers-strategy which includes the following: In the Carer (Scotland) Act 2016 “carer” means an individual who provides or intends to provide care for another individual (the “cared-for person”). (a) in the case of a cared-for person under 18 years old, to the extent that the care is or would be provided by virtue of the person's age, or (b) in any case,	

	Needs	Evidence	Impact
Age	Unpaid carers, where they accept the offer, will have their needs thoroughly assessed via an adult support and care plan / young carer statement.	Eligibility criteria will apply to all carer groups with a clear and transparent equitable approach. The Carers eligibility criteria and the national eligibility criteria for adult social care people are aligned. The Carers eligibility criteria has already been implemented in several local authorities and been well received by unpaid carers .	From a life course perspective, the policy supports continuity of support for young carers as they become young adult carers and onto becoming adult carers. This enhances equality and that carers are supported across the life course to be children and have a childhood similar to non carer peers and then as adults to have a life alongside caring.

Cross Cutting	Carers of Service Users who may not be assessed as eligible could see a change to their support which may have an impact on the cared for person. Assessments and support for both the carer and the cared for person should be undertaken together whenever possible as a change in one may have a direct impact on the other.		Adult carers support plans and young carers statements will take cognisance of all protected characteristics in accompanying guidance to revised acsp/ycs. The policy sets out clearly how to access self directed support (SDS)options for carer support and this will enhance equality and support a life alongside caring. The policy highlights that acsp/ycs will be reviewed at least annually or when there is a significant change to circumstances and this will have a positive impact as changing needs of unpaid carers will be identified
Disability			Positive impact as protected characteristics considered in adult support and young carer statement and allows support to be tailored accordingly.
Social & Economic Impact		Policy recognises that carers have a right to access support which could sustain their employment and clear pathway to advice services	Focus on supporting employability and advice services should have positive impact

Sex		Current data shows that 76% (n-1287) of the unpaid carers currently being supported rom Carers of West Dunbartonshire are female. This is similar to the national picture	Any policy impacts will be experienced more by women as locally and nationally they are more likely to be unpaid carers until retirement age.
Gender Reassign			No data available nationally and locally
Health			The policy sets out maximum waiting times for when a carer should be offered an acsp/ycs

			when caring for someone who is terminally ill which will have a positive impact.	
Human Rights			Positive impact on status of carers as rights holders with HSCP and partners as duty bearers	
Marriage & Civil Partnership		Currently data on marriage and civil partnership status is collected by Carers of West Dunbartonshire	No anticipated impact	
Pregnancy & Maternity			No anticipated impact	
Race		Race data collected by Carers of West Dunbartonshire - Race breakdown of carer services currently broadly meets the local profile of the population. Assertive outreach and focused engagement work continues with under represented groups e.g. traveller population and via ISARO https://isaroinitiative.org.uk/	Targeted work should have positive impact	
Religion and Belief			No anticipated negative impact	

Sexual Orientation		Data on sexual orientation not currently available . Assertive outreach and focused engagement work planned with under represented groups and networks	No anticipated negative impact	

Actions
See below
Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this.

Not applicable
Will the impact of the policy be monitored and reported on an ongoing bases?
A monitoring framework will be developed as part of the programme of work regarding adult carers support plan and young carer statement and reported to the Carers Development Group
Q7 What is you recommendation for this policy?
Introduce
Please provide a meaningful summary of how you have reached the recommendation
This policy should be introduced due to the assessed benefits and absence of significant negative impacts identified through this equalities impact assessment (EQIA). The group who completed the EQIA, made up of the manager from Carers of West Dunbartonshire, a carer rep, an HSCP Service Manager and an HSCP Service Improvement Lead who are all also members of the Carers Development Group which provided its endorsement of the policy, are satisfied that from the available data, the policy stands to make a more positive difference than negative. Examples include advancing equity and equality through transparent and collaborative decision making, ensure, where appropriate, carers can access Self Directed Support options and services proportionate to their needs. Work undertaken to deliver the policy will also see assertive approaches taken to engage seldom heard populations. It was also recognised that some data was unavailable for some certain protected characteristics, both at a local and national level. Efforts will be made to better understand any potential impacts on all protected groups and a monitoring framework is being developed to assist with this.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Children's Health, Care and Justice

22 November 2021

Subject: Improvement Action Plan for Justice Services: Update on activity

1. Purpose

1.1 To provide an update to the Board on activity surrounding the Improvement Action Plan for Justice Services.

2. Recommendations

2.1 The HSCP Board is asked to note the ongoing improvement activity in relation to the key findings from the Care Inspectorate Report.

3. Background

3.1 As previously reported to the IJB, West Dunbartonshire's Justice Service was inspected in the spring of 2019 and the report findings published on 8th August 2019. These findings were routed into four key messages noted below:

- Outcomes for individuals
- Cultural change
- Service improvement
- Leadership and governance.

3.2 The impact of Covid-19 significantly impacted on the development of a training and development calendar with colleagues from the Risk Management Authority and Community Justice Scotland. We have now commenced this training calendar, following our training providers, moving to online training platforms.

3.3 Since the Scottish Courts and Tribunal Service has returned to pre pandemic activity, the service has seen notable increases in requests for both reports and the imposition of community based disposals.

3.4 Following additional non-recurring government funding, we have recruited to fixed term posts and additional agency staff to meet the increased demand from partners.

4. Main Issues

4.1 The current Improvement Action Plan is included in Appendix 1 and includes updates against each action. Further detail around activity within the key strategic headings is provided below.

Outcomes for individuals

4.2 Internal pathways have been developed with West Dunbartonshire colleagues in addictions, mental health and employability for service users to access supports timeously.

4.3 Within wider partnership settings, Justice social work and Community Justice partners will work together to identify strengths and gaps in service provision locally and reflect these as priorities for service delivery within a Strategic Needs and Strengths Assessment.

4.4 This activity will also inform the next Community Justice Outcome Improvement Plan and provide a baseline to establish longer term plans.

Cultural Change

4.5 The Justice Management team continue to promote service improvement and accountability; with practitioner led forums to identify areas for change promoting ownership and accountability for practice solutions identified.

Service Improvement

4.6 Performance improvement is a standing item in management meetings and supervision sessions with staff.

4.7 This training agenda/improvement activity has been progressed to include the Caledonian Programme (domestic abuse), this will include individuals who have not been mandated by court eg: individuals known to children's services.

4.8 The ongoing training programme had enabled a total of 6 social workers complete training in working with men who sexually offend using the National Organisation for the Treatment of Abusers (NOTA) Individualised Treatment Programme (NITP) which includes specific focus on relapse prevention skills.

4.9 The Risk Management Authority has completed training for a further two additional staff trained in Risk Practice with high risk offenders. A future date in February 2022 have been secured and will see further social workers trained in this arena.

4.10 In line with national policy around the Presumption against Short Sentences (PASS), managers are also engaging with local Sheriffs around Structured

Deferred Sentences and Bail Supervision for appropriate individuals. Recruitment is underway for additional staff to increase capacity to offer these additional services to the Courts.

Leadership and Governance

4.11 Governance structures for Justice services have been strengthened - internally this includes the Public Protection Chief Officers Group, Safer Delivery & Improvement Group (DIG) as part of community planning and the HSCP's clinical and care governance group. Externally, senior oversight is provided by the MAPPA Strategic Oversight Group, regular Care Inspectorate liaison and quarterly returns to the Justice Division of the Scottish Government.

5 People Implications

5.1 Staff and managers are invested in the continuous improvement and efficacy of the service. Their commitment to training and ongoing professional development is crucial to the overall improvement in service delivery.

6 Financial Implications

6.1 Regular budget meetings ensure financial oversight by managers; any additional costs arising from the above improvement activity are expected to be met within budget.

7. Risk Analysis

7.1 Provision of statutory social work services requires appropriately qualified and skilled staff – the improvement actions referred to above and in the action plan inform service design and planning to continue to meet statutory duties.

8. Impact Assessments

8.1 There are no issues identified however this will be kept under review.

9. Consultation

9.1 Improvement activity and development of a comprehensive training and development programme includes consultation with staff, operational managers and external professional colleagues.

10. Strategic Assessment

10.1 Provision of statutory social work services is a core function of the HSCP and supports the Partnership Board and officers to pursue the strategic priorities of the Strategic Plan.

Person to Contact: Laura Smith, Justice Service Manager; 6–14 Bridge Street, Dumbarton; telephone 01389 738484; e-mail: laura.smith@west-dunbarton.gov.uk

Appendices: Appendix 1: Improvement Action Plan (October 2021)

Background Papers: None

Wards Affected: All

Criminal Justice Inspection Improvement Plan Update October 2021

Due to Covid-19 restrictions, actions continue to be impacted. With the assistance of partners, actions will be completed as restrictions are lifted and this is reflected in the service recovery plan. This will be governed by national professional guidance and Health & Safety guidance.

Quality Indicator	**1.1 Improve life chances and outcomes for people subject to Community Payback Orders KM 1, 2, 3, 4**			
Improvement Action	**Specific Actions**	**Update**	**Completion Date**	**RAG Status**
Enhanced processes developed and introduced to ensure orders commence within timescales	Appointments on day of sentencing CPO Induction completed within timescales set out in National Objectives and Standards for Justice Services.	Induction appointments now take place at court on date of sentence.	December 2020	
		First appointment arranged for 24 hours after sentence.	December 2020	
		Sheriff Court portal now generates Orders within 24 hours of sentence.	December 2020	
	Development of Performance Report	A performance report has been developed and tested and is now issued to all managers on a monthly basis. Weekly caseload reports are issued to Managers to ensure swift completion of orders and managerial oversight of individual caseloads.	December 2020	
		Ongoing monitoring of progress in place. Weekly management meetings and monthly 1:1 supervision enables issues affecting performance to be addressed.	December 2020	

Quality Indicator	**2.1 Impact on people who have committed offences KM 1,2,3**			
Overall Improvement Action	**Specific Actions**	**Update**	**Completion Date**	**RAG Status**
Impact to reduce offending behaviour will be monitored and recorded within individual case management plans	All staff to complete risk assessment and case management planning for service users.	LSCMI risk assessment report developed and monitored on a monthly basis	December 2020	
		LSCMi discussed with staff during supervision sessions	December 2020	
		Risk assessment completed for all service users	December 2020	
	Training Needs Analysis to be completed	Commenced with Community Justice Scotland, delayed due to pandemic. Training Need Analysis will form part of the Justice Social Work Strategic Needs and Strengths Assessment for Community Justice (**1)**	March 2022	

Quality Indicator	**5.2 Assessing and Responding to risk and need KM 2,3,4**			
Overall Improvement Action	**Specific Actions**	**Update**	**Completion Date**	**RAG Status**
The Unpaid work service will be further developed to maximise opportunities for the benefit of the needs of service users and the local communities.	Investment in workshop space and facilities. Identification and development of placement opportunities for our service users	New workshop has been secured and improvement activity is been carried out to ensure compliance with Public Health Guidance Refurbishment of the workshop has commenced **(2)**	March 2022	
		Discussion with third sector colleagues have taken place and new co-production of community project has been agreed **(3**)	March 2021	
		Increased opportunities for other activity	March 2021	
	Staff to be refreshed and/or trained in risk management processes and interventions	Training has taken place with the staff team on MAPPA processes and procedures. Trauma Informed Training has been completed Relevant staff are now trained in NOTA Individual Treatment Programme and accredited to work with men convicted of sexual offending.	December 2020	
Improve use of and access to evidence based interventions to reduce risk and maintain protection of the public.		Dates identified for training in risk of serious harm for qualified staff. Those staff involved in the supervision of High Risk Offenders have been trained in the Risk Practice Course and been accredited in the assessment of high risk service users	March 2021	

Quality Indicator	5.3 Planning and providing effective interventions KM 1,2,3			
Overall Improvement Action	**Specific Actions**	**Update**	**Completion Date**	**RAG Status**
Provision of evidence based effective interventions	Identify and secure training in relation to men who sexually offend and those convicted of perpetration of domestic abuse offending.	Caledonian 1-2-1 training dates have been delayed by the national Caledonian training team until spring 2022 for interventions for domestic abuse perpetrators. A stakeholder event has been scheduled for 12-01-2022	March 2022	
		Training dates confirmed for staff to undertake Individualised Intervention programme for men who sexually offend.	February 2021	
Established process for service user feedback including their families and local communities	Review of feedback methods for those on statutory supervision	Reach Advocacy will be commissioned to engage with those with lived experience in the development of service user feedback	March 2022	

Quality Indicator	9.4 Leadership of Improvement and change K M 2, 4			
Overall Improvement Action	**Specific Actions**	**Update**	**Completion Date**	**RAG Status**
Dedicated leadership and management of Justice Service	Develop the Justice Service with clear direction and purpose	First Line managers are participating in focussed sessions facilitated by Community Justice Scotland	March 2021	
		Service Manager has forged strong professional relationships with external colleagues, working alongside them to provide a programme of improvements.	December 2021	
	Clear Governance arrangements established.	Service Manager is part of the Strategic Operational Group for MAPPA	December 2021	

		Regular updates are provided to PP COG, IJB, Care Inspectorate		

(1) The Training Needs Analysis will be revisited in the completion of the SNSA This exercise will enable the service to target interventions directly correlating with the profile of need.

(2) WDC have agreed £63k to enable refurbishment work to take place to the Unpaid work Workshop in order that greater use can be made of the space. This will increase capacity of use in the future.

(3) Justice Social Work alongside Alternatives colleagues continue in the co-production of a local heritage site where service users can participate in horticultural and skilled activities and gain an Adult Achievement Award to assist them into further employment.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Strategy and Transformation

22 November 2021

Subject: Equalities Improvement Update

1. Purpose

1.1 The purpose of this paper is to update the HSCP Board on the recent and proposed improvement work to embed equalities across the HSCP.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Note the work and progress that has already taken place

2.2 Approve the Equalities Improvement Action Plan.

3. Background

3.1 The HSCP has a statutory duty to report on equality issues and to ensure it is meeting the public sector equality duties under the Equality Act 2010. The HSCP is committed to ensuring these duties are consistently embedded within the partnership and has taken an improved and reinforced approach to this area of work.

3.2 The HSCP is required to give due regard to the three key requirements of the general equality duty as defined in Equality Act 2010 throughout day-to-day business by:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity between people who share a protected characteristic and those who do not
- Fostering good relations between people who share a protected characteristic and those who do not

3.3 The most recent Equalities Outcomes and Mainstreaming Report was approved by the Audit and Performance committee on the 1 April 2020 with the recognition that going forward the approach to equalities may be subject to change due to the impact of the pandemic.

3.4 More information, data and reports on the differing impacts of the pandemic on people with protected characteristics have become available and which prompted a focus on improving implementation of the equalities agenda.

3.5 The Fairer Scotland Duty Guidance has recently been updated (October 2021) and it is currently under consideration to ensure that the HSCP maximises its response to reduce the inequalities of outcome, caused by socioeconomic disadvantage, in any strategic decision-making or policy development.

4. Main Issues

4.1 A starting point for the equalities improvement work was the establishment of the Equalities Working Group lead by the Head of Strategy and Transformation. The groups remit was to review best practice and consider how best to embed a consistent approach to mainstreaming equalities issues across the HSCP.

4.2 The Equalities Working Group has developed an Equalities Improvement Action Plan. The themes identified in the plan include leadership, training, awareness raising, data and access, communications and best practice. The Equalities Improvement Action Plan then details how these themes will be addressed. The full action plan is available at (appendix 1).

4.3 Progress has been made on:

- Awareness raising and training by promoting the existing NHSGGC and WDC suite of Equalities Training
- Development of training statistics across HSCP workforce
- Creation of bespoke training sessions for Equality Impact Assessments specific to HSCP situations
- Adoption of WDC online Equalities Impact Assessment (EIA tool)
- Developing baseline equalities data from both NHSGGC and WDC HR systems
- Ensuring the new My Life Assessment Tool is appropriately used to consistently record equalities data when service users are assessed for Social Work Services
- Reviewing Equalities information on the HSCP website
- Building the Leadership responsibility and capacity for equalities across the HSCP e.g., through an extended management team session

4.4 Future work is identified in the Equalities Improvement Action Plan (see appendix 1) and covers a range of work that requires to be undertaken to embed equalities across the HSCP.

4.5 It is intended that the Equalities Improvement Action Plan be seen as a “live and fluid” plan that will be amended and adapted as required going forward. This will ensure the plan retains a flexibility that suits the approach to embedding equalities within the HSCP well into the future.

4.6 Progress on this work will be included in the Equalities Mainstreaming Report which is due in spring 2022.

5. Options Appraisal

5.1 None required for this report

6. People Implications

6.1 There are implications across all staff groups with regard to ensuring all staff are appropriately trained, involved and engaged creating an environment of inclusion.

7. Financial and Procurement Implications

7.1 This work is being resourced from existing staff resources from within the Strategy and Transformation section. However, as equalities are a cross cutting theme and affect all services in the HSCP there continues to be opportunities which may impact on the corporate approach to embedding equalities and financial resources maybe required.

7.2 There are no procurement implications for the HSCP as it does not directly procure goods and services. However, the HSCP should continue to work in partnership with NHSGGC and WDC to maximise equalities benefits during any procurement processes.

8. Risk Analysis

8.1 There is a risk to the reputation of the HSCP if the equalities duties are not met with the Equality and Human Rights Commission acting as the overarching regulator.

9. Equalities Impact Assessment (EIA)

9.1 An initial screening has been carried out on the plan with a commitment made to equality impact assess individual programmes as appropriate.

10. Environmental Sustainability

10.1 N/A

11. Consultation

11.1 Consultation has taken place with the HSCP Equalities Group, the West Dunbartonshire Equalities Forum

11.2 We propose to consult further alongside the engagement on the planning for the new HSCP Strategic Plan

12. Strategic Assessment

12.1 This work clearly links to the HSCP strategic priority of inequalities as written in the current HSCP Strategic Plan 2019-22

13. Directions

13.1 No directions are required

Name: Margaret Jane Cardno
Designation: Head of Strategy and Transformation
Date: 22th November 2021

Person to Contact: Margaret Jane Cardno,
Head of Strategy & Transformation,
2nd Floor Aurora House, 3 Aurora Avenue, Clydebank, G81 1BF
Telephone: 01389 776864
E-mail: Margaret-Jane.Cardno@west-dunbarton.gov.uk

Appendices: 1. Equalities Improvement Action Plan

Background Papers: HSCP Equalities Mainstreaming Report 2020 available at http://www.wdhscp.org.uk/media/2307/hscp-equality-and-mainstreaming-report-april-2020.pdf

https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/documents/

https://www.gov.scot/publications/the-impacts-of-covid-19-on-equality-in-scotland/

West Dunbartonshire
Health & Social Care Partnership
Improving Lives with the People of West Dunbartonshire

Equalities Working Group

Draft Improvement Action Plan 2020-22

Work stream - Leadership	Measure – How will we know	What will we do	Who will do it	By When	Complete
Equalities working group to be established to drive equalities work	Group set up and meetings scheduled	Will develop and create an equalities improvement action plan	K Marshall / A King/Equalities Working Group	November 2020	YES
Lead Officer identified to chair group	Lead officer in place	Will chair the Equalities Group	K Marshall / A King	November 2020	YES
Terms of Reference (TOR) for Working Group to be created	TOR created and agreed	Create TOR for all group members	K Marshall / A King	October 2020	YES
Schedule of meetings created	Meetings take place	Develop/Create Equalities improvement action plan	K Marshall / A King	July 2021	YES
Prepare report for IJB	Report compiled	Work with equalities group to prepare report	Equalities working Group	November 2021	
Prepare and Publish Statutory Biennial HSCP Equality Mainstreaming Report	Report presented at IJB/Audit or Performance Committee	Work with equalities group to prepare report	Equalities working Group	April 2022	
Work stream - Training	Measure – How will	What will we do	Who will do it	By When	

	we know				
Make contact with WDC Equalities Officer and deliver Equality Impact Assessment Training Sessions for HSCP staff Deliver additional training	No of training sessions delivered Training slides created	Identify staff to be trained - approx. 40 including SMT – cascade to teams Set date for training - 14 staff trained	K Marshall/A King K Marshall/A King /R Rea K Marshall/A King/R Rea	October 2020 November 2020 July 2021 Dec 2021	YES YES YES
Schedule monthly HSCP equality impact assessment training webinars from July-December 2021	Training completed and feedback gathered.	Deliver training	R Rea	July 2021	YES
Feedback sought from participants	Feedback survey completed	Action content of training feedback to ensure training fit for purpose	K Marshall	July 2021	YES
Deliver EQIA training based on real life examples and feedback from survey Second session scheduled for 2nd live example Schedule other sessions as appropriate	Improved training delivered Training delivered Training delivered	Create a training session to showcase a real life EQIA Second session delivered Sessions delivered	K Marshall/A King /R Rea K Marshall/A King	August 2021 October 2021 Mar2h 2021	YES YES
Promote WDC Equality ilearn courses	Increase in numbers trained	Publicity campaign via staff intranet	K Marshall/A King/E McLean	November 2021	

Training to be available for IJB members Capture feedback on training delivered	Induction Pack for IJB members available	IJB Induction pack developed by HSCP HR and issued to IJB members	M Wilson M Wilson	September 2021 December 2021	YES
Develop and deliver specific training course for social work staff involved in My Life HYPERLINK "https://intranet.west-dunbarton.gov.uk/hscp/my-life-assessment-resources-mla/"Matters	Compile numbers trained	Liaise with My Life Matters team to cover equalities training in relation to new assessment	S Taylor/J Burns	December 2021	
Collect Baseline data on all equality characteristics via WDC and NHS HR systems	Statistics collated	Liaise with WDC and NHS HR to collect current data on staff employed by each body	A Slater	December 2021	
Work stream- Awareness Raising	Measure – How will we know	What will we do	Who will do it	By When	
Raise and promote awareness of equality requirements across HSCP	Presentation delivered Training delivered at team meetings Monitor team meeting agendas and get feedback	Prepare presentation for Extended Management Team Cascade presentation to next level by attendance at team meetings Monitor Equalities as an agenda item on team meetings	A Slater/A King A Slater/A King Equalities Champions	November 2021 December 2021 March 2022	
Work stream- Data and	Measure – How will	What will we	Who will do	By When	

Access	we know	do	it		
Transgender issues awareness raising Pilot with Older Peoples Team Roll out training further across HSCP	Collect Training statistics and feedback Pilot delivered Collect statistics	Training Presentation available and training delivered to teams Obtain feedback and improve training tool Prepare schedule to roll out across HSCP teams	A O'Gorman A O'Gorman/S Taylor A O'Gorman/S Taylor	November 2021 November 2021 January – March 2022	
Measure equality of access to services (consideration of all means of access)	User feedback	Scope process and collect info	Equalities Working Group	March 2022	
Collect Baseline data on all equality training courses via WDC and NHS systems	Increase in numbers trained	Liaise with WDC and NHS training departments	K Marshall/A King/A Slater	December 2021	
Collect Baseline data on all equality training courses via WDC and NHS systems	Increase in numbers trained	Liaise with WDC and NHS training departments	K Marshall/A King/A Slater	December 2021	
Collect Baseline Data on all clients via new My Life Assessment on Carefirst	Baseline data produced	Liaise with Service Improvement Lead re MLA stats on protected characteristics	K Marshall/A King	March 2022	
Scope out IT systems used within the HSCP to understand what Data systems are used and what Protected Characteristics	Information will be available	EMIS/Care first Data collection	A Slater	December 2021	

information they collect					
Work Stream– Communications	Measure – How will we know	What will we do	Who will do it	By When	
Develop and implement HSCP Equalities Publicity Campaign in collaboration with HSCP Communications officer Review equalities content of HSCP website	Information will be available on website and intranet	Consider focusing on specific protected characteristics Publicise Equalities working group on HSCP intranet and internet	A King/K Marshall/E McLean S Taylor/A O'Gorman	December 2021 November 2021	
Equalities Champions to be further explored across HSCP	Increase in numbers attending Equality Group	Develop brief - role and responsibilities of equalities champion	S Taylor/A O'Gorman	November 2021	
Work- stream - Best Practice	Measure – How will we know	What will we do	Who will do it (name & organisation)	By When	
Scope out best practice for mainstreaming equalities within HSCPs	New Strategic plan embeds equalities reporting from 2022	Link with Strategic Planning work to embed equalities within new plan Research best practice on equalities mainstreaming across other HSCP's	A King/K Marshall/A Slater A King/K Marshall	March 2022 March 2022	
Ensure national guidance on equalities rolled out to	Guidance e.g., Fairer Scotland	Communicate and cascade as	A King/K Marshall	March 2022	

appropriate parts of the HSCP	Duty and Carer Involvement in equality impact assessments easily available to staff	appropriate			

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARNERSHIP BOARD

Report by Clinical Director

22 November 2021

Subject: Clinical and Care Governance Annual Report 2020-2021

1. Purpose

1.1 The Clinical and Care Governance Annual report 2020- 2021 describes the clinical and care governance arrangements of the HSCP and the progress made in improving the quality of health and social care. This year the report describes work undertaken across the HSCP in response to the unique circumstances of the Covid 19 pandemic in order to maintain safe effective person centred care.

2. Recommendations

2.1 Members of the IJB are asked to note the report. This report will be sent to NHS Greater Glasgow and Clyde as all Health and Social Care Partnerships are requested to provide an Annual Report covering the role and remit of the group and any future plans for review and evaluation.

3. Background

3.1 Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible good performance is highlighted and poor performance is identified and addressed.

3.2 The report is structured around the three main domains set out in the National Quality Strategy; Safe, Effective, and Person-Centred Care. The report covers the main priority areas for West Dunbartonshire HSCP and the response to the challenges of the pandemic.

3.3 Each HSCP is requested by NHSGGC to provide and Annual Report of the clinical and care governance activity.

4. Main Issues

4.1 The report evidences how the HSCP Clinical and Care Governance Group has maintained oversight of the key areas of clinical risk and quality, creating

connections with all governance structures in the Partnership to assure the quality of care provided throughout the pandemic.

4.2 Despite the pandemic widespread activity is evident across the HSCP and hosted services in pursuit of the key quality ambitions of delivering safe, effective, high quality person centred care.

4.3 The use of technology had been instrumental in mitigating risks to service delivery and the learning from this will inform future service developments.

4.4 The selected examples from service areas evidence the high quality of care provided and transparently present challenges experienced and efforts to maintain and continuously improve the quality of services provided across the HSCP.

5. Options Appraisal

5.1 N/A

6. People Implications

6.1 There are no human resource implications

7. Financial and Procurement Implications

7.1 N/A

8. Risk Analysis

8.1 The impact of the pandemic on staffing coupled with increased demand and vulnerability amongst service users has placed unprecedented demands on service provision.

8.2 The NHS has a statutory duty for the quality of care provided. The Health Act (1999) requires every board to have arrangements in place for monitoring and improving the quality of health and care that it provides. This duty applies to all services provided with respect to prevention, diagnosis and treatment of illness and includes services that are provided jointly with partner organisations. Oversight of service quality has been maintained and there is evidence of ongoing quality improvement activity and the delivery of safe effective person centred care.

8.3 The Care home sector has proved and remains particularly vulnerable to the impact of the pandemic. Enhanced support, oversight and assurance arrangements for local care homes ensure that emerging risks are identified early and robustly managed and care quality is maintained.

8.4 Ongoing efforts are required to strengthen (and reintroduce) our core audit and self - evaluation activity and to build capacity across the HSCP to improve standards of care and support achievement of our quality improvement goals.

9. Equalities Impact Assessment (EIA)

9.1 Not required as the report does not introduce new policy or strategy. Robust clinical and care governance ensures that the needs of protected groups are considered. All aspects of clinical and care governance seek to address avoidable variations in outcomes for service users.

10. Environmental Sustainability

10.1 N/A

11. Consultation

11.1 All service areas contributed to the report.

12. Strategic Assessment

12.1 Robust clinical and care governance contributes to the achievement of National Wellbeing Outcomes and West Dunbartonshire HSCP's strategic priorities.

13. Directions

13.1 No direction required**.**

Person to Contact: Val.Tierney@ggc.scot.nhs.uk

Appendices: Appendix 1 - West Dunbartonshire HSCP Clinical and Care Governance

Annual Report 2020

Background Papers: West Dunbartonshire HSCP Clinical and Care Governance Annual Report 2020

Item 21
Appendix 1

West Dunbartonshire

Health and Social Care Partnership

Annual Clinical & Care Governance Report 2020

Contents

1 Introduction

1.1 West Dunbartonshire Health and Social Care Partnership (HSCP) was established on 1st July 2015 as the Integration Authority for West Dunbartonshire in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

1.2 In 2020 the population for West Dunbartonshire was 88340, down 0.7% from 2019 (National Records for Scotland 2021). The numbers of births in West Dunbartonshire in 2020 was 771 which, was lower than the figures of 845 in 2019. In West Dunbartonshire, 18% of the population are aged 0-15, and 9.7% of the population are aged 16-24. In terms of overall size, the 45 to 64 age group remains the largest age in 2020, with a population of 25, 6646 (29%).People aged 65 and over make up 19% of West Dunbartonshire's population, which is similar to Scottish population. Currently West Dunbartonshire ranks the third most deprived area in Scotland with 40% of data zones being among the 20% most deprived areas of Scotland.

1.3 The NHS has a statutory duty for the quality of care provided. The Health Act (1999) requires every board to have arrangements in place for monitoring and improving the quality of health and care that it provides. This duty applies to all services provided with respect to prevention, diagnosis and treatment of illness and includes services that are provided jointly with partner organisations.

1.4 The Health and Social Care Standards published in 2018 in response to the Public Service Reform (Scotland) Act 2010 set out what individuals can expect when using health, social work or social care services in Scotland. They aim to ensure better outcomes for everyone, that people are treated with respect and dignity, and that basic human rights are upheld. The Care Inspectorate, Health Improvement Scotland and other scrutiny bodies all take cognisance of these standards in relation to their work around inspection and registration of health and care services.

1.5 The Clinical and Care Governance Annual Report for 2020 describes the clinical and care governance arrangements that provide assurance on the quality of care provided or commissioned by West Dunbartonshire Health and Social Care Partnership. The report covers a period of unprecedented demand on health and care services caused by the Covid 19 pandemic. Examples from services have been selected to illustrate the quality of service provision. These are featured around the three quality ambitions of safe, effective, person centred. The principle achievements, risks and challenges to care quality are reflected in the report.

2. Clinical and Care Governance Arrangements

Figure 1 NHSGGC Corporate Level Clinical and Care Governance Arrangements.

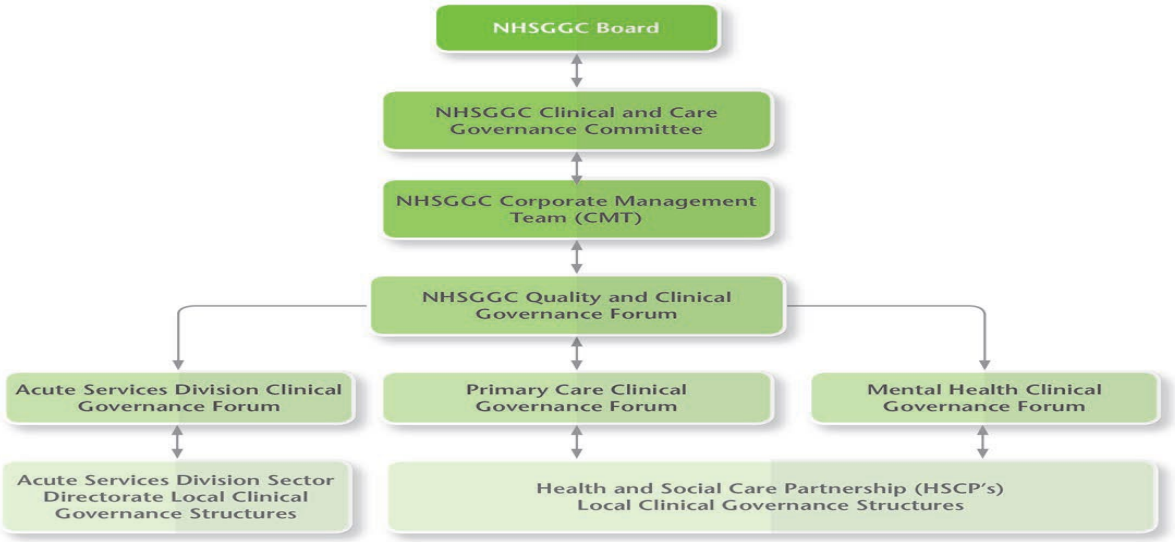
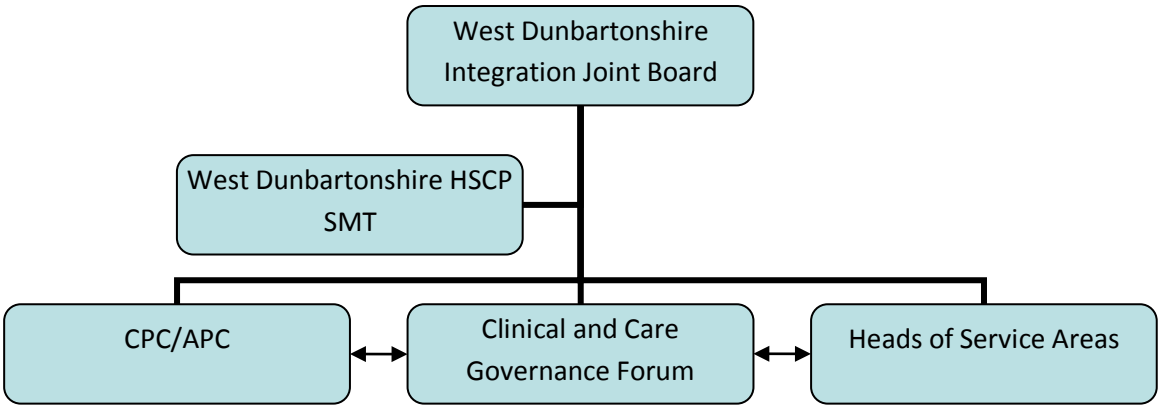


Figure 2: West Dunbartonshire HSCP Clinical and Care Governance Arrangements



2.2 The role of the Clinical & Care Governance Group is to

- Consider matters relating to strategic plan development, governance, risk management, service user feedback, complaints, standards, education, professional registration, validation, learning, continuous improvement and inspection activity.

- Provide assurance to the Health & Social Care Partnership Board, the Council and NHS, via the Chief Officer, that the professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place;

- Review significant and adverse events and ensure learning is applied;

- Support staff in continuously improving the quality and safety of care;

- Ensure that service user / patient views on their health and care experiences are actively sought and listened to by services;

- Create a culture of quality improvement and ensure that this is embedded in the organisation by facilitating improvement activity including self-evaluation and clinical governance actions.

- Provide oversight and assurance regarding the quality and safety of care including public protection, inspections and contract monitoring.

2.2 A Clinical Director was appointed during 2020 who chairs the group. The membership includes the Chief Social Work Officer, Chief Nurse, Lead Allied Health Professional, Pharmacy Lead, the Heads of Service from all services and a representative form NHSGG&C Clinical Risk Department.

2.3 The group meets on a bi-monthly basis and the agenda closely aligns to that within NHSGG&C clinical governance toolkit. Recent work has focused on inclusion of the social care quality and governance agenda to ensure this is fully reflected within the integrated partnership.

2.4 The Chief Social Work Officer has a core responsibility to provide professional oversight and leadership regarding the provision of social work services and to ensure that the social services workforce practices within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC). This complementary activity is captured within the Chief Social Work Officers Annual Report which is shared with the Clinical and Care Group to provide assurance on statutory social work functions.

2.5 The Clinical Director completes an exception report six times per year to submit to the Partnership and Community Clinical and Care Governance Forum (PCCCGF). The exception report is shared with the HSCP Senior Management Team as per local governance arrangement's to ensure all pertinent matters are reported from respective services.

2.6 Services also report to board wide Mental Health, Learning Disability, and Specialist Children's Services Governance Systems.

2.7 The Clinical and Care Governance group meetings paused in March 2020 as alternative measures were initiated to oversee the initial pandemic response. The meeting schedule resumed in June 2020. Efforts were made to strengthen operational oversight at service level during the pandemic.

These include:-

- Strategic and Operational Resilience Management Team Meetings with West Dunbartonshire Council
- Greater Glasgow and Clyde Chief Officers Tactical Group
- Participation in NHSGGC Covid 19 governance meetings
- Daily HSCP Senior Management Team Meetings
- HSCP Local Resilience Management Team
- Risk assessments for all services contributing to an overarching risk register
- Measures to support staff, promote resilience and mitigate staff absence, adjust to agile and home working

2.18 This ensured that partners were cognisant of changing risk and need and that resources were focussed appropriately. Enhanced communication measures ensured key messages were disseminated to the public.

3. Patient Safety:

This includes examples of work that aim to improve the safety and reliability of health and care services and reduce harm.

3.1 The Covid 19 Pandemic

Staff are our most valuable asset in delivering high quality care. They were vulnerable to the stress involved with delivering care during the Covid pandemic, some HSCP staff volunteered to be redeployed to support both acute colleagues and other service areas within the HSCP. They learned new skills and worked in a range of settings before returning to their service and embracing new (virtual) styles of service delivery. Their efforts are to be commended. In order to deliver quality patient care we recognised the importance of keeping in touch with all staff and responding quickly to the range of new stressors they may be experiencing.

A range of measures were employed to keep staff and service users safe during the pandemic. These include, risk assessment of working and care environments, social distancing, testing, provision of personal protective equipment and immunisation

We also recognised the wider impact of the pandemic on service users and carers in West Dunbartonshire. Within West Dunbartonshire pre-existing, structural inequalities mean that the impacts of the pandemic fell unevenly across populations, with some groups of people particularly badly affected. This reflects that inequalities are interrelated, and the interplay of societal and economic inequalities, and physical and mental health and wellbeing. The HSCP and partners have made significant efforts to mitigate these risks. The West Dunbartonshire Community Volunteer Service has continued to connect the local community and the third sector to optimise support available to all sections of the community.

3.2 Enhanced Support for Care Homes

Care homes environments have proven to be particularly susceptible to the coronavirus with elderly residents at risk of poorer outcomes due to pre-existing conditions. Sadly a number of our care homes experienced deaths of older residents due to Covid 19.

The need for additional whole system support to protect residents and staff was identified. There were no changes to Chief Officers or Chief Social Work Officer responsibilities or accountabilities. However, additional requirements regarding accountability for provision of nursing leadership, professional oversight, implementation of infection prevention control measures, use of personal protective equipment (PPE) and quality of care required a new model of support to be developed.

An enhanced system of care assurance was developed around the safety and wellbeing of care home residents and staff during the COVID-19 pandemic. This support included establishing a West Dunbartonshire multiagency professional oversight group. The role of the group is to analyse issues, develop and implement solutions, and ensure care homes remain able to sustain services during the pandemic. The group provides access to expert advice on infection prevention and control and enabled care homes to secure responsive clinical support when required.

Following the extension of the Executive Nurse Director responsibilities care assurance visits commenced across all partnerships within Greater Glasgow and Clyde in May 2020. In West Dunbartonshire some homes received more than one visit, and augmented support was provided during outbreaks. The role and responsibility of the Executive Nurse Directors with respect to older peoples care homes has been extended to June 2022 with an expectation that the assurance process continues and that this should be multidisciplinary in its approach. The Board Nurse Director has requested that assurance visits are undertaken twice per year as a minimum. A cycle of care assurance visits have been established, involving all adult and older peoples care homes (n = 12). These are undertaken by a Senior Nurse and Senior Social Worker from the HSCP. The assurance visits focus on three areas, Infection Prevention and Control, Resident Health and Care Needs, and Workforce Leadership and Culture. Care homes have undertaken extensive work in these areas and the visits used the principles of appreciative enquiry to document and celebrate good practice and identify areas of improvement where support might be required. Where homes were in extremis mutual aid in the form of clinical input supported homes to manage residents care needs, and where business as usual supplies failed care homes were provided with personal protective equipment (PPE) via the HSCP PPE hub. The learning and relationships that this work has fostered have strengthened early identification of risk to care quality in care homes, enhanced partnership working with care homes, and our ability to anticipate support requirements earlier and respond more effectively. This places us in a strong position to work together to address ongoing challenges for the care home sector caused or exacerbated by the pandemic,

including recruitment and retention of staff, staff absence, occupancy, sustainability and quality compliance.

The Care Inspectorate continued with a revised inspection regimen for Care Homes throughout the pandemic. Inspection focussed around Key question 7. This key question has three quality indicators associated with it.

- 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.
- 7.2 Infection control practices support a safe environment for both people experiencing care and staff.
- 7.3 Staffing arrangements are responsive to the changing needs of people

Table 1 Grades awarded by the Care Inspectorate to West Dunbartonshire Care Homes during 2020.

Care Home	Date of Inspection	KQ7 - How good is our care and support during the COVID-19 pandemic?
Castle View	27.09.20	4 – Good
Crosslet House	28.10.20	5 - Very Good
Edinbarnet	26.11.20	4 - Good
Hillview	25.06.20	4 - Good
Kingsacre	16.09.20	3 - Adequate

3.3 Covid Vaccination

- Staff from our HSCP District Nurse and Community Treatment and Care Centres immunised local care home residents against Covid 19 securing a 95% plus uptake amongst eligible residents.
- 465 1st dose 416 2nd doses were delivered to care home staff representing a notable 96% and 95% uptake respectively.
- The District Nursing service administered 1,200 Covid 19 and Influenza immunisations to housebound residents of West Dunbartonshire.
- 1221 1st and 1261, 2nd Covid vaccinations were administered to health and social care staff locally.
- This demonstrates the impact of clinics delivered locally by the HSCP Adult Nursing team which ensured a wide range of Health and Social Care staff had prompt and local access to the vaccine as soon as it was available.
- The population flu vaccination programme was predicated on the success of the 'local clinic' model to facilitate multi-disciplinary delivery of flu vaccination to the local population though a combination of GP practices, CTAC and District Nursing staff.

- The successful flu vaccination programme was carried out across West Dunbartonshire, with over 23000 residents being vaccinated at local clinics.
- West Dunbartonshire was first HSCP to complete the flu vaccination programme within the designated time scale, achieving above the projected uptake figures across all age groups.
- The three sites model was also adopted to facilitate the delivery of Covid vaccinations to the population. This commenced in January 2021. West Dunbartonshire Council supported NHS Greater Glasgow and Clyde with the local rollout of the COVID-19 vaccination programme.

3.4 Community Covid Assessment Centres (CAC)

Two Covid Assessment Centres opened within West Dunbartonshire (Clydebank and Renton) in April 2020 providing local access to this service for residents of West Dunbartonshire as part of the GGC Covid Pathway. This ensured that where appropriate COVID-symptomatic people could be cared for within the community, while also ensuring hospital capacity was used for those with the most serious illnesses. CACs have reduced the exposure of patients at GP surgeries and have allowed GPs to focus on providing care to patients with other health issues. The CACs have done a remarkable job ensuring that patients are seen in a safe, effective, clinical environment. The CACS ensured Covid patients did not mix with other patients or enter Emergency Departments and GP surgeries, limiting the spread of Covid in healthcare settings. The CACS are staffed by experienced local GPs and Nurses, who can assess patients, give patients treatment plans, including medication, and/or a prescription. If they require to go to hospital for specialist care, this is arranged. Initially appointments were provided morning and afternoon at both Clydebank and Renton sites. Currently the CAC clinics vary between the two sites, with opening hours of 2-5pm Monday to Friday. Opening hours/appointment provision are regularly reviewed to ensure an appropriate and sustainable service is being provided. NHSGGC are committed to providing a Covid Pathway until spring 2022 and West Dunbartonshire's CACs will look to continue for the foreseeable future. From April 2020-March 2021 1041 patients were seen and assessed at the West Dunbartonshire CACs.

3.5 Covid Testing

Testing of all people for Covid19, including those who have no symptoms, and those who may have been exposed to the virus will help prevent the spread of COVID-19 by identifying people who are in need of care, or require to self - isolate in a timely fashion.

- Care home and housebound Covid Testing is arranged by and carried out by HSCP CTAC & District Nursing staff.
- Asymptomatic people living or working in the Clydebank and Dumbarton area were encouraged to go along to a local testing centre and have a rapid test to help stop the spread.
- Symptomatic residents and staff could access test sites via NHS Inform
- Health and Social Care Staff are encouraged to undertake lateral flow testing twice per week

3.6 HSCP Personal Protective Equipment (PPE) Hub

The outset of the pandemic was accompanied by a surge in demand for PPE. Suppliers initially struggled to meet demand and there were concerns regarding the sustainability of existing supply chains. Supply issues were more pronounced in social care, the independent sector and smaller service providers. This was accompanied by substantially increased costs for PPE.
It was necessary to facilitate ongoing oversight and management of this situation and to secure stakeholder engagement. This was achieved meaning that early challenges in securing sufficient demand to meet requirements were quickly replaced by a period of relative confidence in the supply of appropriate and sufficient PPE across health and social care, the independent and voluntary service providers.

Due to the severity of the Covid 19 outbreak, and the demand it placed on resources, the Scottish Government agreed to provide PPE to social care settings where business as usual supply routes had failed. To do this, a new distribution network (PPE Hubs) was set up under a memorandum of understanding issued in April 2020. Initially established and run by colleagues deployed from the HSCP Health Improvement Team this service provision is now supported by colleagues from West Dunbartonshire Council. The memorandum of understanding has been extended to March 2022. This arrangement has worked well and provides reassurance to the social care sector including personal assistants, carers and third sector employers.

3.7 Datix

Datix is the NHS Greater Glasgow & Clyde integrated incident, risk management and patient safety system. During 2020 133 incidents were reported on Datix, as compared to 142 during 2019. There was a slight downturn in reporting during March and September of 2020.

Table 2

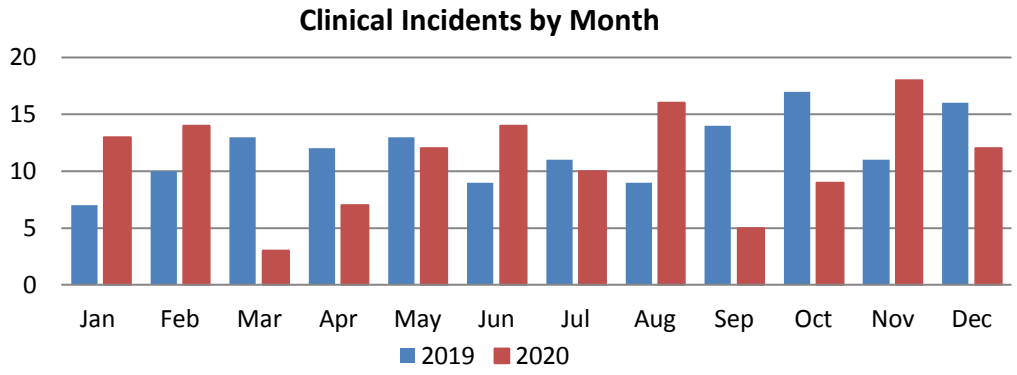


Table 3: Clinical Incidents by Service Area

Service Area	No of Incidents	No overdue
Addiction Services	31	2
Children's Health and Care	5	0
Clyde Sector	3	0
Corporate Services/Nursing	1	0
Health and Community Care	52	6
Learning Disability	4	0
Mental Health	35	2
MSK Physiotherapy	1	1
North Sector	1	0
Total	133	11

The largest number of incidents are recorded by Health and Community Care Services and 80% of these relate to pressure ulcers. Mental Health and Addiction services record the next highest number respectively reflecting the risks experienced within this client group.

Table 4: Clinical Incidents by Type

Type of Incident	Total
Pressure Ulcer Care	42
Other Incidents	31
Medication - Administration	15
Challenging Behaviour	13
Medication - Dispensing/Supply	8
Suicide	4
Treatment Problem	4
Communication	3
Laboratory/Specimen	3
Medication - Prescribing	3
Self-Harm	3
Discharge or Transfer Problem	2
Medical Devices/Equipment	2
Total	133

Pressure ulcers account for single most frequently recorded Datix incident. In the District Nursing service all Caseload acquired pressure ulcers are recorded on Datix and an investigation is undertaken to determine whether these were avoidable. Reassuringly all District Nurse Caseload acquired pressure ulcers were unavoidable and best practice had been followed to mitigate risks in all cases. It is noteworthy that the majority of pressure sores reported are rated as 2 (minor) in severity suggesting that they are detected early ensuring interventions are promptly implemented to avoid further deterioration.

Table 5: Clinical Incidents by Severity

Service Area	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Extreme	*Not Specified*	Total
Addiction Services	1	4	2		23	1	31
Children's Health and Care	1	2			2		5
Clyde Sector		1	1			1	3
Corporate Services/Nursing		1					1
Health & Community Care	8	32	6			6	52
Learning Disability	1	1			2		4
Mental Health	5	19	2	1	7	1	35
MSK Physiotherapy						1	1
North Sector		1					1
Total	16	61	11	1	34	10	133

The severity relates to the impact or consequences of the incident, ranging from negligible (1) to extreme (5). Mental Health and Addiction services experience the greatest proportion of extreme adverse outcomes following reported incidents. All incidents recorded as category 4 or 5 are reviewed to determine whether a significant adverse event review (SAER) ought to be undertaken to illicit learning that may be shared to prevent future recurrence.

3.8 Significant Adverse Events Reviews (SAER)

During 2020 six significant adverse events reviews were commissioned compared to three during 2019. These related to two people known to addiction services, three people known to the community mental health team and one person known to the older people's team. Two reviews related to suicide, two were unexpected deaths, one was adult support and protection and one related to a fall.

Table 6: Significant Adverse Event Reviews Commissioned 2020

Incident date	Risk SCI - Closed	Risk SCI Status
27/03/2020		Under Review
03/07/2020		Under Review
28/08/2020	05/08/2021	Closed
19/09/2020		Under Review
21/10/2018		Under Review
26/10/2020		Under Review

One SAER has concluded and the recommendations and learning identified in the report circulated and shared with all teams within that service. The others remain under review. Conducting a SAER can be a major undertaking contingent on the complexity of the case. The capacity of staff to form a review team and undertake SAERs is a challenge experienced across NHSGGC which has been exacerbated by the pandemic. This is an area where we would seek to secure improvement going forward in order to achieve the standards within NHSGGC SAER policy.

Children and Families Services

3.9 **The Child Protection Committee**

The CPC monitors and reviews what is happening locally to safeguard children and young people. From Quarter (Q) 1 in 2019/20 until Q3 in 2020/21 the majority of children on the child protection register fell within the age range of 0-4 years. This then changed to 5-10 years for the last two quarters in 2020/21. In 2020-21, the most noted concern reported for children at the time of child protection registration was domestic abuse, as was the case in the previous year, however this increased to 53% which may reflect the impact of the introduction of multi-agency risk assessment conferences (MARAC) in April 2020. The impact of lockdown restrictions on perpetrator behaviour and risk to individuals is likely to have also been a significant contributory factor. Parental mental health was the next most reported concern for children being placed on the child protection register in 2020/21 (41%). This increased by 15% from 2019-20. Again, lockdown pressures are widely perceived to have impacted significantly on presenting mental health problems in children, young people and their parents. The impact of school closures and restrictions on interacting with others out with the family home will have also impacted on the mental health and emotional wellbeing of children, young people and their families. A similar picture is evident when considering parental drugs misuse, which has increased from 28% in 2019-20 to 39% in 2020-21.

Partners have worked well together to maximise resources to provide safe care to the children and young people of West Dunbartonshire and their families. The most vulnerable children in West Dunbartonshire have continued to receive robust support

Children and families social work is a statutory public protection service directed by a range of key statutory instruments and guidance in respect of the enacting of key duties and responsibilities. From the outset the service continued to work in the local community addressing a range of ongoing needs / risks and vulnerabilities all of which were initially subject to a prioritisation process which supported staff to focus on those most in need.

Work has commenced on a suicide prevention and response protocol to ensure a joined-up approach across all services with clear guidance for the response when a young person completes suicide. This protocol will also ensure those who may be affected by the death of the person who completes suicide, are identified quickly, and receive the support they require. Work also continues in

relation to the introduction of Equal Protection legislation and the creation of a short life working group to develop a local protocol.

Supporting young people with emotional wellbeing issues has been a priority throughout the pandemic. **Specialist Children's Services** responded to the challenges of supporting children and their families during the lockdown period by co-locating services to ensure a quick response was made 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.

The Health Visiting and Family Nurse Partnership Services provided to children and families largely continued throughout the pandemic, albeit sometimes in a different way, using near me technology. Face to face visits continued in line with national clinical guidance to ensure that essential child health reviews were undertaken and that children and families with additional needs received the appropriate level of support. Coverage of Universal Child Health Reviews was successfully maintained throughout the pandemic with plans in place where 'catch up' was required.

Table 7: Health Assessment Completion Rates April 2020 – March 2021
% Eligible Children who received an Assessment West Dunbartonshire HSCP

	1st Visit				6-8 week				13-15 month				30 month				4-5 year			
April 2020 - March 2021	Q1 Apr - Jun	Q2 Jul – Sep	Q3 Oct - Dec	Q4 Jan - Mar	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
%	99	98	97	98	99	99	100	100	56	83	94	94	57	72	94	93	71	64	71	82

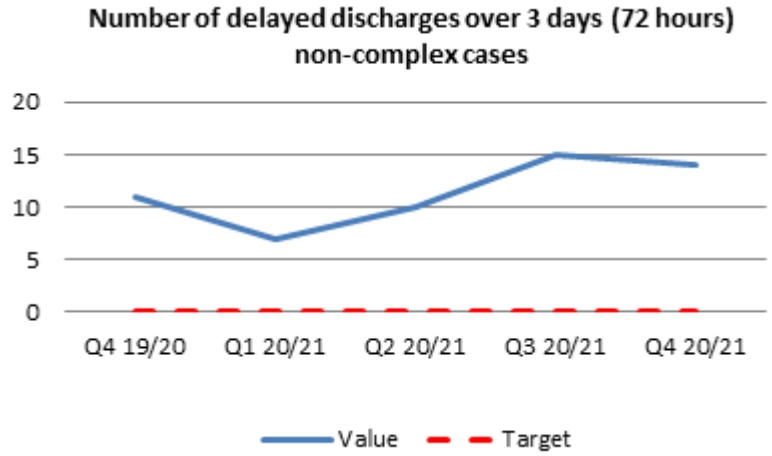
3.10 **The Adult Protection Committee** monitors and reviews what is happening locally to safeguard adults. West Dunbartonshire undertook three serious case investigations which led to the following improvements:

- A new Risk Management Tool - Clinical Risk Assessment Framework in Teams - standardising the approach to risk assessment and management throughout Mental Health Services
- A review of policy and practice in management of calls to the Out of Hours Community Psychiatric Nurse particularly when patients voice suicidal intent
- Distribution of support and information sources available to carers supporting those with Personality Disorder to ensure that family involvement and support is addressed in the Board-wide review of pathways for Borderline Personality Disorder

During 2020-21, referrals for adult at risk decreased by 7%, from 539 in 2019-20 to 500 in 2020-21. Of a total of 500 inquiries, 77% were completed within five working days against a target of 85%. Meanwhile, vulnerable adult referrals increased by 68%, to 1196 during 2020-21 from 713 in 2019-20.

3.11 Health and Community Care

The Hospital Discharge Team assessment of clients is carried out by senior team members, and each profession within the team has professional support and oversight by senior members of their own profession. Referral types and numbers are analysed and discussed at team meetings, and individual cases are highlighted for points of learning. Individual one to one supervision takes place routinely for all staff to monitor performance and clinical and care effectiveness.



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 the 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. The majority of delayed discharges in West Dunbartonshire relate to Adults with Incapacity (AWI), complex Mental Health or Learning Disability.

Improvement activity 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

There has been some improvement in performance as a result of improvement activity, however delayed discharge figures continue to fluctuate reflective of the complexity of the issues involved. The HSCP continues to prioritise sustained reduction in those whose discharge is delayed, and is focussed on identifying any additional resources that may be required to continue this trajectory.

The Community Older Peoples Team collected outcome measures within rehabilitation services for physiotherapy staff, to explore the impact of physiotherapy services in the community, over a six month period. An NHS GGC wide audit was undertaken at initial assessment and on client discharge from the community rehabilitation physiotherapy input. The results revealed that West Dunbartonshire clients achieved

- An above average increase in Tinetti scores which measures gait and balance. The average increase in NHSGGC clients being 1.8, while in West Dunbartonshire it was 4.8. The lower the score on the Tinetti test, the higher the risk of falling. So following intervention by the West Dunbartonshire COPT physiotherapist residents had a significantly decreased risk of falling.
- The thirty second sit to stand test for testing strength and endurance in older adults also showed a bigger improvement compared to NHSGGC average with NHSGGC clients scoring 1.4, and West Dunbartonshire clients achieving 2.3.
- The EQ5D is a standardised measure of health-related quality of life and clients in NHSGGC achieved an average increase of 4.1 while West Dunbartonshire residents saw and average increase of 18.8 points following intervention by the team.
- West Dunbartonshire COPT team also achieved a quicker rehabilitation turnaround with NHSGGC GGC average 9.4 weeks and West Dunbartonshire achieving an average of 8.9 weeks.

These very positive results demonstrate clinically effective Physiotherapy intervention across community teams.

Mental Health, Addictions and Learning Disability

3.12 Learning Disability Services

Learning disability (LD) services undertook a review of the First Seizure Pathway in Patients with Downs Syndrome and Dementia. Over 50% of adults with Downs syndrome and dementia develop epilepsy. The development of epilepsy is thought to be associated with a more rapid progression of dementia and often the form of epilepsy experienced by these patients is a generalised myoclonic epilepsy, sometimes referred to as Late Onset Myoclonic Epilepsy in Downs Syndrome (LOMEDS). The aim was to investigate the outcome of patients with Downs syndrome and dementia who had recently developed seizures, to establish whether changes should be made to the service - in particular whether there was a role for Learning Disability psychiatry teams in the First Seizure pathway, and whether this pathway could be fast-tracked for this patient population in order to improve outcomes for this client group. During the course of this project case studies illustrated some of the specific difficulties faced by this patient population, as well as the role played by community LD teams. The review highlighted the close involvement of community learning disability teams in the care of patients with Downs Syndrome, dementia and epilepsy and evidenced that, in many cases, the LD teams have direct input in to the first seizure pathway and often liaise with specialist teams leading to an improvement in an individual's journey along this pathway.

Mental Health Services

During the initial COVID lockdown Primary Care Mental Health Teams (PCMHT) accepted all referrals for mental health assessment from GPs in the local area. This allowed the staff in the Community Mental Health Teams (CMHT) to focus treatment on the most at risk patients in the community, whilst ensuring access to timely assessment from mental health practitioners for people in the wider community.

NHS GG&C has introduced Mental Health Assessment Units (MHAU) which West Dunbartonshire HSCP have invested in. This service means that all people in West Dunbartonshire who are not open to mental health services and require immediate mental health assessment are seen at MHAU. GPs and emergency services now have one point of contact for people who require a same day mental health assessment.

4. Clinical and Care Effectiveness:

This relates to examples of work which focus on measuring, monitoring and improving clinical and care quality. Business Continuity planning was of critical importance at the onset of the pandemic. Routine audit activity was stood down as precedence was given to prioritising operational arrangements in accordance with responses required to mitigate against the effects of Covid 19. Despite Covid 19 related constraints there are many examples of work ongoing to improve care and the quality of care.

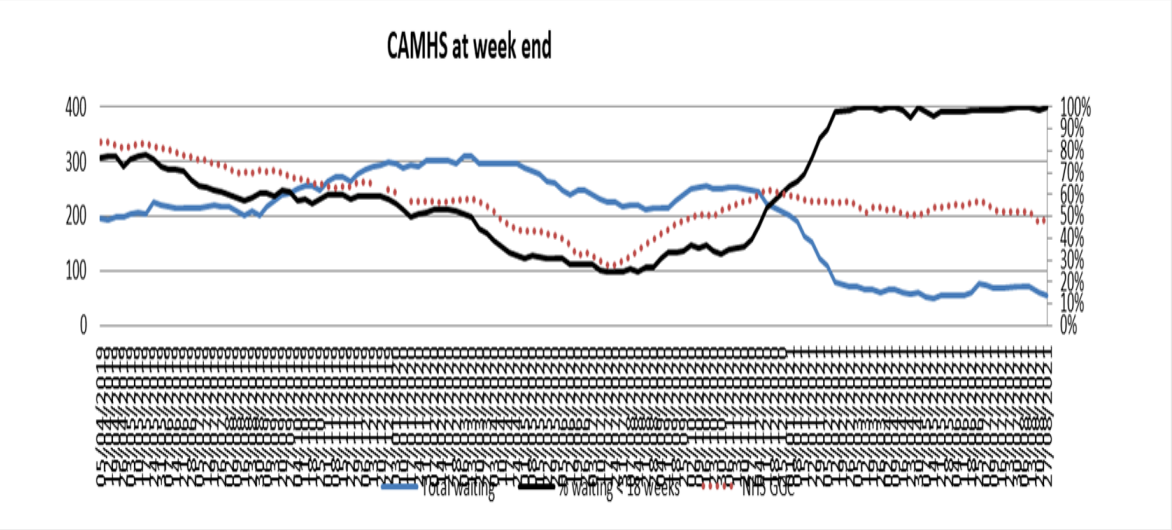
4.1 Digital Transformation

The pandemic has undoubtedly accelerated digital transformation across health and social care. A large number of staff across the HSCP now have access to Microsoft Teams and Attend Anywhere. This was implemented rapidly across a number of services. E.g. Musculoskeletal Physiotherapy Services, Health Visiting, CAMHS, Mental Health Services, General Practice. This has provided the opportunity to evaluate across different services, develop the evidence base for supporting the use of digital health and care, and to develop solutions to the challenges of implementation at pace and scale and access to technology.

Children and Families

4.2 As a service Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics have been through a significant change programme and a large scale redesign of service delivery implementing some innovative new practice alongside this. New pathways and the introduction of the Choice and Partnership Approach (CAPA) to the service has sought to improve access to CAMH services. The waiting time initiative has successfully reduced referral to treatment time for 1st appointment to less than or equal to 18 weeks in line with Scottish Government targets.

Table 8: Improvement in West Dunbartonshire Referral to Treatment Times



Despite this excellent achievement the number of urgent referrals continues to increase reflecting ongoing pressures within CAHMS Teams.

Table 8: Urgent CAHMS Referrals West Dunbartonshire 2018-2020

WEST DUNBARTONSHIRE CAMHS	2018	2019	2020	YTD 6/2021	Proj. 2021
Urgent referrals *received*	131	130	213	118	236
% change over the previous year		-0.8%	63.8%		10.8%
Urgent referrals *accepted*	114	118	195	112	224
% change over the previous year		3.5%	65.3%		14.9%
% Urgent referrals (received)	18.4%	18.2%	35.0%	34.5%	
% Urgent referrals (accepted)	22.7%	22.2%	42.0%	40.1%	

West Dunbartonshire participates in the NHSGGC programme board established to oversee mental health recovery and renewal and to focus on deploying existing and new resources appropriately to secure the requisite improvements in the CAHMS service.

4.4 West Dunbartonshire **School Nurses** undertook 'Lets Introduce Anxiety Management Training' (LIAM) a cognitive behavioural therapy informed approach for children and young people who have elevated levels of distress but who do not require a CAHMS level of Intervention. September 2020 to June 2021 a total of 21 children/young people within West Dunbartonshire have accessed from this service. An evaluation of this service is underway led by NHS Education Scotland which will include evaluation of routine outcome measures.

4.5 **Family Nurse Partnership** (FNP) is a preventive licensed voluntary programme for first time mothers aged 19 years and under. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), to first time mothers from early pregnancy until the child is two years old. The programme aims to modify behavioural risk factors and enhance protective factors through regular home visits, using motivational interviewing techniques and strengths based approach to improve outcomes for children and their families. .

Table 9: Client Enrolment and Retention Data FNP West Dunbartonshire

West Dunbartonshire Locality Data for 2020	
No. of Notifications to FNP	37
No. of Clients Enrolled on FNP	25
No. of Clients Ineligible (due to pregnancy loss or age)	7
No. of Clients Declined FNP	5
Average Age @ Enrolment	18
Age Range of Clients	16-19
SIMD Q1 & Q2 at enrolment	18

FNP continued to deliver the programme in West Dunbartonshire in accordance with NHS GGC board and Scottish Government guidance during the pandemic via a blended approach of face to face visiting and telehealth contacts using both Attend Anywhere/Near Me and WhatsApp video calling. A key focus has been the impact of poverty and financial inclusion. An information platform to support Family Nurse analysis of data collation has, enabled nurses to explore individual data in line with Core Model Elements of the programme to inform ongoing exploration of quality improvement. Introduced in 2012 to NHSGGC this is a licensed programme and a comprehensive evaluation of impact is being overseen at NHSGGC and Scottish Government level.

Health and Community Care

4.6 **The District Nursing Team** suspended routine audits in line with practice across NHSGGC during the pandemic. However Team Leaders retained oversight of the dash board which evidenced compliance with the Malnutrition Universal Screening Tool (MUST), SSKINS bundle designed as a resource pack to aid in the assessment and care planning for people at risk of pressure ulcers, and Catheter Associated Urinary Tract infections (CAUTI).

This revealed that SSKINS and CAUTI compliance was maintained throughout this period, however compliance MUST fell to 70% in January. Investigation ascertained that the decline was due to the following:

- An influx of housebound residents to District Nurse caseloads requiring Covid 19 vaccination.
- The high number of patient MUST review dates that expire in January (Jan 19 was 82% and Jan 2020 80%.

Compliance for MUST was rectified in February and the dashboard indicates compliance of 93% being maintained above 90 % thereafter. In future teams will review caseloads and stagger MUST reviews throughout year to prevent a sharp decrease in compliance in the month of January. Maintaining a visual oversight of Dashboard provided a level of care assurance in the absence of routine audit.

4.7 **Residential & Day Services** introduced person centred care plans for all residents, these outline all aspects of their care and how residents wish to be supported. These include likes/dislikes/anticipatory care planning medical and clinical input, and dietary requirements. These plans are compiled with the resident, power of attorney and / or family members and are reviewed and updated on a monthly basis or as situations change. Several methods were used to engage with residents and families including six monthly reviews of their service, monthly residents' forum meetings, relatives meetings, menu planning meetings, medication reviews, newsletters, and feedback questionnaires for residents, relatives and other professionals.

Diabetic Retinal Screening

4.8 COVID19 resulted in a delay in implementing the National Software System for screening called Optimise. The Diabetic Eye Screening service was suspended nationally for a four month period during the pandemic. Staff were redeployed into new roles in COVID centres and Track and Trace and adapted well to these new environments. The service resumed at end of July 2020. The service followed national guidance to prioritise patients who required to be screened first in order to address the waiting lists that had accumulated. When the service resumed capacity was limited by constraints on access to original screening sites which meant ability to appoint patients was reduced by a third in order to accommodate, social distancing, and enhanced infection prevention control measures. The image capture part of the screening requires face to face contact. The Grading element of the images could be undertaken by staff while

working from home. This enabled staff to work their hours around family and home care requirements. The grading homeworking has been working well. Remobilisation and recovery planning is being closely monitored in terms of the impact on service users as the service works toward business as usual.

Musculoskeletal (MSK) Physiotherapy Service NHSGGC

4.9 **T**he MSK service has traditionally been challenged by the Scottish Government waiting times target of four weeks for MSK conditions, primarily due to demand for service provision being greater than MSK clinical capacity. During the pandemic demand for MSK Physiotherapy decreased by approximately 40% per month compared to pre pandemic referral levels (on average 3,600 referrals per month / 6000 referrals per month pre pandemic). Although the service had ongoing redeployment of staff to support acute service provision during this period, the remaining staff within MSK service were able to sustain service provision (both by Virtual Patient Management and Face to face). Due to decreased demand, the MSK Physiotherapy service met the four week waiting time target from December 2020 to March 2021. This is the first time that the service has achieved the waiting times target. In April 2020 the MSK service had 12,265 patients waiting for a routine appointment compared to 4,991 in March 2021. Waiting times are co-dependent on demand vs capacity. Referral rates returned to pre Covid levels in March 2021 and are likely to increase with increased orthopaedic throughput and increased prevalence of MSK conditions, both as a result of Covid and as a consequence of the prolonged periods of lockdown. If demand remains high then additional capacity will be required to maintain low waiting times.

Pharmacy

4.10 The implementation of pharmacy technician led hubs has allowed for significant progress to be made in the delivery of the General Medical Service contract and feedback from patients and practices is that it has led to an enhanced patient safety.

- DOAC (anticoagulant) monitoring (to check creatinine clearance level) for all patients in the HSCP
- Post discharge medication compliance support for patients receiving Care at Home Services
- All immediate discharge letters medication reconciliation completed by the pharmacy team
- Medication queries and shortages sent to pharmacy for advice
  Examples of work which focus on measuring, monitoring and improving clinical and care quality
  - Pharmacist led Chronic Pain clinic
  - Pharmacist led Polypharmacy clinic
  - Care Home resident medication review.
  - Safety work (e.g. Looking at patients over 75 on antidepressants, over-ordering of reliever inhalers (can be indication of uncontrolled asthma).

Mental Health, Addictions and Learning Disability Services

4.11 **Addiction Services**

Comprehensive reviews are undertaken into to all drug related deaths that occur within West Dunbartonshire and review of all alcohol and drug related deaths that occur within the two community addiction teams. The learning from these informs service development and improvement. Some examples include

- The lease of a mobile harm reduction unit delivering services throughout West Dunbartonshire.
- Development of an assertive outreach service delivered by third sector partners, to identify, support and signpost high risk individuals into treatment services.
- Arrest referral scheme – public health approach to justice delivered by third sector partner.
- Naloxone provision targets exceeded

4.12 Mental Health Services

A Psychological Therapies Monitoring Group has been established across mental health services in West Dunbartonshire. The purpose of the group is to ensure the quality of data around access to Psychological Therapies and to introduce local measures to ensure equal access to therapy across the whole mental health network

5. Person-centred Care:

These examples demonstrate efforts to ensure health and care services are focused on people, their families and carers. They incorporate information on how service users or carer's views have been elicited and used to drive improvement in services

5.1 The West Dunbartonshire **Community Volunteer Service** has continued to connect the local community and the third sector. During the last year, this has included providing a Covid support service, accessed by a range of local players including GPs and duty social work. Volunteers have helped families in need with supplies of food, prescriptions, power top ups and welfare calls. In addition, they assisted the HSCP in maintaining effective contact with individuals who were shielding, providing support and assistance on demand.

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Health and Community Care

5.2 West Dunbartonshire **Palliative Care Needs Assessment** is currently reviewing Palliative and end of life care services provided by various professions (District Nurses, GPs, Home care, Care home providers, Community Palliative Nurses), and third Sector agencies within West Dunbartonshire. It is considering qualitative and quantitative data with regard to Palliative Care service provision and user experience across West

Dunbartonshire with the aim of identifying any potential gaps in service. The resultant development will look to strengthen Palliative Care service provision, service user experience, and support of providers of palliative care in the years to come. It is hoped the first stage of this needs assessment will be concluded late 2021/early 2022.

5.3 There has been renewed focus on understanding the experience of service users and carers who go through adult support and protection (AP) processes. This is alongside a recognition of service user involvement in designing, coproducing, and implementing policy and procedure, and a need for user / carer, advocacy and third sector groups to be better involved in the AP committees, subgroups, and forums.

5.4 Scottish government guidance stipulated that only essential **District Nurse** visits should be carried out, in order to reduce risk/spread to patient/carers and staff of Covid 19 virus. This meant patients who were visited for the purposes of support who did not have any physical nursing needs would no longer be able to receive a face to face visit. This group included patients who received support visits due to a palliative diagnosis. The DN service utilised staff within their team who were shielding and working from home, to regularly contact patients/families/carers remotely to ensure mental and physical health needs were being met. If any care need was identified during this contact then a face to face visit from a DN or referral onwards to the appropriate service was arranged. This was followed up to make sure any identified needs were met. This ensured the care needs of patients/families and carers were continually assessed and addressed.

Residential local authority care homes adopted a range of initiatives including

- Creating a resident 'meaningful moments' group to enable residents to share their feelings and emotions around Covid 19. Residents were frightened, not only for themselves but for their families and it was essential that they had the resources to reassure their children/ loved ones.
- Residents were introduced to the joys of social media such as WhatsApp, face book, video calls, this resulted in a lot of different emotions for our residents and their relatives.
- Our homes continued with walking football and daily exercise groups and due to having such accessible garden grounds were able to create outdoor exercise activities, to promote movement/flexibility improve mobility and reduce our risk of falls and continuing to improve residents health and wellbeing

Children and Families

5.4 The **Health Visiting Te**am undertook Connecting with Parents Motivation (CwPM) training. This is a strengths based communication skills system designed to enhance the abilities of practitioners' to connect with parents in a strengths based way meaning they listen and value the opinions of parents /

carers and secure greater engagement. Evaluation of the impact of this learning and development is planned.

5.5 **Dental health support workers** maintained contact with parents using virtual platforms and telephone consultations during the pandemic and have supplied doorstep deliveries of dental packs and weaning literature. Resources have continued to be supplied to other agencies /groups as requested. Alternative methods of supporting nurseries to safely deliver re-implementation the Tooth-brushing programme has been developed in collaboration with the Oral health Directorate.

Musculoskeletal Physiotherapy Service NHSGGC

5.6 During the pandemic the Musculoskeletal Physiotherapy service had to shift to blended model of service delivery including Virtual Patient Management (VPM). The blended model of delivery consisted of Face to Face (just over 30% capacity), Telephone and "near me" consultation. The service produced guidelines for staff to help determine patients suitable for Face to Face vs virtual contact.

It was important to gain patient views on these service changes. Webropol feedback mechanism was introduced which was made available to all patients via email when they were sent self- management information/exercises. 106 patients have fed back since November 2020 (F 2 F = 9, near me = 10, Telephone = 84). Of note is the response to the question about how confident the patient felt about the physiotherapist's ability to assess and treat them effectively.

- Face to Face : Extremely confident = 78%
- Near me: Extremely confident = 70%
- Telephone : Extremely confident = 74%

At present patient satisfaction with VPM is high but confidence is slightly higher with face to face consultation Project work will continue to monitor webropol feedback and also measure clinical outcomes from the blended model of service delivery to ensure no detriment to patient care. These are encouraging results notwithstanding the limitations of the small sample size and that feedback is from a self- selected group willing to give online feedback**.** The service will continue to monitor patient's views on service delivery.

Mental Health, Addictions and Learning Disability

5.7 Mental Health

A member of staff in each of the Community Mental Health Teams has been identified as a link for carers. A group has been established to look at earlier identification of carers in order to ensure access to appropriate support.

A recent Mental Welfare Commission report for our mental health inpatient wards commented on the high standards of person centred care within the wards.

6. Conclusion

The report evidences how the HSCP Clinical and Care Governance Group has maintained oversight of the key areas of clinical risk and quality, creating connections with all governance structures in the Partnership to assure the quality of care provided throughout the pandemic and where possible improve this in line with identified improvement priorities.

Widespread activity is evident across the HSCP and hosted services in pursuit of the key quality ambitions of delivering safe, effective, high quality person centred care during a particularly testing period of time. It is commendable that staff have been able to provide many examples of innovative and effective practice during a period where efforts were necessarily directed towards business continuity and maintaining safe practice in the context of the pandemic.

Despite logistical restrictions innovative approaches have been adopted to enable the residents of West Dunbartonshire to continue to inform service development and ensure services were responsive to local and individual needs.

The paper presents both achievements and challenges experienced during the period of the pandemic with respect to maintaining and improving the quality of care delivered. Going forward priorites outlined in our CCG action plan 2020-21 recognise the need to continue to respond to the demands of pandemic but also to implement the valauble learning gleaned from this period to help support continuous improvement.

We will continue to implement digitally enabled care transformation and provide ongoing support to the care home sector. We will continue to strengthen our efforts to address hospital discharge waiting times and address the challenges facing our CAHMS service.

To ensuring care quality standards are maintianed it will be critical to re establish and strengthen our core audit and self evaluation activity. We will continue to build capacity across the HSCP to improve standards of care and support achievement of our improvement goals. Central to this will be our ongoing ability to effectively support our staff and adopt innovative approaches. We will also continue to strengthen the voice of service users and carers in driving service improvement and in evaluating the quality of service provision to enable the residents of West Dunbartonshire to continue to inform the development of high quality safe effective person centred services.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARNERSHIP BOARD

Report by Head of Mental Health, Addictions and Learning Disabilities
Interim Chief Social Work Officer

22 November 2021

Subject: Chief Social Worker Officer Annual Report 2020/21

1. Purpose

1.1 The purpose of this report is to provide members of the IJB with the Chief Social Work Officer (CSWO) Annual Report for 2020-21 (Appendix 1) which provides information on the statutory work undertaken on the Council's behalf, including a summary of governance arrangements, service delivery, resources and workforce.

2. Recommendations

2.1 Members of the IJB are asked to note the content of the Chief Social Work Officer Annual Report 2020-21 and approve its submission to the Office of the Chief Social Work Advisor to the Scottish Government.

3. Background

3.1 The requirement for each Council to have a Chief Social Work Officer was initially set out in section 3 of the Social Work (Scotland) act 1968 and is also contained within section 45 of the Local Government etc. (Scotland) Act 1994.

3.2 The role of the CSWO is to provide professional guidance, leadership and accountability for the delivery of social work and social care services – both those provided directly by the HSCP and also those commissioned or purchased from other providers.

3.3 The CSWO Annual Report has been prepared in line with national guidance: 'The Role of the Chief Social Work Officer' (Scottish Government: 2016). This report also fulfils the statutory requirement for each CSWO to produce an annual report on the activities and performance of social work services within the local area.

3.4 Following approval the annual report will be provided to the Chief Social Work Advisor to the Scottish Government and will be posted on the Council and HSCP websites.

4. Main Issues

4.1 Each CSWO produces an annual report based on a template agreed with the Office of the Chief Social Work Advisor, however once again this year, given the workload implications caused by the Covid-19 pandemic, an amended template has been provided. This ensures local reporting arrangements continue whilst having due regard to current pressures being experienced across the sector.

4.2 The Office of the Chief Social Work Advisor will use completed reports to prepare a national overview later in the year.

4.3 The report for 2020-21, understandably, makes significant reference to the work of teams across Children and Families, Adults and Justice service in response to the Covid-19 pandemic. The adaptability of staff, managers and users of services has been paramount to the continued provision of social work services in local communities.

4.4 Enhanced oversight arrangements, public protection activity and information pertaining to demand, performance and achievements is balanced by recognition of the challenges faced by services during 2020-21.

4.5 The report notes that the programme of national inspection activity was largely paused due to the pandemic, however refers to this recommencing more recently, particularly the joint inspection of adult support and protection.

4.6 Recruitment to a range of posts across services continued, reflecting both the continued commitment to practice and performance improvement within a shift for much activity to remote means. As a profession based on building relationships to engage with and support individuals, families and carers towards better outcomes, this enabled vital social work services to continue during the pandemic but has similarly presented challenges where relational practice is pivotal to comprehensive, rights-focussed assessment and interventions.

4.7 In line with Scottish Government, professional and public health guidance, services have continued to adapt to lockdown, the relaxation of restrictions and the impact of these increasing once again during the past year. The focus on the most vulnerable in our communities, however, has remained constant and the learning from the many challenges of the past year is already informing opportunities for service development, adaptation and change during 2021-22. As such, priorities for service delivery, support to staff and managers and details of recovery planning are included.

5. Options Appraisal

5.1 N/A.

6. People Implications

6.1 The CSWO Annual report refers to workforce planning and development which recognises activity to support staff compliance with professional registration as well as recruitment and retention activity.

6.2 Furthermore, the report highlights the range of staff wellbeing supports that have been provided during 2020-21 and the continued importance of staff wellbeing as a priority to support the workforce.

7. Financial and Procurement Implications

7.1 There are no financial or procurement implications arising from the CSWO annual report, however the report highlights the financial implications upon the HSCP budget and the importance of spend that is compliant with procurement arrangements.

7.2 Budgetary oversight of services provided by the HSCP continues to be provided by the HSCP Board and senior officers continue to address these issues to meet statutory duties; the ongoing impact of the Covid-19 pandemic will undoubtedly continue to shape the budgetary and financial arrangements for HSCP services during 2021-22 and beyond.

8. Risk Analysis

8.1 Provision of statutory social work services requires appropriately qualified and skilled staff; analysis of activity and future demand is intended to inform future service planning to continue to meet statutory duties.

9. Equalities Impact Assessment (EIA)

9.1 There is no equalities impact as the report does not recommend a change to existing policy, function or strategy.

10. Environmental Sustainability

10.1 There are no implications for environmental sustainability.

11. Consultation

11.1 The CSWO Annual Report has been informed by information provided by managers across the HSCP; members of the HSCP Senior Management Team have also been consulted on the report content.

12. Strategic Assessment

12.1 Analysis of activity, resources and performance within the CSWO Annual Report provide assurance that the planning and delivery of social work services in West Dunbartonshire continue to reflect statutory requirement.

12.2 The report also demonstrates how services support the Council's strategic priorities and the HSCP Strategic Plan, working with local residents and communities to improve lives.

12.3 The strategic direction of services will undoubtedly continue to reflect the implications of the Covid-19 pandemic during 2021-22 and shape how services are prioritised and designed to meet the needs of our communities in West Dunbartonshire.

13. Directions

13.1 To agree content of report.

Name	Sylvia Chatfield
Designation	Head of Mental Health, Addictions and Learning Disabilities Interim Chief Social Work Officer
Date	1st November 2021

Person to Contact: sylvia.chatfield@ggc.scot.nhs.uk

Appendices: Appendix 1: Chief Social Work Officer Annual Report 2020-21

Back ground Papers: None.

Item 22
Appendix 1

West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership
Improving Lives with the People of West Dunbartonshire

West Dunbartonshire

Health and Social Care Partnership

Chief Social Work Officer Annual Report

2020-21

CONTENTS

1. GOVERNANCE AND ACCOUNTABILITY

Role of the Chief Social Work Officer (CSWO)

The requirement for each Council to have a Chief Social Work Officer (CSWO) was initially set out in Section 3 of the Social Work (Scotland) Act 1968 and further supported by Section 45 of the Local Government etc. (Scotland) Act 1994.

The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of social work and social care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

West Dunbartonshire Council has resolved that the Chief Social Work Officer role is held by the Head of Children's Health, Care and Justice.

The Chief Social Work Officer is a 'proper officer' of the Council in relation to social work functions and is a member of the Senior Management Team within the HSCP and a non-voting member of the Health and Social Care Partnership (HSCP) Board.

Covid-19

At the time of writing last year's CSWO annual report, a UK-wide lockdown had only recently been implemented. As we all faced the unknown impact of the global Covid-19 pandemic, social work was one of the priority professional groups designated as an essential workforce. This reflects the critical role of social work, as reflected in legislation and statutory duties. By its very nature, the social work profession has always adapted to meet local and national demands, priorities and the needs of the most vulnerable in our communities and this was never more apparent than during the past year.

At its meeting of 25 March 2020, HSCP Board members 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.

Throughout this annual report, information on services, performance and delivery continually refers to the pandemic and how individual teams and services responded and adapted to its impact. A number of significant actions have taken place over the past year to ensure services to children, young people, families and adults continued to be provided in the context of the pandemic. It is to the credit of the entire social work and social care workforce that these vital services in West Dunbartonshire continued and is testament to the dedication, commitment and individual strength of each social worker, social care worker and manager.

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 focussed 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, social work 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.

Prioritising services during the pandemic continued to be at the core of work to respond to the pandemic, focussed on:

- Child protection (including ensuring 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 (including pathways for referrals, 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, suspension of unpaid work and new opportunities to address this as well as the impact of periods of closure of Dumbarton Sheriff Court for routine business).

Social work services moved quickly to a largely remote model of working, with some core work continuing in premises primarily focussed 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 wider Council 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, dynamic and pivotal activity by social work and social care teams, as well as key partners, in ensuring services continued to be provided, within an adaptive model:

- Joint work to maintain contact with the most vulnerable children and families between social work, education and health teams;
- 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, 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, clinical and care requirements of residents, staffing needs etc.;
- 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, PPE needs etc. 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, supplies etc. 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 Scottish Court Service and the Scottish Children's Reporter Administration including virtual and blended children's hearings (combining in-person and digital means);
- 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 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, adults and justice services;
- Additional support and remote assistance to care-experienced young people including provision of digital devices to address social isolation, digital exclusion and support access to education;
- Continued planning for Brexit including impact on staff, children and young people from the EU;
- Recovery plans as services adapted to the pandemic and prepared for services to scale up towards established provision and practice (and scaling these back as infection rates entered a second and third wave).

Population Profile

In 2020, the population of West Dunbartonshire was 88,340 (National Records for Scotland, 2021). This is a decrease of 0.7% from 88,930 in 2019. Over the same period, the population of Scotland remained almost the same with only an increase of 0.05%. The population of West Dunbartonshire accounts for 1.6% of the total population of Scotland.

The number of births in West Dunbartonshire in 2020 was 771 which, in common with a number of other Scottish local authorities, was much lower than the figures of 845 in 2019. In West Dunbartonshire, 18% of the population are aged 0-15, slightly higher than Scotland (17%), and 9.7% of the population are aged 16-24, which is smaller than Scotland (10.4%). In terms of overall size, the 45 to 64 age group remains the largest age in 2020, with a population of 25, 6646 (29%).

People aged 65 and over make up 19% of West Dunbartonshire's population, which is similar to Scottish population. Currently West Dunbartonshire ranks the third most deprived area in Scotland (equal with North Ayrshire) with 40% of data zones being among the 20% most deprived areas of Scotland. Only Inverclyde (45%) and Glasgow City (44%) have higher deprivation (Scottish Government, 2020[1]).

Partnership Arrangements

The Chief Social Work Officer participates in a range of groups and forums to ensure the proper delivery of social work functions. These include the 'Nurtured' and 'Safer' Delivery & Improvement Groups (DIGs) which lead on the relevant strategic priorities of West Dunbartonshire Community Planning Partnership as well as the Public Protection Chief Officer Group, the HSCP Board, HSCP Audit & Performance Committee and the Senior Management Clinical & Care Governance group. These arrangements support work with a range of key partners including the Council, NHS Greater Glasgow & Clyde, third sector, Police and Scottish Children's Reporter Administration to ensure that services are developed and provided across West Dunbartonshire that reflect local strategic priorities.

[1] https://www.gov.scot/publications/scottish-index-multiple-deprivation-2020/pages/5/

As part of its ongoing activity during 2020-21, the Nurtured Delivery and Improvement Group published the integrated children's services plan for 2021-23, with the strategic outcomes themed around the SHANARRI outcomes for children and young people (safe, healthy, achieving, nurtured, active, respected, responsible and included).

Clinical and Care Governance

The HSCP Clinical and Care Governance group has a responsibility to provide scrutiny and oversight across health, care and social work services in West Dunbartonshire. The group meets quarterly to ensure that services provide quality, effectiveness and efficiency to meet the needs of local residents and communities, as well as evidencing good practice around professional standards, risk management, staff learning and development.

The Clinical and Care Governance group comprises the HSCP Chief Officer, Heads of Service, Chief Social Work Officer, Chief Nurse and is chaired by a Clinical Director; the group also reviews progress around quality assurance improvement plans arising from inspections.

Self-evaluation and improvement activity is regularly reported in addition to compliance with statutory and mandatory training for staff across the HSCP. Furthermore, the group is a key part of the partnership governance arrangements for initial and significant case reviews and significant clinical incidents. The Clinical and Care Governance Group will publish their annual report later in 2021.

Public Protection Chief Officers Group (PPCOG)

West Dunbartonshire's multi-agency Public Protection Chief Officers Group (PPCOG) is responsible for the strategic co-ordination of public protection services in West Dunbartonshire and is chaired by the Council Chief Executive. Core membership also includes the Chief Nurse: Public Protection (NHS Greater Glasgow & Clyde), the Divisional Commander (Police Scotland) and the Chief Officer (HSCP). The Chief Social Work Officer, the Council's Chief Education Officer and the Locality Reporter Manager (Scottish Children's Reporter Administration) also attend the PPCOG. The group scrutinises the strategic direction and performance of services for child protection, adult protection, multi-agency public protection arrangements (MAPPA) for the management of high risk offenders, violence against women and the Alcohol & Drugs Partnership.

The PPCOG regularly reviews the purpose and function of the group in terms of assurance and governance. During 2020-21, the PPCOG met more frequently, to ensure senior oversight of public protection arrangements during the Covid-19 pandemic. As part of this, the strategic risk register for the PPCOG was regularly updated by group members to provide focus on risks being managed by them in the context of the Covid-19 pandemic within a multi-agency approach to risk management. This continues to be reviewed on a quarterly basis to ensure that senior officers have appropriate oversight of actions and resources required to mitigate risks here and includes risks beyond those specifically related to the impact of Covid-19 on public protection.

The Performance and Assurance Reporting Framework (PARF) provided PPCOG members with a quarterly report on performance against targets for child protection, high risk offenders, adults at risk and vulnerable adults. Work is currently ongoing to refresh the report to fully reflect the national minimum data set for child protection.

Chief Social Work Officer Oversight

In addition to the above arrangements, the CSWO has maintained oversight of social work practice and performance by a range of means, including:

- Meetings with managers for children's and justice services;
- Social work governance meetings with operational managers for adult social work services and the Heads of Service for Health & Community Care and Mental Health, Learning Disabilities & Addictions;
- Regular meetings with the lead officer (child protection) and independent joint Chair of the Adult Protection Committee and Child Protection Committee;
- HSCP Senior Management meetings including the HSCP Chief Officer, operational Heads of Service, Head of HR, Chief Nurse and Chief Finance Officer;
- Extended Management Team meetings (including managers across all HSCP services).

In response to the Covid-19 pandemic, these groups met more frequently, with daily touch-down meetings for senior officers and managers as services responded to the pandemic, to maintain close oversight to support services.

The national CSWO Committee moved to weekly meetings during the pandemic, providing an important forum to consider key policy changes, the impact of Covid-19 on social work practice and a professional response to national recovery planning.

The impact of the pandemic on social work services was the subject of a report in December 2020 by the Institute for Research and Innovation in Social Services (IRISS) with Social Work Scotland which looked at the professional response by CSWOs. In addition, Social Work Scotland published a CSWO annual survey in March 2021, providing an important national oversight of the experience of CSWOs. These reports noted the significant increased demand on CSWOs, particularly in response to the pandemic and 'the need for this role to be more strongly resourced, recognised and supported at local and national levels'.

A range of management information has continued to be provided to the CSWO and operational managers to inform service planning. This includes:

- Quarterly performance and review data for child protection, adult protection and MAPPA (also reported to the Public Protection Chief Officers Group);
- Monthly management information report for children's and justice services (including service demand, initial response, case allocations and performance against key performance indicators) – this report is also shared with the HSCP Chief Officer and Council Chief Executive;
- Registered practitioners subject to performance improvement plans or other formal measures including referral to the Scottish Social Services Council (SSSC);
- Professional practice discussion as part of quarterly meetings with the link inspector from the Care Inspectorate.

2. SERVICE QUALITY AND PERFORMANCE

The role of CSWO includes responsibility for ensuring that the social services workforce practices within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC).

During 2020-21, the CSWO, HSCP Chief Officer and other Heads of Service continued to engage positively with the link inspector and other colleagues from the Care Inspectorate, where service performance, strategic planning and inspection activity were reviewed. In addition to quarterly meetings with Care Inspectorate colleagues, operational Heads of Service met fortnightly with the link inspector during 2020-21 to provide updates on service responses to the pandemic, review any notable developments in services including initial and significant case review activity and to discuss any national learning that could support continued service development. This close communication continues to support a focus on service quality within robust arrangements for governance and accountability.

Care Inspectorate Inspections

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, as part of scrutiny and assurance across 13 Police Scotland Divisional areas and concern hubs that align to these boundaries.

One service was inspected in West Dunbartonshire during the past year: Crosslet House, Dumbarton, one of our residential care homes, achieved a grade of 'Very Good' for the quality indicator: 'how good is our care and support during the Covid-19 pandemic?'

PUBLIC PROTECTION

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. Recruitment to the child protection lead officer post has been completed and an interim adult protection lead officer is in post while recruitment on a permanent basis takes place.

It is also proposed to create two additional public protection posts for a fixed term of two years: one for learning and development, to support single and multi-agency training and professional development across services with responsibility for public protection, whilst the other post will focus on performance, audit and quality assurance. This will be progressed during 2021-22.

Child Protection

The following provides an analysis of child protection activity during 2020-21, in line with the format of the national minimum dataset, created by the Centre for Excellence for Children's Care and Protection (CELCIS).

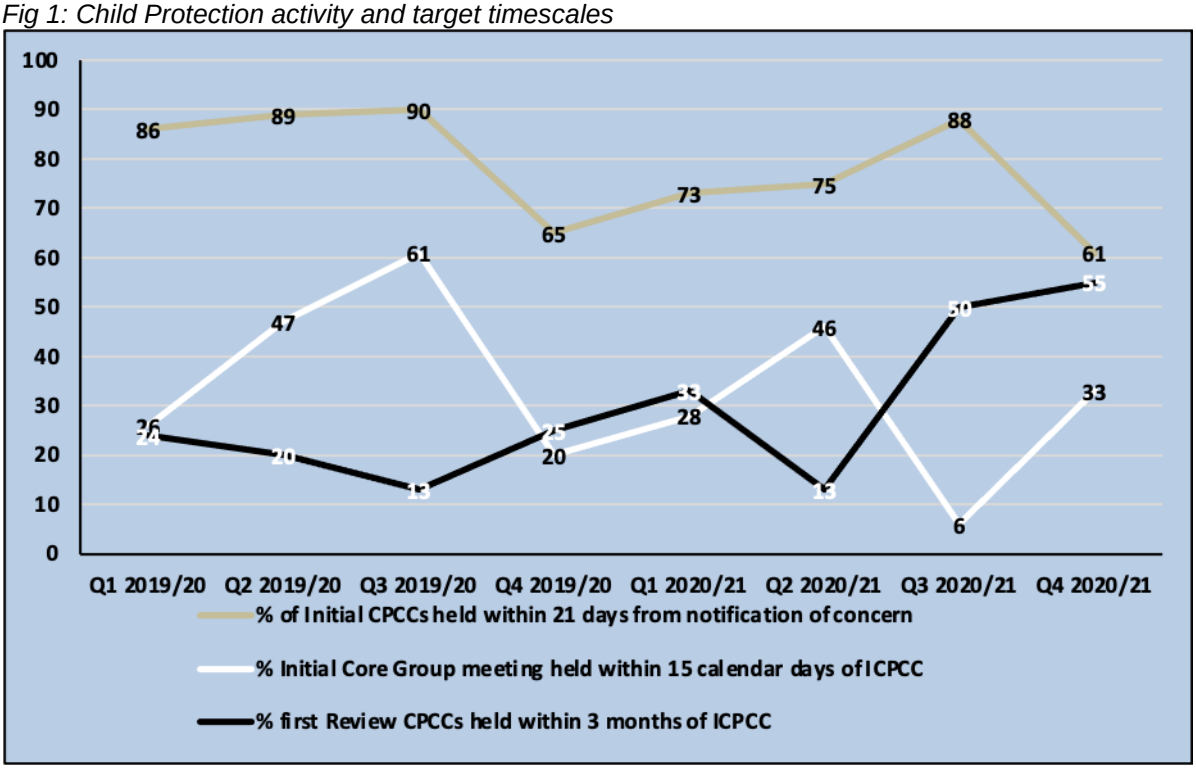
In 2020-21, the most noted concern report for children at the time of child protection registration was domestic abuse, as was the case in the previous year, however this increased during 2020-21 which may reflect the impact of the introduction of multi-agency risk assessment conferences (MARAC) in April 2020 which focus on women and children at risk of significant harm; the impact of lockdown restrictions on perpetrator behaviour and risk to individuals is also likely to have been a significant contributory factor.

Parental mental health was the next most reported concern for children being placed on the child protection register in 2020/21 (41%). This increased by 15% from 2019-20. Again, lockdown pressures are widely perceived to have impact on presenting 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.

A similar picture is evident when considering parental drugs misuse, where concerns in this regard increased from 28% in 2019-20 to 39% in 2020-21.

Performance against timescales for child protection activity is included in Figure 1, below:

Fig 1: Child Protection activity and target timescales



There were fewer initial child protection case conferences held within 21 days in 2020-21, reflecting the impact of restrictions upon the submission of information by multi-agency services to inform these meetings. Meanwhile, the percentage of initial core group meetings held within 15 calendar days of an initial child protection case conference reduced, followed by a notable recovery in the fourth quarter of 2020-21.

Furthermore, other than Q2 in 2020-21, there more review child protection case conferences were held within 3 months compared to 2019-20.

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 Child Protection Committee (CPC) 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 Child Protection 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 capacity to undertake audit and review work was also affected, although the lead officer is now supporting a plan which will address this. Nevertheless, some audit work has continued, including an audit of Initial Referral Discussions to inform priorities for practice.

The Scottish Children's Reporter Administration moved children's hearings from face-to-face to virtual hearings. 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; 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 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 child protection case conferences.

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 focussed 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.

Specialist links were also made with Sandyford Services for Family Nurses to support contraceptive choices and with Shelter Housing to support people with accommodation issues during these difficult times.

Education hubs were created during the pandemic for both key workers and vulnerable pupils during term and non-term time. These have included the provision of social work bases within the Hubs to facilitate child protection engagement. There has also been a blended learning approach with guidance on regular contacts for those children and young people who are most vulnerable and at risk. This included a number of children who attended Education Hubs due to the risk and impact of domestic abuse.

The provision of free meals via vouchers, packed lunches and direct payments to eligible families and all Early Years and P1 to P3 pupils was implemented, along with the provision of digital resources to support access for the most vulnerable children and young people.

In response to increasing concerns about incidents of inappropriate image sharing and correspondence between young people, their peers, and strangers online, a short life working group was created to share knowledge and information across the partners in supporting those who may be at risk of this type of harm and to ensure key messages to parents and young people were disseminated as widely as possible during the pandemic when the risk to young people's online safety increased.

The West Dunbartonshire Community Volunteer Service has continued to connect the local community and the third sector to the child protection agenda. During the last year, this has included providing a Covid support service, accessed by a range of local partners including GPs and duty social work. They have also helped families in need with supplies of food, prescriptions, power top-ups and welfare calls etc. In addition, they assisted the HSCP in maintaining contact with individuals who were shielding, providing support and assistance.

Work has commenced on a suicide prevention and response protocol to ensure a joined-up approach across all services with clear guidance for the response when a young person completes suicide. This protocol will also ensure those who may be affected by the death of the person who completes suicide, are identified quickly and receive the support they require. Furthermore, work continues on the introduction of Equal Protection from harm legislation, led by a short life working group to develop a local protocol.

At the end of 2020-21, the Child Protection Committee agreed revised terms of reference for the training subgroup which will explore the training needs of multi-agency partners, methods of training and learning delivery as well as short and long term goals.

Priority areas for improvement across partners over the next twelve months are:

- Update single agency and multi-agency training Calendar and deliver training priorities based on recent multi agency audit;

- Develop participation and feedback from families and staff to support service improvement;
- Conclude a programme of Audit and reporting to inform further evaluations;
- Progress a strategy for action to address the increased risk to children and young people from online offending;
- Update local interagency procedures to align with the revised National Guidance for Child Protection In Scotland (scheduled for 2021) and development of a Suicide Prevention and Response protocol;
- Focus on supports to parents with mental health issues.

Adult Support and Protection (ASP)

During 2020-21, referrals for adults at risk decreased by 7%, from 539 in 2019-20 to 500 in 2020-21. Of a total of 500 inquiries, 77% were complete within 5 working days against a target of 85%.

The number of inquiries taken to investigation decreased by 18%, from 65 in 2019-20 to 53 in 2020-21. Of the 53 investigations, 89% were commenced within 8 working days of referral, exceeding the target of 80%.

The number of investigations taken to case conferences decreased by 25%, from 12 in 2019-20 to 9 in 2020-21, of which four were held within 20 working days of referral. Meanwhile, vulnerable adult referrals increased by 68%, to 1196 during 2020-21 from 713 in 2019-20.

The progress of working groups as part of the Adult Protection Committee to develop local policies and procedures around Large Scale Investigations, hoarding and financial harm was affected by the pandemic. As referred to above, whilst recruitment to the lead officer post for adult protection continues, a temporary lead officer will ensure continued support to the independent Chair of the Adult Protection Committee.

The ability to provide ongoing training for new and existing Council Officers was impacted by the restrictions arising from the pandemic, however the service has continued to explore methods to safely deliver training. Partners and providers were consulted via a training survey and suggestions included updating online 'iLearn' material, ongoing use of external providers for Council Officer training and the provision of basic and detailed awareness training in-house through a Training for Trainers model.

An independent audit was commissioned in early 2021 to consider strengths and areas of development for adult support and protection practice; an improvement plan has been developed which provides a framework for development in 2021-22.

Local policies were updated and developed to uphold multi-agency awareness of key processes and best practice, including interagency adult support and protection guidance, case recording standards and the social work & social care supervision policy. Plans for wide implementation and future training events will be taken forward in 2021-22.

Multi-Agency Public Protection Arrangements (MAPPA)

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 CSWO continued to attend the North Strathclyde Strategic Oversight Group in 2020-21 which moved to remote, increased meetings during the pandemic and the Justice Service Manager is a member of the Management Oversight Group.

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.

Initial Case Review (ICR) notifications across North Strathclyde and, indeed, nationally, increased during 2020-21; within West Dunbartonshire, one Initial Case Review was completed in October 2020 and the decision was made not to proceed to a significant case review based on progress made within the service to improve practice. Key learning points were identified and have been progressed within an improvement plan which guides local improvement activities, including:

- Enhanced access to training for staff and managers;
- Opportunities for expanded training including accredited interventions;
- Quality assurance and practice governance;
- Additional support for service improvement.

CHILDREN AND FAMILIES

Locality Children's Services

Locality based children's social work services were, in early 2020, beginning to benefit from work to resolve earlier challenges around staffing and caseloads during 2019 which put teams in a somewhat stronger position just prior to moving into a period of remote working and significant adjustment as a result of the pandemic.

Staff moved to primarily remote working, supported by the development of a range of local guidance, informed by statutory and public protection duties as well as national guidance. Managers and staff worked closely with all partners including health, education and Police Scotland to maintain services and decision making as well as agreement on immediate plans to safeguard children and young people, including the provision of a range of placements and secure care.

An additional management information tool was developed, highlighting the most vulnerable children and families across social work, health and education services; this was continually updated to provide assurance regarding prioritisation, particularly early in the pandemic response.

The service continued to work into the local community addressing a range of ongoing needs, risks and vulnerabilities, all of which were initially subject to a prioritisation process which supported staff to focus on those most in need. This also mitigated any staff absence with targeting of resources. Children subject to legal orders, those named on the child protection register and women and children at risk due to domestic abuse were all prioritised for safety planning to reduce risk and promote strengths wherever possible.

Duty services continued to provide an immediate crisis response, children and young people continued to be accommodated in places of safety and trafficked young people were successfully supported into local accommodation.

Further local practice guidance reflected emerging national guidance and advice regarding specific duties including for children on the child protection register and people who had experienced domestic abuse. This remains in place and continues to be updated to reflect

the developing nature of the pandemic and emerging evidence in respect of working practices and changing expectations.

Prioritisation of direct visits to maintain contact with the most vulnerable children, including those on the child protection register was supported by close partnership working, particularly with Education colleagues as education hubs were established.

The service developed in its capacity to utilise technology including the use of digital platforms for a range of purposes, including for looked after children to maintain relationships with their families during lockdown. Child protection and other meetings were undertaken using teleconferencing facilities which (not withstanding some of the challenges) facilitated ongoing multi-agency collaboration and planning for those children and young people most at risk.

Contact arrangements between children and their families and assessment of parental capacity continued, albeit within challenging conditions. Initially these were managed using a blended direct and virtual model in which the primary focus was the maintenance of relationships, although this impacted on the progress of some plans for children, given the lack of face-to-face contact and limitations on assessment ability. The service has gradually moved to a more positive position, however the recovery plan for the service will reflect the impact of lockdown on children's plans.

Oversight of performance and demand has continued, with managers receiving monthly data reports and more specific weekly data which focuses on achievement of key timescales for children's hearings, reports to case conference, initial referral discussions (IRDs) and current child protection investigations.

During 2020-21, as part of improvement actions arising from local audit activity related to case management, the team improved recording around decision-making for allocation processes, allowing better tracking of timescales for allocation within a specific prioritisation system.

A more recent quality improvement action has been the local management review (LMR) process which provides assurance and oversight of interventions, including work to review all plans for children who are looked after or in kinship care.

Policy developments also continued: by the end of 2020-21, the service launched an adult services "Parental Strengths and Capacity Assessment" to be undertaken by adult social work services colleagues for individuals with caring responsibilities for children. This is a significant development, strengthening the shared responsibility for the safety and wellbeing of children and young people, adding significantly to the quality of assessments for children where parental mental health, addiction or other issues may impact on their ability to provide safe, nurturing care.

Furthermore, work on the local Carers Strategy has developed, with a specific focus on arrangements for young carers and young adult carers. An action plan which develops the statutory requirements for young carers' statements will seek to provide a more sustainable approach to local support and the provision of respite opportunities for young carers.

Support and respite arrangements for children with additional support needs were initially paused during the first months of the pandemic, however these have been gradually scaled up in accordance with national guidance; transition planning for young people with additional support needs has also been maintained, with specific additional aspects of the Carers Strategy identified for parents of children moving into adult services by providing support towards the development of an adult carers statement (where required), as a key element of the transition planning process.

Scottish Government Winter Support funding towards the end of 2020 provided significant opportunities for children with additional needs to engage in safe activities at home, as well as exercise and respite. Many of the items purchased will also provide longevity for safe diversionary activities within the home. Children who are looked after, in kinship placements and other vulnerable families were also supported in a range of ways including outdoor activities, IT equipment for diversionary and leisure activities or which enhanced the home environment for families.

An emerging trend has seen an escalation of organised crime activity related to drug dealing, exploitation, violence and domestic abuse. Staff and managers continue to work closely with police and other colleagues to support better planning for vulnerable children, young people and women affected by this activity.

The service's recovery planning includes continued joint work with key partners including the Scottish Children's Reporter Administration (SCRA) to plan for remote and in-person children's hearings, as well as further expanding contact space and varied means to support and assess the needs of children, young people and families.

Services for Looked after Children and Young People

The number of children and young people looked after in West Dunbartonshire on 31 March 2021 reduced slightly, by ten, from the same time last year to 493. There was a slight increase in the number of children requiring specialist residential services outwith the local area; the number of children in foster placements reduced marginally.

The breakdown of placement type is included in Figure 2, below:

Fig 2: Placements for looked after children & young people 2020-21

	2020/21	2019/20	Change (n)
Kinship care	209	208	+1
Fostering (internal)	52	54	-2
Fostering (external)	57	58	-1
Residential schools	26	21	+5

This reflects the ongoing need for kinship and external fostering placements; as such, the service continues to recruit local foster carers and this activity will be extended over the next two years to enable children to remain in their local area and reduce the demand for external placements. Significant effort has been made to reduce the number of children in long term fostering placements and the service has continued to support children to move to permanent families. Around 30 children had their permanence route agreed through our formal panels during 2020-21 and, as at 31st March 2021, there were a number of children in pre-adoption placements.

The demands on service provision during the last year have been significant with a growth in the number of children requiring support away from home. Over the next year, links to work around The Promise, as a national policy priority will support the service to focus on early intervention within the community and it is anticipated that this will enable a further reduction in the need for formal care provision.

Family Placement Service

At 31 March 2021, children were placed with 109 fostering households, of which 52 were registered with West Dunbartonshire Council and 57 were provided by external agencies. Carers provide a mix of short breaks, interim, long term and permanent placements and fostering is key to ensuring better outcomes for children within loving homes.

Figures 3 and 4, below, illustrate the level of activity over the last year:

Fig 3: Fostering Panel activity 2020-21 and change from 2019-20

	2020-21	2019-20
Fostering Assessments	*	*
Approvals	*	*
Reviews	28	29
Changes in registration	7	13
De-registrations	*	5
Transfer from independent fostering agency	0	0

** fewer than 5*

Fig 4: Adoption and Permanence Panel activity 2020-21 and change from 2019-20

	2020-21	2019-20
Adoption assessments	5	5
Adoption approvals	5	5
Adoption reviews	0	0
Matches	8	7
Permanence decisions	11	15
Routes	16	22
Matches	8	8

Over the last year, the Family Placement service, comprising Fostering and Adoption teams, has 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 other ways to work with carers and prospective adopters including 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.

Alternative to Care Team

The Alternative to Care (ATC) team has continued to operate a 24 hour support service across 7 days. This includes an out of hours support line for families and staff between 8am and 10pm, when young people are more likely to require supports.

The team worked to support young people who were at risk of family or placement breakdown to reduce the likelihood of them requiring a care placement, as well as responding to family crisis situations through intensive and early intervention. This included focused approaches and diversionary activities with young people, parents and carers. As the pandemic continued, service demand has risen, alongside which staff have supported other young people, including unaccompanied children seeking asylum and working into our children's houses when Covid-19 impacted on the capacity of residential staff teams.

The ATC team has also provided additional support to foster carers during lockdown and with remote learning which impacted on children and carers alike. Carers have provided positive feedback around this and the involvement of the team has contributed to placements being sustained.

The Family Group Decision Making (FGDM) service experienced a small reduction in referrals although demand began to return towards normal levels in the last quarter of 2020-21. A small number of dedicated FGDM staff developed the range of supports to families across the area, reflecting the value of this model of intervention and support as a significant component to building family capacity and echoing the ethos of The Promise as a primary driver for the further development of services. As such, the team are looking to develop this methodology further as communities move out of restrictions.

Children's Houses

The last year in our three children's houses has provided a significant challenge for our young people as well as our staff, arising from Covid-19. Despite this, they adapted well. Staff continued to provide reassurance and the best possible care to children and young people within a homely, loving environment. The context of providing care in residential settings during the pandemic has been challenging across the HSCP, however within our children's houses, national and local guidance helped to define learning here.

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 that have presented this 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, secured employment and one achieved a place on a university placement.

To assist children moving into our children's houses and other care settings, the service worked with the Scottish Throughcare & 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.

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 after care 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.

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 during 2020-21.

With the impact of Covid-19, working remotely meant adopting new ways of working, 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, online classes etc, 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.

West Dunbartonshire Champions Board

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 their corporate parents which enable positive change.

Since March 2020, when the global pandemic struck, interactions between young people and their corporate parents have been largely restricted to digital and online methods. This has challenged the positive relationships which had been established over recent years, however young people have been particularly understanding and responded well to the efforts made in continuing to keep in touch.

Online events and activities during over the past year have included cooking classes, treasure hunts, one-to-one meetings and drop in sessions. Social media platforms such as Facebook, Instagram and TikTok have also provided opportunities for engagement, information and online links for further help and support in relation to Covid-19.

Reflecting the commitment of our young people to being part of local and national changes, a number of them took part in national 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 Children’s Hearings panel members and have taken part in a number of research programmes.

Regular national online meetings with other Champions Boards enabled sharing of best practice as different areas worked to meet the demands and impact of the pandemic on care experienced young people in terms of access to support, education, peers and emotional wellbeing. West Dunbartonshire Champions Board has also been part of the development of a group across many local authority areas to examine the impact, challenges and opportunities of the introduction of ‘The Promise’ as a key driver for change for whole systems improvement for children and young people with care experience.

Another positive development during 2020-21 was the Champions Board securing new premises in a central location, offering a positive opportunity for young people, their families, corporate parents and others to meet, re-engage and promote positive relationships as restrictions ease. As the service enters its final year of funding from the Life Changes Trust, the future arrangements for the Champions Board and ways to ensure the ongoing engagement of young people to shape services and work with partners to deliver on The Promise will be a key focus for the year ahead.

Finally, as part of the commitment to ensure that the views of children and young people continue to inform service developments, a new online opportunity was developed in partnership with Viewpoint to include the latest wellbeing self-assessment questionnaires as well as a version for children with communication difficulties. Young people and their social workers continue to be supported to use this new development.

The Promise

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'. Work on the Promise to 2030 will be included in three 3-year plans, complemented by an annual Change programme.

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, as referenced above.

Since the creation of The Promise, teams across the HSCP and key partners within the Nurtured Delivery and Improvement Group as part of West Dunbartonshire Community Planning have met with the national Promise team to consider how existing practice can be built on to continue our local improvement journey to children and young people.

The Promise is at the centre of the vision for redesigning children's social work services in the next year, recognising that established models for services do not always work effectively for everyone and reflecting the commitment to making services better, using a whole community approach to support those most in need.

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.

ADULT SERVICES

Mental Health Officer (MHO) Service

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 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 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. The increase in hospital admissions of older people with dementia subject to compulsory measures might reflect this. 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 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.

Mental Health Services

The Covid-19 pandemic introduced a significant alteration in service delivery since March 2020. The service continues to adapt and transform in response, having introduced remote team working and enhanced digital technology including remote service user video conferencing.

During 2020-21, 4,838 referrals were received, an increase of 4.9% on the previous year. This rise is less than previous years and may largely be a result of lockdown. Latterly referrals during March 2021 began to increase, compared to the final quarter of 2020-21.

Despite restriction, 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. The team also were responsible for providing "isolation and support welfare" calls to people who received a positive Covid-19 result.

The service continued to provide an immediate same-day response service to known service users. The HSCP 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. 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 for local residents.

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 to measure the impact on discharge form statutory services and supporting self-recovery.

The Primary Care Mental Health Team have continued to focus on meeting the Psychological Therapies target of delivering treatment within 18 weeks of referral and the also commenced a non-medical therapist service that provides mentalisation-based therapy for people with a borderline Personality Disorder. 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. Enhanced governance processes for social care packages have supported the team to meet demand

alongside the introduction of a revised policy and new eligibility criteria in addition to the 'My Life Assessment'.

Care Homes

The impact of the Covid-19 pandemic on residents in care homes and the staff who care for them was significant and continues to be a key focus for local services. Social work, health and care services recognised the need for additional support for enhanced infection prevention and control, end of life care, support for residents during lockdown and staff wellbeing.

In May 2020 the Scottish Government issued an update to the National Clinical and Practice Guidance for Adult Care Homes in Scotland during the Covid-19 pandemic. Enhanced national professional and clinical oversight structures for care homes were established within which NHS Scotland Executive Nurse Directors and Chief Social Work Officers were included, reflecting the critical role of social work to deliver on behalf of local communities.

As nursing colleagues led on clinical oversight, the role of the CSWO and operational managers included ensuring services were delivered in a way that upheld human rights, welfare and wellbeing of residents as well as the social care workforce and community based social work services.

The Scottish Government recognised the need for additional resources to support CSWOs and their teams to undertake their professional roles and within West Dunbartonshire this additional funding supported reviews of residents' care plans and care assurance visits.

The HSCP initiated a case assurance process in advance of the national request for care assurance visits for local authority care homes, to seek assurance on infection prevention control measures and to provide support to maintain care quality in the context of the pandemic.

Multi-disciplinary assurance processes were developed and care assurance visits have been undertaken by a senior nurse and a senior social worker with the intention of working with care home managers and staff to support scrutiny of processes and procedures and benchmark them against current guidance. This has assured that processes are in place or identified areas where support may be required to strengthen actions to achieve the aim that homes are able to continue to provide safe, effective, person centred care for their residents.

Visits used the principles of appreciative enquiry to document and celebrate good practice and identify areas of improvement where support might be required to secure improvements. This involved discussions with the care home managers, staff and residents alongside observation of the units and interactions with staff and residents. Assurance visits focussed on infection prevention and control; resident health and care needs and workforce, leadership & culture.

Before the pandemic, productive collaborative relationships existed between non-local authority care home providers, the HSCP and Scottish Care. Relationships were strengthened during course of the pandemic. Social work, social care and nursing colleagues will continue to build on this, supported by increased Chief Nurse capacity, investment in District Nursing to support the appointment of a District Nurse Team Lead with a lead for quality in the District Nursing Service, care assurance within care homes and further social work resources, enabled by additional Scottish Government funding, to support individual reviews for residents.

This joint approach to support care homes was reflected in daily meetings of the multi-professional care home assurance support and oversight group, which reviewed rates of Covid-19 amongst staff and residents, implemented changing national guidance around infection control, care and, as restrictions ease, visits from family members in a

compassionate and informed way. The CSWO has continued to join this meeting, chaired by the Chief Nurse, alongside colleagues from the Care Inspectorate, HSCP Clinical Directors, Public Health, District Nursing and Scottish Care which also considers care home hub data to support continued improvements.

It is intended that multi-disciplinary care assurance visits will continue until at least June 2022 with a minimum frequency of twice per year; proactive support will be offered at times of transition i.e. appointment of a new care home manager or at the onset of an outbreak whilst continued learning and improvement support will be provided.

Given that the threat from the pandemic has not ended, the group continues to review local oversight and support arrangements to ensure that the balance of assurance and support is proportionate, reflects care home providers' priorities for improvement and is responsive to their support requirements. Partners will continue to review these local arrangements to ensure they remain robust and will also explore how to appropriately extend the scope of interest and support across other adult social care services.

Community Older Peoples Team and Sensory Impairment Team

These integrated teams include a range of social work and health professionals, working with individuals aged 65 years and older to support them to live as independently and for as long as possible in their community.

The teams received on average 66 new referrals per week during 2020-21, reduced from around 80 per week in the previous year. The initial impact of the pandemic was reflected in a reduction in referral levels however these began to increase in early 2021. Public health guidance and restrictions impacted on waiting times and a review of referrals noted that individuals were increasingly being referred to the service over the past year with greater frailty and more complex needs.

In line with practice requirements and the added significance of the impact of the pandemic in care homes, staff undertook a programme of care assurance visits and statutory reviews of residents within care homes, supported by some additional Scottish Government funding to increase capacity.

The community older people's team developed a daily integrated duty system to respond to referrals which included senior management oversight of referrals and triage/screening to ensure urgent and high priority issues and concerns were addressed. All adult support & protection inquiries and vulnerable adult concerns were managed through this process, providing greater co-ordination and oversight.

The impact of the pandemic meant that work on the iHUB Frailty Collaborative was paused, however the service will participate when this restarts, given the priority of supporting people aged 65 and over with frailty within a partnership approach with GPs and district nursing services.

A particular challenge over the past year, given the impact of the pandemic, was managing statutory timescales around supervision of Guardianship Orders and senior managers will continue to monitor performance here and identify opportunities for improvement, within regular allocation and review meetings. Nevertheless, quality assurance activity continued during the year and results were shared with staff as part of a learning process, with any common themes being reviewed on a team basis.

Learning Disabilities Service

In 2021-22 the Learning Disabilities service continued to implement the key recommendations from the national strategy (Keys to Life, 2013) and have embedded its

four strategic outcomes, Independence, Choice and Control, Healthy Life and Active Citizen, in support planning and care review processes.

The 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-focussed 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.

Risk assessments 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.

Addiction Services

During 2020-21, the service received 851 referrals for people experiencing problems with drugs or alcohol requiring assessment for treatments and support. 96.6% of referrals were seen within 21 days, exceeding the Scottish Government HEAT target of 90%. During the first phase of the pandemic the team offered also offered assessment appointments to 97% of people within this timeframe. A total of 19643 appointments were offered.

Throughout this challenging period, an assertive outreach approach by health and social care staff included face-to-face, telephone and Attend Anywhere appointments. This ensured the most vulnerable and high risk adults with chaotic and complex drug and alcohol use, often with co-existing mental health issues, could engage with services. The team also supported the Special Needs in Pregnancy (SNIPS) multi-professional model of care to vulnerable women throughout their pregnancy and post-birth.

A further example of co-production during the last year was joint work with children's services colleagues to develop a Parental Capacity, Strengths & Support assessment. The assessment integrates well-being 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 well-being. This will be embedded fully to the practice of all health and social care staff early in 2021-22.

Independent Review of Adult Social Care

A national independent review of adult social care arrangements was announced in September 2020 by the First Minister, the main aim of which was to identify improvements for adult social care, focussed on improving outcomes for users of services, their carers and families, whilst including the views and experience of people employed in adult social care.

The review was published in February 2021 and, whilst it did not specifically consider the role of social work in adult care or the implications of any potential change in adult social care arrangements upon the social work profession, it made a series of recommendations within the report which was accepted by the Scottish Government in February 2021. Chief Social Work Officers provided individual and collective input to the work of the review, meeting with the Chair and highlighting the central role of social work in the provision of services to adults in need of care.

The new Programme for Government is expected to take the review forward and the CSWO and other senior officers will continue to participate in local and national discussions about the future model of provision of social work and social care services for adults, as well as consideration of the implications for children's and justice services, within the context of the duties, values and role of the social work profession.

JUSTICE SOCIAL WORK SERVICES

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, updated Level of Service Case Management Inventory (LSCMI) risk assessment guidance and plans to implement the SAPROF accredited structured professional judgement risk assessment tool. Staff also completed training in interventions to support their work with registered sexual offenders as well as trauma-informed practice.

New performance reporting on a monthly and quarterly basis was implemented to improve monitoring of service performance against key performance indicators. Clear governance structures for Justice Services have continued to maintain oversight, with regular reporting on practice during the pandemic, performance and adherence to professional standards. Internal mechanisms include the HSCP Board, Audit & Performance Committee, Public Protection Chief Officers Group, Community Planning Safe Delivery & Improvement Group (DIG) and MAPPA regional strategic oversight group. External oversight and scrutiny has been provided through regular Care Inspectorate meetings and quarterly returns to the Justice Division of the Scottish Government.

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.

Workload

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. Figure 5, below, provides further information:

Fig 5: Demand for Justice Services (2020-21 compared to 2019-20)

	2020-21	2019-20	Change %
Criminal Justice Social Work Reports	455	636	-28%
Community Payback Orders	234	426	-45%
Drug Treatment and Testing Orders	5	12	-58%
Diversion from Prosecution	21	30	-30%
Throughcare(Community)	32	50	-36%
Throughcare (Custody	22	50	-56%
Home Circumstance Reports	119	143	-22%
Home Detention Curfews	17	19	-10%

Within recovery planning, service modelling anticipated an exponential 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.

Further funding in March 2021 will enable the service to recruit to some additional posts to enhance capacity for service recovery alongside additional provision for services to courts including bail supervision and structured deferred sentences.

Community Payback Orders

Community-based services were suspended twice during 2020-21 on the advice of the Chief Medical Officer for seven months approximately. 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 focussed 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 use 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.

Diversion from Prosecution

During 2020-21, the 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 service has taken forward improvements around the referral process; this and other earlier interventions from the point of arrest will be priorities for development in 2021-22.

Drug Treatment and Testing Orders (DTTO)

The 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.

Prison Throughcare

The provision of services to individuals prior to their release from custody and into the community continues to support successful reintegration. All temporary home leaves were suspended during 2020-21 in line with Government pandemic guidance; it is expected that this will restart early in the next year.

Meanwhile, staff completed further training in the assessment and management of high risk offenders during autumn 2020.

Community Justice

During 2020-21, community justice activity has focussed 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 here;

- 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.

Community justice priorities for 2021-22 include a refresh of current governance arrangements, in line with the recommendations of the Community Justice Scotland scrutiny report; development of partnership approaches to violence prevention; undertake consultation and engagement activity within a co-production approach in Justice Social Work

Services; further develop the Arrest Referral Scheme and develop a whole systems prison release pathway.

Violence against Women

Violence against Women and Girls (VAWG) is located within West Dunbartonshire's Community Planning arrangements, however work is ongoing to further develop the VAWG Partnership as both a key aspect of the PPCOG and as a specific key strategic group within community planning partnership arrangements.

During the pandemic, the activity of the group continued to report into the PPCOG, providing assurance and oversight, whilst retaining oversight, scrutiny and progress in respect of other key areas of development.

Throughout 2020-21, partners focussed on delivering the National Violence against Women Covid-19 action plan, ensuring that services continued to be available to women and children at risk and remained responsive to locally identified trends during this period.

In addition, a key local aspect supporting planning and decision making was the successful implementation of local multi-agency risk assessment conferences (MARAC) from April 2020. Despite this occurring at the onset of the pandemic, West Dunbartonshire's MARAC has developed positively over the past year and, as anticipated, received and managed incrementally higher numbers of referrals, reflecting both the prevalence of domestic abuse in the area and the likely impact of lockdown. The MARAC process is further complemented by local multi-agency tasking and co-ordination (MATAC) arrangements and the Domestic Abuse Disclosure Scheme, ensuring a holistic response within the area.

A local MARAC steering group is now in place, enabling developmental opportunities for representatives and potential Chairs, whilst also retaining oversight of local systems and processes, including the development of audit and quality assurance processes and training needs analysis for practitioners. All representatives for local MARAC arrangements have been trained by Safe Lives with additional Chairs training due to take place during 2021-22.

Adverse Childhood Experiences (ACEs)

The West Dunbartonshire Adverse Childhood Experiences (ACEs) Programme continues to address childhood adversity and trauma across the life course. The Programme supports workforce development and development of a Nurtured Strategy.

In 2020-21, ACEs workforce development activities moved online. Since the re-launch of West Dunbartonshire's ACEs Hub as a strength-based 'Resilience' Hub in February 2020, 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 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. This brings the cumulative total to 1060 staff who have seen the film since 2018.

Planning is underway to look at implementing the national Trauma Training Plan locally, supplemented by the range of national training material in both a targeted and universal approach. This is being co-ordinated by the local Trauma Champion alongside local trauma-informed leaders in services including Justice, Education and HR. They are working collectively to implement the six elements of the Improvement Service and Scottish Government Trauma-Informed Approach to Scotland's Covid-19 Recovery, Renewal and Transformation via a reformed ACEs/Trauma Reference Network.

Children and Young People's Mental Health

National Policy and investment to support measures to improve mental health and emotional wellbeing services for children, young people and adults remains a priority. Locally within the 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 group works in line with the national framework which promotes a 'whole system' approach and sets out the supports that children and young people (aged 5-24 years or 26 years old if care experienced) should be able to access for their mental health and emotional wellbeing within their community.

During 2020-21, Glasgow University were commissioned by the Health & Social Care Partnership on behalf of the 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. Phase two involves engagement within a co-production approach to seek the views of children, young people and their families on local needs and will take place in summer 2021. This work will build on the Children's Neighbourhood Scotland (CNS) programme and will inform action planning by the working group.

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 voice over. 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 is also in progress; this new service will provide time-limited support to young people experiencing distress.

3. RESOURCES

The HSCP Board approved the 2020-21 revenue budget on 25 March 2020 which included 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.

Since mid-March 2020 the HSCP reflected 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 is expected to include full year costs for the HSCP of £8.068m. It is assumed that Scottish Government funding for these costs will continue 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.

At the start of the pandemic the most significant cost to be fully understood was financial support to externally commissioned services including residential care, especially for older people and social care support across all client groups. The Scottish Government committed to support the social care sector during the 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 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 personal protective equipment (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 2020 and at approved levels thereafter.

The final outturn position at 31 March 2021 was an overall surplus of £13.744m as detailed below in Figure 6:

Fig 6: 2020/21 Final Outturn against Budget

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	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	32,276	32,276	0
Assisted garden maintenance and Aids and Adaptations	505	505	0
Total Cost of Services to West Dunbartonshire HSCP	**218,948**	**205,204**	**13,744**

The key explanations and analysis of budget performance against actual costs are detailed below:

- Older People, Health and Community Care reported 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 reported 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 reported an underspend of £2.677m mainly due to additional primary care funding and non recurring underspends from Scottish Government funding initiatives..

- A Covid-19 underspend of £4.970m was mainly due to reduced spend on Community Assessment Centres and provider 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 draw-downs 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.

Financial Outlook

The first medium term financial plan was approved by the HSCP Board in 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 against 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.

The HSCP Board will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes and the HSCP 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 the senior management team, will monitor these developments and take appropriate action as required.

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 in Figure 7, below and illustrate the scale of the risk:

Fig 7: Indicative Budget Gaps for 2021/22 to 2023/24

	2021/22 £m	**2022/23 £m**	**2023/24 £m**
Indicative Revenue Budget	72.244	74.424	76.717
Indicative Funding (including application of earmarked reserves)	72.744	71.211	72.226
Indicative Budget Gaps	**nil**	**3.213**	**4.491**

Due to uncertainties surrounding the legacy impact of the Covid-19 pandemic, the update of the plan has been delayed and the refresh is expected to be reported to the HSCP Board in November 2021. It is also anticipated that this will incorporate any quantifiable impact of the Scottish Government progressing with the recommendations of the Independent Review of Adult Social Care.

In 2021-22 the HSCP Board intends to respond to these challenges by continuing to build on the strong governance frameworks already in place, continue to engage and collaborate with stakeholders, manage and mitigate risk and invest in the workforce and local communities.

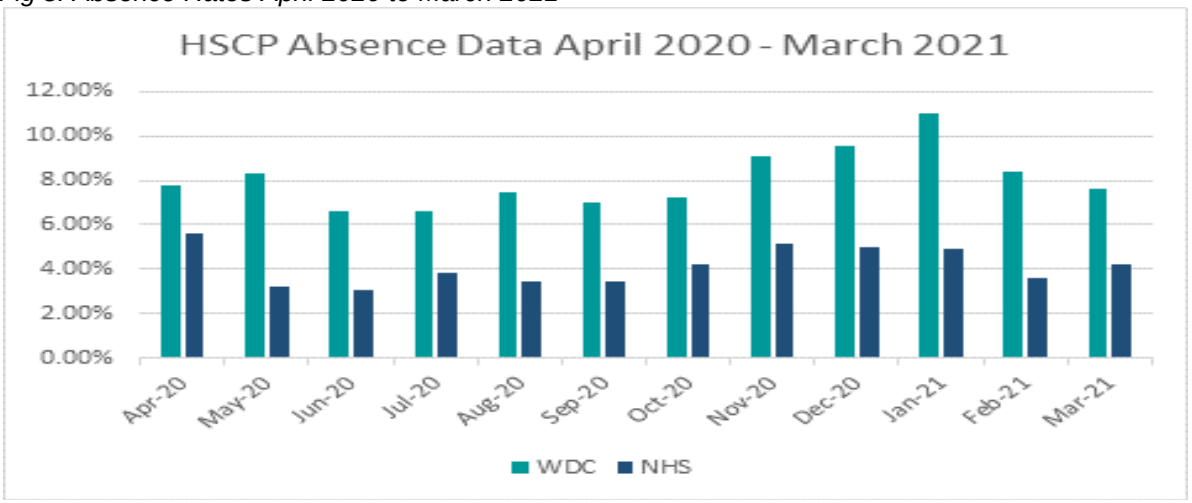
4. WORKFORCE

Workforce Planning

Early in the pandemic, as part of the national response, the Scottish Social Services Council (SSSC) provided localised lists of registered social workers who were available to support services and to mitigate any significant staff absence as a result of the pandemic. Locally, services managed to maintain service provision primarily within the existing workforce, where increased flexibility and willingness to work additional hours ensured a level of continuity for service users, carers and families.

During 2020-21, in response to the pandemic, absence levels were monitored daily to enable service continuity, contingency planning and to inform any need to transfer staff to support other essential services within the HSCP or other frontline services. Figure 8, below, shows the absence trend over the last year. Overall, absence levels were lower than previous years, however this is expected to increase as the impact of the pandemic continues.

Fig 8: Absence Rates April 2020 to March 2021



As more became known about the longer-term impact of Covid-19, programmes of support for employees experiencing Long Covid were developed. Staff who were shielding during periods of lockdown and restriction continued to be supported remotely, whilst easing of shielding helped more recently with increasing staffing levels across teams.

Non-Covid absence levels on the whole remained lower than preceding years, however in later months, absence levels increased again; whilst this is not entirely unexpected, the provision of targeted HR interventions will ensure staff and managers receive appropriate levels of support.

Managers continue to provide informal support and supervision to staff within established processes, albeit utilising telephone or video calls and within the established frequency, reflecting relevant supervision policies.

Support to staff and managers

A range of supports were promoted to staff and re-enforced 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, Mindfulness etc. 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 restrictions continue. 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 social work staff who have continued to work during the pandemic, despite the very real impact on their professional roles and their personal lives. Meetings of the Joint Staff Forum were held weekly and, more recently, fortnightly, to ensure that trades unions and staff side were able to raise any concerns relating to, or support required for, employees in a timely manner.

Recruitment and retention of staff continued to be challenging in certain service areas, however staff retention was supported by funding for some post-qualifying training opportunities. Within Children and Families, many social workers joining the organisation were newly or recently qualified, with robust induction, mentoring and development measures in place to support them. This means, however that the skill mix within teams has been more challenging to maintain, with more experienced social workers holding more complex cases whilst newer colleagues develop their skills and experience.

Recruitment to adult services has also continued, however 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 Cabinet Secretary approved the deferral of publication of the first full 3 year workforce plans until March 2022 and this was replaced with a shorter interim plan to cover the period April 2021 to March 2022. The shorter interim workforce plan was developed and submitted to the Scottish Government in May 2021 and there are plans in place to commence work on the full 3 year workforce plan with the Workforce Planning Group being re-established.

A degree of flexibility with workforce plans is required to take account of any future changes to levels of Covid-19 cases and the impact this has on restrictions. The 3 year plan will also consider that some of our existing services will change or may be delivered in a different way and some new services may be required.

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. This is currently being reviewed by managers and discussed with staff.

Furthermore, proposals for some fixed term additional capacity are being scoped for 2021-22 to undertake specific pieces of work to move services forward. This will also assist in scoping the shape of the workforce for the future, as teams and key partners work differently and service design reflects learning from the pandemic.

Workforce Development

Supervision sessions continued to be the main opportunity for staff to discuss career development, learning and profession-specific training to support them in their roles.

Despite Covid-19, leadership development programmes have continued, however uptake levels were not particularly high due to service pressures and other priorities. During 2021-22, there will be an increased focus on leadership programmes and development, such as Project Lift, Leading for the Future etc. as part of the remobilisation of services into the new model of working and delivery of services.

A number of staff continue to be supported on other leadership programmes through the NHS and the Council, representing positive opportunities for staff to develop into leadership and management roles.

Within Children and Families, Joint Consultative Committees (JCC) are now in place for locality services and looked after children's services; this builds on significant work over the past two years to address a number of long-standing issues of concern pertaining to staffing, recruitment, workloads and premises. This model has been particularly valuable as the pandemic continued during 2020-21, ensuring improved opportunities to identify and resolve matters as they arose. Alongside this, regular Council workforce updates and NHS Core Brief emails contributed to a range of additional communications with staff and managers.

At the end of 2020, West Dunbartonshire HSCP staff took part in an 'Everyone Matters' pulse survey, with a local response rate of 52%. The survey asked about wellbeing, worries, support and change and responses were generally quite positive but reflected the uncertainty as a result of changing restrictions and will continue to inform HR and employee wellbeing priorities over the next year.

Staff will be offered the opportunity to take part in the annual iMatter staff engagement survey once again during summer 2021. Following this, team action plans will be developed to support improvements and to identify what is important to staff.

Finally, the creation of an Organisational Development Officer post within the HSCP will provide additional strength to the development of the workforce and the wider organisation during the next year. Learning by services from the response to, and recovery from, the pandemic will be an important source for longer-term organisational development activity across teams.

5. KEY PRIORITIES FOR RECOVERY

The organisation has continued to learn from the experiences of staff and service users around the use of technology as a response to the pandemic-related restrictions on service provision; this will inform future investment in new technology to support staff who will continue to work in different ways and also support service delivery, including the continued use of remote and digital services where appropriate. Local and regional workstreams will progress this activity into 2021-22, given the learning from moving several aspects of service provision onto digital platforms.

Returning to the workplace for staff will primarily be dependent on Scottish Government guidance and Public Health advice. West Dunbartonshire Council's accommodation strategy will also determine the speed of any return to the workplace, 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. This is currently being reviewed by managers and being discussed with staff as part of the Council's restart planning process.

The key areas of priority for social work services in West Dunbartonshire are expected to focus on a number of key areas:

- Exploring how redesigning services can integrate to recovery work, including a community based family support model and review of current "duty" services across adults and children's services to improve access to services, consistency of approach to referrals of concern and requests for assistance;

- Ongoing work with Council and Health Assets teams to review the future needs for services, informed by a significant review of workstyles for staff that reflect learning from the pandemic;

- Review and update risk assessments for operational social work activity, reflecting up-scaling direct contact with users of services, buildings reintroducing public access etc.

- Online or blended models for child protection and adult protection training if face-to-face training is not possible in the short term;

- Securing appropriate technology to ensure ongoing flexibility of working and to promote digital engagement with services users where this is appropriate, safe and manageable;

- Identifying how we can support new members of staff and students within increased levels of home working;

- Contingency planning to meet a spike in demand, including for child and adult protection services as well as a backlog of demand for justice social work and mental health services as Sheriff Courts plan for a return to normal criminal and civil business;

- Continued activity to scope how services can operate in ways that protect the health of the workforce, individuals using our services and the public by following national and local guidance and protocols;

Finally, as acknowledged throughout this report, the past year has presented unforeseen, fast-changing and hitherto unknown challenges to service users, staff and managers which have impacted on us all, both personally and professionally. Despite this, in writing this report, I am again struck by the courage, commitment, tenacity and dedication of my social work, social care and health colleagues and their ability to not only ensure provision of essential services to the most vulnerable in our communities but to continue to innovate, inspire and achieve in the most uncertain and demanding of circumstances. Again, the successes of the past year are theirs; whilst the impact of Covid-19 will continue for some time, I am certain that the resilience and strength of our staff and our key partners will continue to improve lives with the people of West Dunbartonshire.

Jonathan Hinds
Head of Children's Health, Care and Justice
Chief Social Work Officer
August 2021

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: **Special Monthly COVID–19 Meeting of Joint Staff Forum**

Date: **Monday 23rd August 2021, 1.00 p.m.**

Venue: **Microsoft Teams**

MINUTE

Present: Beth Culshaw (chair); Andrew McCready; Ann Cameron Burns; Audrey Slater; Diana McCrone; Deborah Duffy; Julie Slavin; Leeanne Galasso; Margaret Wood; Margaret-Jane Cardno; Michelle McAloon; Moira Wilson; Paul Carey; Richy Kennedy; Samantha Stirling; Sean Davenport; Shirley Furie; Simon MacFarlane; Susan Walker; Val Jennings.

Apologies: Barbara Sweeney; David Scott; Fiona Taylor; Jo Gibson; Peter O'Neill; Sylvia Chatfield.

In Attendance: Hazel Slattery (minute)

Item	Description	Action

1. Welcome, Introductions, Apologies

B Culshaw welcomed everyone to the meeting.

2. Standing Agenda Items

a) Minutes of Last Meeting

Minutes agreed as an accurate record.

b) Chief Officer Update

Cause of concern for this week is the quick increasing rate of infection. Not yet seeing an impact as yet on Care Homes or across services of the HSCP. Colleagues are continuing to monitor.

Adult Inspection now concluded, feedback due next week.

Communication will be going out today re the Joint Inspection of Children at Risk of Harm, lots of activity is ongoing. B Culshaw confirmed that S Chatfield is the interim Chief Social Work Officer, interviews taking place in the next couple of weeks for the Head of Children's Health, Care and Criminal Justice.

Last week the first meeting of the HSCP Board was held with the new chair, Baillie Agnew along with 2 new members, Michelle Wailes and Dr Lesley Rousett, a new induction programme is being provided to them.

Members may have already seen that on 9th August there was the launch of consultation on the National Care Service. A survey is being issued to

all Board members which will base the consultation response, Trade Unions colleagues have also been invited to comment.

c) Service Updates

i. Children's Health & Care and Criminal Justice

No update available.

ii. Mental Health, Addictions and Learning Disabilities

D McCrone asked if Mental Health were still experiencing staff issues, B Culshaw advised that no issues have been reported.

iii. Health and Community Care

Rates of infection continue to be monitored.

iv. HR Report

Whilst rates of infection are increasing no o major increase in absence levels has been experienced yet. This is monitored on a daily basis. Overall absence levels have increased this month. Analysis work is ongoing to identify cause of absences. A McCready asked if rates of absence can be shared, unfortunately due to technical issues A Slater was unable to share, however an absence summary will be shared after the meeting.

The West Dunbartonshire HSCP iMatter surveys opened today, everyone was encouraged to complete, a good participation rate means that actions from the survey will be more meaningful. iMatters provides the opportunity to highlight issues.

d) Trade Union Updates

No pertinent issues.

3. Rolling Agenda Items

a) Premises

National guidance is being followed, from a council perspective date has been pushed back until September. In respect of re-start plans these have been delayed due to the National Guidance. A Cameron Burns asked for clear re-assurance that we are not bringing staff in that do not need to be in, particular in relation to admin roles. B Culshaw advised that the HSCP is taking the strong view that it is essential workers only that should be returning. B Culshaw asked for any specific issues to be shared off line.

D McCrone asked for the position on Aurora House in relation to NHS members of staff. L Galasso advised that there has been no update from the Council in relation to Aurora House, general returns to Aurora House has been delayed until September as per National Guidance. Processes are in place that all communications will be shared. Previous communications from Joyce White will be shared with the group by L Galasso.

b) Re-start Plan

Plans have been shared on WDC side through the ORG.

c) Financial Plans
This will be added to the agenda of the next meeting.

d) iMatter
Covered in item 2b v).

4. New Agenda Items

a) Enhanced Rate of Pay
S Furie queried the enhanced pay between 10 p.m. and 8 a.m., WDC pay this in other areas however a member of HSCP did not receive this pay. S Furie and L Galasso will discuss off line.

5. Rolling Action Log

Rolling action log updated.

Monthly meetings of the JSF have been agreed.

Trade Unions have still to have a discussion who the two representatives will be on the Strategic Planning Group. MJ Cardno advised that 3 development session have been arranged over the next few weeks, both D McCrone and P O'Neill have been invited until nominations received. Health Care Improvement Scotland have been asked to do some collaborative refresh work. Dates will also be shared with A Cameron Burns and Shirley Furie to ensure discussion within Trade Unions.

6. Any Other Business

a) Three Key Elements for Area Partnership Forum MM
1. iMatter Launch
2. Increasing rates of infection.
3. Technical issues providing difficulties.

7. Date of Next Meeting

16th September 2021, 2 p.m. – 3.30 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: **Special Monthly COVID – 19 Meeting of Joint Staff Forum**

Date: **Thursday 16th September 2021, 2 p.m.**

Venue: **Microsoft Teams**

DRAFT MINUTE

Present: Diana McCrone (chair); Ann Cameron-Burns; Audrey Slater; Ian Stevenson; Julie Slavin; Leeanne Galasso; Lynne McKnight; Michelle McAloon; Moira Wilson; Paul Carey; Peter O'Neill; Richy Kennedy; Samantha Stirling; Sylvia Chatfield; Val Jennings.

Apologies: Allan Wallace; Andrew McCready; Bernadette Smith; David Scott; Margaret McCarthy; Margaret-Jane Cardno; Sean Davenport; Shirley Furie; Simon McFarlane; Val Tierney.

In Attendance: Hazel Slattery (minute); Angela Docherty (observer).

Item	Description	Action

1. Welcome, Introductions, Apologies

D McCrone welcomed everyone to the meeting. A Docherty, Interim PA to B Culshaw was introduced to the group; A Docherty will be taking over from L Fitzpatrick as she winds down her phased retirement.

2. Standing Agenda Items

a) Minutes of Last Meeting

Minutes of the last meeting agreed as an accurate record.

b) Rolling Action List

Members spoke through the rolling action list. A decision has been made regarding the grievance on Aurora House (detailed below). Communications have been sent.

Trade Unions nominated D McCrone and S Furie to sit on the Strategic Planning Group. A McCready and P O'Neill will deputise if they cannot attend the meeting. B Culshaw agreed that the deputies should also be added to the distribution list.

Finance session will take place at the January 2022 meeting of the JSF.

HR report was circulated after the last meeting.

c) Chief Officer Update

There has been a dramatic reduction in Covid cases from 1300 per 100,000 to 829 per 100,000. West Dunbartonshire remains the highest

rate of infection in the Health Board area. Despite the high numbers, this is not reflective in Care Homes. There a small number of Care Home staff and Care Home residents who have tested positive, this continues to be monitored.

The HSCP are awaiting guidance re the winter Flu Vaccination programme and Covid Vaccination programme, this will be shared once received. D McCrone stated that the Health Board are vaccinating staff at the same clinics as members of the public, she asked if this was the plan for West Dunbartonshire, B Culshaw advised that no decision had been made, the plan will be shared with the group once available.

B Culshaw was pleased to inform members that an offer of employment has been made for the Head of Children's Health, Care and Justice/Chief Social Work Officer post and it is hoped this will be formally announced in the next week to 10 days.

The Inspection of Adult Support Protection has now concluded. The final report will be published next week and shared with members of the JSF; this will also be presented to the IJB. The report has been positively received and highlights some good practice within West Dunbartonshire. An Implementation Plan will now be developed reflecting the recommendations from the report.

The Joint Inspection of Children at Risk of Harm has now started. All services are working together to provide the Inspection team with the required information.

B Culshaw was also pleased to say that Jo Gibson would hopefully be returning soon after her recent surgery.

d) Guest Speaker – Julie Slavin, Chief Financial Officer
J Slavin asked members what they would like to report on, it was agreed that J Slavin would provide a report to JSF members on budget setting, savings and reserves at the January meeting of the JSF following budget settlement announcement that usually takes place in December. D McCrone asked if members could be informed of any implications savings may have on the workforce. Additional Mental Health funding and ADP will be included in the report to members.

e) Service Updates
i) Children's Health & Care and Criminal Justice
B Culshaw and V Tierney are currently covering this role. CAMHS have significantly reduced their waiting list - this has been achievable due to the employment of temporary additional staff. A longer term plan is being worked on.

ii) Mental Health, Addictions and Learning Disabilities
S Chatfield advised that a plan is in place to fill vacancies and progress vacancies quickly. Work in underway alongside HR colleagues on how to reduce absences and support those who are absent back to work.

Suitable accommodation is being sourced for services based at 118 Dumbarton Road, positive discussions have taken place, a meeting will be arranged soon to update members on progress, S Chatfield confirmed that Trade Unions would be invited along to this meeting.

D McCrone asked if Mental Health patients were being assessed and seen using the red, amber, green system. S Chatfield advised that this system was used during the Covid Pandemic but is not currently required at the moment.

iii) Health and Community Care
Staffing in Care Homes covered above, L McKnight commended staff for being committed and flexible which has allowed the service to continue running with limited impact on service users. Day Care Services are increasing on a gradual basis.

Care at Home service is being supported by Sheltered Housing Wardens and Mobile Attendants, L McKnight added that support from Trade Unions and Shop Stewards has made a big difference.

The service have been working closely with District Nurses, and haven't delayed any discharges, which is not the case across other HSCP's.

iv) Strategy and Transformation
MJ Cardno was unable to attend however provided a written update to all members prior to the meeting with details on vacancies and work with Trade Unions; sessions with Healthcare Improvement Scotland; Strategic Planning Group; Aurora House and the Review of Adult Social Care/ Consultation on National Care Service.

v) Finance
J Slavin shared documents on 2021/22 Financial Performance report which will be presented to the Health Board on Monday. There is a savings gap of £4,000,000 expected for next financial year. Covid monies were received from Scottish Government which helped to plug savings gaps, however no commitment has been received from Scottish Government on any Covid monies available for this year. Financial tracker is due to Scottish Government on 27/10/2021, where we will be looking for assurances to cover any short fall. J Slavin further advised that there will be future financial gaps unless further funding is received.

vi) Premises All
Communication has been shared with all members regarding Aurora House. L Galasso advised that a conclusion had been reached in relation to Aurora House grievance. A meeting has to be held with Peter Barry and HR to create an action plan.

The HSCP and WDC are following Government guidance on the return to offices, however has now been delayed to October 2021, any further guidance will be shared.

vii) HR Report (including iMatter)
HR report circulated to members prior to the meeting. L Galasso advised that for WDC staff absences levels have increased. Long term absences are now having an impact on the workforce especially across Community Health and Care. Main reasons for absence are personal stress, acute medical conditions and muscular skeletal conditions.

P Carey asked how many staff have long Covid and what was being put in to support them. L Galasso did not have this specific information. V Jennings requested that HSCP long Covid figures could be provided in the HR Report. L Galasso confirmed this wil l be done however this will not be broken down in to service areas to protect the identify of staff as numbers are low.

Managers are analysing the data and exploring what supports can be put in place to help return staff to work.

M McAloon advised that absence for NHS staff has slightly increased, increase has been noticed with Adult Services. Two members of staff have long Covid, 7 members of staff are currently off sick due to Covid. Most of the absences are attributed to anxiety/stress/depression, gastro-intestinal issues, back pain/MSK issues and cancers.

V Jennings asked if Covid and isolation figures could be provided, this was agreed.

A Slater advised that the KSF target has not been met, this has been due to the Covid pandemic, however will become a priority for all managers. Statutory and mandatory training is above 90% for compliance with the exception of fire safety, which is a cause for concern, the management team will be taking this forward.

The iMatter survey is now closed, 62% of staff have completed the survey, paper copies of the survey have still to be included. Data from the survey will be shared once completed.

f) Trade Union Updates
A Cameron Burns advised that the Employee Director will be retiring at the end of the year.

D McCrone was saddened to inform members that Unison's Head of Health Committee from Unison unexpectedly passed away last week.

A letter circulated to the Area Partnership Forum has advised NHS staff on the re-introduction of some restrictions with employees being reassigned to services requiring support, non-essential meetings have to be cancelled as has non-essential training. The letter also recommends that meetings of local staff forums should be increased. Currently West Dunbartonshire JSF meets on a monthly basis. A Slater will seek advice from other local authority areas on the regularity of their

meetings and a discussion will take place with A Slater, D McCrone and P O'Neill to agree how often meetings of this forum will take place.

3. Review of Adult Social Care (Feeley Report)

Consultation document has been published. Members asked if the HSCP would be providing staff with a presentation on the consultation and the opportunity to provide collective feedback. Members of the IJB have been provided with the opportunity to provide feedback, however a number of members advised that a collective response would be completed by their own organisations. A similar piece of work will also be carried out with the Strategic Planning Group lead by MJ Cardno. B Culshaw advised that the deadline for comments had been extended to 2nd November 2021.

V Jennings asked if front line members of staff would have the opportunity to provide their views. B Culshaw advised that she will seek advice and will discuss with Health Board and Council colleagues.

It was agreed that this would remain as a standing item on the agenda of the JSF and be discussed further at the October meeting.

4. COP 26

D McCrone highlighted to members the COP 26 may have a major impact on travel routes, commuting to and from locations within Glasgow City Centre and surrounding areas, she asked if any specific guidance would be provided to staff. B Culshaw advised that this would be taken forward through local management. A Slater had just received an email during this meeting with a checklist for managers and staff, this will be circulated to members.

There is information on the Health Board's website which will details all the road closures, when disruption is expected and where and information for staff.

5. Documents to Note

Agenda and minutes from the Area Partnership Forum held on 25th August 2021 circulated for information.

6. Any Other Business

a) Three Key Elements for Area Partnership Forum
   1. Ongoing monitoring and concern over rates of Covid infection.
   2. Increase and raise awareness of the National Care review consultation.
   3. COP 26.

7. Date of Next Meeting

The date of the next meeting is scheduled for 21st October 2021 at 2 p.m. Members will be notified if a meeting is to take place sooner following discussions with A Slater, D McCrone and P O'Neill.