

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Monday, 21 March 2022

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: 14 March 2022

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

MONDAY, 21 MARCH 2022

1 APOLOGIES

2 DECLARATIONS OF INTEREST

3 (a) MINUTES OF PREVIOUS MEETING 7 - 11

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 21 February 2022.

(b) ROLLING ACTION LIST 13

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

4 VERBAL UPDATE FROM CHIEF OFFICER

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

5 2022 - 2023 REVENUE BUDGET SETTING To Follow

Submit report Chief Financial Officer.

6 2021-2022 FINANCIAL PERFORMANCE REPORT AS AT 31 JANUARY 2022 15 - 59

Submit report Chief Financial Officer providing an update on the financial performance as at period 10 to 31 January 2022 and a projected outturn position to the 31 March 2022. The report will also notes that the financial impact of the Covid-19 pandemic on Health and Social Care services continues to be refined as services adapt and renew, therefore the outturn projection to the end of 31 March 2022 will be subject to change.

7 STRATEGIC RISK REGISTER 6 MONTH REVIEW To Follow

Submit report by Head of Strategy and Transformation presenting the updated Strategic Risk Register 6 Month Review.

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| 8 | UNSCHEDULED CARE DESIGN AND DELIVERY PLAN | To Follow |
| | Submit report by Acting Head of Health and Community Care. | |
| 9 | SCOTTISH GOVERNMENT FUNDING FOR CHILDREN AND YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH SUPPORTS AND SERVICES | 61 - 80 |
| | Submit report by Head of Children's Health, Care and Justice and Chief Social Work Officer providing an update on work to develop and improve community mental health support and services for children and young people within West Dunbartonshire aligned to programme for government funding. | |
| 10 | APPROACH TO SELF DIRECTED SUPPORT (SDS) POLICY | 81 - 111 |
| | Submit report by Head of Strategy and Transformation providing an update on progress in relation to the SDS improvement plan which was agreed following the 2019 Care Inspectorate Thematic Review of Self Directed Support in West Dunbartonshire and secondly, to seek HSCP Board approval for the Self-Directed Support Policy. | |
| 11 | PILOT TO STREAMLINE SELF-DIRECTED SUPPORT (DIRECT PAYMENT / OPTION 1) FOR UNPAID CARER SHORT BREAKS | 113 - 132 |
| | Submit report by the Chief Nurse detailing the intended pilot approach to the use of nonrecurring Carers Act funding for short breaks for carers via Self Directed Support Option 1 (Direct Payment) and detailing a new process for undertaking of Adult Carer Support Plans. | |
| 12 | SERVICE DELIVERY PLANS 2022-2023 | 133 - 259 |
| | Submit report by Head of Strategy and Transformation providing an update on the operational Service Delivery Plans for the year 2022/23. | |
| 13 | QUALITY IMPROVEMENT POLICY | 261 - 299 |
| | Submit report by Head of Strategy and Transformation providing an update on the proposed approach to embedding continuous quality improvement within the Health and Social Care Partnership (HSCP) and to present the draft Quality Improvement Plan for consideration, discussion and approval. | |

14 SERVICE DESIGN POLICY

301 - 328

Submit report by Head of Strategy and Transformation providing an update on the proposed approach to embedding a consistent approach to service design within the Health and Social Care Partnership (HSCP) and to present the draft Service Design Policy for consideration, discussion and approval.

15 MINUTES OF MEETING FOR NOTING

329 - 346

Submit for information the undernoted Minutes of Meeting for:-

- (a) Joint Staff Forum held on 20 January 2022;
- (b) Joint Staff Forum held on 3 February 2022; and
- (c) Joint Staff Forum held on 17 February 2022.

16 DATES OF NEXT MEETINGS

Members are asked to note the following dates of the next meetings of the Health and Social Care Partnership Board:-

- Monday 23 May 2022 at 10.00 a.m.
- Monday 27 June 2022 at 10.00 a.m.

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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board held via video conference on Monday, 21 February 2022 at 10.01 a.m.

- Present:** Denis Agnew and Jonathan McColl, West Dunbartonshire Council; Rona Sweeney and Michelle Wailes, NHS Greater Glasgow and Clyde Health Board.
- Non-Voting** Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Val Tierney, Chief Nurse; Diana McCrone, Staff Representative (NHS Greater Glasgow and Clyde); Selina Ross, Chief Officer, West Dunbartonshire CVS; Anne MacDougall, Chair of the Locality Engagement Network, Clydebank; Barbara Barnes, Chair of the Locality Engagement Network, Alexandria and Dumbarton; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; and John Kerr, Housing Development and Homelessness Manager
- Attending:** Margaret-Jane Cardno, Head of Strategy and Transformation; Lesley James, Head of Children's Health Care and Criminal Justice (also Chief Social Work Officer); Sylvia Chatfield, Head of Mental Health, Learning Disability and Addiction Audrey Slater, Head of People and Change; Jennifer Ogilvie, HSCP Finance Manager; Fiona Taylor, Senior Nurse and Acting Head of Health and Community Care; Jack Kerr, Auditor – Audit Scotland; Christopher Gardner, Auditor – Audit Scotland; Nigel Ettles, Principal Solicitor; and Ashley MacIntyre and Lynn Straker, Committee Officers.
- Apologies:** Apologies for absence were intimated on behalf of John Mooney, West Dunbartonshire Council; Lesley Rousselet, NHS Greater Glasgow and Clyde Health Board; Kim McNab, Service Manager, Carers of West Dunbartonshire, and Dr Saied Pourghazi, Clinical Director

Bailie Denis Agnew in the Chair

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 22 November 2021 were submitted and approved as a correct record.

ROLLING ACTION LIST

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

RECORDING OF VOTES

The Board agreed that all votes taken during the meeting would be done by roll call vote to ensure an accurate record.

VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer, Ms Culshaw provided a verbal update on the recent business of the Health & Social Care Partnership. Ms Culshaw noted it was important to note that since the last HSCP Board meeting, there has been another wave of the Covid-19 pandemic, with a new variant Omicron which brought some real challenges to the partnership in terms of the impact on our service users and patients and also our staff. Ms Culshaw thanked all staff for stepping up in what were very challenging circumstances. Covid-19 rates are now improving in West Dunbartonshire, particularly in our Care Homes which is positive news.

Ms Culshaw also noted there are currently West Dunbartonshire Council and NHS Staff Recognition Awards ceremonies this week so hopefully an opportunity to acknowledge the great work which has been done and recognise individuals and teams for their excellent work throughout the pandemic.

Finally Ms Culshaw also welcomed some changes in the HSCP team, with Lesley James stepping into the role of Chief Social Work Officer and Head of Children's Health, Care and Criminal Justice and Fiona Taylor moving into the Acting Head of Health and Community Care role as Jo Gibson has moved on to a promoted post in East Ayrshire. She also noted it was great to see the final stages of completion for the new Health and Care Centre in Clydebank and was looking forward to its formal opening in the near future.

2021/22 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 9 (31 DECEMBER 2021) AND 2022/23 ANNUAL BUDGET SETTING UPDATE

A report was submitted by the Chief Financial Officer providing an update on the financial performance as at Period 9 to 31 December 2021 and a projected outturn position to 31 March 2022, along with an update on the 2022/23 annual budget setting process.

After discussion and having heard the Chief Financial Officer and Head of Mental Health, Learning Disability and Addiction 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 and direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;
- (2) to note that the reported revenue position for the period 1 April 2021 to 31 December 2021 was reporting a favourable (underspend) position of £1.412m (1.11%);
- (3) to note the projected outturn position of £1.964m underspend (1.09%) for 2021/22 and the main movements since last reported to the HSCP Board;
- (4) to note that the Covid-19 cost for the period 1 April 2021 to 31 December 2021 was £4.043m (including the costs of the £500 thank-you payments for social care staff and external providers);
- (5) to note that the projected costs of Covid-19 for 2021/22 were currently estimated to be £4.965m (including the costs of the £500 thank-you payments for social care staff and external providers);
- (6) to note the update on the monitoring of savings agreed for 2021/22;
- (7) to note the update on the current reserves balances;
- (8) to note the update on the capital position and projected completion timelines;
- (9) to approve that the £0.010m shortfall in the Criminal Justice capital works is funded from the existing revenue budget; and
- (10) to 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.

WINTER MONIES SPENDING PLAN

A report was submitted by the Acting Head of Health and Community Care detailing proposals to support Health and Social Care to respond to current pressures through investment of Winter Monies.

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:-

- (1) to approve the proposals outlined in this paper, including recruitment of approximately 60 posts; and

- (2) to direct NHS GGC and West Dunbartonshire Council to support in the recruitment of the posts outlined in Appendix 1 to the report, while recognising that the final specification of posts and skill-mix was still under development, and to delegate to the HSCP's Chief Officer and Chief Financial Officer to finalise the detail.

STRATEGIC PLANNING UPDATE

A report was submitted by the Head of Strategy and Transformation providing an update on the progress in relation to the development of the next Strategic Plan 2023/2026.

After discussion and having heard the Head of Strategy and Transformation in further explanation, the Board agreed to note the content of the report.

UPDATE FROM WEST DUNBARTONSHIRE CARERS DEVELOPMENT GROUP ON THE IMPLEMENTATION OF WEST DUNBARTONSHIRE'S CARERS STRATEGY

A report was submitted by the Chief Nurse providing an update on the progress of implementation of the Local Carer Strategy Action Plan.

After discussion and having heard the Chief Nurse in further explanation, the Board agreed to note the content of the report.

THE SCOTTISH GOVERNMENT MENTAL HEALTH RECOVERY AND RENEWAL FUND

A report was submitted by the Head of Mental Health, Learning Disability and Addiction providing an update on the new Scottish Government Mental Health Recovery and Renewal Fund which focuses on the Psychological Therapies Improvement.

After discussion and having heard the Head of Mental Health, Learning Disability and Addiction in further explanation, the Board agreed:-

- (1) to note the funding made available by the Scottish Government for Phase 1 and Phase 2 Mental Health Recovery and Renewal priorities; and
- (2) to note the 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, and that recruitment decisions will follow governance arrangements within each HSCP Board.

ALCOHOL AND DRUG PARTNERSHIP UPDATE

A report was submitted by the Head of Mental Health, Learning Disability and Addiction advising of the progress in relation to the Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs in relation to the expectations of local governance arrangements for Alcohol and Drug Partnerships (ADPs).

After discussion and having heard the Head of Mental Health, Learning Disability and Addiction in further explanation, the Board agreed to note the content of the report.

WEST DUNBARTONSHIRE LOCAL HOUSING STRATEGY 2022-2027 – MORE HOMES BETTER HOMES WEST DUNBARTONSHIRE

A report was submitted by the Housing Development and Homeless Officer presenting the Council's new Local Housing Strategy (LHS) for the five year period 2022-2027 to the West Dunbartonshire Health and Social Care Partnership.

After discussion and having heard the Housing Development and Homelessness Manager in further explanation, the Board agreed:-

- (1) to note the final West Dunbartonshire Local Housing Strategy 2022-2027 as appended to this report;
- (2) to note the establishment of the Local Housing Strategy Delivery Board which will oversee the implementation of the Local Housing Strategy; and
- (3) to note that an annual update report will be presented to the West Dunbartonshire Health and Social Care Partnership Board.

MINUTES OF MEETINGS FOR NOTING

The Minutes of Meetings of the Joint Staff Forum held on 18 November 2021, 16 December 2021 and 6 January 2022 were submitted and noted by the Board.

The meeting closed at 10.28 a.m.

WEST DUNBARTONSHIRE HSCP BOARD

ROLLING ACTION LIST

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	March 2022	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
Scottish Government Funding for Children and Young People's Community Mental Health Supports and Services Progress Update	The Board agreed a more detailed and comprehensive report will be brought back to the HSCP Board meeting in March 2022 to provide a more thorough update on progress on the use of this funding.	Chief Nurse – Val Tierney	Before HSCP Board meeting in March 2022.	Update 28/02. This report will now be brought to the May 2022 meeting.	Open

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

21 March 2022

Subject: 2021/22 Financial Performance Report as at 31 January 2022

1. Purpose

- 1.1** To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 10 to 31 January 2022 and a projected outturn position to the 31 March 2022.
- 1.2** The financial impact of the Covid-19 pandemic on health and social care services continues to be refined as services adapt and renew, therefore the outturn projection to the end of 31 March 2022 will be subject to change.

2. Recommendations

- 2.1** The HSCP Board is recommended to:
- **Approve** the updated position in relation to budget movements on the 2021/22 allocation by WDC and NHSGGC and direction back to our partners to deliver services to meet the HSCP Board's strategic priorities;
 - **Note** that the revenue position for the period 1 April 2021 to 31 January 2022 is reporting a favourable (under spend) position of £1.503m (1.08%);
 - **Note** the projected outturn position of £2.118m underspend (1.12%);
 - **Note** that the Covid-19 cost for the period 1 April 2021 to 31 January 2022 is £4.346m (including the costs of the £500 thank-you payments);
 - **Note** that the projected outturn costs of Covid-19 for 2021/22 are currently estimated to be £4.965m (including the costs of the £500 thank-you payments for social care staff and external providers);
 - **Note** the update on the monitoring of savings agreed for 2021/22;
 - **Note** the update on the current reserves balances;
 - **Agree** to the recharge of £0.081m from WDC related to the bad debt write off for some social care charges and the proposed process going forward; and
 - **Note** the update on the capital position and completion timelines;

3. Background

- 3.1** At the meeting of the HSCP Board on 25 March 2021 members agreed the 2021/22 revenue estimates. A total indicative net revenue budget of £170.097m (excluding Set Aside) was approved.
- 3.2** Since the March HSCP Board report there have been a number of budget adjustments. A total net budget of £189.101m 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** The Local Mobilisation Plan (LMP) Covid-19 financial tracker continues to be submitted quarterly to the Scottish Government. Quarter 3 was submitted on 26 January 2022 and Quarter 4 is due to be submitted on 20 April 2022.
- 4.2** The projected costs of Covid-19 are anticipated to be £4.965m and includes £1.009m related to the costs of the £500 thank-you payments. Table 1 provides a summary of the actual and projected costs based on December ledger data with the detailed information being considered by Senior Management in addition to individual scrutiny by our partners.
- 4.3** The table details the anticipated drawdown of the Covid-19 Pressures Reserve at £3.825m. Further advance Covid-19 funding of £7.741m was allocated to the WDHSCP on 25 February (with further details provided in section 4.16 below) which when taken together would provide a balance of £8.886m to carry forward to 2022/23. It should be noted however that costs for 2021/22 will be subject to change as additional guidance is issued and the partnership moves through its recovery and renewal phases.
- 4.4** The actual to date position shows a small, temporary overspend of £0.085m. This relates to social care £500 thank-you payments, the costs of which have been claimed from the Scottish Government with a final claim due in April.

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	4,130	4,687
Additional PPE	5	13
Flu Vaccination	5	5
Community Hubs	73	95
Additional Care Home Placements	7	7
Additional Capacity in Community	245	319
Additional Staff Costs	1,526	1,687
Staff Wellbeing	31	37
Additional FHS Prescribing	77	86
Additional FHS Contractor Costs	13	15
Social Care Provider Sustainability Payments	1,409	1,474
Increased costs of Service Provision	443	572
Loss of Income	327	392
Other	348	439
Unachievable Savings	903	1,084
Offsetting Cost Reductions	(1,282)	(1,538)
Remobilisation Costs	216	278
Adult Social Care	14	30
Reducing Delayed Discharge	171	206
Other	31	42
Total Spend	4,346	4,965
Funding		
Earmarked Reserve for Covid Pressures	(3,208)	(3,825)
Grant Funding for Social Care £500 Thankyou Payment	(688)	(775)
Grant Funding for Third Party Provider £500 Thankyou Payment	(234)	(234)
New Funding Received	(131)	(131)
Total Funding	(4,261)	(4,965)
Assumed Funding Gap	85	0

Summary Position

- 4.5** The current year to date position as at 31 January is an underspend of £1.503m. The projected outturn position, with all identified Covid-19 costs being fully funded from reserves, is a potential underspend of £2.118m. This consolidated summary position is presented in greater detail within Appendix 3, with the individual Health Care and Social Care reports detailed in Appendix 4.
- 4.6** Members should note that the projected underspend takes into account the progress on agreed savings programmes and £8.264m of expenditure to be added to earmarked reserves. Further detail on the progress of savings is detailed in Appendix 2 with an update on the anticipated level of reserves with supporting narrative provided in sections 4.11 to 4.14 below and within Appendix 7.
- 4.7** The summary position is reported within Table 2 below which identifies the projected 2021/22 budget under spend of £2.118m. A detailed analysis on the projected annual variances in excess of £0.050m contained within Appendix 5.

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	118,295	88,432	88,062	370	107,035	11,260	10,526	734	0.6%
Social Care	104,496	77,274	75,714	1,560	101,101	3,395	1,563	1,832	1.8%
Covid-19	131	0	1,007	(1,007)	4,965	(4,834)	(3,825)	(1,009)	0.0%
Expenditure	222,922	165,706	164,783	923	213,101	9,821	8,264	1,557	0.7%
Health Care	(4,362)	(3,615)	(3,615)	0	(4,362)	0	0	0	0.0%
Social Care	(29,459)	(23,248)	(22,906)	(342)	(29,011)	(448)	0	(448)	1.5%
Covid-19	0	0	(922)	922	(1,009)	1,009	0	1,009	0.0%
Income	(33,821)	(26,863)	(27,443)	580	(34,382)	561	0	561	-1.7%
Health Care	113,933	84,817	84,447	370	102,673	11,260	10,526	734	0.6%
Social Care	75,037	54,026	52,808	1,218	72,090	2,947	1,563	1,384	1.8%
Covid-19	131	0	85	(85)	3,956	(3,825)	(3,825)	0	0.0%
Net Expenditure	189,101	138,843	137,340	1,503	178,719	10,382	8,264	2,118	1.1%

Update on Prescribing 2021/22

- 4.8** 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 dispensed as a percentage of total items dispensed;
 - Pricing and short supply; and
 - Transfer of Apremilast costs and budget from Acute Sector into FHS.

- 4.9** The average cost per item for the period April to November is currently £10.10 which is higher than the GGC average of £9.99.
- 4.10** Detailed analysis on prescribing activity is provided in Appendix 6 and reports a projected underspend of £0.413m based on the recurring 2020/21 rollover budget of which £0.299m is anticipated to be added to earmarked reserves with the balance to be included in the quarter 4 Covid-19 tracker as an offsetting saving against additional Covid related costs of some drugs.

Update on Reserves

- 4.11** 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.
- 4.12** Detailed analysis of reserves is detailed in Appendix 7. The analysis identifies that while £6.206m of earmarked reserves will be drawn down in the current financial year to fund expenditure; difficulties in recruitment (a national issue) and new funding received late in the financial year will increase earmarked reserves already in place (£11.520m) as well as create new earmarked reserves (£2.950m). It is currently anticipated that a net amount of £8.264m will be added to earmarked reserves with the most significant challenge being recruitment of staff into a number of fixed term posts.
- 4.13** As well as the ongoing difficulties in recruiting specialist staff to deliver on a range of Scottish Government policies covered by specific, ring-fenced funding, core health and care services are also impacted by recruitment and retention issues. Where required, any Covid-19 related turnover savings or other service reductions are included within the LMP as an offset saving against other Covid related costs. However there remains an overall underspend in services projected to be £2.118m.
- 4.14** As part of the 2021/22 Outturn and Draft Unaudited Accounts Reports, to be presented to the HSCP Board in June, there will be a number of considerations and recommendations made to the board members on the appropriate allocation of this balance. The 2022/23 budget setting recommendations may also impact on the application of the final outturn balances.

New Funding

- 4.15** In addition to the new winter pressures funding streams reported to the February HSCP Board, it was announced on 9 March 2022 that Tranche 2 of Mental Health Action 15 funding will be released in 2021/22 totalling £0.274m. This is reflected within the Action 15 earmarked reserve within Appendix 7.
- 4.16** The HSCP received notification on 25 February 2022, from the Scottish Government's Director of Health Finance and Governance, of additional Covid-19 funding being allocated to Integration Authorities totalling £619m of which the WD HSCP indicative share is £7.741m. Further details on this

funding announcement will be included in the HSCP Budget Report which is subject to a separate report on this March agenda.

Bad Debt Write Off

- 4.17** West Dunbartonshire Council retain the legal power to both set and levy charges. The collection of those charges is governed by the Council's Corporate Debt Policy. This policy recognises that where a debt is irrecoverable, prompt and regular write off of such debts is appropriate in terms of good accounting practice and while the Council will seek to minimise the cost of write-offs by taking all necessary action to recover what is due, where it has not been possible to collect a debt, authorisation to write these debts off will be requested to:
- the Section 95 Officer if the debt is under £5,000; or
 - the relevant committee if the debt is valued at more than £5,000
- 4.18** While the delegated net budget to the HSCP includes income levied from residential (approx. £2m) and non-residential charging (approx. £1.6m) for social care services, the write off of bad debt has until now been absorbed by West Dunbartonshire Council, through their bad debt provision. As detailed in the Council budget paper, agreed by elected members on 9 March 2022, this will no longer be the council's position going forward. Debt to the value of £0.081m relates to charges levied after July 2015 and will be recharged against HSCP income in 2021/22. This charge is included within the reported projected outturn figure of £178.531m.
- 4.19** The requirement for the HSCP Board to make provision for social care charges related debt was not part of the original delegated budget to the HSCP or specifically referenced within the Integration Scheme, therefore board members are asked to accept the proposed debt recharge. Going forward, the Council's Corporate Debt Policy will have to reflect that the HSCP Board's Chief Financial Officer will review the level of outstanding debt as part of the year end accounts process and make appropriate provision in the annual financial statements for future debt writes off. Any future requests to write off HSCP debt will come to the HSCP Chief Financial Officer and HSCP Board for approval depending on the value of the write off request.

Housing Aids and Adaptations and Care of Gardens

- 4.20** 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 £75.037m from the council.
- 4.21** These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.
- 4.22** The summary projected position for the period to 31 March 2022 is included in the table below and will be reported as part of WDC's financial update position.

Table 3 - Financial Performance as at 31 January 2022

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	410	448
Aids & Adaptations	250	61	250
Net Expenditure	703	471	698

2021/22 Capital Expenditure**Health Care**

- 4.23** 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. Previous HSCP Boards have updated on the impact of these delays and this is refreshed below.
- 4.24** The new Clydebank Health and Care Centre opened on Monday 7 February 2022 and offers the Clydebank community access to a wide range of health and social care services under one roof for the first time, with initial reactions to the modern and comfortable surroundings being extremely positive. As previously reported there is a revenue shortfall which will require to be built into future budgets. It is unlikely that the HSCP will be required to drawdown any funds from the earmarked reserve in 2021/22, with any impact in 2022/23 forecast to be minimal due to the anticipated level of the earmarked reserve remaining at 31 March 2022.

Social Care

- 4.25** 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 with the costs of demolition being carried forward to 2022/23.
- 4.26** 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 £0.229m as the backlog is addressed. The HSCP has requested that this slippage is carried forward to be added to the 2022/23 budget allocation and this request was approved at the Council meeting on 9 March 2022.
- 4.27** The Criminal Justice adaptations work will not take place until next financial year. A report was approved by the West Dunbartonshire Council Tendering Committee on 23 February 2022 and authorised the Chief Officer – Regulatory and Regeneration to conclude, on behalf of the Council, the award of the Contract for Office and Storage Fit Out for a period of three weeks and that the estimated commencement date is 17 March 2022.

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 An employer's liability insurance claim has been submitted on behalf of an HSCP employee with a policy excess of £0.250m. While the Council anticipate that the HSCP will be responsible for costs up to this amount the Integration Scheme sets out clear responsibilities with regard to Claims Handling, Liability and Indemnity such that:

- The Parties understand that the Integration Joint Board, while having legal personality in its own right, has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff delivering integrated services; or for the operation of buildings or services under the operational remit of those staff.
- The Parties will continue to indemnify, insure and accept responsibility for the staff that they each employ; their particular capital assets that integrated services are delivered from or with; and the respective services themselves that each Party has delegated to the Integration Joint Board.
- Liabilities arising from decisions taken by the Integration Joint Board will be equally shared between the Parties.

8.3 Taking the above into account it would be reasonable to conclude that the maximum liability that could fall to the HSCP would be 50% of the insurance excess depending on the circumstances that led to submission of the liability insurance claim. The actual financial impact cannot be quantified at this time and therefore no provision has currently been included with the period 10 finance update report.

8.4 There continues to be a risk related to 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.

8.5 The HSCP Board, in accepting the recharge of bad debt related to social care charges will be required to make appropriate provision each year to cover anticipated costs. If the annual write-off exceeds the provision this will impact on the revenue budget.

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None required.

11. Consultation

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

12. Strategic Assessment

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

13. Directions

13.1 The recurring and non-recurring budget adjustments up to 31 January 2022 (as detailed within Appendix 1) will require the issuing of a revised direction, see Appendix 9.

Julie Slavin – Chief Financial Officer

Date: 11 March 2022

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC
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Appendices:

- Appendix 1 – Budget Reconciliation
- Appendix 2 – Monitoring of Savings
- Appendix 3 – Revenue Budgetary Control 2021/22
(Overall Summary)
- Appendix 4 – Revenue Budgetary Control 2021/22
(Health Care and Social Care Summary)

Appendix 5 – Variance Analysis over £50k
Appendix 6 – Prescribing Analysis
Appendix 7 – Reserves
Appendix 8 – Social Care Capital Update
Appendix 9 – Directions

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

Localities Affected: All

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Appendix 1

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022

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

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Period 5 to 6 Adjustments			
Hscp Ncl Adjust Gps Bud	133		133
Hscp Ncl Reduce Dent Inc	32		32
Gms X Chg Hscp Covid MI 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)
Period 7 to 9 Adjustments			
Interim Care Funding		673	673
Expanding Care at Home Capacity Funding		1,043	1,043
Scottish Living Wage Funding		580	580
AdobeAcrobat Pro DC Licence Realignment		(3)	(3)
Mobile Phone Licence Realignment		(5)	(5)
PCIP Tranche 2 Funding	1,402		1,402
MDT Funding	336		336
1000 Healthcare Worker Funding	269		269
Winter Planning PCIF Funding	51		51
Adjust Hscp Ncl Gds	1,038		1,038
Adjust Hscp Ncl Gos	(308)		(308)
Hscp Ncl Adjust Gps Bud	(680)		(680)
Hscp Ncl Reduce Dent Inc	(84)		(84)
Gms X Chg Hscp 17c 21/22	15		15
Gvp21100 Apremilast M5 (aug)	11		11

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Camchp118 Wd Covid Ppe	126		126
Camchp127 Wd Covid & Flu Vac	5		5
Camchp18 Wd Dn Funding	96		96
Camchp27 Wd Pcip Pharmacists	167		167
Pharm Contribut Camchp105 Wd	(91)		(91)
Gvp21131 Apremilast M6 (sept)	8		8
Camchp130 Wd Vale Post Tfer	(25)		(25)
Apremilast Cam Acute Accrual	13		13
Apremilast Cam Acute M09 Oct21	7		7
Camchp132 Wdhscp Adp Frontline	118		118
Camchp133 Wdhscp Adp Pfg	310		310
Camchp135 Mh Outcomes Fwk	174		174
Camchp136 Wd Dementia Pds	63		63
Camchp141 Wdhscp Clw Payment	2		2
Camchp149 Wdhscp Adp Ddtf	57		57
West Dun Share Of Pfg Funding	60		60
Covid funding for PPE and Flu Costs	131		131
Anticipated outstanding budget adjustments	(368)		(368)
Period 10 Adjustments			
1000 Healthcare Worker Funding	3		3
Action 15 Tranche 2 Funding	274		274
Further Covid funding 2021-22	7,741		7,741
Camchp168 Wd Ch Lead Nurse	52		52
Apremilast Cam Accr Adj M10	1		1
Apremilast Cam Acute M10 Nov21	11		11
SG District Nursing	41		41
Revised Budget 2021/22	114,064	75,037	189,101

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Appendix 2

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
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		181		
2020/21 Approved Savings delayed until 2021/22						

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
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 therefore able to be removed from budget	121			
Redetermination Adjustment for Community Placement	68	At risk - budget based on current numbers but this relates to an unexpected redetermination adjustment.				68
Recurring Savings Exercise (50% of reduction in external care beds)	401	Saving based on the HSCP strategic priority of supporting people in their own homes for longer and reducing length of stay. Also recovery to pre-Covid levels is unlikely in 21/22.	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 internal foster carers to allow a reduction of overall expenditure within the private provision. The Covid pandemic has impacted on recruitment campaigns.		108		
Reduction in external property leases	29	Saving based on vacation of current services in Clydebank by the end of October. This will not be achieved as alternative accommodation not yet identified.			29	
Care at Home service improvement project	425	Care at Home review to commence in 21/22 but unlikely to realise full saving target in year for new saving which is required in addition to the previous unachieved savings		425		
Total Savings to be Monitored	2,372		892	1,084	29	367

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Appendix 3

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022

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	30,591	24,409	24,161	248	29,888	703	194	509	1.7%
Care at Home	13,076	8,455	8,643	(188)	12,259	817	1,043	(226)	-1.7%
Physical Disability	2,636	1,822	1,821	1	2,636	0	0	0	0.0%
Childrens Residential Care and Community Services (incl. Specialist)	25,743	19,074	19,038	36	25,381	362	(45)	407	1.6%
Strategy, Planning and Health Improvement	1,796	1,377	1,050	327	1,349	447	95	352	19.6%
Mental Health Services - Adult and Elderly, Community and Inpatients	9,652	6,936	6,863	73	9,193	459	159	300	3.1%
Addictions	3,307	2,280	2,398	(118)	3,085	222	222	0	0.0%
Learning Disabilities - Residential and Community Services	11,644	8,403	8,328	75	11,576	68	(17)	85	0.7%
Family Health Services (FHS)	29,638	24,489	24,489	0	29,638	0	0	0	0.0%
GP Prescribing	19,883	16,622	16,275	347	19,584	299	299	0	0.0%
Hosted Services	7,722	6,396	6,037	359	7,309	413	392	21	0.3%
Criminal Justice (Including Transitions)	136	(20)	(123)	103	(17)	153	73	80	58.8%
Resource Transfer	16,924	14,103	14,096	7	16,924	0	0	0	0.0%
Covid-19	131	0	84	(84)	3,956	(3,825)	(3,825)	0	0.0%
HSCP Corporate and Other Services	16,222	4,497	4,180	317	5,958	10,264	9,674	590	3.6%
Net Expenditure	189,101	138,843	137,340	1,503	178,719	10,382	8,264	2,118	1.1%

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Employee	79,068	62,102	63,198	(1,096)	81,090	(2,022)	(2,015)	(7)	0.0%
Property	974	652	747	(95)	1,127	(153)	(33)	(120)	-12.3%
Transport and Plant	1,399	807	775	32	1,361	38	0	38	2.7%
Supplies, Services and Admin	4,044	3,030	2,519	511	4,116	(72)	(43)	(29)	-0.7%
Payments to Other Bodies	73,533	55,255	54,857	398	73,190	343	(129)	472	0.6%
Family Health Services	29,998	24,760	24,769	(9)	30,099	(101)	(101)	0	0.0%
GP Prescribing	19,883	16,622	16,275	347	19,584	299	299	0	0.0%
Other	14,024	2,477	1,644	833	2,532	11,492	10,286	1,206	8.6%
Gross Expenditure	222,923	165,705	164,784	921	213,099	9,824	8,264	1,560	0.7%
Income	(33,822)	(26,862)	(27,444)	582	(34,380)	558	0	558	-1.6%
Net Expenditure	189,101	138,843	137,340	1,503	178,719	10,382	8,264	2,118	1.1%

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Appendix 4

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022

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	832	629	515	114	641	191	95	96	11.5%
Childrens Services - Community	3,502	2,905	2,893	12	3,414	88	9	79	2.3%
Childrens Services - Specialist	2,075	1,226	1,476	(250)	1,877	198	198	0	0.0%
Adult Community Services	10,005	8,160	8,181	(21)	9,820	185	(2)	187	1.9%
Community Learning Disabilities	659	549	544	5	659	0	0	0	0.0%
Addictions	2,563	1,513	1,630	(117)	2,001	562	562	0	0.0%
Mental Health - Adult Community	4,293	3,141	3,101	40	3,897	396	96	300	7.0%
Mental Health - Elderly Inpatients	2,926	2,379	2,347	32	2,863	63	63	0	0.0%
Family Health Services (FHS)	29,638	24,489	24,489	0	29,638	0	0	0	0.0%
GP Prescribing	19,883	16,622	16,275	347	19,584	299	299	0	0.0%
Other Services	12,911	2,705	2,863	(158)	4,046	8,865	8,813	52	0.4%
Covid-19	131	0	0	0	630	(499)	(499)	0	0.0%
Resource Transfer	16,924	14,103	14,096	7	16,924	0	0	0	0.0%
Hosted Services	7,722	6,396	6,037	359	7,309	413	393	20	0.3%
Net Expenditure	114,064	84,817	84,447	370	103,303	10,761	10,027	734	0.6%

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022

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	963	747	535	212	708	255	0	255	26.5%
Residential Accommodation for Young People	2,926	2,239	2,175	64	2,850	76	0	76	2.6%
Children's Community Placements	5,628	4,631	4,597	34	5,588	40	0	40	0.7%
Children's Residential Schools	3,398	2,124	2,213	(89)	3,502	(104)	0	(104)	-3.1%
Childcare Operations	4,738	3,869	3,696	173	4,801	(63)	(272)	209	4.4%
Other Services - Young People	3,476	2,078	1,988	90	3,349	127	20	107	3.1%
Residential Accommodation for Older People	7,070	5,053	4,787	266	6,749	321	0	321	4.5%
External Residential Accommodation for Elderly	8,079	7,030	7,030	0	7,884	195	195	0	0.0%
Sheltered Housing	1,351	1,332	1,332	0	1,351	0	0	0	0.0%
Day Centres Older People	1,180	881	881	0	1,180	0	0	0	0.0%
Meals on Wheels	22	5	14	(9)	34	(12)	0	(12)	-54.5%
Community Alarms	(23)	(227)	(162)	(65)	55	(78)	0	(78)	339.1%
Community Health Operations	2,907	2,174	2,097	77	2,814	93	0	93	3.2%
Residential - Learning Disability	8,832	6,242	6,172	70	8,764	68	(17)	85	1.0%
Physical Disability	2,351	1,599	1,599	0	2,351	0	0	0	0.0%
Day Centres - Learning Disability	2,153	1,611	1,611	0	2,153	0	0	0	0.0%
Criminal Justice (Including Transitions)	136	(20)	(123)	103	(17)	153	73	80	58.8%
Mental Health	2,433	1,417	1,417	0	2,433	0	0	0	0.0%
Care at Home	13,076	8,455	8,642	(187)	12,259	817	1,043	(226)	-1.7%
Addictions Services	744	767	767	0	1,084	(340)	(340)	0	0.0%
Equipu	285	223	223	0	285	0	0	0	0.0%
Frailty	138	108	105	3	134	4	0	4	2.9%
Carers	1,218	406	255	151	768	450	450	0	0.0%
Integrated Change Fund	0	0	0	0	0	0	0	0	0.0%
Covid-19	0	0	85	(85)	3,326	(3,326)	(3,326)	0	0.0%
HSCP - Corporate	1,956	1,282	957	325	1,011	945	411	534	27.3%
Net Expenditure	75,037	54,026	52,893	1,133	75,416	(379)	(1,763)	1,384	1.8%

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West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
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					
Planning & Health Improvements	832	736	97	12%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The forecast underspend relates to budget related to a wider team restructure, however it has been confirmed that this will not be required in current financial year.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Childrens Services - Community	3,502	3,423	79	2%	↑
Service Description	This care group provides community services for children				
Main Issues / Reason for Variance	The forecast underspend relates to recruitment delays and vacant posts				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Adult Community Services	10,006	9,819	187	2%	↑
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				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget	Forecast Full Year	Forecast Variance	% Variance	RAG Status
	£000	£000	£000		
Mental Health - Adult Community	4,293	3,993	300	7%	↑
Service Description	This care group provides mental health services for adults				
Main Issues / Reason for Variance	The favourable variance is mainly due to staffing vacancies and recruitment challenges within core mental health services				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Other Services	12,912	12,860	52	0%	↑
Service Description	This care group covers administration and management costs in relation to Health Care				
Main Issues / Reason for Variance	The favourable variance is due to funding now received for the Lead Nurse post.				
Mitigating Action	None required at this time				
Anticipated Outcome	An overspend is anticipated at this time				
Social Care Variances					
Strategy Planning and Health Improvement	963	708	255	26%	↑
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				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential Accommodation for Young People	2,927	2,850	76	3%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The favourable variance is due to a number of ongoing vacant posts in childrens homes that remain unfilled due to recruitment challenges				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Children's Residential Schools	3,397	3,501	(104)	-3%	↓
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 £0.853m mainly due to the increasing pressure on children and young persons being placed within high cost residential placements, however analysis of these costs have taken place with the result that £0.453m of increased service provision and £0.170m of unachieved savings are deemed to be covid related and have therefore been included in the January LMP as suitable to be funded from Covid reserves along with an adjustment of £0.125m for overall children and families offsetting savings.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	An unadjusted overspend of £0.869m is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Childcare Operations	4,738	4,528	209	4%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The favourable variance is mainly due to a number of vacant posts				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Other Services - Young People	3,477	3,369	107	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				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential Accommodation for Older People	7,070	6,749	321	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.				
Community Alarms	(23)	55	(78)	339%	↓
Service Description	Installation and response service for Community Alarms				
Main Issues / Reason for Variance	The adverse variance is due to increased staffing costs due to increased hours worked and staff sickness.				
Mitigating Action	None available due to staff sickness				
Anticipated Outcome	An overspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
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	2,813	93	3%	↑
Service Description	Adult services				
Main Issues / Reason for Variance	the unadjusted position is an adverse variance of £0.138m 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 £0.230m have been recorded in the January LMP.				
Mitigating Action	Officers will continue to monitor staffing levels				
Anticipated Outcome	An unadjusted overspend is anticipated at this time				
Residential - Learning Disability	8,831	8,746	85	1%	↑
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The unadjusted position is an adverse variance of £0.440m mainly due to a forecast in increased client packages and savings that are unlikely to be achieved. Analysis of these costs have taken place and covid related costs of £0.507m have been recorded in the January LMP with a further £0.017m of spend being funded from reserves.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	An unadjusted overspend of £0.266m is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Criminal Justice (Including Transitions and VAW)	136	56	80	59%	↑
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
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
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	13,077	13,303	(226)	-2%	↓
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 £1.292m mainly due to festive holiday overtime, backdated pay award, 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 £1.087m of covid related costs have been recorded in the January LMP.				
Mitigating Action	Officers continue to review packages and seek to balance internal and external				
Anticipated Outcome	An overspend is anticipated at this time				
HSCP - Corporate	1,954	1,420	533	27%	↑
Service Description	This budget contains Corporate spend and income pending allocation to services				
Main Issues / Reason for Variance	The favourable variance is mainly due to currently unallocated living wage funding of £0.660m, admin saving not being achieved, vacant posts and pay award budget unallocated.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

Item 6

Appendix 6

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
Prescribing Analysis

Financial Ledger

Financial ledger figures cover eight months of prescribing actuals (April to November) for financial year 2021-22 plus a two month financial accrual (December and January). Total variance is a year to date underspend of £0.347m on WDC FHS Prescribing with a forecast year end underspend of £0.413m.

Table 1 - Financial Ledger Data

Year to Date Position 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	19,437	16,249	16,460	(211)	
Central Gic	513	428	422	6	
Patented Drugs - Actual Discount	(282)	(235)	(240)	5	
Rebates	(365)	(304)	(425)	121	
Prescribing Invest To Save	199	165	156	9	
Generic Drugs - Discount Clawback	0	0	0	0	
Prescribing Other	382	318	263	55	
Prescribing Contingency	0	0	(362)	362	
HSCP Prescribing	19,883	16,621	16,274	347	2.09%
Non Discretionary Pharmaceutical	5,247	3,854	3,854	0	
Total Prescribing	25,130	20,475	20,128	347	

Forecast Outturn Position 2021/22	Annual Budget	Forecast Full Year	Forecast Variance	YTD Variance %	Note
	£000's	£000's	£000's		
Schedule 4 Gic	19,437	19,608	(171)		
Central Gic	513	506	8		
Patented Drugs - Actual Discount	(282)	(288)	6		
Rebates	(365)	(487)	122		
Prescribing Invest To Save	199	189	10		
Generic Drugs - Discount Clawback	0	0	0		
Prescribing Other	382	305	76		
Prescribing Contingency	0	(362)	362		
HSCP Prescribing	19,883	19,470	413	2.08%	Based on approximately 1.986m items being dispensed

Based on item volume increase/(decrease) compared to 2019/20, November 2021 to March 2022 of (1%)

Based on average cost per item December 2021 to March 2022 of £10.05

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
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
Prescribing Analysis

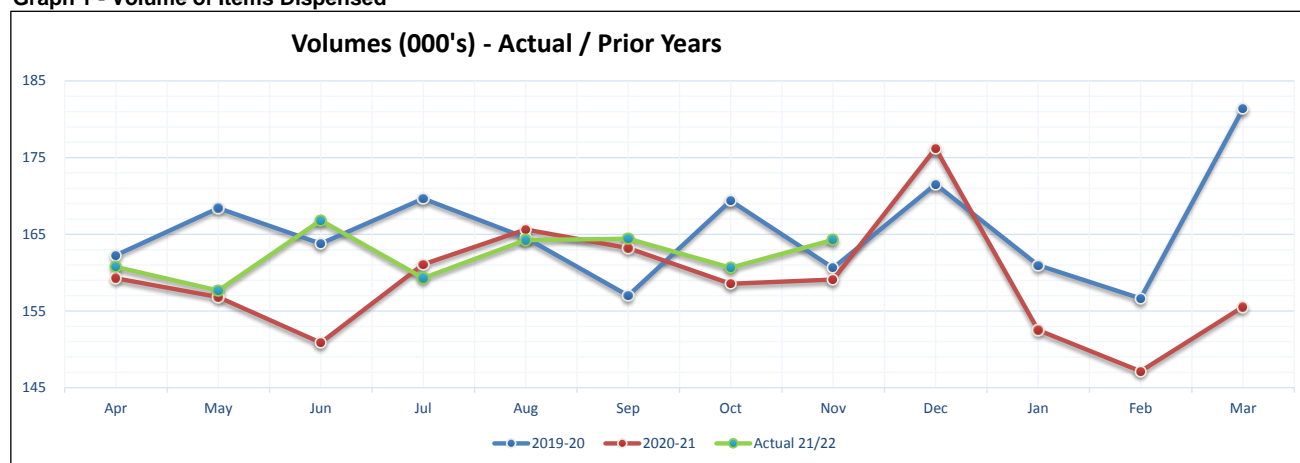
GIC actuals – volumes and values

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).

While actuals recorded for April 2021 to November 2021 have seen items dispensed track under the 2021/22 forecasted volumes (despite fluctuations month on month) the recorded figures lie mid way between 2019/20 and 2020/21. Graph 1 tracks current year's actual items dispensed (green line) against 2020/21 actuals (red line) and 2019/20 actuals (blue line).

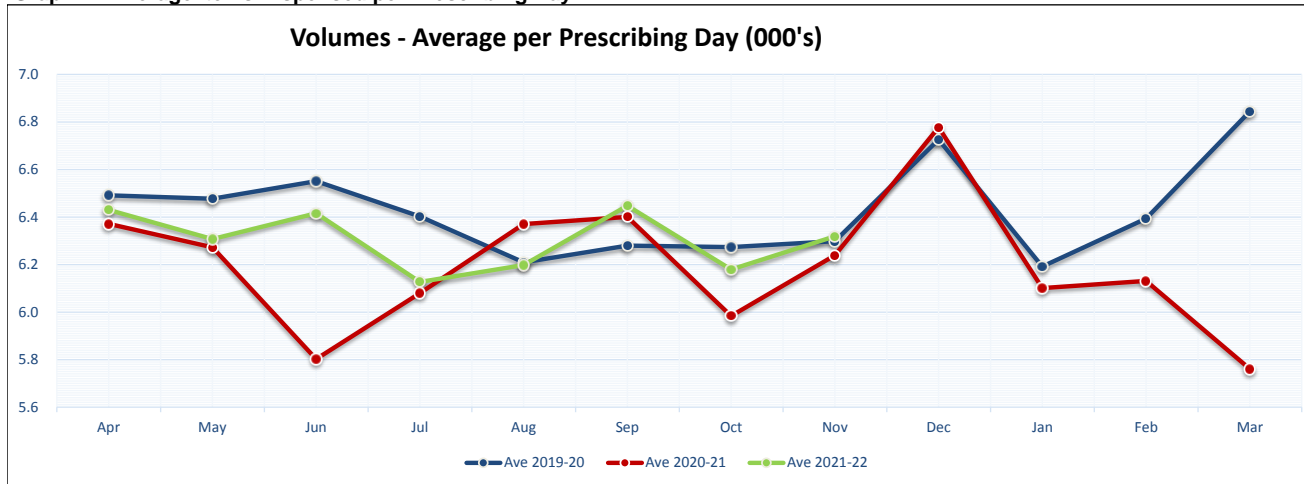
Graph 1 - Volume of Items Dispensed



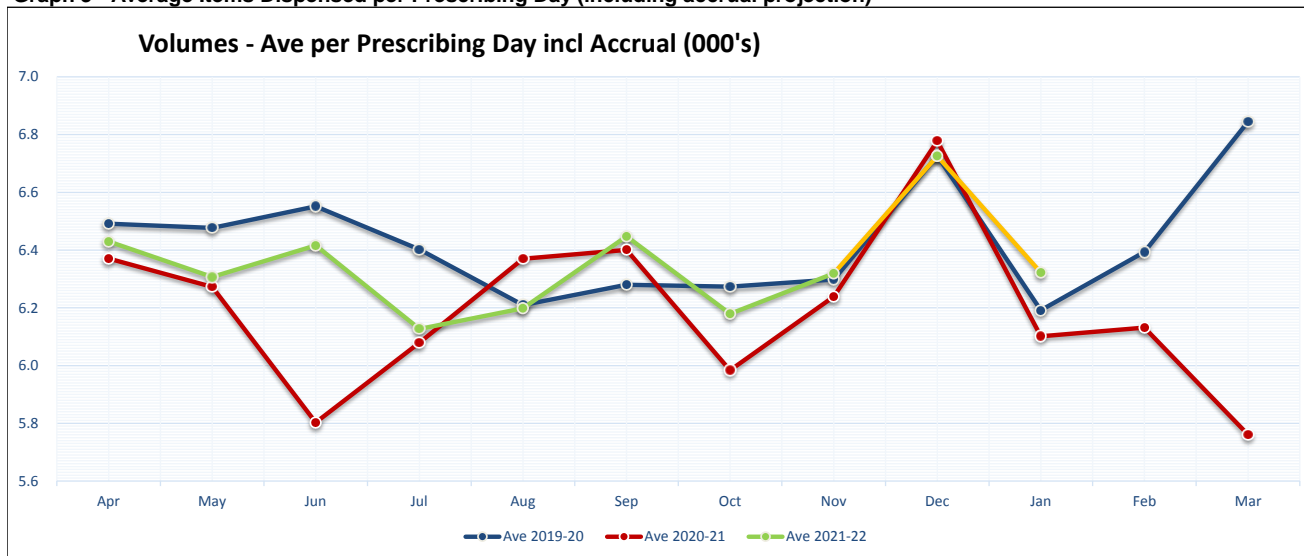
Graph 1 displays current year actual (green line) highlighted against actuals from previous two years. **A total of 0.164m items were dispensed in November 2021** compared to 0.161m items in October 2021 – an increase of 0.003m items over one month. On a cumulative YTD position the volume dispensed between April 2021 and November 2021 was 1.298m items (April 2020 to November 2020 was £1.274m items with April 2019 to November 2019 being 1.315m 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 with an assumption that December 2021 and January 2022 will be more in line with the 2020/21 pattern as detailed in Graph 2 and 3.

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
Prescribing Analysis

Graph 2 - Average Items Dispensed per Prescribing Day



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



Seven months actual GIC expenditure to end of November 2021 is £13.105m with the eight months to November 2020 being £12.610m. The increase of £0.495m in costs year on year as a result of increased volumes valued at £0.238m and an increase in tariff pricing of £0.257m.

Item 6 Appendix 7

Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022
Analysis of Reserves 2021/22

Analysis of Reserves	Partner	Period 10 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 10 Forecast Movement			Notes
		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	Variance	
		£000	£000	£000	£000	£000	£000	
Unearmarked Reserves								
Unearmarked Reserves	Both	(4,367)	(2,118)	(6,485)				-3.4%
Total Unearmarked Reserves		(4,367)	(2,118)	(6,485)				
Earmarked Reserves								
Scottish Govt. Policy Initiatives		(4,445)	(3,879)	(8,324)	1,891	(3,879)	5,770	
Criminal Justice	Social Care	(111)	(73)	(184)	20	(73)	93	The increase in this reserve relates to the core funding that has been applied to HSCP capital works that will now not take place until next financial year. The capital works were initially estimated to cost £0.063m, however tenders have been returned which indicate that this estimate is insufficient and is now likely to be £0.073m. A report is due to be submitted to the West Dunbartonshire Council Tendering Committee on 23 February 2022 to seek approval to instruct the work with the works anticipated to commence mid March 2022.
Carers Funding	Social Care	(266)	(450)	(716)	80	(450)	530	Facilitated 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 with the work being undertaken in the spirit of co-production considering not only the allocation of reserves but recurring revenue funding. While these sessions have been productive and have (in theory) developed a mechanism for allocation of unallocated funding to support achievement of outcomes in the strategic plan in a transparent and collaborative way a key challenge of this approach is to ensure that the proposal is 'compliant' within existing financial and legislative framework. Given the challenges it is unlikely that the full recurring budget will be fully spent in this financial year resulting in an estimated £0.450m being added to the earmarked carers reserve at this time.
Social Care Fund - Living Wage	Social Care	(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	Health Care	(72)	15	(57)	36	15	21	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 anticipate that £0.015m will be drawn down against this earmarked reserve at this time.
TEC (Technology Enabled Care) Project	Health Care	(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.

Analysis of Reserves	Partner	Period 10 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 10 Forecast Movement			Notes
		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	Variance	
		£000	£000	£000	£000	£000	£000	
Mental Health Action 15	Health Care	(295)	96	(391)	138	(96)	234	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. Recruitment to GP Practice based Wellbeing Nurse posts is being progressed and contribution to NHS G&C Board-wide initiatives is ongoing. At this time we anticipate £0.178m will be drawn down in 21/22 to fund in year expenditure, however the Scottish Government have now confirmed that Tranche 2 Action 15 21/22 funding of £0.274m will be released in 2021/22 which results in an additional transfer to earmarked reserves of £0.274m (and a net transfer of £0.096m) as recruitment delays and staff turnover mean that full year effect costs will not be incurred until 2022/23.
New Dementia Funding	Health Care	0	63	(63)		(63)	63	This is the West Dunbartonshire share of new Board wide funding for Dementia Post-Diagnostic Support as part of the Mental Health Recovery and Renewal Fund. The aim of this funding is to increase the percentage of people newly diagnosed with dementia who are referred into post-diagnostic services, with the baseline service expectation that everyone newly diagnosed receives a minimum of a year's dedicated support coordinated by a named and appropriately trained Link Worker. Discussions have taken place with Alzheimers Scotland regarding the work required, however it is unlikely that any spend will be incurred in this financial year resulting in £0.063m being placed in an earmarked reserve pending spending plans being realised.
Alcohol and Drug Partnership		(594)	(238)	(832)	349	(238)	587	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. While the mobile unit has been procured, staff recruitment challenges mean that it is likely that the total HSCP Alcohol and Drug Partnership budget is likely to underpend in this financial year resulting in an addition to the earmarked reserve of £0.325m at this time.
Primary Care Boardwide MDT	Health Care	(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)	Health Care	(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. This project continues to be on track with planning underway and training being developed and at this time it is anticipated that the reserve will be fully drawn down in 2021/22.

Analysis of Reserves	Partner	Period 10 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 10 Forecast Movement			Notes
		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	Variance	
		£000	£000	£000	£000	£000	£000	
Infant Feeding PFG Funding	Health Care	(21)	(24)	(45)	21	(24)	45	This is Scottish Government ring fenced funding for the Breast Feeding project and this reserve along with new 2021/22 funding of £0.060m 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 new funding will not be fully spend in this financial year resulting in an increase to the earmarked reserve of £0.024m at this time.
Community Living Change Fund	Health Care	(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.
Childrens Mental Health and Wellbeing (2020/21)		(175)	123	(52)	148	123	25	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 work with Includem to support early intervention work with extremely challenging children and young people to remain at home. While the non staffing element of the plan anticipates full spend in this financial year recruitment of the Clinical Psychologist post has proved challenging and remains unfilled despite being advertised 4 times. With a view to seeking alternatives ways to provide the support required a Band 4 Assistant Psychologist has been recruited instead and commenced employment on 10th January 2022 with the result that the total drawdown against this reserve in the current financial year is likely to be £0.123m.
Childrens Mental Health and Wellbeing (2021/22)	Social Care	0	(189)	(189)		(189)	189	This is Scottish Government ring fenced funding of £0.233m to be utilised to deliver new and enhanced community based mental health and emotional wellbeing supports and services for children, young people, their families and carers. To ensure that the funding is directed in an appropriate manner a comprehensive study was commissioned to explore best practice, the results of which are due back mid February. Based on preliminary findings it is likely that this funding will cover spend with Mental Health organisations as well as a variety of sports and community related initiatives with spend commitments in place. Due to the timing of the report being issued it is anticipated that spend incurred in this financial year will be limited to £0.044m resulting in £0.189m being added to earmarked reserves at this time with officers confirming carry forward arrangements with the Scottish Government.

Analysis of Reserves	Partner	Period 10 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 10 Forecast Movement			Notes
		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	Variance	
		£000	£000	£000	£000	£000	£000	
PCIF	Health Care	(1,414)	(560)	(1,974)	707	(560)	1,267	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. In addition to the opening reserve of £1.414m has been confirmed that full year PCIF funding of £2.663m will be allocated to HSCP's in 2021/22 with spend of £2.103m allocated against this resulting in a requirement to earmark £1.974m at this time with the main reasons for the underspends related to staff recruitment and retention challenges along with premises related issues.
PCIP Premises	Health Care	(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 - Funding for Vulnerable Children	Social Care	(91)	28	(63)	90	28	62	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. Agency workers had 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 with some of the agency workers engaged no longer with the HSCP. At this time is anticipated that only £0.028m will be drawn down in 2021/22 to fund agency staff and early intervention work.
SG District Nursing Funding	Health Care	(44)	(33)	(77)	44	(33)	77	Ring Fenced SG funding for investment/expansion of District Nursing workforce. Additional staffing phased over next 4 years
Analogue to Digital Community Alarms	Social Care	(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. The HSCP received £30k from the Technology Enabled Care Programme (Transition from Analogue to Digital for Telecare Services). The funding was to be used to purchase an advanced digital alarm system for Manse Gardens Sheltered Housing and an adaptor option for another sheltered housing complex. The plan was that both complexes would then be connected to a Digital Alarm Receiving Centre, however while the equipment provider could complete the initial install within the Sheltered Housing Complexes they are having issues with all the digital upgrades to the Alarm Receiving Centres. Without a Digital Alarm Receiving Centre the HSCP would be unable to test the digital system within the Sheltered Housing Complexes to ensure it is working correctly. Officers have monthly meetings with the Digital Office, regarding the Analogue to Digital transition and they are in agreement that the upgrade cannot progress until the equipment provider has a working digital solution for upgrading the Alarm Receiving Centre. While the use of other providers and a national option is being considered it is unlikely that any spend will be incurred in this financial year.
PEF Funding – Speech & Language Therapy Projects	Health Care	(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 from 4 October 2021, however this will result in only £0.006m being drawn down in 2021/22.

Analysis of Reserves	Partner	Period 10 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 10 Forecast Movement			Notes
		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	Variance	
		£000	£000	£000	£000	£000	£000	
Winter Planning Funding - MDT	Health Care	0	(336)	(336)		(336)	336	This relates to new recurring funding announced in October 2021 to support strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. The Chief Officer and the SMT have been preparing spending plans which are at an advanced stage, however due to the timing of the funding announcement and the lead in time for staff recruitment it is unlikely that any spend will take place in this financial year resulting in a requirement to earmark £0.336m pending spending plans being realised.
Winter Planning Funding - 1000 Healthcare Workers	Health Care	0	(272)	(272)		(272)	272	This relates to new recurring funding announced in October 2021 to support the recruitment of 1,000 new health care support workers (HCSWs) across Scotland with specific focus on AfC bands 3 and 4, to provide capacity in both the community and in a hospital settings. The key point to note is the application of this funding must increase capacity within the community and for WD HSCP this equates to 15 additional staff. The Chief Officer and the SMT have been preparing spending plans which are at an advanced stage, however due to the timing of the funding announcement and the lead in time for staff recruitment it is unlikely that any spend will take place in this financial year resulting in a requirement to earmark £0.272m pending spending plans being realised.
Winter Planning Funding - PCIF Funding Bid	Health Care	0	(51)	(51)		(51)	51	This relates to new Winter Planning Funding totalling £28m to 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 with detail on the investment of the remainder of the £28 million to follow. This funding was by application only and was heavily caveated to only be made available to HSCP's who were 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 and are reasonable confident that this additional funding will be spent on MDT staff in financial year 2021/22. While it was acknowledged that full spend of PCIF allocations would not be possible a bid was submitted to the Scottish Government in November 2021 with West Dunbartonshire being successful in being awarded part year funding of £0.051m to help accelerate achievement of full delivery of the three key work streams, namely pharmacotherapy, vaccinations and CTAC along with additional Advance Nurse Practitioners roles which will support West Dunbartonshire to support delivery of Urgent Care when the Scottish Government bring forward secondary legislation so that Boards are responsible for providing an Urgent Care service from 2023/24.

Analysis of Reserves	Partner	Period 10 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 10 Forecast Movement			Notes
		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	Variance	
		£000	£000	£000	£000	£000	£000	
Winter Planning Funding - Interim Care	Social Care	0	(673)	(673)		(673)	673	This relates to new non recurring funding announced in October 2021 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 family towards the costs of the care home. The offer of an interim placement should be made when the HSCP is 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. The Chief Officer and the SMT have been preparing spending plans which are at an advanced stage, however due to the timing of the funding announcement, the lead in time for staff recruitment and commissioning challenges it is unlikely that any spend will take place in this financial year resulting in a requirement to earmark £0.673m pending spending plans being realised.
Winter Planning Funding - Enhance Care at Home	Social Care	0	(1,043)	(1,043)		(1,043)	1,043	This relates to new recurring funding announced in October 2021 to build capacity in care at home community-based services, fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers. The Chief Officer and the SMT have been preparing spending plans which are at an advanced stage, however due to the timing of the funding announcement and the lead in time for staff recruitment it is unlikely that any spend will take place in this financial year resulting in a requirement to earmark £1.043m pending spending plans being realised.
HSCP Initiatives		(4,237)	533	(3,704)	1,501	533	968	
Service Redesign and Transformation		(1,030)	480	(550)	790	480	310	
Recruit to fixed term development post to progress work on Older People's Mental Health, Adult Mental Health and Learning Disabilities Strategies.	Social Care	(176)	0	(176)	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 facilitate 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 across services to support the Recovery and Renewal Plan. While the recruitment requirements were underway a delay with the NHS job evaluation process will impact on the filling of this post and at this time it is unlikely that any spend will be incurred in this financial year.

Analysis of Reserves	Partner	Period 10 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 10 Forecast Movement			Notes
		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	Variance	
		£000	£000	£000	£000	£000	£000	
Recruit to fixed term posts with the integrated HSCP Finance team		(144)	7	(137)	36	7	29	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 fixed term Health Management Accountant post has been filled with the successful candidate starting on 31st January, however the recruitment of the Social Care Finance Officer post has been delayed pending analysis of resource requirements within the team which have now been resolved. At this time it is anticipated that spend of £0.007m will be drawn down to fund the Health post only in this financial year.
Extension of the role of the Service Improvement Leads until 31 March 2023 . Approved by the Board at 25 March 2021 meeting.		(388)	176	(212)	388	176	212	This reserve relates to funding of the 3 service improvement leads for a two year period. All staff 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.	Social Care	(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.
Unscheduled Care Services	Health Care	(500)	0	(500)		0	0	Unscheduled care services in Greater Glasgow & Clyde are facing an unprecedented level of demand. To meet the twin challenges of 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)	20	(786)	337	20	317	
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.	Social Care	(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. While the new fixed term posts have been through the job evaluation process, where required, the recruitment of these posts will be delayed until early 2022 to enable managers to focus on recruitment of other permanent posts within Children and Families with any drawdown likely to be minimal in this financial year.

Analysis of Reserves	Partner	Period 10 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 10 Forecast Movement			Notes
		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	Variance	
		£000	£000	£000	£000	£000	£000	
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)	20	(200)	34	20	14	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, resulting in the recruitment of a Band 4 Assistant Psychologist who commenced employment on 10th January 2022. At this time it is anticipated that only £0.020m will be drawn down in 2021/22 due to recruitment difficulties.
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.	Social Care	(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. While the Medical Secretary and Business Administration Manager have been recruited to and are in post with the Social Work Assistant post being progressed through the recruitment process, the Physio Technician post has been put on hold at this time. Any drawdown in 2021/22 is anticipated to be minimal at this time due to recruitment timescales.
Unachievement of Savings	Social Care	(485)	33	(452)		33	(33)	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. At this time it is anticipated that £0.033m will be drawn down to support the requirement to extend the lease at 118 Dumbarton Road (currently occupied by Addictions and Learning Disability services) due to lack of alternative suitable accommodation being identified.
Recruitment Campaign for Internal Foster Carers	Social Care	(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 foreseeable future resulting in minimal (if any) drawdown from this reserve in 2021/22.

Analysis of Reserves	Partner	Period 10 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 10 Forecast Movement			Notes
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		£000	£000	£000	£000	£000	£000	
Champions Board Top Up Funding	Social Care	(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 was agreed that a full evaluation report would be completed by the end of 2021, with a view to seeking a position on the future arrangements of the Champions Board, however this could not be completed for various reasons. Staff continue to work from home leading to a saving in property costs which will result in a nil drawdown against this reserve in the current financial year.
Promise Keeper Fixed Term Recruitment	Social Care	(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. The post was advertised during the festive period and resulted in only 2 candidates applying, however an extension on this for a further 2 weeks resulted in increased interest with 9 applications received in total. Interviews are scheduled to take place in early February 2022, however it is likely that any spend incurred in this financial year will be minimal.
Public Protection Officers	Social Care	(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 public 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. The Audit and Performance post has been to Job evaluation and having been evaluated as a Grade 7 (which will result in an underspend against anticipated grade) was advertised in December with a closing date in February 2022 with no current applications. The Learning and Development post appeared to be lost within the HR process however the Head of Service is meeting regularly with HR to progress this and it will now go to Job Evaluation in February/March 2022.
Participatory Budgeting	Social Care	(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	Social Care	(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.

Analysis of Reserves	Partner	Period 10 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 10 Forecast Movement			Notes
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		£000	£000	£000	£000	£000	£000	
Training and Development	Social Care	(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	Social Care	(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.
Covid-19		(5,025)	(3,916)	(8,941)	5,025	(3,916)	8,941	
COVID-19 Pressures		(4,970)	(3,916)	(8,886)	4,970	(3,916)	8,886	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 £4.965m including spend of £1.009m related to the £500 thankyou payment (fully funded via a specific grant from the Scottish Government) with the core element to be funded from new covid funding of £0.131m and the partial application of the Covid-19 Pressure reserve resulting in an anticipated balance of £1.145m remaining to carry forward into 2022/23.
NHS Board Adult Social Care	Health Care	(55)	0	(55)	55	0	55	This relates to additional 2020/21 funding attached to the Adult Social Care Winter Plan and could be used to put in place the necessary resources to enable the Nurse Director to ensure the provision of advice, support and guidance in relation to nursing practice and IPC in adult social care settings.
Health Care		(2,729)	(1,002)	(3,731)	513	(1,002)	1,515	
DWP Conditions Management	Health Care	(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, however at this time a minimal drawdown of £0.006m is anticipated in the current financial year.

Analysis of Reserves	Partner	Period 10 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 10 Forecast Movement			Notes
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		£000	£000	£000	£000	£000	£000	
Physio Waiting Times Initiative	Health Care	(703)	(316)	(1,019)	200	(316)	516	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). While planned recruitment to address waiting times is underway the timing of this, along with staff turnover being in excess of in year target, will result in no real drawdown required in the current financial year as the in year position is forecast to be underspent by circa £0.435m. In relation to the IT equipment purchase for EPR orders for approx half of this value are in the process of being checked and authorised, so it is anticipated that a maximum spend of £0.050m (depending on delivery timescales from eHealth) is likely to be incurred. Taking all matters into account the net movement is an anticipated increase to reserves of £0.385m.
Retinal Screening Waiting List Grading Initiative	Health Care	(125)	(77)	(202)	63	(77)	140	There is currently backlog of patients due to service being suspended and current reduced clinic capacity and locations. The reserves were anticipated to be used to fund a double clinics per month at two location for an initial 4 month period pending review. To the end of December 2021 the additional clinics have costs £0.021m with an anticipated spend on new equipment of £0.030m, however due to some vacant posts the recurring budget in the current financial year is likely to be underspent by £0.134m resulting in a net reserves movement of £0.083m.
Prescribing Reserve	Health Care	(1,284)	(299)	(1,583)	31	(299)	330	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 pandemic as well as the risk that to Greater Glasgow and Clyde boardwide prescribing efficiency programmes will be unable to fully achieve anticipated savings that were built into budgets pre COVID19. This increased reserve represents 6.64% of the 2021/22 approved prescribing budget. Prescribing analysis has been carried out and anticipates a favourable variance in the current financial year of £0.299m which is likely to be added to this reserve for future use. 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 was anticipated that this would free up carer and GP time and ensure patients were reviewed by the most appropriate member of the health care team and would promote the realistic medication in the community and continue to work toward reducing the number of preventative readmissions to hospital. This fixed term post has been advertised twice with no applicants partly due to the geographical location of West Dunbartonshire and the nationwide shortage of pharmacy technicians across Scotland such that fixed term posts are not seen as desirable.

Analysis of Reserves	Partner	Period 10 Forecast Movement based on Financial spend projections			Comparison of June 2021 Report Projected Movement with Period 10 Forecast Movement			Notes
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		£000	£000	£000	£000	£000	£000	
CAMHS	Health Care	(134)	92	(42)	86	92	(6)	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 (albeit one staff member subsequently left) with £0.092m anticipated to be drawn down in 2021/22 to fund associated staffing costs.
Health Centre	Health Care	(250)	0	(250)	63	0	63	The revenue costs for that new Clydebank Health Centre are £0.250m more than currently budgeted as regularly reported to the HSCP Board. This burden will be built into future budgets, however an earmarked reserve was created to allow time to generate options for funding this budget gap. The Health Centre was handed over on 3 December 2021 and current indications are that no drawdown from this reserve will be required in this financial year.
Planning and Health Improvement		(70)	(85)	(155)	70	(85)	155	Reserve created to fund Prevention and Early Intervention work, included Peer Research, Tests of Change, Smoke Free Playgrounds, publicity and printing costs and Third Sector Activity Programmes. At this time only £0.010m is anticipated to be drawn down in the current financial year relating to the Test of Change project.
Mental Health Recovery and Renewal Fund	Health Care	0	(323)	(323)		(323)	323	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 with an anticipated need to earmarked £0.323m as a new reserve.
Social Care		(1,004)	0	(1,004)	38	0	38	
Learning Disability	Social Care	(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	Social Care	(891)	0	(891)	38	0	38	Newly created reserve to deal with the unknown legacy impact of covid on the care home sector that is anticipated not to be required in the current financial year at this time.
Total Earmarked Reserves		(17,440)	(8,264)	(25,704)	8,968	(8,264)	17,232	
Total Reserves		(21,807)	(10,382)	(32,189)				

Item 6 Appendix 8

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022

Month End Date 31 January 2022

Period 10

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	620	56%	1,113	0	0%
Current Year Financials	1,113	620	56%	884	(229)	-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 position

Anticipated Outcome

Provision of adaptations and equipment to HSCP clients as anticipated.

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022

Month End Date 31 January 2022

Period 10

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

Criminal Justice Adaptations						
Project Life Financials	63	0	0%	73	10	16%
Current Year Financials	63	0	0%	0	(63)	-100%
Project Description	Renovation of Unit 11 Levenside Business Court					
Project Manager	Laura Smith					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date		31-Mar-23	Forecast End Date		31-Mar-23
Main Issues / Reason for Variance						
The capital works were initially estimated to cost £0.063m, however tenders have been returned which indicate that this estimate is insufficient and is now likely to be £0.073m with the additional £0.010m being funded from HSCP reserves. A report was approved by the West Dunbartonshire Council Tendering Committee on 23 February 2022 and authorised the Chief Officer – Regulatory and Regeneration to conclude, on behalf of the Council, the award of the Contract for Office and Storage Fit Out for a period of three weeks and that the estimated commencement date is 17 March 2022.						
Mitigating Action						
None Required						
Anticipated Outcome						
Renovation of Unit 11 Levenside Business Court						

West Dunbartonshire Health & Social Care Partnership
Financial Year 2021/22 Period 10 covering 1 April 2021 to 31 January 2022

Month End Date 31 January 2022

Period 10

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	477	18	4%	200	(277)	-58%

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 with budget being rephased to 2022/23 for demolition costs

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 21 February 2022

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	HSCPB000021JS21032022
2	Date direction issued by Integration Joint Board	21 March 2022
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
		HSCPB000018JO21022022
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 £75.037m 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 £106.323m in line with the Strategic Plan and the budget outlined within this report
8	Specification of those impacted by the change	2021/22 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.
9	Budget allocated by Integration Joint Board to carry out direction	The total 2021/22 budget aligned to the HSCP Board is £214.321m. Allocated as follows: West Dunbartonshire Council - £75.037m NHS Greater Glasgow and Clyde - £106.323m Set Aside - £32.961m
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 23 May 2022

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

21 March 2022

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

1. Purpose

- 1.1** To provide members of the HSCP (Health and Social Care Partnership) Board with an update on work to develop and improve community mental health support and services for children and young people within West Dunbartonshire aligned to programme for government funding.

2. Recommendations

- 2.1** The Health and Social Care Partnership Board is asked to:
- Note content of report
 - Note progress since the previous mid-year report to [HSCP Board on 19th August 2021](#) primarily the launch of a new associate distress brief intervention service for children & young people.
 - Note the need to report to Scottish Government at prescribed time intervals; and
 - Seek a subsequent full year report in March 2023.

3. Background

- 3.1.** Political commitment to mental health is evident in key policies sitting alongside [Programme for Government](#) investment to support a comprehensive package of measures to improve mental health services for children, young people, and adults. This includes additional school counselling services, additional school nurses, training for teachers, expansion of Distress Brief Intervention, mental health, and suicide prevention training.
- 3.2.** The Scottish Government and COSLA jointly commissioned work to review the way children's mental health services are organised, commissioned, and provided. This saw the establishment of the Children and Young People's Mental Health Taskforce in 2018, chaired by Dame Denise Coia, with subsequent recommendations on improving services and young people's access to help and

support.

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

4. Main Issues

Grant allocation March 2020

- 4.1. In March 2020, COSLA and the Scottish Government, via joint governance processes distributed £2 million equally between local authorities (approx £62,500 per local authority) to enable local partnerships to collaborate and begin the initial planning and preparatory phase for this work. Following lockdown, local work began at pace.
- 4.2. A multi-agency children & young people's mental health planning group was established in June 2020 and has met monthly since, reporting into the Nurtured Delivery Improvement Group as part of local community planning arrangements. The group is chaired by the Chief Social Work Officer with representation from HSCP Children's Health & Social Work, Council Education & Educational Psychology; Working4U, third sector representation from Ysort it and West Dunbartonshire Champions Board's young people.
- 4.3. As part of the planning and preparatory phase, Glasgow University was commissioned by West Dunbartonshire Health & Social Care Partnership to undertake a comprehensive review and analysis of children & young people's community mental health and wellbeing services and supports. The funds that supported this (£48,175) are related to allocation in 4.1 above. Phase 1 of the review sought to understand the prevalence of collaboration within West Dunbartonshire and explored how different sectors worked together in supporting children and young people's mental health and emotional wellbeing. The findings published in May 2021 have contributed to local action planning and aligned to forecast spend. The [Executive summary](#) and [full report](#) is available on the HSCP website.
- 4.4. Phase 2 of the commissioned review by Glasgow University took place during August and January 2022 with a focus on engagement with children, young people and their families seeking their views on local needs in relation to community mental health & wellbeing supports and services. The research explored their experiences of accessing mental health support, mental health information, and their understanding of the resources within the local area. To guide and evaluate the review, a steering group of young people participated in a series of exercises including focus groups.

- 4.5. The final report on the review findings (expected March 2022) will set out key recommendations and inform action planning processes for children & young people's community mental health & wellbeing supports and services.

Grant allocation October 2020

- 4.6. In October 2020, two streams of funding were distributed to local government to support children and young people's mental health and wellbeing:
- 4.7. The first stream of £174,750 as allocated as a Children and Young People's Mental Health Pandemic Response Fund which could be spent flexibly to meet the mental health and wellbeing needs of children and young people arising as a result of the pandemic.
- 4.8. This was carried forward from 2020/21 into reserves and a [report](#) submitted by the Chief Financial Officer at the HSCP Board meeting on 21st February 2022 (item 5, appendix 8 Reserves update) provides the updated position on this allocation. The allocation was to fund:
- 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 neurodevelopment 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;
 - work with Includem to support early intervention work with extremely challenging children and young people to remain at home.
- 4.9. Recruitment of the Clinical Psychologist post has proved challenging and remains unfilled despite being advertised 4 times. With a view to seeking alternatives ways to provide the support required, a Band 4 Assistant Psychologist has been recruited instead and commenced employment on 10th January 2022.
- 4.10. The second stream of £58,250 was allocated to cover the final quarter of the financial year 2020/21 to provide new and enhanced community mental support and services between January and March with requirement to align spend to the national framework. The overall project costs were £42,299 and a detailed breakdown was outlined in the mid-year report to [HSCP Board 19th August 2021](#).
- 4.11. The remaining £30,276 from the totality of allocation for 2020/21 contributed to a 1-year Band 7 post to lead on work to develop and improve community mental health supports and services for children and young people. The remaining cost of £9,024 was met by core budgets.
- 4.12. Recognition is given to the requirement for this post to continue to build connections and support the alignment of children & young people's community mental health supports and services. Therefore, 1 year extension of the Band 7 post will be funded from the 2021/22 allocation (£233,000) at a cost of £30,000 with the remaining balance £10, 872 (in line with the 4% uplift) being met by existing core budgets.

Grant allocation 2021/22 April 2021

- 4.13.** £233,000 was received for the ongoing design and delivery of children and young people's community mental health supports & services. To support this process an action plan was developed (see mid-year [HSCP Board 19th August 2021](#)) using a 'whole-system' approach in line with Taskforce and National Framework recommendations. The working group has led on a series of workshops and development sessions with wider Community Planning Partners. This has involved reviewing evidence and data on children and young people's mental health, ensuring actions are aligned to Glasgow University phase 1 report findings (as per section 4.3).
- 4.14.** A new West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16yrs to 24yrs (26yrs for care experienced young people) is specifically to support young people who are experiencing 'emotional distress' and not requiring clinical interventions. A report to the [HSCP Board on 22nd November 2021](#) (Item 11) outlined the details of this "*ask once get help fast*" service for young people.
- 4.15.** Full costs for the first year of the programme are £100,000 with additional Scottish Government 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).
- 4.16.** SAMH was confirmed as the 3rd sector partner for the first 12 months of the programme in October 2021.
- 4.17.** The delivery group will use learning from the national programme and other associate programme areas and take an incremental approach to implementation of the programme. The service commenced taking referrals from the 1st of March 2022.

2021/22 Grant Allocation Breakdown

- 4.18.** The total cost of additional supports and services due to be funded from the 2021/22 allocation (£233,000) is £ 226,200 with a £6,800 carry over. A breakdown of costs follows. The majority share of the 2021/22 allocation funds the new distress service detailed section 4.14.
- 4.19.** £32,000 is committed to provide of three projects to take place in 2022/23 to increase physical activity opportunities for 'at risk' young people as defined by the national framework. For project details see [appendix 1](#).
- 4.20.** £20,000 is committed to Scottish Families Affected by Drugs/Alcohol Young Persons Routes Project (12-26 years). (See [appendix 1](#) for project detail). The contribution is to support the project's Corra Foundation application to increase the capacity in West Dunbartonshire.
- 4.21.** £14,200 has funded parental support / training to parents & carers of children & young people with autistic spectrum disorder and other complex needs. See [appendix 1](#)
- 4.22.** £20,000 has been committed to create a digital route map to provide young people & families with information how to support their mental health & emotional wellbeing, where to access help and to improve awareness of pathways & service criteria. See [appendix 1](#)
- 4.23.** £10,000 has been committed to the Planet Youth in Scotland partnership initiative, led by Winning Scotland. The contribution will support the implementation of interventions making a clear contribution to cross-cutting

work to protect the mental health of children and young people. See [appendix 1](#)

Reporting & Planning

- 4.24. Scottish Government is seeking six monthly progress reports on the impact of this funding, in alignment with the timescale for reports on the impact of the investment into school counselling. The second combined report was submitted on 31st January 2022.
- 4.25. An additional planning report was requested by Scottish Government and submitted on the 14th of February 2022 see [appendix 1](#). The report outlines planned projects and committed costs for the delivery of services funded by the Community Mental Health & Wellbeing Supports & Services 2021/22 allocation to be delivered in 2022/23.
- 4.26. System wide planning by the Children & Young People's Community Mental Health Supports & Services Working group will take place in early 2022/23 to agree the priorities for the 2022/23 allocation using the key findings from the review by Glasgow University.

Grant allocation 2022/23 December 2021

- 4.27. Confirmation of the 2022/23 allocation (£231,000) was received 13th December 2021 for the ongoing design and delivery of children and young people's community mental health supports & services. It is anticipated this funding will apply on a recurring basis subject to the outcome of the Scottish Government annual budget process.

5. People Implications

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

6 Financial and Procurement Implications

- 6.1. As section 4.1 £62,500 was allocated in March 2020 for preparatory and planning costs.
- 6.2. A further two funding streams were allocated in October 2020:
 - £174,750 Pandemic Response Fund as reported to HSCP Board in Chief Finance Officer Reserves report (section 4.8)
 - £58,250 for quarter 4 spend which resulted in a light touch approach (section 4.10)
- 6.3. Allocation received for 2021/22 is £233,000 (section 4.18) and confirmation of the 2022/23 allocation is £231,000 (section 4.27). It is anticipated that this funding will apply on a continuing basis subject to the outcome of the Scottish Government annual budget process.
- 6.4. The existing HSCP workforce and our Community Planning Partners will provide additional resource in supporting and developing a 'whole system' approach to meeting children and young people's mental health needs and responding to the impact of the pandemic.

7. Risk Analysis

- 7.1** Risk analysis of (£174,750) allocation of the Children and Young People's Mental Health Pandemic Response Fund is ongoing with request to Scottish Government for carry forward arrangement due to extenuating circumstances and impact of COVID. As outlined in appendix 1 current year (£233,000) spend and commitments aligned to plans still awaiting confirmation from Scottish Government of carry forward arrangements.

8. Equalities Impact Assessment (EIA)

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

9. Environmental Sustainability

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

10. Consultation

- 10.1** Consultation plans are outlined in section 4.4 and will be further detailed as plans progress.

11. Strategic Assessment

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

12. Directions

- 12.1** This report outlines clear proposals for the use of the Scottish Government Funding for Children & Young People's Community Mental Health Supports and Services and will require the issuing of a direction (See [appendix 2](#))

Lesley James

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

22nd February 2022

Person to Contact: Jacqui McGinn, Health Improvement & Inequalities
Manager, Telephone 01389 776889; email
jacqui.mcgin@ggc.scot.nhs.uk

Appendices: [Appendix 1](#) Scottish Government Children & Young People Community Mental Health Supports & Services Planning Report

[Appendix 2](#) Direction from Health and Social Care Partnership Board

Background Papers: [A Fairer, Greener Scotland: Programme for Government 2021-22](#)

Localities Affected: **All**

Appendix 1 COMMUNITY MENTAL HEALTH & WELLBEING SUPPORTS & SERVICES Planning Report

As part of an agreement between the Scottish Government and COSLA, local authorities are asked to share their plans for the delivery of services funded by the Community Mental Health & Wellbeing Supports & Services Grant in 2022/23.

These plans will be utilised to improve understanding of services provided, how support is accessed and onward referrals are made where appropriate. Plans should also provide an update on how outcomes for the services are being/will be measured. Plans are to be submitted by 14th February 2022.

It is anticipated that these plans will refer to services which will be in place during the period 1st April 2022 to 31st March 2023.

Should you wish to access support or assistance in further developing local plans aligned to this framework please contact:

Peter.Innes@gov.scot or Hannah.Axon@cosla.gov.uk

A template has been provided below to allow the sharing of relevant information. Some additional guidance to support the completion of plans will be issued to local authority leads in January. Please send returns to Peter Innes by **14th February 2022**.

Community Mental Health and Wellbeing Services

1. Local Authority: West Dunbartonshire

Current Local Authority Lead (please provide contact information)

Lesley James, Head of Children's Health, Care & Criminal Justice & Chief Social Work Officer
Lesley.James@West-Dunbarton.gov.uk

2. Any additional contacts to be added to wider mailing list for updates and event invites

Lauren Mclaughlin Health Improvement Lead lauren.mclaughlin@ggc.scot.nhs.uk

Jacqui McGinn Health Improvement & Inequalities Manger jacqui.mcginns@ggc.scot.nhs.uk

3. Overview of funded supports and services

Supports and services to be detailed are those funded through the Community Mental Health & Wellbeing Supports & Services Grant in 2022/23.

Whilst it is anticipated that services are already in place it is recognised that Local Authorities are continuing to develop framework services locally. Please provide details on all supports and services that will be in place over the course of 2022/23. Where these are new and due to start this year please provide the anticipated start date. New and enhanced services funded through this funding stream should align to the principles of the [Community Mental Health Supports and Services Framework](#).

Name of support/service and brief description <i>Please provide a brief overview of the support or service including action, anticipated outcome, and alignment to the framework. Please indicate at whom the intervention is targeted.</i>	Start date	How is the service accessed <i>Self-referral, referral from other service, etc.</i>	Onward referral routes <i>How do the services link to onward referral and support, e.g CAMHS, primary care, youth work and third sector services.</i>	Anticipated number of service users per annum
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<p>WD Distress Brief Intervention (DBI) Associate Programme for young people aged 16 to 24 years (26 years for care experienced).</p> <p>Outcome To improve access to support for young people in emotional distress as per Taskforce recommendations. To train front line key workers e.g., youth workers, first responders in DBI level 1 To provide a compassionate, caring response to emotional distress</p> <p>Aligns to Scottish Government's work on the National DBI programme, Suicide Prevention and Mental Health strategies and the National Framework aims to provide services for children and young people in emotional distress.</p> <ul style="list-style-type: none"> • This is a new service to support young people who are experiencing 'emotional distress' and not requiring clinical interventions with the aim of offering an <i>'Ask once, get help fast'</i> service. • A multi-agency DBI Associate Programme Delivery Group commenced meets monthly. The delivery group will lead on the set up of the new DBI service and is co-chaired by West Dunbartonshire Council/HSCP and Scottish Association for Mental Health (SAMH). The delivery group will report to the Children & Young People's Mental Health & Wellbeing Community Supports and Service working group with the Nurtured DIG having oversight. • SAMH was commissioned as the third sector provider in October 2021. • As the service provider, they aim to contact 	<p>01/03/22</p>	<p>Referral via level 1 pathways. First phase pathways are</p> <ul style="list-style-type: none"> • Education, • Police Scotland • GP practices <p>Incremental roll out to additional pathways expected in early 2022/23 Any young person aged 16-24 (26 if care experienced) experiencing emotional distress can access service</p>	<p>GPs are informed of outcome of 14 - day support. As this is a Scottish Government Associate Programme plans are in place for the multi-agency working group to review referrals, uptake and onward referrals via an implementation plan.</p>	<p>Potential reach = 8,715 16yrs – 24yrs young people this includes 25yr-26yr olds care experienced young people</p>
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<p>the person within 24-hours of referral and provide community-based problem-solving support, wellness and distress management planning, supported connections and signposting.</p> <ul style="list-style-type: none"> • An incremental approach will be taken to roll out the programme meaning referral sites will become active in a phased way. • The Delivery group have identified the referral pathways for phase 1 as: <ul style="list-style-type: none"> ○ Education (Clydebank High School & St Peter the Apostle High School) ○ Police Scotland ○ Primary Care 				
<p>Physical Activity Projects Outcome To provide ‘at risk’ children & young people with access to local, free physical activity opportunities to support mental health & wellbeing.</p> <p>Aligns to the national public health priorities and Scotland's Physical Activity Delivery Plan, A More Active Scotland.</p> <p><u>Disability Sports Youth Group</u></p> <ul style="list-style-type: none"> • Created in response to feedback received from local children with disabilities and their parents • Young people will meet on a weekly basis and participate in sessions that increase their physical activity and enhance their confidence, learning and qualifications • Young people will be at the centre of the decision making processes of the group. 	<p>From 1/4/2022</p>	<p>See project specific information below</p> <p>Self-referral Referral or signposting by school, Leisure, third sector youth groups, GP staff</p>	<p>Referral pathways to be agreed</p>	<p>Disability Group = 20</p>

<p><u>Leisure Membership for Young Carers and Care Experienced Young People</u></p> <ul style="list-style-type: none"> • Young carers (12+) young adult carers & care experience young people identified by Y-Sort-It Youth Service & West Dunbartonshire Champions Board will receive an unlimited WD Leisure membership. • 12-14 year olds get access to gym/swim; 14+ year olds also get fitness class access. • Potential for individual fitness and supported attendance at venues. • Carers under 12 supported via Active Schools provision <p><u>Community-based Kidz Clubs</u> Clubs for primary aged children to participate in organised physical activity and play in accessible local community centres and with no cost to participant aligned to deprivation/SIMD.</p>		<p>Self-referral, Referral or signposting by school, Leisure, third sector organisation Carers/Youth groups, GP staff</p> <p>Self-referral Referral by Active School Coordinator/ Schools staff signposting by school, Leisure, youth groups,</p>		<p>Leisure Membership estimate = 130 young carers and 100 care experienced young people</p> <p>TBA</p>
<p>Planet Youth in Scotland Planet Youth in Scotland is a partnership initiative, led by Winning Scotland, to learn more about what is needed to keep young people safe, healthy and happy. Planet Youth originated in Iceland in the 1990s, and has since been used all over the world to improve the lives of children. West Dunbartonshire is one of the five Scottish pilot sites. A comprehensive survey of secondary age pupils was conducted at the end of October 2021. The findings will be used to design interventions to address the risk and protective factors identified from the survey findings and determined through</p>	<p>Interventions planned for 2022/23</p>	<p>Data driven decision making & improvement methodology around test of change.</p>	<p>Data driven decision making & improvement methodology around test of change.</p>	<p>Survey participants = 200 in 2022 and additional school or school year will participate 2023</p>

<p>action planning with local stakeholders (including young people). In addition to supporting implementation of the West Dunbartonshire Substance Use Prevention Strategy the pilot interventions will also make a clear contribution to cross-cutting work to protect the mental health of children and young people.</p>				
<p>Scottish Families Affected by Drugs/Alcohol Young Persons Routes Project (12-26 years) Working alongside West Dunbartonshire Alcohol and Drug Partnership and local organisations, the project has a co-production approach, supporting and working with 12-26-year-olds affected by someone else's alcohol or other drug use, to design and test out what works best to support the individual. The group meets weekly and there are many activities including football training, photography workshops, cooking classes, and much more.</p>	<p>Jan 2019</p>	<p>Referrals by email or telephone by young people, Education services, Children's Health Care and Criminal Justice, Police Scotland, Youth Organisations and Women's Aid</p>	<p>School referral routes such as Working 4U, LGBTQ+ groups and wellbeing support have limited reach as many YP being supported do not attend school.</p>	<p>58 YP in West Dun currently receiving support. This number will increase when provision is expanded across the authority.</p>

<p>Parental support for families where child has new diagnosis of autism spectrum disorder</p> <p>Outcome To deliver parental support / training to parents & carers of children & young people with autistic spectrum disorder and other complex needs</p> <p>Aligns to the high-level themes identified by the CYPMHCSS working group and the National Framework</p> <p>Bespoke parenting programme for parents & carers of children with complex needs and neurodiverse issues such as Autism. Training is delivered by a neurodiverse trainer.</p> <p>Holiday respite provision provide support and assistance to families during non-term time. The project aims to support the most in need and at the time in need.</p>	Sept 2021	Access via West Dunbartonshire Autism Assessment Team – Post Diagnostic Support	Well established pathways are in place between service and other HSCP & Council services including Education psychology, CAMHS & Social Work	<p>Up to 160 parents & carers</p> <p>12 families per week during non term time periods</p>
<p>Digital Route Map</p> <p>Outcomes To provide young people & families with information about where to go to access help & what's the criteria for help</p> <p>To shift system mind set away from CAMH's being the only option e.g., 'not the only destination' to wider Tier 1&2 services & supports</p> <p>To improve awareness of pathways & service criteria for appropriate support to enable a prompt response to any mental health need raised by children, young people, parents/carers.</p> <p>Aligns to National Framework with a primary objective to increase consistent information available between service providers, parents &</p>	October 2021	Open access online	<p>Referral details will be provided on the website for local services.</p> <p>A 'get help now' section will include crisis services and telephone numbers for Samaritans and Breathing Space</p>	<p>Potential reach = 19,810 children and young people aged 5-24 years (2020)</p>

carers and children & young people. A website for children, young people, parents, carers, and professionals to provide them with information on local and web based mental health and wellbeing supports and services.				
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4. Please provide the total anticipated spend on these services

Total spend from 2021/22 grant £226,200

The breakdown of this spend is as follows:

- **100K** for new West Dunbartonshire Associate Distress Brief Intervention Programme set up (additional 40K seed funding received from Scottish Government National DBI programme)
- **32K** Physical Activity Projects
- **10K** Planet Youth in Scotland Interventions
- **14.2K** Parental support for families with a child with new diagnosis of autism spectrum disorder
- **20K** Scottish Families Affected by Drugs/Alcohol Young Persons Routes Project
- **20K** Digital Route Map

6.8K under spend

30K contribution to additional 1 year Band 7 post to lead on this programme of work to build on connections and alignment of children & young people's community mental health supports and services.

5. How are supports and services promoted

Please use this section to detail how children, young people, parents and relevant professionals are made aware of services and how to access them.

Supports and services will be promoted through:

- Development session and action planning with wider system
- Information sharing via Community Planning structures
- Information sharing via multi agency working group partners (Education services, Community, Learning & Development teams, youth services, Primary Care, Children's Services)
- Information sharing via email distribution lists and Microsoft Teams collaboration space
- Service updates at GP locality forums & Youth Alliance
- Social media marketing (WD Council pages and 'sharing' through partners and stakeholder's social media channels)
- Digital 'road map' website

6. Outcomes

Please use this section to detail how outcomes for the above services will be measured. It is noted that this may be different depending on the type of intervention.

Support or Service	Outcome Measure
DBI Service	6 Monthly reporting on performance (set KPI's) to Scottish Government and 6 monthly reporting using RAG status report to DBI National Programme Board
Physical Activity Projects	Projects will be reviewed and monitored via the working group using set performance indicators (to be agreed)
Planet Youth in Scotland Interventions	As a national pilot site, outcome measures will be agreed with Winning Scotland & Planet Youth in Scotland
Parental Support	Evaluation of impact from qualitative and quantitative feedback including case studies
Digital Route Map	Utilisation will be measured using website analytics such as page visits, duration of visit, site interactions

7. Additional information

Please use this section to provide any additional information.

On behalf the Children & Young People's Community Mental Health & Wellbeing Supports and Services working group, a system wide action planning workshop will take place in early 2022/23. The purpose will be to review progress against the 2021/22 action plan and to

continue the planning of community support and services based on the findings and suggested areas for development from the commissioned Review of Children & Young People's Community Mental Health Supports and Services undertaken by Glasgow University.

Item 9

Appendix 2

Appendix 2 - Direction from Health and Social Care Partnership Board.

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

From: Chief Officer HSCP

To: Chief Executive(s) WDC and NHSGCC

CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair

Subject: For Action: Direction(s) from HSCP Board 21st March 2022

Attachment: Scottish Government Funding for Children & Young People's Community Mental Health Supports and Services
Following the recent Integration Joint Board meeting, the direction below have been issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014. Attached is a copy of the original HSCP Board report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP000020LJ21032022
2	Date direction issued by Integration Joint Board	21 st March 2022
3	Report Author	Lesley James Head of Children's Health, Care and Justice/Chief Social Work Officer
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes HSCP000010JH19082021
6	Functions covered by direction	Children's Health & Care Services, Adult Mental Health Services
7	Full text and detail of direction	The Integration Joint Board directs the Council and Health Board to utilise the Scottish Government funding to develop, improve and expand community mental health services and support for children and young people according to action plan and planning report outlined in this paper with a further review of the outcomes achieved in March 2023.
8	Specification of those impacted by the change	Children & Young People, Parents and Carers, Staff and Community Planning Partner workforce.

9	Budget allocated by Integration JointBoard to carry out direction	<p>£174,750 funding awarded in 2020/21 (with permission to carry forward) has been allocated to address the mental health impact of the pandemic.</p> <p>£353,750 has been allocated of the total funding available for development of children and young people's community mental health and wellbeing supports. The total funding is comprised of £233,000 awarded for 2021/22 and £120,750 from 2020/21 which was provided to fund the first phase of developing additional children and young people's community mental health services and supports.</p> <p>A second year of funding for 2022/23 had been confirmed as £231,000</p>	
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities	
11	Strategic Milestones	Established new Distress Brief Intervention (DBI) associate service for 16-26yrs with six month reporting to Scottish Government via National Distress Brief Intervention Team.	September 2022
		Submission of third Scottish Government combined reporting template for Children & Young People's Community Mental & Wellbeing Supports and Services Framework	July 2022
		Submission of fourth Scottish Government combined reporting template for Children & Young People's Community Mental & Wellbeing Supports and Services Framework	January 2023
		1 year update report to HSCP Board	March 2023
12	Overall Delivery timescales	Detail timescales of key stage and final delivery date. March 2023	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported annually.	
14	Date direction will be reviewed	March 2023	

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
(HSCP) BOARD**

Report by the Head of Strategy and Transformation

21 March 2022

Subject: West Dunbartonshire HSCPs Approach to Self-Directed Support (SDS)

1. Purpose

- 1.1** The purpose of this report is twofold, firstly to update the HSCP Board on progress in relation to the SDS improvement plan which was agreed following the 2019 Care Inspectorate Thematic Review of Self Directed Support in West Dunbartonshire and secondly, to seek HSCP Board approval for the Self-Directed Support Policy.

2. Recommendations

2.1 It is recommended that the HSCP Board:

- 2.1.1** Note progress in respect of the SDS improvement plan which was agreed following the 2019 Care Inspectorate Thematic Review of Self Directed Support in West Dunbartonshire; and
- 2.1.2** Agree West Dunbartonshire HSCPs Self-Directed Support Policy.

3. Background

- 3.1** Self-Directed Support: A National Strategy for Scotland was published in October 2010. This 10-year strategy set the agenda for Self-Directed Support in Scotland. The subsequent Social Care (Self-Directed Support) (Scotland) Act 2013 was implemented on 1 April 2014. The strategy and legislation were designed to encourage significant changes to how services are provided. They require public bodies to give people more say in decisions about local services and more involvement in designing and delivering them.
- 3.2** Fundamental principles of Self-Directed Support are built into the legislation: participation; dignity; involvement; informed choice; and collaboration. Further principles of innovation, responsibility and risk enablement were added. Social

care should be provided in a way that gives people choice and control over their own lives and which respects and promotes human rights.

- 3.3** In June 2019 the Care Inspectorate published a report entitled “Thematic Review of Self-Directed Support in Scotland: West Dunbartonshire Local Partnership Report”. This report formed part of a thematic review led by the Care Inspectorate, which was undertaken jointly with Healthcare Improvement Scotland.
- 3.4** The review looked at the implementation of Self-Directed Support in six partnerships across Scotland: East Lothian; East Ayrshire; West Dunbartonshire; Shetland; Moray and South Lanarkshire. The specific findings from and recommendations for the individual partnerships visited were reported separately in local partnership reports.
- 3.5** As part of the thematic review the Care Inspectorate also published an overview report, setting out key messages and recommendations from the review in order that all HSCPs across Scotland and organisations interested in Self-Directed Support would be able to learn from these findings.

4. Main Issues

Improvement Plan

- 4.1** In overall terms the 2019 Care Inspectorate report on the HSCP was not a positive one, with five of seven thematic areas being assessed as weak and the remaining two as adequate. The table below shows the themes, the recommendations for improvement and the current position statement.

Theme (1): Supported people experience positive personal outcomes through the implementation of self-directed support.		Evaluation: Adequate
1	Recommendation for improvement: The partnership should seek to ensure that supported people across all service groups and all unpaid carers consistently experience positive personal outcomes and take action to ensure that it is able to record, measure and report on these.	Position Statement: The 2019 report noted that, at that time, assessment tools did not prompt staff to have or record good conversations and were not focussed on personal outcomes. This has been addressed and on 25 February 2021 the HSCP Board received an update on the success of the pilot of a new assessment tool (My Life Assessment).

2	Recommendation for improvement: The partnership should take steps to analyse and understand its local and national performance information and use this to inform and drive	This tool was supplemented by practitioner guidance notes and an extensive training programme focussing on asset and human rights based and outcome focused approaches and has been rolled out across HSCP services. An Evaluation Advisory Group (EAG) has been established to oversee the evaluation of the implementation of the new assessment (and implementation of SDS therein).
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	improvement in self-directed support.	<p>A report providing monitoring data from the implementation of the new assessment was provided to the HSCP Board on 22 November 2021, six months from the MLA launch, and data will be published annually in the HSCP Performance Report.</p> <p>Further work is required to develop systems on the implementation of SDS across the HSCP which measure and collect aggregated data on personal outcomes. This data can then be used as regular management information for relevant teams. It is recognised existing data is not yet robust enough, however this work will be refined and progressed upon appointment of the SDS Lead.</p>
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Theme (2): Supported people are empowered and have choice and control over their social care and support.	Evaluation: Adequate
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3	Recommendation for improvement: The partnership should develop appropriate pathways for individuals to access advocacy and/or independent brokerage if and when they need it to support decision-making around self-directed support options, choice and control.	Position Statement: The 2019 report did highlight areas of good practice in relation to this theme most notably HSCP links with the third sector including Carers of West Dunbartonshire, Alzheimer Scotland and the link up telephone advice service.
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4	<p>Recommendation for improvement: Where people are signposted to early intervention and preventative services the partnership should take steps to measure the effectiveness of these supports in reducing the need for more formal services and supports</p>	<p>Progress has been made in this area with three significant developments of note:</p> <ol style="list-style-type: none"> 1) On the 21 March 2022 the HSCP Board will be asked to consider a report on use of non-recurring Carers Act funding for short breaks for carers via Self Directed Support Option one (Direct Payment). Should this be approved it will greatly enhance the HSCPs ability to promote SDS Option One allowing carers to exercise choice and control over their own support.
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	<p>2) In October 2021 work commenced in respect of an HSCP-wide access to services project.</p> <p>This service improvement piece is currently in the discovery phase but the effective signposting to community resources from an early intervention and prevention perspective is within the scope of this work. The development of appropriate systems to capture and measure the impact of preventative or early intervention services will also be considered as part of the work.</p> <p>3) The EAG have identified early intervention and prevention as a priority outcome and are currently developing a specification in order to assess the effectiveness of these supports. This is primarily linked to the effectiveness of the MLA screening process.</p> <p>Further work is required to map access to advocacy services across the HSCP and to identify key gaps. Resource gaps within the commissioning team have contributed to delays in this work and this will be addressed upon appointment of the SDS Lead with support from the Commissioning Manager.</p>
Theme (3): Staff feel confident, competent and motivated to practice in an outcome focussed and person-led way.	Evaluation: Weak

5	Recommendation for improvement: The partnership should take action to measure the impact of learning and development and practice processes on staff competence, confidence and motivation.	<p>Position Statement: Significant progress has been made in this area, key developments of note are:</p> <ol style="list-style-type: none"> 1) Over 120 staff received training in relation to the MLA. 2) The launch of MLA iLearn modules. 3) The launch of “Just Enough Support Training” designed to support staff to, amongst other things, use person-centred thinking tools to gather person centred information about what, who and
		<p>where matters to a person and develop alternatives to just paid support for people. In the region of 120 staff will receive this training.</p> <ol style="list-style-type: none"> 4) The launch of an SDS iLearn module. 5) Implementation of the Social Work and Social Care Staff Supervision Policy and Guidance.
Theme (4): Key processes and systems create conditions that enable supported people to have choice and control.		Evaluation: Weak
6	Recommendation for improvement: The partnership should embed a self-directed support ethos and approach across all key processes and systems. It should progress the planned changes to tools and processes and to the business system to ensure these support asset-based and outcomes-focused practice.	<p>Position Statement: The key development in relation to this theme is the implementation of the MLA. The Inspection report highlighted as a positive the ambition of the HSCP to introduce an asset based and outcome focused assessment. As noted above the MLA has now been fully implemented and evaluation work is under development.</p>

7	Recommendation for improvement: The partnership should ensure that they can demonstrate that good decisions are made in relation to positive risk taking. This should be monitored and evaluated to inform ongoing risk management and risk enablement.	<p>The report highlighted the need for improvement in the resource allocation process.</p> <p>A full review of the Area Resource Group (ARG) structure and methodology has now commenced with an initial scoping workshop taking place on the 19 January 2022. The aim of this work is to ensure consistency of practice across all HSCP services, streamline processes and develop a model of peer support and challenge.</p>
8	Recommendation for improvement: The partnership should ensure that supported people are better informed about and more involved in key processes regarding their support.	
Theme (5): The partnership commissions' services that ensure supported people have a range of choice and control over their social care and support.		Evaluation: Weak
9	Recommendation for improvement: The partnership should engage	Position Statement: Although the 2019 report highlighted some positive improvements in relation to spot

	with supported people, carers and frontline staff to inform the development of new models of care focussed on delivering positive outcomes.	<p>purchasing this is the improvement area in which the least amount of progress has been made.</p> <p>Progress has been frustrated by the HSCPs inability to recruit a Contracts and Commissioning Manager, although a second round of recruitment will conclude with interviews on the 22 March 2022. The commissioning team has been depleted due to recent retirements although work is ongoing to build capacity within the service. This is the subject of a growth bid to the HSCP Board on the 21 March 2022. In a separate report to the IJB Board this</p>

10	Recommendation for improvement: The partnership should take steps to increase local choice of provider and flexibility in the delivery of services to ensure people have genuine choice and control over how their support is delivered.	<p>area is highlighted as an enhanced strategic risk due to the lack of capacity.</p> <p>Initial discussions have taken place with a third sector provider primarily to work with service users, parents and carers to ensure they have access to free, independent information and support to help them manage their social care packages, assisting them to exercise informed choice and control over their support. This will support the HSCP to meet its statutory duty to explain the nature and effect of the four options and to “signpost” to other sources of information and additional support. This organisation will also be able to provide specialist policy and commissioning advice.</p>
Theme (6): The partnership empowers and supports staff to develop and exercise appropriate skills and knowledge.		Evaluation: Weak
11	Recommendation for improvement: The partnership should take a strategic approach to the development and delivery of self-directed support training for staff at all levels across the partnership.	<p>Position Statement: As highlighted above significant progress has been made in this area, key developments of note are:</p> <ol style="list-style-type: none"> 1) Over 120 staff received training in relation to the MLA. 2) The launch of MLA iLearn modules. 3) The launch of “Just Enough Support Training” designed to support staff to, amongst other things, use person-centred thinking tools to gather person centred information about what, who and where matters to a person and develop alternatives to just paid support for people. In the region of 120 staff will receive this training. 4) The launch of an SDS iLearn module. 5) Implementation of the Social Work and Social Care Staff Supervision Policy and Guidance. 6) Review of the ARG process.
12	Recommendation for improvement: The partnership should consider	
	the training and development needs of all partners.	

Theme (7): Senior leaders create conditions that enable supported people to experience choice and control over their social care and support		Evaluation: Weak
13	Recommendation for improvement: The partnership should accelerate its progress in embedding self-directed support and set clear timelines for full implementation of selfdirected support across all care groups.	<p>Position Statement: Progress has been made in this area with the Senior Management Team moving into a period of greater stability.</p> <p>A commitment to this agenda has also been demonstrated by the intention to recruit a dedicated SDS Lead and interviews for recruitment to this post will be held on the 24 March 2022. This post holder will provide the capacity to drive the changes required to deliver SDS support and maintain a consistent approach to its implementation.</p>
14	Recommendation for improvement: The partnership should develop a robust strategic plan for selfdirected support aligned to its other partnership plans. The strategy should be underpinned by detailed action plans setting out how the partnership intends to fully implement self-directed support for all care groups across the partnership.	<p>The previous Direct Payment and Independent Living Fund team has undergone a service review and all staff now have revised SDS Officer job profiles.</p> <p>A clear policy position has been developed and this will be presented to the HSCP Board for approval on the 21 March 2022. The SDS Lead will then implement this policy through the development of a clear implementation and improvement plan.</p>

- 4.2** On the 13 November 2019 the HSCP Board agreed an improvement plan which had been presented to the Care Inspectorate. As noted above, positive progress has been made in respect of the implementation of this improvement plan, however, there is no doubt the pace of implementation has been frustrated by the global pandemic.
- 4.3** It should be noted that the Inspection predated the launch in March 2021 of the 'Social Care - Self-Directed Support: Framework of Standards'. This framework consists of a set of standards (including practice statements and core components) written specifically to provide an overarching structure, aligned to legislation and statutory guidance, for further implementation of the

Self-Directed Support approach and principles. As the HSCP seeks to implement the SDS policy position, this will be in concert with this framework. This does mean that the improvement plan previously presented to the Care Inspectorate will have to be reviewed and updated to ensure relevancy. The HSCPs Lead Inspector is supportive of this approach.

Policy Position

- 4.4** As noted in para 3.1 the Social Care (Self-Directed Support) (Scotland) Act 2013 was implemented on 1 April 2014. Since the implementation of the Act the HSCP Board has never adopted a formal policy position. The absence of such a policy was noted during the course of the 2019 Inspection.
- 4.5** The absence of a policy and associated standard operating procedures within the HSCP has contributed to the inconsistent application of the duties and principles within the Act. This report seeks to address this through the provision of a framework and organised system whereby the HSCP can more effectively exercise its responsibilities in respect of the legislation. The SDS Policy can be found in Appendix I of this report.

5. Options Appraisal

- 5.1** An options appraisal was not required for this report.

6. People Implications

- 6.1** There will be a need to provide training and information on the implementation of the SDS Policy, along with: SDS refresher training to ensure all practitioners are aware of the duties within the Act; the associated principles of SDS; the implications of the Framework of Standards; the local policy position and associated processes.
- 6.2** The people implications are extremely positive with a focus on staff training and development and clarity for all staff in respect of the application of SDS. This will lead to the development of a strong and informed workforce and in turn greater capacity in relation to SDS. The policy also promotes transparency and ensures that the people of West Dunbartonshire who are eligible for social care will be better informed of SDS and will have confidence that an equitable, transparent and consistent approach is applied.

7. Financial and Procurement Implications

- 7.1** There are no direct financial implications in respect of the recommendations within this report. There will be financial implications in relation to some of the improvement activities related to the recommendations of the 2019

inspection. If required, these will come to the HSCP Board, at an appropriate time.

- 7.2 There are indirect costs in relation to staff time however these can be absorbed by existing resources.

8. Risk Analysis

- 8.1 This report aligns directly with the following strategic risk: “Failure to deliver on recommendations within reports by Care Inspectorate and other relevant scrutiny bodies.”
- 8.2 The approval and implementation of this policy ensures the HSCP Board are meeting the legislative duties placed on them under the Self-Directed Support (Scotland) Act 2013, and that the outcomes of the 2019 Inspection are met.

9. Equalities Impact Assessment (EIA)

- 9.1 A full Equalities Impact Assessment has been carried in relation to this policy. The full assessment can be found in Appendix II of this report. There are actions which are detailed within the EIA which will remove or reduce any negative impact on those with protected characteristics. Overall the legislation and policy will give people greater choice and control over how their social care needs are met, and how they receive social care services. The overarching purpose will foster better outcomes for individuals, while promoting dignity and independent living.

10. Environmental Sustainability

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

11. Consultation

- 11.1 The HSCP Senior Management Team, the Monitoring Solicitor, the Head of HR and the Chief Finance Officer have all been consulted in the production of this report.
- 11.2 The development of the SDS Policy and associated Equalities Impact Assessment has been supported by a range of stakeholders. Further details can be found in the EIA (Appendix II of this report).

12. Strategic Assessment

- 12.1 The West Dunbartonshire HSCP Strategic Plan 2019 – 2023 recognises the importance of providing high quality services. The adoption of this policy will

support the HSCP Board to advice the following key strategic priorities: early intervention; access; resilience; assets and inequalities.

Margaret –Jane Cardno Head of Strategy and Transformation 4 March 2022

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Appendices: Appendix 1: West Dunbartonshire HSCP SDS Policy
Appendix 2: Equality Impact Assessment

West Dunbartonshire Health and Social Care
Partnership Board

Self-Directed Support
Policy

Document Title: Self-Directed Support Policy	Approved By: West Dunbartonshire Health and Social Care Partnership (HSCP) Board (IJB)
Owner: Head of Strategy and Transformation	Date Approved: 21 March 2022 (tbc)
Version No: V1	Date Effective: 1 April 2022 (TBC)
Superseded Version: N/A	Review Date: 1 April 2024

1. Background/Introduction

- 1.1 This policy has been developed in order to support the implementation of the Social Care (Self-Directed Support) (Scotland) Act 2013 which came into effect on 1 April 2014, and placed duties on all Local Authorities (LA's) to ensure all individuals and families have real choice and control through effective delivery of the Act.
- 1.2 In November 2010 the Scottish Government published a 10-year strategy to develop Self-Directed Support with the aim of delivering a new vision for social care delivery, centred on the person and not the service.
- 1.3 West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to the implementation of Self-Directed Support as it continues to transform the way in which social care is delivered, ensuring person centred support for all individuals whilst continuing to meet the challenges it faces in the changing demographic with an increase in demand for support services.

2. Purpose/Policy Aims

- 2.1 This policy applies to all West Dunbartonshire HSCP employees and all individuals requiring advice, guidance and support from the HSCP. The policy will support the achievement of the relevant aims set out in the HSCP Strategic Plan.
- 2.2 This policy will be supported by clear procedural guidelines in order to fully and consistently implement the Social Care (Self-Directed Support) (Scotland) Act 2013.
- 2.3 The policy will set out West Dunbartonshire HSCP's intent to successfully implement Self-Directed Support (SDS) and set the boundaries within which it operates. The policy framework will aim to provide guidance around the principles of good practice in respect of the deployment of SDS.

3. Legislative/Policy Framework

3.1 This policy complies with the following core legislation which continues to be the legal basis for this work:

- [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)
- Section 12A of the [Social Work \(Scotland\) Act 1968](#) places a duty on the HSCP to assess an adult's need for support.
- Section 22 and 23 [Children \(Scotland\) Act 1995](#) is the legal basis for support to children.
- [Carers \(Scotland\) Act 2016](#) is the legal basis for support to carers

3.2 The Social Care (Self-Directed Support) (Scotland) Act 2013 links to other relevant legislation, including:

- [Adults with Incapacity \(Scotland\) Act 2000](#)
- [Community Care and Health \(Scotland\) Act 2002](#)
- [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)
- [Adult Support and Protection \(Scotland\) Act 2007](#)

4. Definition and Purpose

4.1 This policy should be used alongside West Dunbartonshire HSCP practitioner guidance and the Social Care: Self-Directed Support Framework of Standards ([March 2021](#)).

4.2 Senior management, operational managers and practitioners should refer to this policy and supporting documentation to inform any decisions relating to a person's care and support, ensuring that the principles of SDS are central to decision making.

5. Policy Implementation

5.1 The HSCP Chief Officer will ensure appropriate plans are in place to address operational matters arising from The Social Care (Self-Directed Support) (Scotland) Act 2013.

- 5.2 Managers will be responsible for ensuring the policy is implemented within their area. Practitioner guidance will be provided for Managers and staff, alongside ongoing support from the Self-Directed Support Team. Training and support is also available through a bespoke I-Learn module. This will assist with effective implementation of the policy.
- 5.3 The policy will be communicated to all relevant employees and will be made available on the Intranet site.
- 5.4 Advice and guidance is available by contacting the Self-Directed Support Team via their email [SDS mail box](#)

6. Self-Directed Support (SDS) Duties

- 6.1 The Social Care Self-Directed Support (Scotland) Act 2013 places the following legal duties on local authorities with respect to adults, children/families, adult carers and young carers, eligible for support or provided with services:
- Duty to have regard to the general principles of collaboration, informed choice and involvement as part of the assessment and the provision of support.
 - Duty to take reasonable steps to facilitate the person's dignity and participation in the life of the community.
 - Duty to provide support to carers following a carer's assessment.
 - Duty to offer four options to the individual. The options are intended to support the flexibility and creativity intended in the core social welfare and wellbeing duties relating to both adults and children.
 - Duty to explain the nature and effect of the four options and to "signpost" to other sources of information and additional support

6.2 The four options are:

Option 1: a direct payment: the definition of the direct payment remains unchanged from its previous incarnation under Section 12B of the 1968 Act: the local authority makes a direct payment to the supported person for them to arrange and purchase their own support

Option 2: "Directing the available support": this option should provide greater transparency and control for the individual without the requirement to take this

support as a direct payment. There is a degree of discretion for the local authority in how it can develop and deliver this option. However the authority should take steps to ensure that Option 2 differs in nature from both Option 1 (the direct payment) and Option 3 (arranged services).

Option 3: “Services arranged for the person by the authority” – this is where the authority arranges any services on the person’s behalf.

Option 4: A combination of the first 3 options for different aspects of the person’s support.

7. Eligibility

- 7.1 Self-Directed Support involves offering choice and control to individuals and their carer’s who are eligible to access social care support services. It is not a separate entity or service, it is the way all adult social care should be provided for those assessed as eligible. West Dunbartonshire HSCP Eligibility Criteria can be found [here](#). If someone is assessed as eligible, this means they can choose from the 4 SDS options on how their needs should be met.
- 7.2 Individuals who do not meet the eligibility criteria for adult social care support should be provided with assistance and/or advice on how best to meet their needs. This may include signposting to appropriate services in their local communities.

Exemptions

- 7.3 Individuals who are ineligible to receive Option 1, Direct Payments are:

Persons to whom a local authority has decided to provide or arrange provision of:

- a. Residential accommodation or
- b. Residential accommodation with nursing (under Section 13A (residential accommodation with nursing) of the 1968 Act (d))

for a period in excess of 4 consecutive weeks in any 12 month period.

8 Assessment

- 8.1 The purpose of the My Life Assessment is to determine the most appropriate support a person requires, commensurate with their strengths, needs and risks. Together, the practitioner and the person being assessed will establish whether there are eligible needs based on the level of risk to the individual's health, wellbeing or independent living that requires the provision of social care support. Where an individual does not require local authority funded support, the practitioner will be able to provide information and advice on alternative support options.
- 8.2 Where an adult is eligible for funded support, the assessment process will involve a more detailed exploration of the person's needs and desired outcomes. At this stage, an individual may wish to seek information and advice from independent agencies. If an individual is assessed as having eligible needs, an Individual Resource Framework (IRF) must be completed as part of the assessment process.
- 8.3 Children and Families Team practitioners use a comprehensive assessment to assess needs and risk in relation to children and young people up to the age of 18 years old. This assessment will use the My World Triangle and Resilience Matrix. This informs a child's plan. If funded social care support is required, in addition to the comprehensive assessment, an Individual Resource Framework 1 (IRF1) must be completed and presented at the Area Resource Group (ARG) for funding approval.

9 Individual Resource Framework (IRF)

- 9.1 For the purpose of allocating resources under Self-Directed Support, West Dunbartonshire HSCP have developed an Individual Resource Framework IRF Completion Guide which is a transparent financial assessment tool based on current West Dunbartonshire HSCP financial processes.

- 9.2 Completion of an IRF will provide an indicative personal budget to meet the individual's eligible needs. The IRF will be applied to all four Self-Directed Support options ensuring fairness and equality across all individuals eligible for local authority funded support.

10. Support Planning

- 10.1 A support plan is used to map the agreed outcomes the individual person aims to achieve including timescales and what/who is required to achieve these. The needs and outcomes identified in the assessment process will inform the support plan.
- 10.2 There must be robust indicators identified which will be used as evidence that SDS funded services or activities are meeting the individual's needs and personal outcomes.

11 Risk Enablement

- 11.1 During support planning, the individual will be supported to consider how any risks arising from their needs or proposed support will be addressed. Responsible risk enablement is on-going and will be considered and discussed at each review.
- 11.2 The individual should be fully involved in considering risks. Where the individual has difficulty in understanding or identifying their personal risk, the practitioner will seek to involve others who can assist in the task.
- 11.3 All parties should take a proportionate approach to risk and seek to enable positive, informed and proportionate risk taking.

12. Support Services

- 12.1 West Dunbartonshire HSCP has a dedicated SDS Team to provide support and guidance in relation to Self-Directed Support. In addition, a range of independent support will be available to all individuals if and when required. Information will be available on the HSCP website and staff intranet page.

13. Financial Assessment

- 13.1 In line with the current West Dunbartonshire HSCP charging policies, individuals assessed for support will be subject to a financial assessment as part of the assessment process. This may result in the person being required to make a financial contribution towards the total cost of their support.

14 Monitoring and Review

- 14.1 West Dunbartonshire HSCP has a duty under the SDS Statutory Guidance to undertake reviews at least annually to ensure support is being delivered as intended and is meeting desired outcomes, or more frequently as a response to a significant change in circumstances.

15. Review of Policy

- 15.1 This policy will be reviewed every two years or when there has been a significant change in national or local policy and practice that will require early review and/or amendments

16. EQIA

- 16.1 A full Equalities Impact Assessment has been carried in relation to this policy. The link to the full assessment can be found here [EQIA SDS Policy](#) There are actions which are detailed within the EIA which will remove or reduce any negative impact on those with protected characteristics. Overall the legislation and policy will give people greater choice and control over how their social care needs are met, and how they receive social care services. The overarching purpose will foster better outcomes for Individuals, while promoting dignity and independent living.

17. Background Reading/Reference Documents

[Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)
[Social Work \(Scotland\) Act 1968](#)
[Children \(Scotland\) Act 1995](#)

[Carers \(Scotland\) Act 2016](#)
[Adults with Incapacity \(Scotland\) Act 2000](#)
[Community Care and Health \(Scotland\) Act 2002](#) [Mental](#)
[Health \(Care and Treatment\) \(Scotland\) Act 2003](#)
[Adult Support and Protection \(Scotland\) Act 2007](#)
[SDS Standards](#)
[Eligibility Criteria](#)
[My Life Assessment](#)
[Individual Resource Fund IRF Completion Guide](#)

Item 10

Appendix 2

EQUALITY IMPACT ASSESSMENT: SDS Policy

AssessmentNo		Owner	Jacqueline Carson and Margaret-Jane Cardno	
Resource	HSCP		Service/Establishment	All HSCP Services
	First Name	Surname	Job title	
Head Officer	Jacqueline	Carson	Service Improvement Lead	
	(include job titles/organisation)			
Members	Jacqueline Carson Service Improvement lead, Joan Fraser LAAS, Craig Campbell Champions Board and Corporate Parenting Manager, Margaret Reid SDS Officer, Vicky McKenzie SDS Officer, Joanne McGinley Operations Manager WD Carers Centre, Alison Scott SDS Officer, Sarah Louise Fleming Project Worker Children with Disabilities team, Yvonne Muirhead project worker SDS Ideas.			
	<i>(Please note: the word 'policy' is used as shorthand for strategy policy function or financial decision)</i>			
Policy Title	Heath and Social Care Partnership Self Directed Support Policy			
	The aim, objective, purpose and intended outcome of policy			
	<p>This Policy will outline the intent and commitment for the HSCP to fully implement Self Directed Support for all children and adults eligible for any health and social care services, in line with Self Direct Support Act (Scotland) 2013 and the Self Directed Strategy. The policy will support the implementation of the new national self-directed support principals.</p> <p>The policy will be implemented within the HSCP with clear practitioner's guidance to ensure consistency in practice across the service and within teams.</p> <p>The policy will support the individuals and/or representative rights to be fully involved in the decisions relation to any social care arrangements as much as they wish to be. It will also support the person's rights to access an individual budget in form of a direct</p>			

	payment to enable them to fully manage their own care package inclusive of employing their own staff.
	Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.
	Jacqueline Carson Service Improvement lead, Joan Fraser LAAS, Craig Campbell Champions Board and Corporate Parenting Manager, Margaret Reid SDS Officer, Vicky McKenzie SDS Officer, Joanne McGinley Operations Manager WD Carers Centre, Alison Scott SDS Officer, Sarah Louise Fleming Project Worker Children with Disabilities team, Yvonne Muirhead project worker SDS Ideas.
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	
<i>You must indicate if there is any relevance to the four areas</i>	
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?	
This policy will inform HSCP staff, citizens eligible for social care, carers, and partners	
Who will be/has been involved in the consultation process?	
Jacqueline Carson Service Improvement lead, Joan Fraser LAAS, Craig Campbell Champions Board and Corporate Parenting Manager, Margaret Reid SDS Officer, Vicky McKenzie SDS Officer, Joanne McGinley Operations Manager WD Carers Centre, Alison Scott SDS Officer, Sarah Louise Fleming Project Worker Children with Disabilities team, Yvonne Muirhead project worker SDS Ideas.	

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.

	Needs	Evidence	Impact
Age	Self-directed Support legislation and the duties placed on the local Authority is for all individuals regardless of age that are eligible for social care. Having a policy in place will support the HSCP's commitment to the implementation of the Act and associated principals.	Self-Directed Support legislation and the introduction of a local policy is for all individuals assessed of requiring social care, there are no age restrictions. Locally the numbers of children under the age of 16 and adults 65+ who take up option 1 &2 of Self-directed Support is Low, but not absent.	Self-Directed Support legislation seeks to reduce inequalities of those in need of social care. The four options support the individual to have more choice and control over their care and support.
Cross Cutting			
Disability	Self-directed Support legislation and the duties placed on the local Authority is for all individuals	Locally the number of those taking up options 1 ,2 & 4 are higher within the disability service user group. Option 3 remaining the highest across all groups. There is however evidence throughout the pandemic that there has been an increase of those taking up option 1 ,2 & 4 because of the reduction in service	Individuals throughout the pandemic have been able to adjust their support arrangements using the guidance and principals of SDS.

	<p>regardless of disability that are eligible for social care. Having a policy in place will support the HSCP's commitment to the implementation of the Act and associated principals. Having the four options available provide the individual with multiple ,accessible, ways of having more choice and control over their support.</p>	<p>delivery. Self-direct support has enabled people more choice and control around their support arrangements during this time.</p>	
Social & Economic Impact		<p>Skills to manage an individual budget, financial compliance. Requiring separate bank accounts (no homeless or gypsy travelling community. Poor literacy skills can be restrictive. The option of using a managed account removes this for Direct Payments as does Option 2</p>	<p>Having support to manage a direct payment would reduce the negative impact.</p>
Sex	<p>In an attempt to give people greater choice and control over how their social care needs are</p>	<p>http://www.alliance-scotland.org.uk/download/library/lib_5926d6e2977e1/ A troubling trend identified by the ALLIANCE's research is that women were Significantly less likely than men to use SDS for respite.</p>	<p>That women are disadvantaged, and female carers maybe less likely to take the support they need to support their caring role.</p> <p>Self-Directed Support legislation seeks to reduce inequalities of those in need of social care. The four</p>

	met, and how they receive social care services and support, the Scottish Government introduced new options for Self-directed Support (SDS) in 2012. The overarching purpose was to foster better outcomes for Individuals, while promoting dignity and independent living.	Locally there is more women than men who take up any of the 4 options. More females deifying as carers	options support the individual to have more choice and control over their care and support.
Gender Reassign	There is a need for improved awareness of the LGBTQIA+ community and how this impacts on their social care needs	My Support, My Choice: National Report Highlights that people from the LGBTQIA+ community with additional support needs find it difficult to employee PA's as well as finding it difficult to find activities etc. within their local community that support the LGTBQ+ community. West Dunbartonshire will address inequalities and seek to reduce these through the West Dunbartonshire Equality and Diversity Working Group. There is no evidence that Self Directed Support contributes to inequalities.	Self-Directed Support legislation seeks to reduce inequalities of those in need of social care. The four options support the individual to have more choice and control over their care and support.
Health	In an attempt to give people	Having a personalised plan and approach to a person's social care package will enable them to	Positive impact

	<p>greater choice and control over how their social care needs are met, and how they receive social care services and support, the Scottish Government introduced new options for Self-directed Support (SDS) in 2012. The overarching purpose was to foster better outcomes for Individuals, while promoting dignity and independent living.</p>	<p>manage this in a way that makes sense to them.</p> <p>for those with mental ill health it enables them to have a more responsive and pragmatic approach to their care, i.e using their individual budget in times that it is needed and reduce their support when they are well.</p>	
Human Rights	<p>Self-directed support, empowers and individual to have as much choice and control over their support as they would like to have.</p> <p>Human Rights is now included in the</p>	<p>Both Children and adult social care needs assessments are human rights based. This policy and procedure adheres to legislative requirements</p> <p>Young people at Transition stage: Refer Pam Duncan Glancy MSP “Give Us A Fighting Chance: (2020)</p> <p>During Covid times LAAS has become more aware of scenarios which impact negatively on entire families when a young person reaches transition. We also</p>	<p>Risk of a negative impact – principals of the policy and legislation require to be embedded in the process of transition from children services to adult services.</p>

	Scottish Governments National Performance Framework	find young adults in their 20s (several with ASD diagnosis) who are disadvantaged due to poor or any linked up support or guidance on leaving school, which can be construed as limiting Human Rights of this cohort. Not having access to a Social Worker for Review or Assessment. Once again this might be considered as limiting opportunities and contravening Human Rights/Equalities legislation	
Marriage & Civil Partnership		This policy and procedure adheres to legislative requirements, protecting the reputation of West Dunbartonshire HSCP, and responding to COSLA Protocols and best practice.	No Impact
Pregnancy & Maternity	This area cross cuts significantly with considerations under sex	This policy and procedure adheres to legislative requirements, protecting the reputation of West Dunbartonshire HSCP, and responding to COSLA Protocols and best practice.	No impact

Race	Consistent with human rights principles	Those from the Gypsy travelling community are less likely to engage with statutory services for prolonged periods of time. Therefor having SDS under options 1 & 2 may not be conducive.	Maybe restrictive to the travelling community. Each case would have to be considered on an individual bases and in collaboration.
Religion and Belief	Consistent with human rights principals	Trafficked population is increasing amongst young people in West	Policy and legislation is supportive of employing family due to cultural and religious reasons – positive impact

		Dunbartonshire along with immigration. Information will require to be accessible in various languages.	
Sexual Orientation	There is a need for improved awareness of the LGBTQIA+ community and how this impacts on their social care needs	<p>My Support, My Choice: National Report Highlights that people from the LGBTQIA+ community with additional support needs find it difficult to employee PA's as well as finding it difficult to find activities etc. within their local community that support the LGTBQ+ community. West Dunbartonshire will address inequalities and seek to reduce these through the West Dunbartonshire Equality and Diversity Working Group.</p> <p>There is no evidence that Self Directed Support contributes to inequalities.</p>	Self-Directed Support legislation seeks to reduce inequalities of those in need of social care. The four options support the individual to have more choice and

Actions
Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this.
There are actions which are detailed within the EIA which will remove or reduce the negative impact. Overall the legislation and policy will give people greater choice and control over how their social care needs are met, and how they receive social care services. The overarching purpose will foster better outcomes for Individuals, while promoting dignity and independent living.
Will the impact of the policy be monitored and reported on an ongoing bases?
Yes
Q7 What is your recommendation for this policy?
For this policy to be implemented
Please provide a meaningful summary of how you have reached the recommendation
The legislation was introduced in 2014 and although the HSCP have adhered to the duties within the legislation, it has to date never taken a formal policy position on its intent to successfully embed SDS across the service and those who require social care support.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

Report by Chief Nurse

21 March 2022

Subject: Pilot to streamline Self-Directed Support (Direct Payment / Option 1) for Unpaid Adult Carer Short Breaks

1. Purpose

- 1.1** To outline to the HSCP Board the intended pilot approach to the use of non-recurring Carers Act funding for short breaks for carers via Self Directed Support Option 1 (Direct Payment).
- 1.2** To outline to the HSCP Board a new process for undertaking of Adult Carer Support Plans

2. Recommendations

- 2.1** It is recommended the HSCP Board
 - a) Approve for implementation the described approach.
 - b) Agree to receive an update on the implementation of the approach 6 months post-implementation
 - c) Approve the earmarked reserve of £0.266m be used for the purpose described.
 - d) Note the new process proposed for undertaking Adult Carer Support Plans
 - e) Approve earmarking £0.003m (three thousand pounds) for Carers of West Dunbartonshire for contingency management of new approach

3. Background

Short Breaks for Unpaid Carers

- 3.1** It is recognised that unpaid carers (defined [here](#) 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 Board has devolved responsibility regarding the implementation

and oversight of its Local Carers' Strategy to the WDHSCP Carers' Development Group (CDG).

- 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** WDHSCP, as required by the Carers Act 2016, has published its Short Breaks Statement ([2018](#)). The intention of this is set out on its cover page where it asserts, "This statement supports carers to have access to choice of services and confirms our commitment to ensuring that all 'West Dunbartonshire Carers, regardless of their age, can access Short Breaks and can have a life alongside their caring responsibilities'".
- 3.5** The short break(s) (SB) statement defines SB as, "A Short Break is any form of service or assistance which enables the carer(s) to have periods away from their caring routines or responsibilities." It should be noted that there is no national definition of SB and, when guiding authors of SB statements, the Carers Act 2016 Guidance ([2021](#)) points to examples of good practice in how SB have been provided across the country.
- 3.6** It seems the terms 'short break' and 'respite' have a history of being used interchangeably both locally and nationally. The following is noted within the WDHSCP SB statement when defining 'respite', "('Respite' is) used to describe a break from caring. West Dunbartonshire Health and Social Care Partnership staff, partners and carers themselves more often take the view that 'Respite' is associated with institutional services or for emergency situations. We prefer to use 'Short Breaks', which we believe is a more positive term and more in line with the flexibility and creativity you as carers want."
- 3.7** For the purposes of this paper the term 'short break' encompasses what has traditionally been known as respite but goes further to include what is set out in the HSCP SB statement i.e. '...any form of assistance which enables the carer(s) to have periods away from their caring routines or responsibilities' and where this aligns with their outcomes.
- 3.8** The outcomes carers hope to achieve should be recorded in an Adult Carer Support Plan (ACSP). At the time of writing, work is underway to review and, where necessary, revise these documents ahead of the introduction of eligibility criteria for carers due for implementation April 2022 which the WDHSCP Board approved in November 2021. Notwithstanding this review and forthcoming policy, documentation currently exists which allows the recording of outcomes for carers.
- 3.9** The COVID-19 pandemic has had a disproportionate impact upon carers. Many carers have reported finding it increasingly difficult to fulfil their caring role and maintain a life alongside caring. This has been exacerbated in part

due to the requirement of public health advice that certain services be reduced or, in some cases, ceased.

- 3.10** For example, Carers Trust Scotland's ([2021](#)), research found that from a sample of almost 500 carers, 90% reported providing more care during the pandemic with 75% reporting the reasons for this being an intensification of need or because Local Authority services had ceased to run.
- 3.11** In addition to the research from the Carers Trust Scotland, the Independent Review of Adult Social Care outlined the barriers people too often face when trying to access support, support carers provide "...preventing a tsunami of need from overwhelming public services...(which) comes with costs to (carers) and to (their) families" (Feeley, [2021](#)).
- 3.12** In an attempt to address the increased pressures carers face in their caring role, reduce the barriers faced by people in general but carers specifically in accessing services and to deliver further on the WDHSCP SB Statement, a pilot is proposed whereby carers who complete an ACSP and where the outcomes identified and recorded therein can be met by a SB can apply for Self-Directed Support Option 1 (Direct Payment) in a streamlined way.
- 3.13** Such a pilot as described in this paper would be in keeping with the recently revised guidance from Scottish Government: SDS Guidance During Pandemic (revised [Feb 2022](#)).

Process for Undertaking Adult Carer Support Plans

- 3.14** As noted, ACSPs are critical to assessing, recording and measuring the impact of caring on a carer. So too is an ACSP critical to identifying, recording and measuring outcomes and the subsequent impact of any interventions.
- 3.15** The current approach to offering and undertaking an ACSP across WDHSCP involves a "Carer Conversation", described as a Tier 1 carer conversation. And if, from here, a full ACSP is felt to be required, this is then progressed accordingly. Data from 2020/21 shows the WDHSCP staff undertook over 300 carer conversations and only 30 ACSPs.
- 3.16** Anecdotal feedback from WDHSCP staff includes ambiguity around when and whether a referral should be made to Carers of West Dunbartonshire. The proposal of a new process is intended to remedy that issue and aims to increase the number of ACSPs delivered in West Dunbartonshire.
- 3.17** Alongside the pilot for SB, it is proposed to test the following: whenever a carer is identified by a member of WDHSCP staff, and permission from the carer has been provided, a referral should be made to Carers of West Dunbartonshire who will offer and, where agreed with the carer, complete an ACSP.
- 3.18** This approach will involve the early identification of needs and for the almost

immediate provision of early help put in place i.e. needs which can met by universal and community based services. This aligns with Standard Two in the new Self-Directed Support Standards ([2021](#)). Where needs meet and exceed the HSCP eligibility criteria threshold, a referral will be made to the WDHSCP service (determined by the needs of the cared for person e.g. if the cared for person has a learning disability, the carer would be referred to WDHSCP Learning Disability Services).

- 3.19** This will result in only those carers who have been assessed by Carers of West Dunbartonshire as appropriate (meeting / exceeding the eligibility criteria threshold) being referred to the HSCP. At this stage the Carers of West Dunbartonshire worker, the carer and the HSCP staff member will work together on an ACSP which will be progressed through the appropriate process to support the carer to access SDS in their own right.
- 3.20** It is proposed that this approach is piloted alongside the SB pilot however, the success of one does not rely upon or impact upon the other. For example, the approach to SB could be a success or not but will have no bearing on whether Carers of West Dunbartonshire will continue to undertake ACSPs for newly identified carers post-pilot.

4. Main Issues

- 4.1** A review of the number of carers accessing SB provided by the HSCP in the past six months (July-Dec 2021) reveals that less than 10 carers have accessed a SB. This is suspected to be only a fraction of the number of carers who would benefit from such assistance. This, combined with the background information provided above, illustrates the need to at least experiment with a different approach.
- 4.2** While any new approach is often accompanied with risk, consultation with colleagues in Highland HSCP who have adopted this approach has been instructive. To that extent then, precedence has been set and Highland HSCP have been very helpful in terms of sharing their learning ahead of WDHSCP developing its own approach.
- 4.3** The design and delivery of the pilot was also benefit from the expertise and experience of colleagues from Carers of West Dunbartonshire who provide a similar but different opportunity for carers to access SB directly from them e.g. SB provision on a significantly smaller scale than what is proposed below.
- 4.4** The WDHSCP has available approx. £0.266m of non-recurring monies as part of its resource allocation for carers from the Carers Act 2016 from Scottish Government. It is proposed that this allocation be placed in a ring-fenced budget for SBs.
- 4.5** The pilot is proposed to run for six months (April-Sept 2022) or until the resource is fully allocated, whichever comes first. In that time carers will be

able to apply for SB funding through a streamlined process (see [Appendix 1: SB DP Flowchart](#)). In brief, the process will involve the completion of an ACSP which will record the carers outcomes. Where the outcome(s) can be met through a short break, an application form will be completed. This application will be processed through a newly established Carers Area Resource Group (CARG) and approved (or otherwise). A Fact Sheet ([Appendix 2](#)) and a Frequently Asked Questions resource ([Appendix 3](#)) have been developed to support implementation.

- 4.6** The establishment of a CARG will assist the HSCP to test the usefulness of an Area Resource Group to exclusively consider SB applications by carers. If such an approach is found to be effective for considering carer needs, the CARG may be something which the HSCP could continue and expand beyond SB applications i.e. a resource group designed specifically to consider the new ACSP and applications for SDS by carers. If successful, this could significantly enhance the HSCPs approach to the delivery of SDS across the locality.
- 4.7** CARG membership will be drawn from the Carers Development Group as well as from across the HSCP. While it is yet to be confirmed it will likely include a representative from the following: Carers of West Dunbartonshire (manager), HSCP Senior Manager(s) / Integrated Operations Manager(s) / equivalent, HSCP SDS Team, Service Improvement Lead / SDS Manager (budget manager), HSCP Respite Resource Worker.
- 4.8** This multiagency forum focusing specifically on carers, and therein focusing on access to SB, will be a first in West Dunbartonshire. By the HSCP working together with partners, and Carers of West Dunbartonshire in particular, the forum will be an excellent opportunity to consider applications more holistically and, where appropriate, consider alternative supports e.g. if an application is found not to be appropriate for a SB via the ring-fenced fund, there may be alternative support available via Carers of West Dunbartonshire or elsewhere.
- 4.9** Budget oversight for the project will be the responsibility of a single officer. They will attend CARG meetings and have oversight of the investment of the ring-fenced budget. The HSCP in process of recruiting an SDS Manager who will assume this responsibility. Should this SB proposal be approved before the SDS Manager is in post, a Service Improvement Lead will assume this budgetary oversight responsibility on an interim basis.
- 4.10** It is proposed that the HSCP use the same rationale as Highland HSCP in relation to limits to amount per application. Any support to a carer to have a short break from their caring responsibilities which is less than or equal to the equivalent of six weeks of traditional respite for the cared for person in a nursing home will be considered to be a regular break (6x £789.61= £4737.66). Based on this, and the assumption that every application is for the maximum amount (which is unlikely), the ring-fenced budget stands to help approx. 42 carers, more than 5 times the number of carers who have accessed short breaks from HSCP in the 6 months July-Dec '21.

5. Options Appraisal

Not applicable.

6. People Implications

- 6.1** Notwithstanding the role of the yet-to-be-recruited SDS Manager, the proposal for SB is expected to be deliverable within existing resources.
- 6.2** Regarding the proposal for the new process involving undertaking ACSPs, this has been agreed with Carers of West Dunbartonshire to be trialed within existing resources on the proviso that should this not be the case, the HSCP can provide additional resource to supplement existing sessional staff hours.
- 6.3** In addition, when delivered as intended, the new approach to undertaking ACSPs will relieve pressure across the WDHSCP staff as the number of ACSPs required to be completed will reduce significantly and the number of inappropriate ACSPs (i.e. those who do not meet the eligibility criteria) should be reduced to nil.

7. Financial and Procurement Implications

- 7.1** As noted, the HSCP has earmarked non-recurring reserves of approx. £0.266m to be invested in support for carers. While plans are underway to invest other earmarked reserves, the proposed pilot stands to provide an efficient, effective and person-centred way of facilitating support to carers as soon as possible. The success of the pilot will inform decision-making about whether this approach should be considered for mainstreaming and discussion will be required about how best to financially support this, if at all possible. At this time, the commitment is to invest £0.266m in this fund with no commitment thereafter.
- 7.2** £0.003 (three thousand pounds) is required to be earmarked for contingency management purposes i.e. should the new approach to undertaking ACSPs be undeliverable within existing resources, a worst-case-scenario forecast indicates up to three thousand pounds would mitigate any increased demand on Carers of West Dunbartonshire resources. These monies will be drawn from the recurring Carers Act 2016 funds.

8. Risk Analysis

- 8.1** There is a risk of the proposed level of investment not being enough to meet the demand for SB. Should this be the case, the impact would be severe in terms of the pilot ending before any learning opportunities are realised. However, based on the evidence locally (re number of SBs provided in 6 month period) and in Highland (in terms of number of applications received), the likelihood of such a risk is assessed as unlikely.

- 8.2** There is a risk that the process and governance designed to facilitate the allocation of resource for SB encounters difficulties. This is precisely the reason the HSCP ought to pilot an approach which will allow a level of agility and flexibility that the adoption and mainstreaming of an approach would not allow. The pilot will focus on learning what works in trying to implement this type of approach and will allow adaptation based on learning.
- 8.3** The risk of not taking the SB pilot forward is that the HSCP continues to hold over a quarter of a million pounds in reserve which has been earmarked for a population who have been evidenced to have been disproportionately negatively impacted by the pandemic and the subsequent public health related decisions on service provision.
- 8.4** Another risk of not taking the SB pilot forward is failing to realise an opportunity to deliver on the HSCP's legislative responsibilities to carers via the Carers Act 2016 and to facilitate access to Short Breaks via SDS Option 1.
- 8.5** A risk of the new approach to undertaking ACSPs as proposed is that Carers of West Dunbartonshire receives a deluge of referrals and is unable to cope. Based on a joint assessment of the available data between the WDHSCP and Carers of West Dunbartonshire, an estimate of moderate likelihood has been agreed. Consequently, mitigation has been proposed in the form of contingency management funding (the aforementioned £3000) and the implementation will be kept under review.
- 8.6** The main risk of not piloting the new approach ACSPs being undertaken predominantly by Carers of West Dunbartonshire lies in the persistence in the level of unmet need among carers which is suspected to exist across West Dunbartonshire. By ensuring all carers are offered an ACSP by Carers of West Dunbartonshire will better ensure early intervention and prevention takes place while those who require HSCP services are supported accordingly.

9. Equalities Impact Assessment (EIA)

- 9.1** An equalities impact assessment was undertaken in relation to eligibility criteria for carers and was presented to the HSCP Board in November (Agenda Item 18, [found here](#)). It should be noted however that the eligibility criteria will not be applied per se to applications for SB. The proposed pilot is primarily focused on early intervention and improving access to support. While an ACSP will be completed and the impact of caring will be recorded therein, it is not necessary that the impact be any higher than "Low". In other words, there should be some impact of caring but it does not require to meet any eligibility threshold. The proposal, as noted above, is where outcomes within an ACSP can be reasonably met through the provision of a SB and where the carer would like to use SDS Option 1 to achieve this. This is in keeping with the key messages above and in recent national papers (e.g. the

Feeley Report, 2021) whereby eligibility criteria should not be implemented in a way that becomes a barrier to people accessing proportionate and appropriate support.

- 9.2 In terms of the proposed process for Carers of West Dunbartonshire undertaking ACSPs, the eligibility criteria mentioned above will be implemented.

10. Environmental Sustainability

- 10.1 None required.

11. Consultation

- 11.1 The Carers Development Group – with multiagency and lived experience representation – has been consulted on this use of funds and has agreed the pilot should be implemented. An important part of measuring the success of the pilot will lie in ongoing engagement and consultation i.e. stakeholders experiences of what works and what could be improved will be built into the pilot.

12. Strategic Assessment

- 12.1 This work is in line with the HSCPs 5 key strategic priorities: early intervention; access; resilience; assets and inequalities.
- 12.2 For example, by successfully implementing the pilot the HSCP will be supporting carers to access SDS in their own right which will help tackle **inequalities** by facilitating access to much needed HSCP resources. This will also provide an opportunity to enhance **early intervention** by supporting people to **access**, in addition to SB provision, 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's will highlight **assets** and strengths each carer possesses and work will be undertaken collaboratively in a way that enables carers to achieve their outcomes and increase their **resilience**.

13. Directions

- 13.1 Please see [Appendix 4](#).

Name: Val Tierney
Designation: Chief Nurse
Date: 25/10/2021

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WDC Offices, Dumbarton G82 1QL
Email: john.burns@west-dunbarton.gov.uk

Tel: 07880 472395

Appendices:

Appendix 1: Flowchart
Appendix 2: Fact Sheet
Appendix 3: Frequently Asked Questions
Appendix 4: Directions

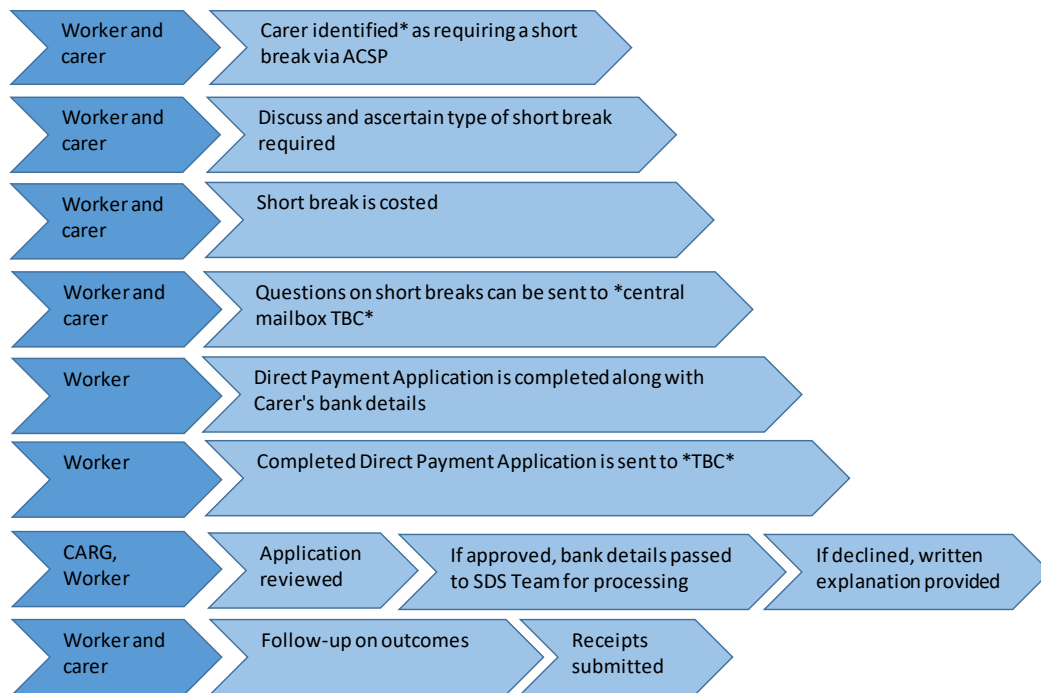
Background Papers:

None

Localities Affected:

All

Appendix 1: Flowchart



*If the carer is already allocated to HSCP worker, that worker should complete the ACSP and follow the process. If the carer is not allocated, a referral should be made to Carers of West Dunbartonshire who will complete the ACSP and see through the rest of the process.

If the application is declined, other options will be considered which might meet the carers outcomes, for example, referral to Carers of West Dunbartonshire SB project or other services and supports.

Appendix 2: Fact Sheet

Information for staff applying for a Direct Payment (SDS Option1) for short breaks for carers

Background

The impact of caring has been increased for many carers throughout the pandemic, in part due to an intensification of caring responsibilities and, in some instances, combined with certain services ceasing (as per public health advice). This has been exacerbated by the closure of many short break options, including traditional respite services and regular day care provision. West Dunbartonshire HSCP want to support unpaid carers to have the opportunity to achieve their outcomes and where these can be achieved via short breaks away from their caring responsibilities, have developed a streamlined direct payment application process to ensure the dispersion of available funds can be expedited.

Applications for funding will be considered on a case-by-case basis and where agreed will be provided as a self-directed support Option 1 'one off' funding payment.

Time limited fund

Funding is currently available from April-Sept 2022. To ensure this funding is maximised to support as many carers in need as possible this will be provided as a direct payment. The direct payment application form should be completed by either a WDHSCP worker or Carers of West Dunbartonshire worker in conjunction with the unpaid carer and should outline the intended outcome to be achieved, the cost and the proposed format of the short break. The outcome to be achieved should be recorded in the Adult Carer Support Plan.

What is a short break?

A short break can be **anything** that enables a carer to have time away from their caring responsibilities and routine, it does not necessarily mean a break away from their home or the person that they care for. Short break opportunities should promote the health and wellbeing of carers and allow them to continue in their caring role if they wish to do so by making a positive difference to their life.

Short breaks can include:

Given the above, it is clear that what constitutes a short break should really be described by the individual carer themselves in conversation with a trusted professional. Short Break Scotland have an excellent website offering suggestions of what a short break can include; and they can be contacted on **01383 622462** or by visiting their website **sharedcarescotland.org.uk** However this information is only for guidance, ultimately it is for carers and staff to discuss what type of short break may assist the carer. The important thing is that staff should be non-prescriptive and should take a person-centred approach.

Self-Directed Support Ethos

The Self-directed support principles of choice, control and flexibility are the basis for direct payment applications in the following ways:

- Carers are identified as requiring support in their own right
- Carers are valued and supported

- Carers have a life outwith their caring responsibilities
- Carers can direct resource so it meets their outcomes in the most effective and efficient way possible

Process

To assist staff exploring funding for carers, a simple flowchart has been developed to ensure the process is easily understandable (see above).

Timescale and Application Limit

Direct payment funding will be available from April-Sep2 2022 or until the funding is exhausted. We want to ensure as many carers as possible benefit from the opportunity to utilise this funding. Any request for a short break will be to support the carer to meet their identified outcomes by providing **a regular break from caring**.

Therefore, we will consider any support which is less than or equal to the equivalent of six weeks traditional respite for the cared for person in a nursing home (**6x £789.61= £4737.66**) to fall into the category of providing a regular break from caring.

Appendix 3: Frequently Asked Questions

Frequently Asked Questions – Direct Payment (SDS Option 1) for short breaks for carers

What can the funding be used for?	Resources can be used to meet an identified need for support that cannot be met through support to the cared-for person or through accessing services that are available generally (universal services – including but not limited to Carers of West Dunbartonshire). The identification of need will be determined in conversation with the carer by HSCP or Carers of West Dunbartonshire staff. Resources made available will be to provide the carer with support for their caring role and to achieve identified outcomes. Short breaks are one of many forms of support that can enable a carer to realise their personal outcomes, and we recognise that a break from caring can be any form of support that enables a carer to have time away from their normal caring responsibilities.
Is there a ceiling on the amount of resource that I can apply for a carer?	For the purposes of this project, the support should provide a break from caring as opposed to permanently reducing the caring role. Any support to a carer to have a short break from their caring responsibilities which is less than or equal to the equivalent of six weeks of traditional respite for the cared for person in a nursing home will be considered to be a regular break (6x £789.61= £4737.66). The figure of £4737.66 is set as a ceiling and not a target; many short break opportunities will cost less than the ceiling amount.
How long does it take to process a request?	Requests will be reviewed weekly. Please ensure applications have been emailed to carers generic mailbox unpaidcarers@west-dunbarton.gov.uk by 5pm on a specific day still to be confirmed to allow time for processing. So long as applications outline clear, realistic requests and are linked to the carer's outcomes, and the carers bank details have been provided (on page 2 of application form, ensure that the account number has <u>8</u> digits) it is anticipated that requests will be agreed and sent for processing. This can take up to 5 days. Where applications outline requests which fall out with the description above these may need further information or may require alternative solutions.
How long is the resource available for?	Requests will be considered between April – Sept 2022 or until the resource is exhausted.
Is an adult carer support plan required to apply for this funding?	Yes. We encourage HSCP and Carers of West Dunbartonshire staff to work together where possible to ensure carer details are collated and there are no duplications of requests. Where a carer is already allocated to HSCP staff member and outcome(s) can be met via SB, the HSCP staff should complete the process. Where a new carer is identified, they should be referred to Carers of West Dunbartonshire who will allocate a worker to support the carer and follow the application process.
Who is eligible?	Any carer over the age of 16yrs old and where the cared for person lives in West Dunbartonshire

	Local Authority area. While the HSCP is introducing eligibility criteria for carers in April 2022, the criteria does not apply to the pilot. What is important is that caring is having a demonstrable impact on the life of the carer (at any level), that outcome(s) have been identified by and with the carer, and that these outcomes can be met via a short break with the carer happy to use SDS Option 1 to facilitate this.
Can a carer access holiday accommodation on their own without the person they care for?	Yes, this is possible, but replacement care is likely to be required for the person they care for, and this should be factored into the application.
Can this funding be used in an emergency situation where the caring role has broken down	Where a carer is no longer willing or able to care, any service is therefore for the cared for person and it is support provided under section 12 of the Social Work (Scotland) Act 1968
Why does the worker have to follow up with the carer once the application has been processed?	We would want to ensure that, as much as possible, the carer's anticipated outcomes are met, and that they feel better able to continue in their caring role. This should be recorded in the carer's plan (thus an ACSP being completed alongside the SB application would be useful). The worker should also ensure receipts are submitted as evidence of spend.
How will spending of money be recorded?	The SDS team will attend the Carers ARG and keep a record of approved applications. The team will then process the application for funds to be transferred to carers. Once the money has been spent, carers should keep receipts and either provide them to their worker (who will forward them to the SDS Team) or send directly to the SDS Team.
Are Carers of West Dunbartonshire making applications? If so, are the HSCP Teams informed of applications and outcomes?	Yes, Carers of West Dunbartonshire staff will be completing applications with carers, and as good practice we would expect them to be liaising with appropriate HSCP staff and vice versa. As noted, where HSCP staff identify a carer who a) would benefit from a SB and b) agree to being referred, the HSCP member of staff should refer the carer to Carers of West Dunbartonshire who will complete the process. This means HSCP staff only complete applications for those carers already allocated to them and where an outcome can be met via a SB.
If carer lacks capacity, can I assume the usual rules around POA/Financial Guardian/Intervention Orders would apply?	Yes

Do Carers need to be in receipt of Carers Allowance to apply for this resource?	Carers do not need to be in receipt of Carers Allowance to apply for this resource.
Is it possible for a family member to be paid to provide replacement care?	Yes, however this will then be processed as a traditional direct payment to ensure that due process is being followed. It's therefore important at an early stage that carer's expectations are managed and a delay may be likely in response to their DP request (i.e. it will not progress through the streamlined route for short breaks).
Is there a timescale for the carer to spend the funds i.e. do they need to be spent within the life of the project or can it be spent over a longer period e.g. 12 months?	The funds must be spent and the activity it is being spent on must take place during the life of the project. This is to allow effective evaluation of the impact of the pilot and to inform decision-making about next steps.
Can short breaks already taken by carers be applied for retrospectively?	No. Applications cannot be made for short breaks where the carer has pre-booked these before the application has been considered or where a purchase for goods has already taken place i.e. retrospective applications cannot be supported.

Item 11

Appendix 4

Appendix 4: Direction from Health and Social Care Partnership Board

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

From: Chief Officer, HSCP
To: Chief Executive(s) WDC and/or NHSGGC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: Direction(s) from HSCP Board (21/03/22) FOR ACTION

Attachment: *attach relevant HSCP Board report*

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000019JB21032022
2	Date direction issued by Integration Joint Board	21/03/22
3	Report Author	Val Tierney, Chief Nurse
4	Direction to:	West Dunbartonshire Council 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	<i>WDC is directed to invest the £0.266m earmarked reserves in the pilot of streamlined access to SDS Option 1 (Direct payment) for unpaid carers.</i>
7	Full text and detail of direction	<ol style="list-style-type: none"> <i>1. Approve the approach to the pilot described in the proposal</i> <i>2. Agree for the HSCP Board to receive an update on the progress of the pilot six months post implementation</i> <i>3. Approve the £0.266m earmarked reserves to be invested in the pilot of streamlined access to SDS Option 1 (Direct Payment) for unpaid carers.</i>
8	Specification of those impacted by the change	<i>The primary beneficiaries will be unpaid carers. Secondary beneficiaries may include cared for people (due to the benefit felt by carers to reduce the impact of caring)</i>
9	Budget allocated by Integration Joint Board to carry out direction	<i>£0.266m of reserves which has been earmarked for investment in supporting unpaid carers.</i>

10	Desired outcomes detail of what the direction is intended to achieve	<i>The direction is intended to reduce the impact of caring on unpaid carers by providing access to short breaks. Carers will have identified individual outcomes they expect to achieve which aggregately will support the HSCP to deliver on its strategic priorities of early intervention, supporting access to services and tackling inequalities and, ultimately, the vision of “Improving lives with the people of West Dunbartonshire”. The direction speaks to National health and wellbeing outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being</i>	
11	Strategic Milestones	<i>Pilot commences</i>	<i>April 2022</i>
		<i>Pilot ends</i>	<i>Sept 2022</i>
		<i>Learning report compiled and, where appropriate, actioned</i>	<i>Oct 2022</i>
12	Overall Delivery timescales	Pilot is intended to commence April 2022 and run for 6 months or until resource is exhausted.	
13	Performance monitoring arrangements	A flexible monitoring framework approach will be used which allows the gathering of pre-agreed indicators as well as ad-hoc learning as the pilot progresses. The Board will be apprised of the outcome and learning in Oct 2022.	
14	Date direction will be reviewed	<i>Oct 2022</i>	

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
(HSCP) BOARD**

Report by: Margaret-Jane Cardno, Head of Strategy and Transformation

21 March 2022

Subject: HSCP Service Delivery Plans 2022/23

1. Purpose

- 1.1** The purpose of this report is to afford the HSCP Board an opportunity to note and comment on the HSCP operational Service Delivery Plans for the year 2022/23.

2. Recommendations

It is recommended that the HSCP Board:

- 2.1** Note and comment on the contents of the Service Delivery Plans contained in Appendices I to IV of this report.
- 2.2** Instruct Officers to provide Service Delivery progress reports for the period 1 April 2022 – 30 September 2022 to the first appropriate HSCP Board after this six month period.

3. Background

- 3.1** On the 22 November 2021 the HSCP Board agreed to extend the current HSCP Strategic Plan for a period of 12 months from March 2022.
- 3.2** It was agreed that the one year extension of the Strategic Plan would be supported by operational delivery and improvement plans in order that the HSCP Board could continue to monitor progress against the key strategic priorities. This report is intended to provide the HSCP Board with an opportunity to note and comment on these plans.

4. Main Issues

- 4.1** Each operational service within the HSCP has developed its own Service Delivery Plan. The plans support and promote effective service management and communicate a clear and obvious road map for both internal and external stakeholders on how the HSCP will implement its Strategic Plan over the forthcoming financial year.
- 4.2** It should be noted that these one year plans have been developed to support the HSCP Board to monitor progress for the period of the extension of the Strategic Plan. When the new Strategic Plan is published on the 1 April 2023, this will be supported by the publication of three year Service Delivery Plans covering the life time of the strategy.

These plans are intended to be dynamic, working documents and will change and adapt in response to emerging issues.

5. Options Appraisal

- 5.1** An options appraisal is not required for this report.

6. People Implications

- 6.1** There are no people implications arising from the recommendations within this report. There may be implications arising from the individual improvement activities contained within the Service Delivery Plans, these will be reported to the HSCP Board at an appropriate time.

7. Financial and Procurement Implications

- 7.1** There are no financial or procurement implications arising from the recommendations within this report. There may be implications arising from the individual improvement activities contained within the Service Delivery Plans, these will be reported to the HSCP Board at an appropriate time.

8. Risk Analysis

- 8.1** The production of Service Delivery Plans and their scrutiny by the HSCP Board provides mitigation in respect of the following strategic risks:

- 8.1.1** Performance Management Information: Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.
- 8.1.2** Outcomes of external scrutiny: Inspection recommendations: Failure to deliver on recommendations within reports by Care Inspectorate and other relevant scrutiny bodies.

9. Equalities Impact Assessment (EIA)

- 9.1** An EIA is not required as the HSCP Board are not being asked to agree any recommendations which may have an impact on those with protected characteristics. There may be a requirement for individual improvement activities contained within the Service Delivery Plans to develop specific EIAs, these will be reported to the HSCP Board at an appropriate time.

10. Environmental Sustainability

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

11. Consultation

11.1 The HSCP Senior Management Team, the Monitoring Solicitor, the Head of HR and the Chief Finance Officer have all been consulted in the production of this report.

11.2 Operational teams have been involved in the compilation of these Service Delivery Plans.

12. Strategic Assessment

12.1 The West Dunbartonshire HSCP Strategic Plan 2019 – 2023 recognises the importance of providing high quality services. Service Delivery Plans will support the HSCP Board to advance the following key strategic priorities: early intervention; access; resilience; assets and inequalities.

13. Directions

13.1 It is not necessary for the HSCP Board to issue a direction on the recommendations contained within this report.

Margaret –Jane Cardno

Head of Strategy and Transformation

4 March 2022

Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
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Appendices: Appendix 1: Service Delivery Plan: Mental Health Service; Learning Disability Service and Addiction Service
Appendix 2: Service Delivery Plan: Childrens Health, Care and Justice Service
Appendix 3: Service Delivery Plan: Health and Community Care
Appendix 4: Service Delivery Plan

Service Delivery Plan (2022-23)

Mental Health Service
Learning Disability Service
Addictions Service

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1. Introduction

This Service Delivery Plan (SDP) for Mental Health, Addictions and Learning Disability services is set within the context of the West Dunbartonshire Health and Social Care Partnership Strategic Plan 2019 - 2023.

Service Delivery Plans are a key component of West Dunbartonshire Health and Social Care Partnership's Service Design and Quality Improvement Framework and set out the key priorities and improvement areas for ensuring services deliver high quality services for the people of west Dunbartonshire.

This plan sets out our vision and priorities, our performance framework, and improvement actions for 2022/23.

The West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to the principles of Best Value and ensuring we deliver high quality care services in an environment of robust clinical and care governance. It is crucial that this SDP does not remain a simple statement of intent, but a continuing process of actions, monitoring and review. The plan will continue to be tested for its fit with our strategic aims by service management teams on a quarterly basis to ensure actions remain on track, anticipated outcomes can be fully realised and that the approach being taken is sufficient and appropriate to secure our vision. Service management teams and the HSCP Board will regularly review progress.

2. Context and Vision

This SDP sits within the context of the West Dunbartonshire HSCP Strategic Plan 2019-2023 and provides the detail of how mental health services intend delivering the strategic plan for the year 2022/23.

Our Vision: “Improving lives with the people of West Dunbartonshire”

Our Strategic Plan 2019/23 sets out our vision and our desire to ensure that our citizens have access to the right care, at the right time and in the right place.

This involves a range of activities, centered on a continuous cycle of “analyse, plan, do and review” and is iterative and dynamic to support collaborative system change across health and social care and all partners working in our communities. We work collaboratively with all stakeholders to ensure we continue to provide quality service to all our citizens within West Dunbartonshire.

The HSCP strategic priorities include:

- Early intervention

- Access
- Assets
- Resilience
- Inequalities

These strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework (Appendix 2) which states that: 'health and social care services should focus on the needs of the individual to promote their health and well-being, and in particular, to enable people to live healthier lives in their community'.

Quality Standards and Outcome Measures

Quality Standards and outcome measures help to define what people can expect to receive, and remind both the organisation and our employees of the challenges and obligations they face in delivering Best Value and quality services.

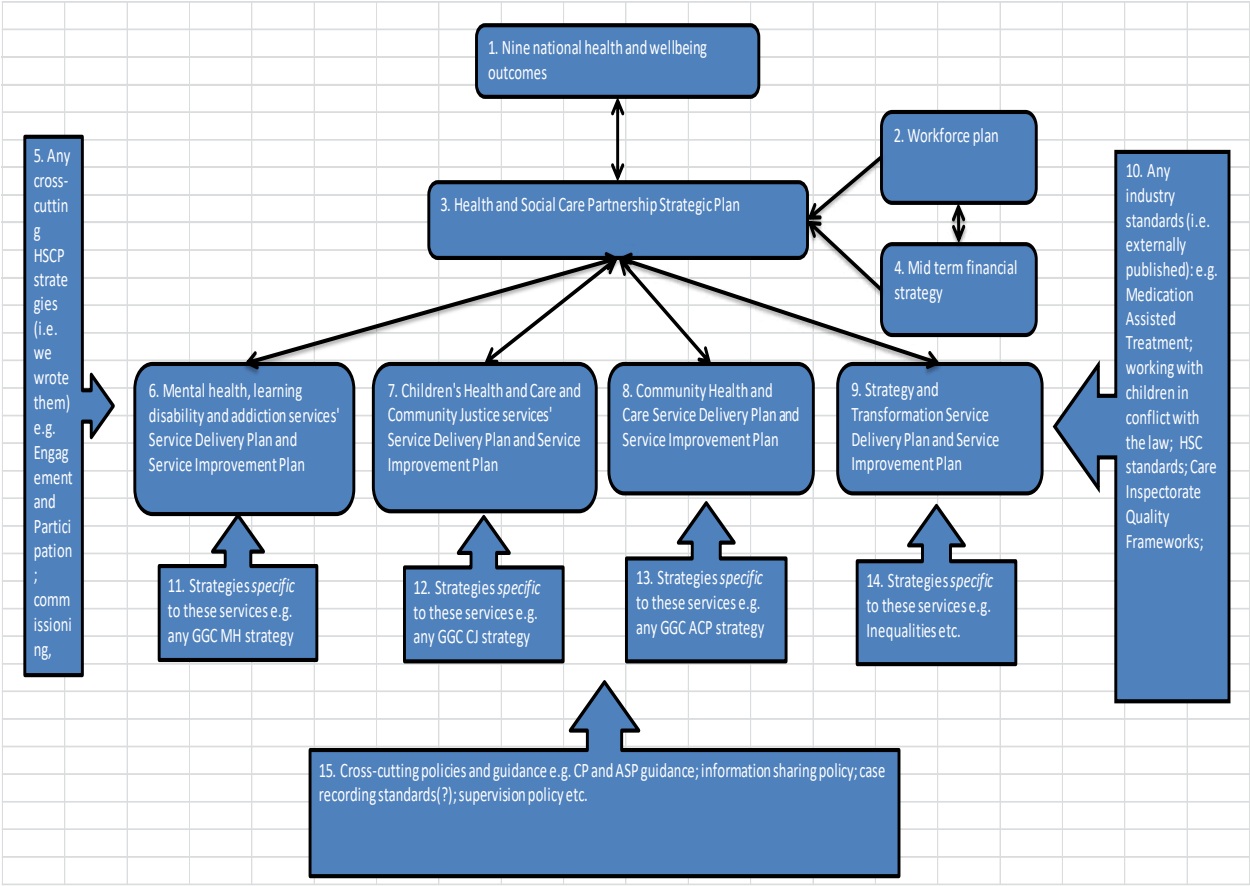
The nine [national health and well-being outcomes](#) provide a strategic framework for planning and delivering health and social care services and improving how services are provided. The HSCP are required to publish an annual performance report, which will set out how the national health and wellbeing outcomes are being improved.

The [Health and Social Care Standards](#): my support, my life (2017) were developed with the aim of driving improvement in outcomes for people and promoting flexibility and encouraging innovation in health, social care and social work services across Scotland.

The Standards apply to the community based NHS and Local Authority social care services; these services combine to form the HSCP. We use the Health and Social Care Standards to help us make sure services are respecting and meeting people's rights, needs and choices and delivering Best Value. We can be audited by Audit Scotland on the latter and can be inspected by separately and/or jointly by Healthcare Improvement Scotland and the Care Inspectorate regarding the former.

There are various national and local drivers, which require to be considered when preparing a Service Delivery Plan. The flowchart below is an aide for authors but also to readers of SDPs to have some understanding of these various drivers. Figure 1 shows some of the different pressures and is provided for illustrative purposes.

Figure1



3. Overview and Profile of Service Area

3.1 Mental Health Services

Adult Community Mental Health Teams (CMHT)

West Dunbartonshire HSCP provide community mental health and social care within two adult community mental health teams (CMHT), Goldenhill Resource Centre, Clydebank and Riverview Resource Centre Dumbarton. In addition, West Dunbartonshire HSCP manage community mental health adult services for Helensburgh and Lomond area of Argyll and Bute HSCP via a service level agreement. This is located in Helensburgh CMHT. These teams provide integrated health and social care for people with complex mental health needs that require multi-disciplinary team oversight within the boundaries of the NHS GG&C Community Mental Health Team Framework. The service consist of Psychiatrists; Social Workers; Nurses; Psychologists; Occupational Therapists and administration staff.

Primary Care Mental Health Team

Mental Health Therapists, practitioners, and psychologists deliver assessment and provision of evidenced based psychological therapies for a range of conditions that do not require a multi-disciplinary approach to care.

Crisis Team

The Crisis Team, operating out of our local Adult CMHTs, provide intensive home and community treatment as an alternative to traditional hospital inpatient care.

Acquired Brain Injury Service (ABI)

The ABI service is based in Cairnmhor Resource Centre in Dumbarton Joint Hospital. The team consists of a Team Lead, Neuropsychologist, Social Worker and Rehabilitation Support Worker. They provide an assessment and rehabilitation service to local residents who have an acquired brain injury, delivering services in people's homes and supporting them to access services in the wider community.

Older People Community Mental Health Team

The service operates across West Dunbartonshire, Helensburgh and Lomond providing mental health care in the community for people with dementia and people over 65 with a functional mental health diagnosis. Included in the team

are Psychiatrists, Nurses, Occupational Therapists, Physiotherapist, Care Home Liaison and Dementia Post Diagnostic Support Workers.

Older People Mental Health Inpatient Service

Older people from Dumbarton, Vale of Leven and Helensburgh and Lomond areas who require mental health in-patient admissions are admitted to West Dunbartonshire HSCP Vale of Leven Katrine Ward, a six bedded unit for older people with functional mental illness, Fruin Ward, a 12 bedded ward for people requiring dementia assessment and Glenarn Ward Dumbarton Joint Hospital a 12 bedded ward for people with complex care dementia. People from Clydebank are admitted to Glasgow City HSCP Gartnavel Royal Hospital.

Mental Health Officer (MHO) Service

West Dunbartonshire has a dedicated MHO service, based in Riverview Resource Centre. A Mental Health Officer duty system is run from here with someone on duty during the hours of 9am-5pm Monday to Friday. Out with these hours MHO service is delivered from a central out of hours social work team based in Glasgow.

3.2 Addictions Services

West Dumbarton Addictions Services is a TIER 3 treatment and support service, which offers:

- Treatment and Support to individuals experiencing dependency and problems associated with a variety of illicit drugs including Heroin, Benzodiazepines, Cocaine, Amphetamines, Cannabis and prescribed medication.
- Blood Borne Virus (BBV) Testing and Treatment Service offers Hepatitis C assessment and treatment Clinics at Dumbarton Joint Hospital, Vale Centre for Health and Care, Clydebank Health Centre and Clydebank Community Addiction Team.
- Harm Reduction Service offers a confidential provision of injecting equipment, injecting related wound management, including provision of antibiotics, Naloxone provision and Twinrix vaccinations.
- Alcohol Service offers treatment and support for individuals experiencing problems associated with alcohol dependency/hazardous drinking. A range of interventions include home supported alcohol detox, physical and mental health assessment, administration of Pabrinex injections, initiation and monitoring of

protective medication e.g., Disulfiram, Acamprosate, access to the Kershaw Day Unit for detox / group programme and Kershaw in-patient for individuals who require detox but are assessed as not suitable for home detox and 1-1 relapse prevention.

- Special Needs In Pregnancy (SNIPS) work as an integral part of the SNIPS Multi Agency Team, providing treatment and support to pre and post-natal women with addiction issues.

3.3 Learning Disability Services

The integrated Learning Disability (LD) team provides services to West Dunbartonshire residents over the age of 16 that have a learning disability.

Individuals with learning disabilities tend to have significant, lifelong conditions that affect their development in childhood. This means they may need help to cope on their own, understand information and learn skills.

We are a statutory service with statutory deadlines to meet regarding Adult Support and Protection (ASP) work, in addition to other statutory work. The recommendations from the Care Inspectorate Inspection report published in August 2021 will inform LD ASP practice and processes going forward and we are currently contributing to wider work being carried out regarding ASP within West Dunbartonshire HSCP.

The Health and social care: integrated workforce plan published in 2019 sets out future workforce requirements in a national context and provides revised workforce planning guidance to health and social care employers, we are developing our Learning Disability workforce in line with this. In addition, there are a number of local and national strategic drivers that continue to inform our work on an ongoing basis such as the Independent Review of Adult Social Care and the proposed creation of a National Care Service. We remain committed to working with the wider HSCP, NHSGGC LD Board wide structures, service users and stakeholders to contribute to any future developments.

Currently the West Dunbartonshire Learning Disability Service comprises:

Community Learning Disability Service

This is a community service based at 118 Dumbarton Road, Clydebank covering the Locality of West Dunbartonshire. It is a fully integrated team providing specialist support in areas such as psychiatry, psychology, nursing, occupational therapy, physiotherapy, speech and language therapy and social work. The team works to ensure that, as far as possible, people with a learning disability have the same

opportunities, rights and responsibilities as everyone else, and are able to lead as full a life as possible. We aim to provide person centered opportunities based on a full holistic assessment, which provides social inclusion, independence and self-care to achieve positive outcomes, such as feeling safe and healthy.

Dumbarton Centre – Registered Service

This building based day service has been operating differently during the pandemic. Future service provision will be delivered in line with the eligibility criteria. As part of this, staff continue to organise and meet with service users and carers to evaluate, review and update individual care plans. The Centre has adapted, communicating with families via different medias, text, telephone conversations and emails. We are exploring ways in which we can access resources within our local community as government restrictions ease.

Community Connections – Registered Service

Community Connections provides support in the community to meet the assessed needs and personal outcomes of individuals in accordance with the Scottish Learning Disability Strategy, The Keys to Life, which promotes A Healthy Life; Active Citizenship; Choice; Control; and Independence, in line with the eligibility criteria. The team supports service users to access opportunities and community resources in learning, living, wellbeing and working. In the past year, the team has developed flexible creative and innovative responses to the Covid-19 pandemic restrictions to enable service users to access support at home and in their communities. This has ensured our commitment to the promotion of independence, safety and support, with a large focus on mental health and wellbeing for people with learning disabilities living in West Dunbartonshire. During the pandemic, the team assisted and responded to the pressures on the wider Learning Disability Service by providing staff to cover emergency and critical support in Housing, Community and Respite Services including emergency accommodation and supporting service users to access testing and vaccination centres.

Housing Support Service – Registered Service

The Housing Support Service supports individuals with a learning disability to live within their own home and maintain their tenancies. The service supports these individuals to live a full and inclusive life as members of the West Dunbartonshire community. It engages with people to identify and achieve outcomes that meet their assessed needs and realise their ambitions and goals in life. The service operates over a 24 hour period and provides both sleepover and waking night support where required. The service has a strong commitment to person-centred, meaningful approaches and the support team is experienced and has built strong relationships with those being supported and their families. Staff are passionate about challenging themselves to 'push boundaries'; supporting people to realise their potential and gain new experiences.

Work Connect

Work Connect provides a service to a range of Mental Health, Learning Disability and Addiction service users and provides a variety of interventions through multiple funding streams from rehabilitation to recovery to employability.

4. Quality Assurance Statement

West Dunbartonshire HSCPs vision is “improving lives with the people of West Dunbartonshire”. The Partnership aims to ensure health and social care services are delivered in a sustainable and integrated way, and people receive the treatment, care and support they need at the right time and in the right setting, with a focus on community based and preventative approaches.

Our approach to quality assurance starts from what matters most to enable people to live their lives in the way they want. By definition, there can be no ‘one size fits all’ in personalised care and support. Getting the right balance for people can only be achieved through a person-centered approach, which understands someone’s personal history, current circumstances, future aspirations and what is important to them. This may change over time – so it is important not to make assumptions and ensure service user needs are regularly reassessed.

Through quality assurance we seek to evaluate what we do as a service, identify and consolidate strengths, address weaknesses and learn as a service in order to improve what we offer and deliver to residents with care and support needs.

We will do this by:

Leadership	<p>Each leader has a clear set of objectives that are supported by wider local and national strategies and are underpinned by the values of their professional registration that supports delivery of service improvement for clients and staff.</p> <p>The services will continue to operate weekly team lead and operational manager’s huddles as well as regular business meetings, care governance meeting and mental health development meetings.</p> <p>The services will deliver on NHS and Council governance responsibilities and ensure staff have clear understanding of objectives that is visible to employees</p>
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	in the service and appropriate communication structures are in place.
Service User Voice	The Covid-19 pandemic paused the wider service user engagement strategy. Mental Health Services need to re-engage with Glasgow Service User Network to ensure the voice of the service user is at the heart of service development. The implementation of the My Life Assessment delivers a personalised agenda ensuring a partnership approach with service users and carers.
Culture	The services will continue to focus on a culture of safety and wellbeing. Staff will be aware of their responsibilities in terms of further developing the services operational risk register. The team will work with colleagues to ensure that staff wellbeing is at the heart of our service going forward. We will support staff to ensure there are mechanisms in place to ensure staff development time such as supervision, learning and development, including learning from critical events.
Workforce	Plans are in place across the mental health team to ensure the right skill mix across the service, to manage vacancy levels and to promote the benefits of working in West Dunbartonshire HSCP Mental Health Services. In line with the Health and Social Care: integrated workforce plan for Scotland published in 2019, which sets out future workforce requirements and provides revised workforce planning guidance, we are consulting with our HR colleagues to ensure this is reflected in our staffing mix going forward.
Education and Training	All staff will be engaged in a personal development process that leads to developing strengths and raising self-awareness. This includes Adult Support and Protection, and Child Protection training.
Accountability	We will ensure that all the appropriate leads understand their objectives and tasks and take ownership of these. Local Mental Health Services will monitor this through our clinical and care governance meeting and mental health development group.
Professional Standards	We continue to monitor compliance with staff professional registration and will continue to monitor compliance with wider professional standards at the local clinical and care governance meeting. Issues will be escalated to the HSCP governance group as necessary.

Participation	We will continue to work with colleagues at an individual service user level, across services and with the wider citizens of West Dunbartonshire. Service users will be encouraged to participate in future service planning and developments.
Support	<p>Implementation of the My Life Assessment will ensure a holistic approach to care that is based on a person's needs.</p> <p>We will work with partnership provider services to deliver a range of services that meet the health and wellbeing needs of citizens. Services will continue to signpost services users to these invaluable services.</p>
Feedback	A range of mechanisms is in place including service user surveys, complaints procedures, comments and suggestion boxes and newsletters.
Outcomes	The My Life Assessment process is person centered with a focus on the individual's outcomes including the aspirations of the service user.
Integration	We will continue to deliver a health and social care integrated service that delivers enhanced care. This includes working together at both a client and strategic level.

5. Best Value Statement

The HSCP Board has a duty to secure Best Value across the HSCP. The Local Government in Scotland Act 2003 introduced a statutory framework for Best Value for local authorities. The Best Value duties set out in the Act are:

1. to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and, in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirement and to contribute to the achievement of sustainable development
2. to achieve break-even trading accounts, subject to mandatory disclosure
3. to observe proper accounting practices
4. To arrange for the reporting to the public of the outcome of the performance of functions.

The service will ensure fulfilment of these duties through taking the following actions in line with the Best Value Themes:

Vision and Leadership	The service senior leadership team will drive continuous improvement through modeling empowering behaviours and providing managers with the tools and techniques to support frontline workers in identifying and solving problems themselves.
Governance and Accountability	The service will work together with commissioning and procurement services to achieve best value in service delivery for service users and wider citizens ensuring effective procurement processes.
Effective Use of Resources	The service will review services need and ensure flexibility in care delivery such as reassignment of staff to areas of critical need when necessary.
Partnership and Collaborative Working	All services work together, using a co-production approach, with third sector services to deliver effective service user care.
Working With Communities	The service will continue to work with and improve our engagement with the

	wider community through our improvement projects.
Sustainability	The services will ensure they are future proof. This includes developing individual and community resilience.
Fairness and Equality	The services will embed a human rights approach across the HSCP, which will inform future work to reduce stigma. The services will ensure equality is at the forefront of any improvement projects and will support the HSCP Equality forum.

6. Service Delivery Action Plan

As noted above, change and improvement across health and social care services may be driven by a number of factors. Our key priority actions for 2022/23 are detailed below:

Strategic Priority:	Early Intervention			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
Number 9, 1, 4	Development of a Distress Service within West Dunbartonshire HSCP.	New service has commenced	March 2023	Kate Conway
6, 10 & 14	Develop a mobile harm reduction treatment service, specialist treatment within targets areas. This will Increase accessibility to treatment and support services.	Develop a process to ensure early intervention where required is offered by specialist staff	March 2023	S Chatfield J McGinley
2	A review of current types of accommodation being provided across Learning Disability, Mental Health and Addictions to be able to identify future resource requirements	Dynamic register detailing current client provision	March 2023	F Downie K Conway J McGinley L Kinloch
6, 10 & 14	Implementation of the Medication Assisted Treatment (MAT) standards	Selected as a test of change area by Public Health Scotland	March 2024	S Chatfield J McGinley ADP SO
1,2,3,4,5,6	Focus on improving quality of care for people living with dementia and their families; and develop strategies to reduce risk of people developing dementia	Implementation of 9 local commitments	March 2023	Fraser Downie

4 and 5	Short Life Working Group to review the transition process for children with a disability in to adult services and ensure a seamless pathway with clearly defined protocols	Revised and transparent process to ensure early intervention, if required.	March 2023	S Chatfield L James
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Strategic Priority:	Access			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
4, 9	Complete rollout of Wellbeing Nurse Service in all GP practices	All GP practices have allocated Wellbeing Nurse time	Oct 2022	Kate Conway
4 and 9	Ensure a streamlined approach and consistent application of the Eligibility Criteria and the Charging Policy for non-personal care services across teams	Annual audit of 10 cases per team to benchmark standard	March 2023	F Downie K Conway J McGinley L Kinloch
6, 10 & 14	Increasing accessibility for same day assessment/treatment in Addiction Services	Test of change Pilot project working with PHS	March 2023	S Chatfield J McGinley ADP SO
6, 10 & 14	Development of a Non-Fatal Overdose team	New service has commenced, pilot project of one year, measured through performance management	September 2022	S Chatfield J McGinley
6, 7 & 10	Development of Arrest Referral Service, to increase accessibility to people in custody who may require treatment and support with addiction issues and wider Recovery Orientated Systems of care needs	New service has commenced, pilot project of 2 years, measured through performance management	June 2023	S Chatfield J McGinley Mary Holt

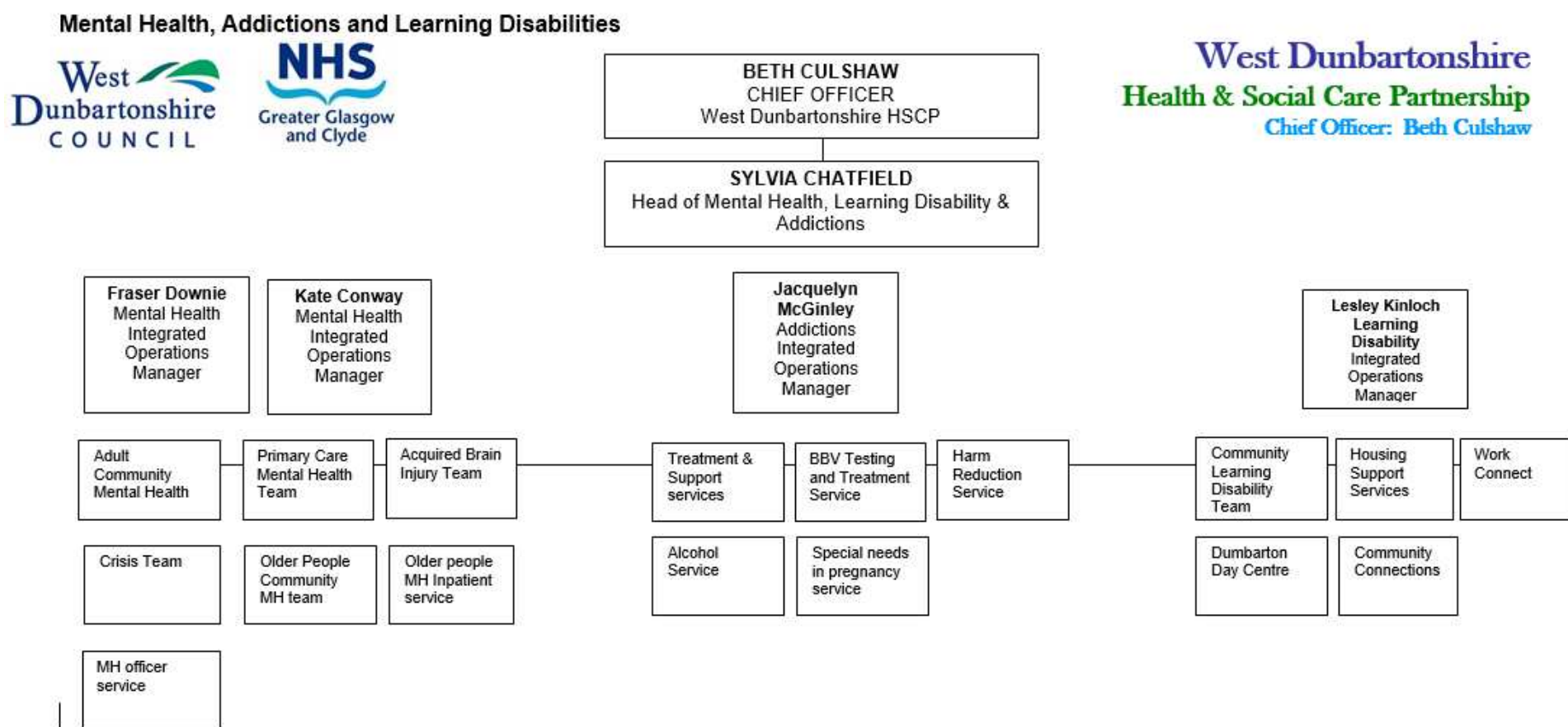
Strategic Priority:	Resilience			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
8, 9	The mental health team will work with staff to ensure staff wellbeing is a key element of service delivery	Positive staff results survey	September 2022	Kate Conway
3, 4, 6, 10 & 14	Further, establish the Addictions health team; increase Addictions Nursing and Medical Officer compliment to ensure we meet MAT standards	Fully established health team, performance monitoring	March 2023	J McGinley
9	Continue implementation of RAG (Red Amber Green) process, introduced during Covid-19, to ensure consistent prioritisation of cases and improved oversight of service users and carers in terms of governance	RAG rating	March 2023	F Downie K Conway J McGinley L Kinloch
3, 4 and 8	Further, establish the Learning Disability health team; increase Learning Disability nursing compliment and recruit two generic Healthcare Support Workers to improve Risk Register, identified concerns and caseload allocation.	Fully established health team and reduction in clinical waiting times	March 2023	L Kinloch

Strategic Priority:	Assets			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
9	Learning Disability and Addictions to explore move to alternative accommodation within the Locality	Paper presented to and approved by IJB Board	March 2023	S Chatfield W Cox J McGinley L Kinloch
8	Investment in current IT provision within Learning Disability and Addiction services to support staff productivity and improve timeliness of information provided to service users and carers	Removed from Risk Register	March 2023	V Rogers J Slavin

Strategic Priority:	Inequalities			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
6	All main carers, who support service users in receipt of a care package, will be encouraged to engage in a carer assessment	Number of carer assessments completed	March 2022	All IOMs
3, 5, 7	Development of a roster that ensures Adult Support and Protection timescales are met.	Timescales are met	Dec 2022	All IOMs
3,4,5	Work with Service User Network to understand the service user experience within services.	Evidence of service user views resulting in service improvement.	March 2023	Fraser Downie

4, 5 and 6	New revised ARG process to ensure every service user and their carer, where applicable, is offered the opportunity to have their income maximised annually	Improved scrutiny of every service agreement approved through revised ARG process	March 2023	S Chatfield Margaret-Jane Cardno
9,4	Develop an Advocacy Service to meet the needs of patients accessing Addiction Services and 3rd sector partners	Advocacy service embedded in to WDAS	Dec 2022	J McGinley

Appendix 1: Service Structure Chart



Appendix 2: National Health and Wellbeing Outcomes

There are nine national health and wellbeing outcomes, which apply to integrated health and social care. The suite outcomes, together, focus on improving the experiences and quality of services for people using health and social care services, carers and their families.

1. People are able to look after, improve their own health and wellbeing, and live in good health longer.
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Appendix 3: Health and Social Care Standards

Scottish Government published “Health and Social Care Standards: my support, my life” in 2017 with the aims of driving improvement in outcomes for people using services, and promoting flexibility and encouraging innovation in health, social care and social work services across Scotland.

There are five standards. The headline outcomes for each standard are:

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

Each outcome is accompanied by a descriptive statement, which sets out the standard of care a person should expect when using health, social work and social care services, and describes what successfully achieving the outcome looks like in practice. The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing.

Service Delivery Plan 2022/23

Children's Health, Care and Justice

1. Introduction

1.1 This Service Delivery Plan (SDP) for Children's Health, Care and Justice is set within the context of the West Dunbartonshire Health and Social Care Partnership Strategic Plan 2019 - 2023.

Service Delivery Plans are a key component of West Dunbartonshire Health and Social Care Partnership's Service Design and Quality Improvement Framework and set out the key priorities and improvement areas for ensuring services deliver high quality services for the people of west Dunbartonshire.

This plan sets out our vision and priorities, our performance framework, and improvement actions for 2022/23.

The West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to the principles of Best Value and ensuring we deliver high quality care services in an environment of robust clinical and care governance. It is crucial that this SDP does not remain a simple statement of intent, but a continuing process of actions, monitoring and review. The plan will continue to be tested for its fit with our strategic aims and progress will be regularly reviewed by service management teams on a quarterly basis to ensure actions remain on track, anticipated outcomes can be fully realised and that the approach being taken is sufficient and appropriate to secure our vision.

2. Context and Vision

2.1 This SDP sits within the context of the West Dunbartonshire HSCP Strategic Plan 2019-2023 and provides the detail of how Children's Health, Care and Justice intend delivering the strategic plan for the year 2022/23.

2.2 Our Vision: "Improving lives with the people of West Dunbartonshire"

Our Strategic Plan 2019/23 sets out our vision and our desire to ensure that our citizens have access to the right care, at the right time and in the right place.

This involves a range of activities, centered on a continuous cycle of "analyse, plan, do and review" and is iterative and dynamic to support collaborative system change across health and social care and all partners working in our communities. We work collaboratively with all stakeholders to ensure we continue to provide quality service to all our citizens within West Dunbartonshire.

2.3 The HSCP strategic priorities include:

- Early intervention
- Access
- Assets
- Resilience
- Inequalities

These strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework (Appendix II) which states that: 'health and social care services should focus on the needs of the individual to promote their health and well-being, and in particular, to enable people to live healthier lives in their community'.

2.5 Quality Standards and Outcome Measures

Quality Standards and outcome measures help to define what people can expect to receive, and remind both the organisation and our employees of the challenges and obligations they face in delivering Best Value and quality services.

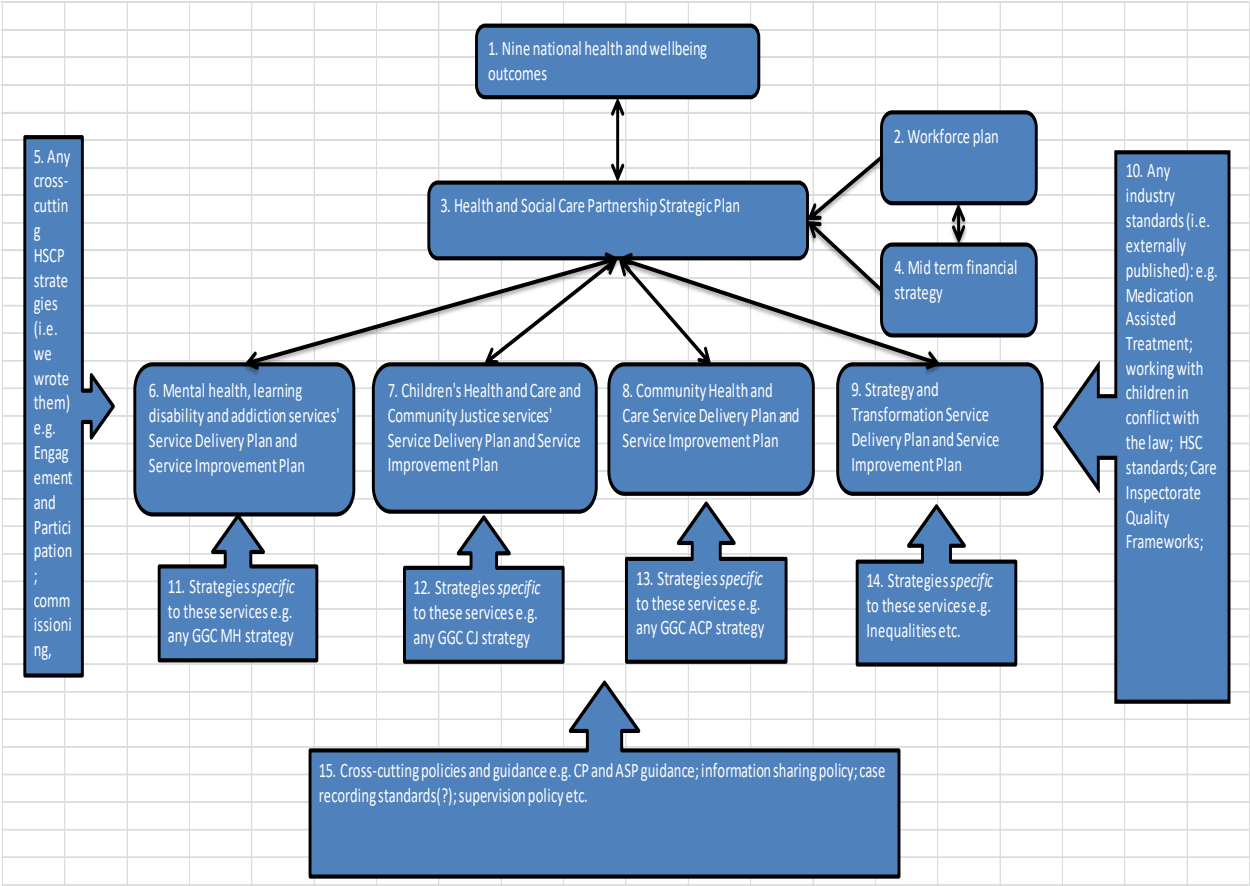
The nine [national health and well-being outcomes](#) provide a strategic framework for planning and delivering health and social care services and improving how services are provided. The HSCP are required to publish an annual performance report which will set out how the national health and wellbeing outcomes are being improved.

The [Health and Social Care Standards: My Support, My Life](#) (2017) were developed with the aim of driving improvement in outcomes for people and promoting flexibility and encouraging innovation in health, social care and social work services across Scotland. The Standards apply to the community based

NHS and Local Authority social care services; these services combine to form the HSCP. We use the Health and Social Care Standards to help us make sure services are respecting and meeting people's rights, needs and choices and delivering Best Value. We can be audited by Audit Scotland on the latter and can be inspected by separately and/or jointly by Healthcare Improvement Scotland and the Care Inspectorate regarding the former.

There are various national and local drivers which require to be considered when preparing a Service Delivery Plan. The flowchart below is an aide for authors but also to readers of SDPs to have some understanding of these various drivers. Figure One shows some of the different pressures and is provided for illustrative purposes.

Figure1



3. Overview and Profile of Service Area

- 3.1** Children's Health, Care and Justice Services' include: Social Work Children and Justice, Health Visiting, School Nursing, Specialist Children's Services i.e. CAMHS (Child and Adolescent Mental Health Services), Speech and Language Therapy and Specialist Community Paediatric Teams including Physiotherapy, Occupational Therapy and Community Children's Nursing.

Interventions delivered in each service area focus on assessing risk and needs of children and young people to enable the delivery of planned interventions, underpinned by getting it Right for Every Child National Practice Model with the child's voices at the centre.

Children services' primary objective is to ensure children and young people are able to live safely in their home or community, enabling children to have the best possible chance in life and to realise their full potential, receiving any additional support they need at the earliest stages.

The universal services within Health Visiting and School Nursing offer part of the foundation services for families, to ensure early help and support is identified for children that need it including pre-birth.

Specialist Children's health services ensure that children with additional needs are supported through robust referral pathways, in place to support early assessment and, thereafter, targeted therapeutic interventions as required.

3.2 Health Visiting

Health Visiting services focus on providing a robust preventative framework for all families and children spanning the antenatal to pre-school period. This service provides a platform to support and safeguard the wellbeing of children by providing advice, information and support in a variety of community settings.

Health Visitors have, and always have had, a significant public health role to play in relation to individuals, families and communities and adopt a patient centered approach in assessing the wider context of family and community life. The Scottish Government directed Universal Health Visiting Pathway presents a core home visiting programme which is offered to all families as a minimum standard. Crucially Health Visitors work collaboratively with multiagency partners contributing to care planning for our most vulnerable children.

3.3 School Nursing

The School Nursing service has a focus on prevention, early intervention and support for the most vulnerable children over five years who have been identified

by services as being at risk. School nurses perform wellbeing assessments adopting the GIRFEC National Practice Model.

There are ten priority areas under the overall headings of vulnerable children and families, mental health and well-being, and risk taking behaviour, where services are focused. In particular school nurses have a vital role in preventing ACES, supporting CAMHS, preparing records and reports, attending and contributing to multi-agency planning.

3.4 Locality Services

The children and families locality service provides support to all children, young people and their families who require a social work service. The service provides support within a multi-agency context, acting as lead professional within team around the child planning arrangements.

Services are delivered via four service specific teams, two of which are locality based, and two which operate on an authority wide basis. Each team consists of a Service Manager, three Senior Social Workers (two within children with disabilities), and both social work support staff and administrative staff.

Service Managers chair all child protection case conferences / discussions and complex case meetings.

Senior Social Workers chair all team around the child meetings (with the exception of young people within a WD residential placement).

All areas of service contribute to the “duty” model, which provides an initial point of contact for all referrals. This includes requests for assistance from named persons within the universal services, and child protection referrals from a range of sources for families who do not already have a named lead professional within the service.

Under 12 services are based within the localities of Clydebank and the Dumbarton / Alexandria areas respectively. Authority wide services are provided by the Youth Services Team and Children with Disabilities. Each team consists of a Service Manager, three Senior Social Workers (two within children with disabilities), and both social work, support staff and administrative staff. The Youth Services Team Leader also oversees and manages the Disability Service.

All four areas of service provide a community based response to vulnerable children, young people and their families, addressing a range of issues resulting in the requirement for a multi-agency approach facilitated by the social work service.

All service areas provide a lead professional role in respect of outcome planning for children and young people experiencing a range of issues and concerns.

Within the Under 12s Service this includes:

- An authority wide Special Needs in Pregnancy Service (SNIPS) located within the Under 12's service area, providing an early and multi-agency response in respect of pre and post birth vulnerability and risk. Families requiring longer term support move from the SNIPS service into the broader Under 12 teams.
- Child protection risk assessment, planning and review undertaken by the teams following completion of an initial assessment on duty (unless the family are already allocated within the service).
- Assessment and outcome planning in respect of babies and children of preschool and primary age requiring support and intervention in respect of a range of parental vulnerabilities impacting on their capacity to safely care for their children at home. Many families who do not meet the threshold for child protection require ongoing support and interventions in respect of complex and often multi-generational issues impacting on parental capacity for safe care.
- Outcome planning and contact arrangements with a view to rehabilitation of children looked after away from home in both local and external foster placements, residential placements including residential school and some children requiring hospital care are managed by the Under 12 services in partnership with colleagues within team around the child arrangements.
- Where a return home is not possible, joint assessment and management of the permanence process, including identification of alternate carers, is undertaken with colleagues within the Looked After Children's Service with a view to permanent placement elsewhere, again in the context of team around the child arrangements.
- Kinship arrangements for children within this age group are also managed by the Under 12s service.
- Domestic abuse services, specifically the CARA service (providing a psychotherapeutic service to survivors of domestic abuse and sexual violence) and the CEDAR service (providing recovery support to women and their children from domestic abuse) are managed within the Under 12 service area.
- MARAC representation for the service is also undertaken by an Under 12's Service Manager.

3.5 Youth Services

Many of the activities outlined above are also applicable within the adolescent age group.

In addition however, specific areas of work include:

- The Whole systems approach in respect of diversion from offending. This is supported by a service level agreement with SACRO, one full time equivalent social worker and an addictions worker.
- Provision of a Youth Justice response, including liaison with Justice Services regarding young people not previously known to Youth Services, who may benefit from a Youth Justice approach in respect of both reporting to and managing a court outcome.
- Assessment and management of risk in the context of protection concerns in respect of vulnerable young people. These concerns are managed within a vulnerable young person's process; this includes risk of harm, risk to others, sexually problematic behaviour, exploitation and child trafficking.
- Assessment, support and planning in respect of young people who are looked after at home, away from home, in kinship care, external residential placements, psychiatric hospital and secure care.
- A Multi Agency Forum established to consider the needs of young people who may have "slipped through the net" from the ages of 16 to 21, who were not previously looked after and accommodated and may never have been known to services. Issues include homelessness, addictions, mental health and family breakdown. The purpose of the group is to identify strengths and risks, identify the agency best placed to lead on support and agree an initial plan. Attendees include Police Scotland, housing services, through care, health, addictions, mental health and third sector colleagues and is chaired by the Youth Services Service Manager.

All of the above activity is undertaken on a multi-agency basis with partners within Police Scotland, justice, education, health, CHS and SCRA, third sector and colleagues from adult services.

It is important to note that while services are broadly categorized as under 12 or over 12, in fact this line is very elastic and is considered in respect of:

- The best interests of the child
- Family demographic and focus of concerns

Areas to be considered as priority areas for development include:

- More effective deployment of resources in respect of early help and support; this requires consideration in respect of the management and deployment of support staff to ensure a more transparent and consistent / relationship based response. Some consideration could be made to inclusion of health and education support staff in developing a pathway for early help which could support the retention of earlier relationships.
- More effective deployment of resources supporting both early help and initial assessments including assessments of risk while also providing sufficient

focussed resource to longer term planning / outcomes. This is required in the context of the need to adapt to the new national CP guidance, JII project and the development of a local cohort of JII trained staff, GIRFEC refresh (early help and interface with universal service) and new legislative imperatives (ACRA).

- Consideration of a review of skills across the service specifically in respect of intensive support and early help. ATC have specific skills in group work and ISMS – staff within Youth Services also hold these skills however due to an earlier restructuring, cased to use them. There have however been successful joint pieces of work undertaken with young people involved in anti-social behaviours using a group work approach – this would benefit from revisiting as a working model for young people which is effective in both diversion and intensive supports.
- Embedding more securely the assessment and support to young carers within a multi-agency planning process – this is a gap in respect of children and young people subject to multi agency planning and living in complex situations. In addition, adult services in health and social work require to be more aware of the needs of young carers in planning for adults care – specifically (but not exclusively) in addiction and mental health services.
- More effective support to kinship carers, including more effective scrutiny of assessment and kinship planning processes. Kinship panel requires to be developed and firmer link to local kinship group re-established.
- Reinvigoration of the work previously undertaken on PACE re timescales and decision points for all LAAC and kinship children. Much of this is in place however has not been activated.
- Case recording standards updated to include child care methodologies and procedures for LAAC/ Kinship and permanency planning created or updated (kinship to be updated).
- Ongoing support to facilitate the completion of the work on modular assessment and reports to SCRA.
- Consideration of a domestic abuse team across justice and child care services incorporating the intervention and recovery models in place or about to be adopted (Caledonian).

3.6 Children with Disabilities and Special Needs

Services to children affected by disability are managed by a team comprising; Service Manager, two Senior Social Workers, social workers, Pediatric Occupational Therapist, Home Care Organiser, SDS and respite / leisure coordinator and ASD specialist worker.

Work undertaken within the team includes all of the above points with children and young people subject to child protection and vulnerability processes, looked after and looked after and accommodated processes, and within kinship arrangements.

Outcome planning in respect of the additional needs of children and young people is supported by a clear assessment process and resource allocation group which oversees an outcome focused planning process in respect of support to the child / young person and their family.

Allocation of resources is supported by assessment utilising the Individual Resource Framework (IRF) 1 and 2, with an at least annual review of services allocated.

The approach taken by the whole team is one of inclusion and an expectation that children and young people access local mainstream resources as far as possible, and where required, the provision of support including respite to families can vary widely from more traditional models of respite support to the more creative use of direct payments or SDS.

3.7 Family Placement Services

The Family Placement Team are a central based team, operating out of the WDC, Church Street building. The team provide a Fostering and Adoption service for children and young people in the local authority area.

The service hosts two small sub teams with one focused on the recruitment training and support to foster carers, while the other offers a family finding service for children who require to live permanently away from home.

The Fostering Team provide support to 43 foster carers, mainly spread across the locality area with 60 children benefiting from this community based support. In addition the team also offer linked support to a range of external providers across Scotland. The role of the supervising social worker is to ensure that agreed external placements are meeting expected standards and that children placed in such provision are supported to maintain local links.

The Adoption Team work cooperatively with neighbouring local authorities and approved voluntary agencies in providing placements. The team also recruit, train and support a range of prospective adopters while searching for positive matches between them and children across the consortium.

The team provide support, advice and guidance to staff across the authority. In particular, support surrounding permanence. The two Senior Social Workers within the team provide direction and support to the smooth running of the fostering and adoption panels, ensuring that all information required to make decisions on the recruitment of carers and/or decision making around permanence for children can be met in a timely fashion.

3.8 Residential Children's Houses

West Dunbartonshire Council currently has three Children's Houses; Blairvadach, Craigellachie and Burnside although one of the houses, Blairvadach, is located within the Argyll and Bute Council area. We have two x six bedded house and one x seven bedded house. The Children's Houses support young people who have had many adverse childhood experiences (ACEs) in their lives and struggle with the problems and the emotional trauma this can bring. The House also support young people who have been trafficked into the UK before transitioning into through care. This has been a learning curve regarding the language barrier but staff have worked hard making the young people feel safe and secure in their placements.

Staff also support young people and families through their placement with a clear focus on positive outcomes echoing the organisation's commitment which reflects the impact of adverse childhood experiences (ACEs) our young people face.

The Children's Houses continue to have strong links, working closely with families, Social Workers, Alternatives to Care, Through Care and After Care Services (for young people preparing to leave care), Young People in Mind (for mental health and well-being support) and other key third sector agencies.

Our three Children's Houses are committed to continuing care supporting young people up to their 21st birthdays. The houses will support and encourage young people in preparation for independence supporting work placements or full time education placements.

All the staff are trained in Promoting Positive Behaviour (PPB) this helps staff understand the trauma in young people's lives and how to work through pain based behaviours. To complement the PPB training staff will be trained in Dyadic Development Psychotherapy (DDP) which focuses on attachment and trauma related behaviours, this will start in March 2022 with follow up training in December 2022.

3.9 McColl Avenue

McColl Avenue has been in use for the last two years and has been a valuable resource. The two bedroom flat is located in Tullichewan, Alexandria and has been used to support trafficked young people that have come into the country. Staff from the residential houses have predominately supported this. This placement has allowed the area team to start the age assessment but it has also been a place during Covid-19 to isolate the young person before finding an appropriate placement.

McColl Avenue has also been used by Alternatives to Care to take young people out of highly charged situations in the community or family home to allow things to settle down.

3.10 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 some of their many Corporate Parents. Key to this being effective, is the ability for our young people to meet with their Corporate Parents and take part in activities and events which promote positive relationships. The Champions Board have been in existence since November 2017.

The team is made up of a manager, and two former care experienced young people provide support as paid champions. The staff group were located in Clydebank area where a local building provided care experienced children and young people the chance to come together. However, due to the pandemic there was a need to prioritise this resource for children requiring support to have direct contact with their parents.

Restrictions placed on the Champions Board due to the pandemic have been significant and a shift in the engagement process has had to occur. Interactions between young people and their Corporate Parents have been restricted to digital and online methods. The Champions Board social media platforms, such as Facebook, Instagram and TikTok, have also provided invaluable opportunities for us to engage with our young people, often providing information and online links to help and support in relation to Covid-19.

Prior to the pandemic the Champion's Board were able to actively engage children, young people and Corporate Parents through local activity. This was driven by the children and young people and was considered a positive way of engagement through fun activities.

The Project Manager, along with the young champions are active members across a range of corporate groups and meetings where decision making affecting children are being discussed. In these platforms they are able to respond to discussions held, offering advice and guidance, as well as playing a pivotal role as a conduit to the child's voice.

3.11 Alternative to Care (ATC)

Alternative to Care is a 24 hour community based Support and Crisis service that offers early intervention and support to prevent young people from being received into Local Authority Care. Staff come from a residential background

and are trained in a variety of young person and family interventions for example, Handling Teenage Behaviour; Teentalk and Triple P, with experience of running young people and parenting GROUPS. ISMS is also covered within the ATC Team whereby they facilitate an intensive package of support within a multi-agency approach for youths displaying serious offending behaviour.

Support Workers based within ATC offer flexibility which has made a significant difference in meeting service demands, in particular working over weekends and in the evenings in order to allow more family contact to take place out with the normal 9 a.m. – 5 p.m. week day availability. Their predominate role is one of supervising family and sibling contact but are also involved in welfare/monitoring cases and supporting parents and carers within their homes.

FGDM aim to support young people remain within the main parental home or with extended family/friends or a combination of both as a means to ensure better longer term outcomes for the young people. This approach allows for the family to assume responsibility for devising a successful and sustainable plan around the young people and children involved. The focus is maintaining the young people in the local area and sustaining their attendance at their local school(s).

3.12 Throughcare and Aftercare

The team provides a statutory support service to those young people who are/were looked after and accommodated by West Dunbartonshire Council. Under the Children (Scotland) Act 1995 and the Children and Young People (Scotland) Act 2014 the Council has a duty to prepare and support young people for the time when they will no longer be looked after and accommodated; this could be up to the age of 26 years in certain circumstances.

The remit of the team is as follows:

- a) To identify those young people who will not be returning to the family home;
- b) To be involved in the preparation of an appropriate plan for young people who have been accommodated/looked after by West Dunbartonshire Council;
- c) To offer appropriate preparation to enable young people to progress to some form of supported accommodation and provide an agreed level of on-going support;
- d) To offer suitable preparation to enable young people to move to their own tenancy when appropriate and provide ongoing support.

Throughcare Team members work in partnership with vulnerable young people, area team and residential staff in a range of settings. It is important that young people who require a Throughcare service are referred within realistic

timescales enabling full discussion and preparation of an appropriate plan for the time the young person is no longer looked after. This must be done within the framework of the LAAC system and would be the decision of a LAAC review.

Young people leaving care are entitled to an assessment of their needs which takes account of their views and results in an action plan for their future. This plan outlines their needs and the arrangements for their support as defined in the regulations and guidance on services for young people ceasing to be looked after by local authorities.

Extensive research, together with the collective experience of this team since 1987, has demonstrated that young people leaving care/leaving home to take up their own tenancy find it very difficult to cope. Therefore, most young people leaving a children's unit, residential school etc. tend to move into some form of supported accommodation to enable a gradual move towards their own tenancy with on-going support being provided throughout.

The team manages a resource known as supported carers who provide supported lodging placements which enables young people to gain the necessary skills and experiences to eventually live independently in the community. West Dunbartonshire Council presently has 12 supported carers who provide eight supported lodging placements for young people being supported by the team. Some foster carers are also involved in providing supported lodging placements when young people reach 18 years of age.

The team also supports young people living in their own accommodation in West Dunbartonshire and provides information, financial advice and encouragement in respect of training, employment plus higher and further education courses.

West Dunbartonshire Council will treat young people who have been accommodated, who are homeless, as a priority group (in the 16 to 19 age range). However, it is reluctant to house young people who have not spent time in some of supported accommodation. In order to avoid setting up young people to fail, part of the early preparation work includes discussing the harsh practical, emotional and financial realities of having responsibilities for a tenancy.

3.13 Accommodation Options for Care Leavers

Within the West Dunbartonshire Council area the range of accommodation options for care leavers includes the following:

- Foster carers becoming lodgings providers;
- Supported lodgings;
- Temporary furnished flats;
- Permanent tenancies;

- Other placement provided by housing associations.

3.14 Services to children, young people and their families are delivered in partnership with 'Named Person' services and will follow the principles of tiered intervention that meet and reflect the needs of West Dunbartonshire's population.

Children's service's work in close partnership with education colleagues and other key partners to ensure a holistic approach to services is delivered.

3.15 Our strategic Objectives for HSCP services to children, young people and their families will be further developed through our strategic plan underpinned by the five principles of the 'The Promise' the output of the children services care review, which considered 5,500 voices of care experience young people and adults to identify required improvements across the 'Care system'.

Voice: children must be listened to and meaningfully and appropriately involved in decision making.

Family: where children are safe in their family and feel loved they must stay.

Care: Where living with family is not possible children must stay with their brothers and sisters where safe to do so.

People: the children that Scotland care for must be actively supported to develop relationships with people in the workforce.

Scaffolding: Children families and the workforce must be supported by the system that is there when it is needed.

3.16 Children and Families Strategic Drivers

- National Child Protection Guidance and associated required changes to service delivery
- National Transfer Scheme / UASC
- Scottish Model for Joint Investigative model for Scotland 2022/23
- Violence against Women and Girls
- Health and Social Care Standards
- HSCP Strategic Priorities - Early Intervention Access Resilience Assets Inequalities
- Child Protection
- National Care Service/ Feely report
- UNCRC
- Age of Criminal Responsibility
- Better Hearings
- Support to Kinship carers
- GIRFEC Getting It Right for Every Child (Refresh)

3.17 Local Drivers

- Public Protection
- Care Inspectorate grading's and Inspection outcome 2022
- Children' services Performance indicators (KPI's)
- Trauma Informed approach – IS children and Families learning - Scottish Government, COSLA and partners.
- Services designed to effectively protect and safeguard the most vulnerable children and young people within West Dunbartonshire.

In further developing the Strategic Plan for 2022/26 it is planned that children services will undergo service transformation across the system, with a focus on early help, trauma informed practice, scaffolding and support for families to help them manage risks and meet the needs the children in our communities and delivery on The Promise plan.

Staff will be fully engaged and involved in the transformation of their work space and place, enabling a positive and productive working environment supporting them to deliver services to children, young people and their families.

Our Justice services are focused on ensuring public protection through risk management of offending in our communities by:

- Assisting people to re settle into the community following release from custody.
- Tackling criminal behaviour and reducing risk of re-offending.
- Effectively supervising offenders in the community and improving their personal outcomes including court mandated options such as unpaid work within the community.

3.18 Strategic Drivers

- Community Justice Scotland Act (2016)
- Violence Against Women and Girls
- MAAPA (Multi- Agency Protection Arrangements
- Drug Testing and Treatment Orders and Recovery
- The Vision for Justice In Scotland (2022)
- ViSOR. Police Scotland have indicated that they are changing their organisational position as to how they share public protection information that the Police hold with other MAPPA partners. For those that access ViSOR they must sign an updated Security Operation Procedure (SyOPs) which specifies that they must be vetted. Police Scotland have advised that from 1 April 2022 they will continue to share Police information in relation to public protection with MAPPA partners through ViSOR in accordance with the MAPPA National Guidance. They will also continue to share information in support of MAPPA meetings where attendees will not require to be vetted for ViSOR (with the information protected by the confidentiality statement agreed

in advance of the meeting). Information will also be shared with MAPPA partners via phone and email in time critical situations and where there is an imminent risk of harm. This change also has implications for those not vetted and not able to access ViSOR. Police Scotland have developed two Information Sharing Agreements (vetted and non-vetted partners) to cover the sharing of information stored on ViSOR.

- MAPPA FRAME – risk practice training and education for those working Justice Services. NOS – Throughcare National Outcomes and Standards are being reconsidered imminently to bring them up to date and relevant to the changing landscape for Justice. Justice Social Work practice will be updated accordingly through training – will set out minimum standards for supervision – potential increase in capacity required should standards involve additional levels of supervision.
- PASS – Consultation on Bail and Remand – Implement provisions within the Management of Offenders (Scotland) Act to expand the use of electronic monitoring. During 2022, this will include bringing forward regulations to allow for the use of electronic monitoring for bail, as an alternative to remand. Strengthen alternatives to remand. Bail Supervision.
- TARL: Throughcare Assessment for Release on Licence – this has huge implications for our work with throughcare service users. There will only be one submitted report to the Parole Board with both the Prison Based and Community Based Social Workers contributing to its content and recommendation. It will involve a shift in thinking – working practice and demand the need for collaborative working with community and prison based colleagues. All first line managers and qualified Social Work staff will require training.
- Domestic Abuse Act.
- Equally Safe.
- Violence Against Women Group – Caledonian: demonstration model for court and non-court mandated service users. Scottish Government roll out of group work programme will bring additional demands on service – likely to be agreed with additional funding from Scottish Government.
- NCS – Justice Services to be included or not to be included.
- Scottish Government – Justice Vision – Approach to Preventing Offending beyond 18 years – researching and developing best practice, increasing understanding of the number of people age 18-26 who could benefit and consider what changes would need to be made including examining joint working and ensuring that both thematic areas understand how to support each other, leverage resources and ultimately, improve transition.
- Progress Restorative Justice Action – progress the Action Plan to ensure access to restorative Justice Services by 2023 and will begin the roll out of Restorative Justice services.
- Parole Board Scotland will continue to work to enable victims and families, where appropriate, to attend parole – WD Justice Services have signed up to facilitate attendance by victims at hearings.

3.19 Justice Social Work Services

The Justice Social Work Services team undertake a range of statutory duties concerned with the assessment and supervision of people involved in offending behaviour who are subject to community sentences or subject to supervision following a custodial sentence. Until March 2017, West Dunbartonshire Health and Social Care Partnership hosted a tripartite Criminal Justice Partnership on behalf of community planning partners in West Dunbartonshire, East Dunbartonshire and Argyll and Bute Councils. The national shift away from Criminal Justice Authorities, where local authority areas worked together to plan and deliver services has led to a return to single authority accountability, alongside the development of a local Community Justice Partnership which provides opportunities to improve planning and delivery of services in West Dunbartonshire.

The team includes Social Workers, Community Justice Officers and Assistants, provides statutory reports to courts and the Parole Board for Scotland and supervision of people subject to community based sentences. As part of our reports to courts, practitioners assess each individual's suitability for a range of sentencing options to inform how the Court might wish to respond. If a person receives a community sentence, the team develops an action plan to encourage people to move away from offending behaviour, recognising that involvement in offending is often rooted in earlier, adverse experiences. Court disposals may also include conditions to attend certain types of treatment, for example alcohol or drug treatment, or for someone to attend unpaid work (see below). The team works with people to support them to engage meaningfully with a range of interventions focused on managing risk and supporting pro-social behaviour and to complete their Order. This includes working together with colleagues across the HSCP and other partners to provide opportunities for positive change, including addictions, employability, education and housing services.

3.19 Unpaid Work

As part of a Community Payback Order, unpaid work provides people with an opportunity to 'pay back' to their communities. This often involves working as part of a team or in individual placements, where work is often focused on improving the local community. The Unpaid Work Team also supports people to develop skills and abilities to complete their Order which may also be beneficial in accessing training, volunteering or employment after they have finished their community sentence. Often, people completing unpaid work also have other conditions in their Order to complete, such as supervision or attendance at addiction or other health/support services.

3.20 Drug Treatment and Testing Order (DTTO) Service

As an alternative to custody, a Court may decide to place someone on a DTTO. Our integrated team of Social Work and Nursing staff work with people during their order to support them to address their drug issues, usually through substitute prescribing, and to move towards living without offending which has been closely linked to problematic drug use. Drug testing plays a key role in monitoring a person's use of substances while broader treatment allows intervention to be focused on meeting an individual's needs and addressing their risks.

3.21 Prison Throughcare

After a release from a custodial sentence of under four years, people may seek support, known as voluntary throughcare, with a range of issues including welfare support, support with their families, and access to addictions, housing or other supports.

For individuals returning to the local area following a custodial sentences of four years or more and subject to supervision on license, Justice Social Work Services will supervise and support them, with interventions focused on risk assessment and management, provide practical support to enable them to return to the community and develop this skills to reduce the likelihood of further offending.

3.22 Multi-Agency Public Protection Arrangements (MAPPA)

Multi-Agency Public Protection Arrangements (MAPPA) bring together Police Scotland, local authorities, the Scottish Prison Service and NHS Health Boards, as the Responsible Authorities, to assess and manage the risk posed by people who have committed certain offences including sex offences, mentally disordered offenders subject to compulsion orders with restriction orders and other people assessed as presenting high or very high risk of serious harm to the public. It is important to note that the threshold for inclusion in MAPPA is set at a high level and is based upon the application and interpretation of formal risk assessment.

West Dunbartonshire is part of North Strathclyde MAPPA, including five other local authority areas. A strategic oversight group, comprising senior officers from the responsible authorities, provides direction to agencies in the continued development of robust risk assessment and management, whilst operational managers within the management oversight group lead on a range of activity including staff training, quality assurance and service developments, including with other, 'duty to co-operate' agencies, in a combined approach to managing the risk.

3.23 Quality Assurance Statement

West Dunbartonshire HSCPs vision is “improving lives with the people of West Dunbartonshire”. The Partnership aims to ensure health and social care services are delivered in a sustainable and integrated way and people receive the treatment, care and support they need at the right time and in the right setting, with a focus on community based and preventative approaches.

Our approach to quality assurance starts from what matters most to enable people to live their lives in the way they want. By definition, there can be no ‘one size fits all’ in personalized care and support. Getting the right balance for people can only be achieved through a person-centered approach which understands someone’s personal history, current circumstances, future aspirations and what is important to them. This may change over time – so it is important not to make assumptions and ensure service user needs are regularly reassessed.

Through quality assurance we seek to evaluate what we do as a service; identify and consolidate strengths, address weaknesses and learn as a service, in order to improve what we offer and deliver to residents with care and support needs. We will do this by implementation of our Audit Framework Policy, Supervision and Case recording Standards. We will support our workforce in relation to the implementation of planned audit activity with necessary training activity to ensure the methodology is consistent and aligned to Plan Do Study Act.

We will further enhance our quality assurance of services by the appointment of an quality assurance officer, learning and development officer, and lead policy and improvement, to take forward both our learning from recent Joint Children’s Inspection and our planned audit activity aligned to the audit framework.

We are currently scoping our children services data sets to consider our current use of data about also to identify any gaps to ensure data is meaningful and helping to inform our planned audit activity to strengthen our quality assurance.

We aim to further strengthen our learning both from complaints by seeking feedback from the experiences of services users and their families as part of routine planned consultation to help us improve.

All regulated services subject to scrutiny have in place improvement plans to support service development and improvement. Aligned to our 2023/26 plan all teams will ensure a team plan is aligned to our strategic plan to ensure priorities and required actions are being delivered and implemented by services.

Leadership	Leaders at all levels of the service will ensure regular and open communication with staff providing guidance and support and through team meetings and one to one supervision provide honest, valid and properly motivation. Leadership in delivering effective communication and promoting trusting working relationship within the services is key.
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	<p>It is the responsibility of leaders at all levels to establish a constructive quality culture and to replace resistance with a spirit of cooperation and trust. This requires an on-going commitment at all levels in the learning process. Modelling of behaviors, language and being part of the culture change driven by leadership in communicating service aspiration of co designed and rights based services. Further leadership training for operation leaders and their managers will be delivered following the recruitment of the learning and development officer.</p>
Service User Voice	<p>Services users being their own experts' about what effective support looks like. Services need to move forward from the 'doing to' to 'doing with' through consultation with service users, families, children and young people to inform service improvement, with evaluation being at the heart of what is delivered.</p> <p>Holistic relational services which meet needs at earliest stages with children and young people's plans being shaped and informed through their views, aspirations and needs. We will develop our approaches to services user consultation to routinely embed and collate feedback at key stages of intervention.</p> <p>In justice services the outcome star will be further rolled out to ensure that engagement is focused on positive outcomes for those involved in the justice system, and the unpaid work activity provides opportunity for skill development training and employment.</p>
Culture	<p>The key driver of aligning our strategic direction to 'The Promise' sets out the required culture change, where services are provided on a partnership basis where possible, and statutory organisations require to 'relinquish some of the power' and the modelling of positive relational behaviors with a shift in language and acronyms to 'plain English' to break down barriers of service user engagement. The focus on outcomes across children's and justice services will be further embedded to understand and evaluate services more effectively with a clear data set and planned quality assurance aligned to our audit framework and case recording standards.</p>
Workforce	<p>Supporting and equipping our workforce in line with the Health and Social Care integrated workforce plan for Scotland published in 2019 is a key priority. Resource investment has been determined to ensure learning and development for staff is further developed. The 2019</p>

	<p>plan sets out future workforce requirements and provides revised workforce planning guidance. A table top and benchmarking exercise has commenced within children services, with justice services planned later this year.</p>
Education and Training	<p>A learning needs analysis for our workforces will be developed following the recruitment of our learning and development officer. Protection and risk assessment training is being prioritised across children and justice services. Further training and support in relation to improvement methodologies has been identified with x two team leaders currently engaged on a PDSA (Plan Study Do ACT) improvement coaching.</p>
Accountability	<p>Our Childrens Services are currently undergoing a joint inspection of services carried out by the Care Inspectorate. The Quality Improvement Framework (QIF) is used to evaluate the quality of services being delivered. The QIF is also designed to help partnerships undertake self-evaluation as part of their ongoing improvement. The findings from inspection will be communicated in March 2022.</p> <p>Regulated services include our children's houses and fostering and adoption services who are evaluated against the National Care standards.</p> <ul style="list-style-type: none"> ○ I have confidence in the organisation providing my care and support. ○ I experience a high quality environment if the organisation provides the premises. ○ I experience high quality care and support that is right for me. ○ I am fully involved in all the decisions about my care and support. ○ I have confidence in the people who support and care for me <p>Improvement plans developed from our inspections will now be reported through our Clinical and Care Governance arrangements and Audit and Performance Committee.</p> <p>Staff in regulated services are registered with SSSC and are aware of what is expected of them as a social care worker in relation to accountability.</p> <p>National Outcome Standards are in place for Justice Services and are also subject to evaluation by the Care</p>

	Inspectorate. The last inspection took place in 2019 and an improvement plan is in place.
Professional Standards	All line managers and the CSWO continues to oversee compliance in relation to registration for all staff in social work and social care. Services leads continue to ensure effective registration and compliance is in place for staff in clinical care settings. We will continue to monitor compliance with wider professional standards and report through exiting Clinical and Care Governance arrangements.
Participation	Through the work of the Champions Board the voice of care experienced young people will be further developed to ensure that The Promise and UNCRC rights are fully embedded in the services our families, children and young people experience in West Dunbartonshire. The retention of digital platforms to engage young people will be promoted where there is advantage in reaching the voice, views and participation in their meetings. The relaunch of viewpoint will be implemented in 2022 for looked after children and children on the child protection register to ensure the views and lived experience of young people is meaningfully captured. Wellbeing and integrated assessments undertaken by the lead professional and named person will ensure the views of children young people and their cares are routinely captured as part of the assessment process. The outcomes star will be further rolled out as part of the justice improvement plan to ensure the voice of justice service users are captured.
Support	Timely accessible support will be delivered across services with improvement to services access being considered by the access project to be concluded in 2022. Vacancy management and staff absence will be effectively managed to ensure support for service users is not delayed or lacking continuity which has presented some challenges through the pandemic. The service, as part of transformation plans going forward, will consider wider commissioning of services aligned to Best Value and ensuring early help and advice to families to prevent further escalation of their needs.
Feedback	A range of feedback measures are in place however service user feedback requires to be collated with improvement themes being identified and considered, as does learning from complaints to support wider service improvement.
Outcomes	Outcomes focused services require to be delivered across Children's Health, Care and Justice and supported by self-evaluation, audit and outcome focused

	key performance measures. This interim improvement plan will be aligned to a children's and justice data set and planned audit activity will be implemented 2022/23 to better measure outcomes and impact of the services being delivered.
Integration	Opportunity for integration beyond partnership will be further consider across the service areas and wider HSCP. The collaborative advantage of partnership and the lived experienced of families and our communities do not sit in isolation from one another. Through development of our strategic plans opportunities for integrated working will form part of our transformational approaches going forward.

5. Best Value Statement

5.1 The HSCP Board has a duty to secure Best Value across the HSCP, The Local Government in Scotland Act 2003 introduced a statutory framework for Best Value for local authorities. The Best Value duties set out in the Act are:

1. to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and, in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirement and to contribute to the achievement of sustainable development
2. to achieve break-even trading accounts, subject to mandatory disclosure
3. to observe proper accounting practices
4. To make arrangements for the reporting to the public of the outcome of the performance of functions.

The service will ensure fulfilment of these duties through taking the following actions in line with the Best Value Themes:

Vision and Leadership	<p>The vision for the service is clear as are the strategic drivers. A transformation project plan is required to deliver on the ambition for the service in 2022-2026.</p> <p>Our Children Our communities – What would it take? The leadership team will work collaboratively to deliver the culture change required to, deliver on the ambitions of 'The Promise' with outcome focused, participatory and rights based services to our children and communities. Early help and trauma informed, with practitioners finding and building on families' strengths, with accessible holistic flexible services able to deliver self-directed services at earlier stages.</p>
Governance and Accountability	<p>Accountability and management oversight will be further developed to ensure improvement planning, findings from inspections and service data are aligned to improved focus on service outcomes.</p>
Effective Use of Resources	<p>Close partnership with commissioning to ensure best value is delivered and future project activity is aligned to any efficiencies generated through improvement activity.</p>
Partnership and Collaborative Working	<p>Close working with finance and key partnership to support delivery of key national drivers and service transformation in relation to earlier help and support. Justice partnership through Community Justice implementation will be strengthened to focus on a reoffending prevention agenda.</p>

Working With Communities	Participation with our communities is key and planned consultation in relation to young people and families' experience of services will be taken forward in 2022.
Sustainability	Services require to be sustainable and in essence impactful. A strengthened focus on outcomes and impact will enable the service to better prioritise and shift resource to what works and enable families and communities to improve their outcomes.
Fairness and Equality	Rights based approaches to services have been strengthened through the implementation of UNCRC. Equality of access with GIRFEC based delivery approaches to meeting needs will continue to be our operating model. Greater say from service users regarding the kinds of support they want requires to be built in to our service delivery going forward.

4. Service Delivery Action Plan

As noted above, change and improvement across Health and social care services may be driven by a number of factors. Our key priority actions for 2022/23 are detailed below:

Strategic Priority:	Early Intervention			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
3, 4, 5 Children's Services	GIRFEC Guidance Refresh implementation of training (Guidance awaited from SG).	Training evaluation Multi-agency	November 2022	Elaine Smith
4 Children's Health	Planned audit activity in relation to IRD GIRFEC pathway for universal services in relation to information sharing and wellbeing assessment.	Quarterly reporting	March 2022	Elaine Smith
3, 4, 5 Children Social Care	Building on staff consultation implement children services access service following conclusion of Current project. Following consultation with alignment to JII Scottish model and GIRFEC approaches.	Develop KPI re impact including referral rates, pending services, wait times and service and staff satisfaction.	February 2023	Head of Services
3, 4, 5, 7 Children's Social Care	Review support workers and ATC model to ensure delivery of early help and support and prevention of children coming into care.	Targeted support with clear referral pathways and defined impact measures.	December 2022	Annie Ritchie, Paul Kyle
3, 4, 5, 7 Children's Health	Review pathways and access to mental health services for young people and consider early help model for young people following Glasgow University consultation work.	Consultation feedback from young people, strengthened referral pathways.	August 2022	Sheila Downie, Jacqui McGinn
3, 4, 5, 7 Children's Health	Review the consultation outcomes piloted in schools in partnership with education re children's well ebbing as part	Analysis of pilot data and agreed	May 2022	Sheila Downie, Jacqui McGinn

	of the Icelandic Model to better understand their support needs.	intervention and support.		
3, 4, 5 Children's Services	Develop evaluation framework for ACES evaluation and trauma informed practice and strengthen representation of care experienced young people through the Champions Board.	Measures to be developed.	June 2022	Jacqui McGinn Paul Kyle

Strategic Priority:	Access			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
3, 4, 5 Children's Health	Improve infant feeding rates over next 12 months supported by QI project.	Increase in breast feeding rates by 5%.	December 2022	Elaine Smith
3, 4, 5 Children's Health	Improvement in patient access to group support services. This will increase as restrictions decrease.	Increase in parenting breast feeding groups and ability to deliver LIAM programmes.	December 2022	Elaine Smith
3, 4, 5 Children's Services	Conduct a review of Family Support Services for West Dunbartonshire in line with National Holistic Family Support Model.	Increase parenting support options for families in West Dunbartonshire that meet their needs.	November 2022	Paul Kyle, Elaine Smith
3, 4, 5 Children's Health	Improve the waiting times for Tier 3 HSCP CAMHS in order to meet the performance standards.	90% of referrals are treated within 18 weeks.	December 2022	HSCP Head of Children's Services, SCS Service Managers, Head of SCS (Strategy), Clinical Director, Professional Leads
4, 7 Justice/ Children	Train and recruit staff to deliver Caledonian Pathways and promote mandated and non-mandated access to the programme to reduce risk to women and girls.	Develop measures aligned to national standards.	July 2022	Laura Smith, Annie Ritchie

3, 4 Children Social Care	Improve support to careers and permanency planning timescales for children and young people by implementing the inspection improvement plan.	Develop service measures to report and track.	Quarterly reporting	Annie Ritchie, Paul Kyle
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Strategic Priority:	Resilience			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
8 Children's Health	Staff wellbeing. SCS is committed to support employees to address issues contributing to stress at work and in their wider lives. To support staff who have experienced mental or physical health symptoms associated with stress to return to work and ensure their skills are not lost and also to tackle stress and provide support to help manage stress.	Staff surveys, HR return to work reporting. Exit surveys.	6 monthly reporting	HSCP Heads of Children's Services, SCS Service Managers, Head of SCS (Strategy), Clinical Director
8 Children's Social Care	Review of social work structure in justice and children services including business support to inform potential business case for additional resourcing to support independent scrutiny, independent chairing arrangements and business support requirements. Aligned to fostering/ adoption inspection and joint children's inspection of children at risk of harm.	LGBF benchmarking. Structure considerations to align with required improvement from Joint Children's Inspection and Fostering and Adoption Inspection.	June 2022	Chief Social Work Officer
8, 3 Children Social Care	Reinstate project plans for transformation project delivery plan for Children Services.	Performance improvement measures to be developed to project plan.	2022	Chief Social Work Officer

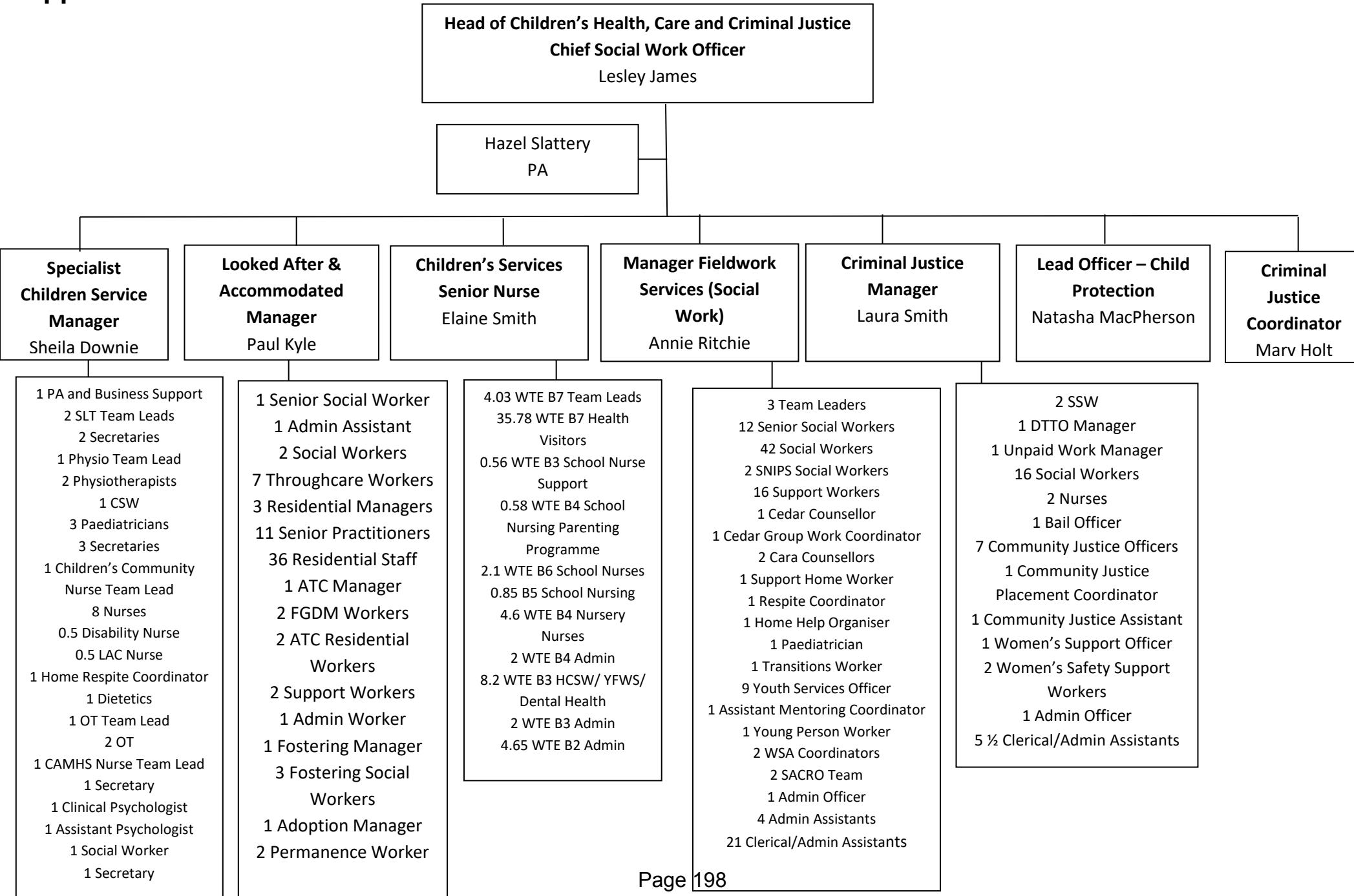
8 Children's Social Care	Implement the improvement plan from grievance outcome in social work with a focus on accommodation, service user provision, wellbeing and worth of workforce.	Resolution through implementation of required improvement WDC and HSCP.	August 2022	Head of Service, Social Work Senior Managers
2, 3, 4, 5, 7 Children's Service	Inspection Strategic Oversight Group will remain post inspection to develop and ensure robust implementation of the improvement plan.	Aligned to impact measures and evidence within improvement plan.	May 2002 onwards	CSWO, Children's Services Senior Managers
2, 3, 4, 5, 7 Justice	Continue to implement Justice inspection improvement plan and pick up pace through recovery.	Planned reporting on improvement plan.	Implementation until March 2023 and review	Laura Smith

Strategic Priority:	Assets			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
3, 4, 7 Children's Social Care	Ensure quality family friendly spaces for JII and family contact to support JII model aligned to Bairns House implementation, strengthened legal duties from sibling legislation 2021 form the promise and aligned to Age of Criminal Responsibility requirements for child and young person friendly space.	Improved family interview and contact spaces based on consultation with service users.	October 2022	Annie Ritchie
8 Children's Social Care	Ensure fit for purpose office accommodation for staff and service users which meet their needs is appropriately IT enabled to meet the needs of service users, including progress of planned moved from Bridge Street for children services.	Staff service users consultation and feedback.	October 2022	Children and Justice Service Management Team
3, 4, 7, 8 Children's Services	Implement learning and development of the work force and quality assurance with x3 additional posts aligned to child and adult protection committees to develop resilience and support our workforce to be engaged in self-evaluation and promotion of learning/	Evaluation for learning. Development of audit systems and peer audit aligned to audit framework.	August 2022	Chief Social Work Officer
3, 9 Children's Social Care	Scope the business case to consider closure of Helensburgh Children's House and options appraisal future requirement.	Improved accommodation for young people in care.	September 2020	Head of Service, Paul Kyle
8 Children's Services	Scope options of co-location to support integration of services including of Clydebank Health and Care Centre.	Improved communication and services improvement.	September 2022	Head of Service Strategic Asset Forums
3, 8 Children's Care, Health and Justice Teams	Scope alternative accommodation aligned to explicit services requirements for all services where moves and closures are planned.	Workspace which meets the needs of staff and service users.	May 2022	Laura Smith

Strategic Priority:	Inequalities			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
1, 2, 3, 5 Mental Health and Wellbeing	Support HSCP's to plan and develop community mental health and wellbeing resources.	KPI measures to be developed.	Quarterly reporting	HSCP Head of Children's Service, SCS Service Managers, Head of SCS (Strategy), Clinical Director, Professional Leads
2, 3, 4, 5, 7 Children and adults with complex needs and disability	Review transition pathways to ensure children with disabilities and special needs have enhanced seamless transition between children and adult service which meets their needs.	Consultation with service users identifies improvement in the experience of service users with reduced delay.	September 2022	Adult/ Children Services, Head of Services
3, 4, 5 Justice	Outcomes for adult offenders subject to Community Pay Back Orders have increased skills and opportunities for learning and employment.	Data capture of destination for offenders subject to CPO to be developed.	6 monthly reporting	Laura Smith
3, 4, 5 Throughcare Children's Services	Care leavers have positive and sustained housing options, learning and employment.	Develop data set for throughcare services.	October 2022	Paul Kyle
3, 4, 5 Justice	Review DTTO and integration options of nursing services as part of current delivery within Justice service.	Improve service user access and reduce cost.	November 2022	Laura Smith

3, 4, 5, 7 Children's Services and Justice	Develop children and justice service core data set for monthly oversight at management meetings.	Strengthen management oversight to ensure impact and inequality reduction.	May 2022	Head of Services and full management team
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Appendix 1: Service Structure Chart



Appendix 2: National Health and Wellbeing Outcomes

There are nine national health and wellbeing outcomes which apply to integrated health and social care. The suite outcomes, together, focus on improving the experiences and quality of services for people using health and social care services, carers and their families.

1. People are able to look after and improve their own health and wellbeing and live in good health longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Appendix 3: Health and Social Care Standards

Scottish Government published “Health and Social Care Standards: my support, my life” in 2017 with the aims of driving improvement in outcomes for people using services, and promoting flexibility and encouraging innovation in health, social care and social work services across Scotland.

There are 5 standards. The headline outcomes for each standard are;

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

Each outcome is accompanied by a descriptive statement which sets out the standard of care a person should expect when using health, social work and social care services, and describes what successfully achieving the outcome looks like in practice. The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing.

Service Delivery Plan 2022/23

Health and Community Care

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1. Introduction

This Service Delivery Plan (SDP) for Health and Community Care is set within the context of the West Dunbartonshire Health and Social Care Partnership Strategic Plan 2019 - 2023.

Service Delivery Plans are a key component of West Dunbartonshire Health and Social Care Partnership's Service Design and Quality Improvement Framework and set out the key priorities and improvement areas for ensuring services deliver high quality services for the people of west Dunbartonshire.

This plan sets out our vision and priorities, our performance framework, and improvement actions for 2022/23.

The West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to the principles of Best Value and ensuring we deliver high quality care services in an environment of robust clinical and care governance. It is crucial that this SDP does not remain a simple statement of intent, but a continuing process of actions, monitoring and review. The plan will continue to be tested for its fit with our strategic aims and progress will be regularly reviewed by service management teams on a quarterly basis to ensure actions remain on track, anticipated outcomes can be fully realised and that the approach being taken is sufficient and appropriate to secure our vision.

2. Context and Vision

This SDP sits within the context of the West Dunbartonshire HSCP Strategic Plan 2019-2023 and provides the detail of how Health and Community Care intend delivering the strategic plan for the year 2022/23.

Our Vision: "Improving lives with the people of West Dunbartonshire"

Our Strategic Plan 2019/23 sets out our vision and our desire to ensure that our citizens have access to the right care, at the right time and in the right place. This involves a range of activities, centered on a continuous cycle of "analyse, plan, do and review" and is iterative and dynamic to support collaborative system change across health and social care and all partners working in our communities. We work collaboratively with all stakeholders to ensure we continue to provide quality services to all our citizens within West Dunbartonshire.

The HSCP strategic priorities include:

- Early intervention
- Access
- Assets
- Resilience
- Inequalities

These strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework (Appendix 2) which states that: 'health and social care services should focus on the needs of the individual to promote their health and well-being, and in particular, to enable people to live healthier lives in their community'.

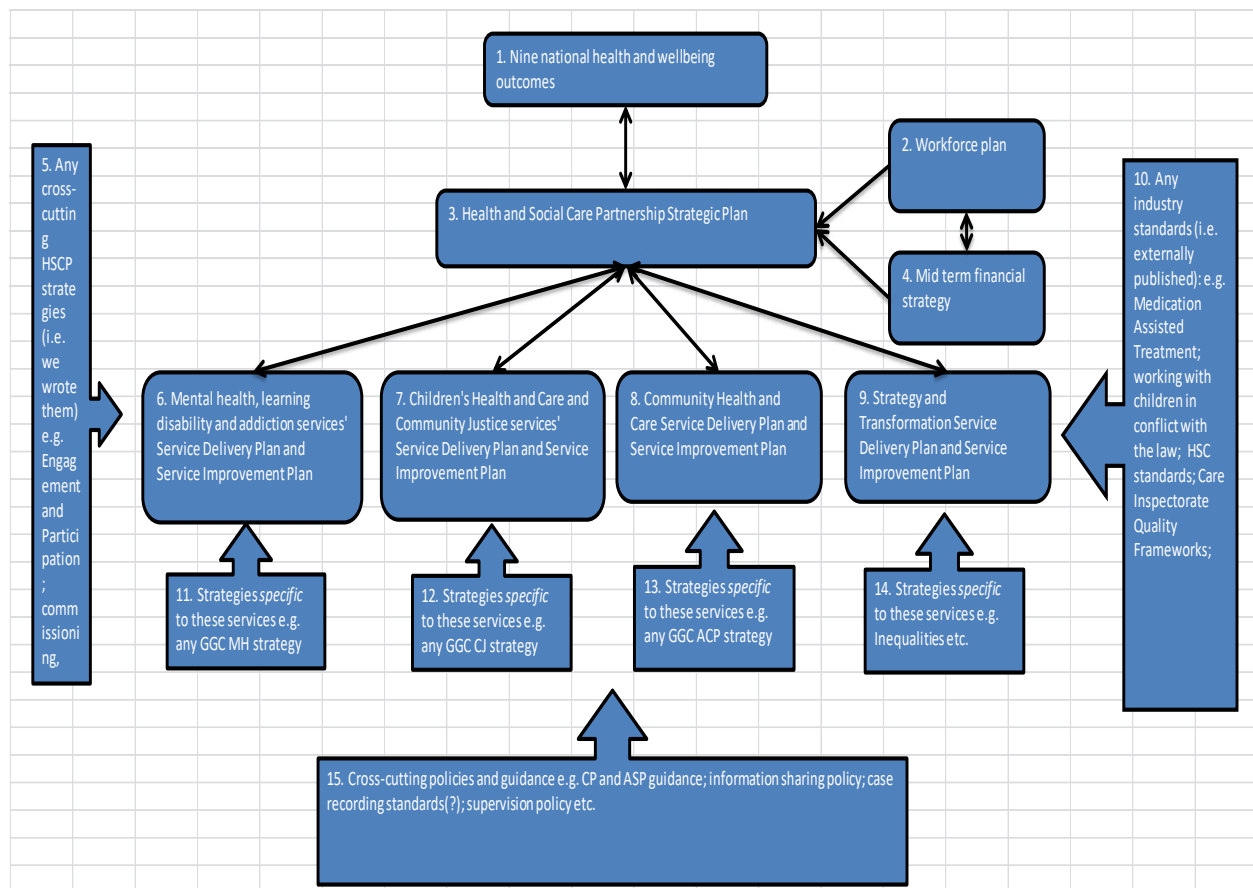
Quality Standards and Outcome Measures

Quality Standards and outcome measures help to define what people can expect to receive, and remind both the organisation and our employees of the challenges and obligations they face in delivering Best Value and quality services.

The nine [national health and well-being outcomes](#) provide a strategic framework for planning and delivering health and social care services and improving how services are provided. The HSCP are required to publish an annual performance report which will set out how the national health and wellbeing outcomes are being improved.

The [Health and Social Care Standards: My Support, My Life](#) (2017) were developed with the aim of driving improvement in outcomes for people and promoting flexibility and encouraging innovation in health, social care and social work services across Scotland. The Standards apply to the community based NHS and Local Authority social care services; these services combine to form the HSCP. We use the Health and Social Care Standards to help us make sure services are respecting and meeting people's rights, needs and choices and delivering Best Value. We can be audited by Audit Scotland on the latter and can be inspected separately and/or jointly by Healthcare Improvement Scotland and the Care Inspectorate regarding the former. There are various national and local drivers which require to be considered when preparing a Service Delivery Plan. The flowchart below is an aide for authors but also to readers of SDPs to have some understanding of these various drivers. Figure One shows some of the different pressures and is provided for illustrative purposes.

Figure1



3. Overview and Profile of Service Area

Community Health and Care services include the following services;

- Care At Home
- Telecare and community alarms
- District Nursing
- Community Treatment and Care Services
- Community Diabetes Specialist Nursing
- Prescribing Support Team
- Residential Care Services
- Day Services
- Community Hospital Discharge Team
- Sheltered Housing
- Community Older Peoples Team (COPT)
- Sensory Impairment Team
- Speech and Language Team
- Adult Care Team (ACT)
- Focussed Intervention Team (FIT)
- Community Administration
- Primary Care Strategy
- Diabetic Retinal Screening

Prescribing Support Team

Care at Home Pharmacy Service: The role of the Care at Home Pharmacy service is led by pharmacy technicians who work with those elderly residents of West Dunbartonshire (especially those receiving Care at Home) identified by another health or social care professional as needing help with medication-related problems. We work closely with social care services who regularly identify when their carers feel there are medication related issues with their clients. This is an excellent way to quickly intervene and resolve any medication concerns for patients.

Care Home Pharmacy Service: The role of the care home pharmacy service is to support care homes in issues relating to prescription management, ensuring robust ordering processes are in place to reduce medication wastage. Carrying out training to care home staff on ordering processes, inhaler guidance and general medication guidance. Targeted chronic disease management reviews with initial pharmacy technician review with onward referral as required to pharmacists or GPs.

PCIP Pharmacy Service: In line with the GMS contract the pharmacy team work towards the delivery of the pharmacotherapy service as described in the Memorandum of Understanding. The introduction and expansion of hub working for the processing of immediate discharge letters has been viewed as the most time efficient model. There are plans for expansion of the hubs to increase workload through this model.

Non-PCIP Pharmacy Service: The nPCIP Pharmacy Service focuses on advancing practice for pharmacists and pharmacy technicians within the HSCP, alongside cost efficiencies and traditional pharmacy work within practices. There are also two chronic pain and two post MI/LVSD pharmacist led clinics across the HSCP which are accessible to all people within the HSCP.

Residential Care Services

There are two care homes for older people within West Dunbartonshire HSCP, Crosslet located in Dumbarton and Queens Quay located in Clydebank. . The homes are registered to provide 24 hour residential care and support services for up to 84 individuals.

Our residents, families, staff and partnership organisations play a vital role in the development of our services ensuring we continue to meet the changing needs of the residents. This collaborative approach continues to be at the forefront and ethos of our service and ensures we are delivering individualised services.

Our aim is to provide person centred care to all our residents, supporting them to reach their potential we provide a warm, homely environment and make a positive difference in their lives.

Our services are registered and regulated by the Care Inspectorate. Our staff work to West Dunbartonshire Council Codes of Practice and are trained to Health and Social Care and Scottish Social Services Council Standards. Where appropriate, staff are registered with SSSC – Scottish Social Services Council or NMC - Nursing Midwifery Council.

Day Services

We currently operate two day opportunity services within West Dunbartonshire Council HSCP, Crosslet day care within Dumbarton, and Queens Quay day care in Clydebank. Both services have the capacity to take up to 50 service users per session.

We have developed our services to meet the changing needs and wishes of the future client group. This enables us to design services around the individual's wishes.

We provide a service to adults over the age of 50. The service offers support within individual's home, the local and wider community, whilst broadening activities we offer within our building.

Each individual is supported to compile their own creative programme to work within the building within the community and building, utilising the resources more appropriately with more innovative thinking and new initiatives being introduced. There is a broad range of activities offered within our day service and our programme is designed around an individual's requirements, wishes, requests and outcomes they hope to achieve.

Care At Home

Care at Home Services are part of a range of caring and support services for people living in their own home, sheltered housing or in adapted accommodation. Care at Home services can provide practical help for people who have difficulty with:

- Eating
- Dressing
- Personal care
- Using the toilet
- Preparing a meal
- Getting out and about
- Performing essential housework and domestic chores and taking medicines

Sheltered Housing

Sheltered Housing is specially designed or adapted accommodation to meet the needs of older people. This allows a person to stay independent in their own home and have the peace of mind knowing that in an emergency trained help is available 24/7. The majority of sheltered housing complexes have been specially adapted to make everyday life easier and safer for older people.

Telecare and Community Alarms

Telecare assists and supports people living at home, allowing them to remain independent in the community 24 hours per day, 365 days a year. Telecare is the use of sensors which works alongside a community alarm and can provide a means of automatically signaling the required response to an emergency or crisis situation as it arises. The Community Alarm and Telecare Sensors works alongside package of support i.e. home care, day care, meal deliveries and would contribute to the reduction in people going into long term care or being admitted/readmitted to hospital. It can also help to reduce the pressure on informal careers/family/friends and increase the speed of discharge from hospital once clinical needs have been met.

District Nursing

The District Nursing service delivers high quality, compassionate and holistic care to all patients and the service is open to all patients and their careers. The teams across West Dunbartonshire comprise Charge Nurses (who hold a Special Practitioner Qualification in District Nursing), Community Staff Nurses and Health Care Support Workers and provide nursing care to people who are housebound and therefore unable to attend our Treatment Rooms, or who's care needs are best delivered within their homely setting. .

The range of nursing care delivered is extensive and varied, including the interventions listed below:

- | | |
|-----------------------------|---------------------|
| ○ Palliative care | ○ Technical care |
| ○ End of life care | ○ Anticipatory care |
| ○ Medication administration | ○ Tissue viability |

- Management of complex packages of care
- management
- Leg ulcer management
- Catheter

Community Hospital Discharge Team

The Community Hospital Discharge Team (CHDT) can offer support or care that a person may need when they leave hospital. The team also provide in reach to acute sites, assessing those who, during the admission to hospital, have been identified as having complex care needs. As a consequence a discharge from hospital requires further assessment to ensure people benefit from a speedy discharge to the most appropriate place of care for them and the team work with people, families, wards and care homes to facilitate this.

Following discharge from hospital, the CHDT can provide support for up to six weeks with on-going review throughout this period. If longer term needs are identified, CHDT staff will ensure onward referral as appropriate to other parts of the service i.e. sheltered housing or a care home.

Adult Care Team

The Adult Care Service is for individuals under the age of 65 years who live in West Dunbartonshire and require input from a multidisciplinary team to support them to remain at home / in a homely setting.

The team of staff include Occupational Therapy, Nurses, Physiotherapy and Social Workers. Those who meet the criteria of requiring assessment will receive a collaborative assessment and support planning which is personalised and rights based, recognising people's strengths and existing supports, and results in agreed personal outcomes.

Community Older Peoples Team

The Community Older People's Team service is for individuals aged 65 years and over who live in West Dunbartonshire and require input from a multidisciplinary team to support them to remain at home.

The team of staff include Occupational Therapy, Physiotherapy and Social Workers and those who meet the criteria of requiring assessment will receive a collaborative assessment and support planning which is personalised and rights based, recognises people's strengths and existing supports, resulting in agreed personal outcomes.

Diabetic Retinal Screening Service

The Diabetic Retinal Screening Service is a hosted service as delivers care across Greater Glasgow and Clyde. The aim of this service is to provide annual screening for those with Diabetes in order to detect referable (sight-threatening) retinopathy.

4. Quality Assurance Statement

West Dunbartonshire HSCPs vision is “improving lives with the people of West Dunbartonshire”. The Partnership aims to ensure Health and Social Care services are delivered in a sustainable and integrated way and people receive the treatment, care and support they need at the right time and in the right setting, with a focus on community based and preventative approaches.

Our approach to quality assurance starts from what matters most to enable people to live their lives in the way they want. By definition, there can be no ‘one size fits all’ in personalised care and support. Getting the right balance for people can only be achieved through a person-centred approach which understands someone’s personal history, current circumstances, future aspirations and what is important to them. This may change over time – so it is important not to make assumptions and ensure service user needs are reassessed at appropriate time intervals.

Through quality assurance we seek to evaluate what we do as a service, identify and consolidate strengths, address areas that require further focus and learn as a service in order to improve what we offer and deliver to residents with care and support needs. We will do this by:

Leadership	<p>Quality Assurance is embedded in the leadership role and across the wide range of services within Health and Community Care we demonstrate effective leadership that engages with staff and service users.</p> <p>By working in a creative and visionary manner, we aspire to role model effectively, generating an ethos of person centred care that then cascades throughout the teams and reflects our core vision.</p> <p>Quality Assurance is interdependent on Quality Improvement and we are committed to delivering a quality improvement focus across all Services, with leaders central to this process.</p> <p>Staff are encouraged to play an active role in their self-development and have the opportunity to be completely involved in service developments. We also recognise and celebrate employee’s achievements.</p>
Service User Voice	<p>Service User Voices underpin the Quality Assurance process as it is their feedback that allows us to ensure</p>

	<p>we are delivering the right service at the right time by the right people.</p> <p>Some services have an established pathway to ensure voices are heard, and other services aim to bring this on line.</p>
Culture	<p>A supportive, inclusive and person centred work culture with a clear vision and role is central to delivering a high standard of care.</p> <p>Adherence to Health and Safety Standards and Operational Risk Registers which are regularly reviewed allow all Services to demonstrate quality assurance.</p>
Workforce	<p>Central to any Service is its workforce, with clear links to a wide range of aspects within Quality Assurance.</p> <p>In addition to ensuring the workforce feels included, valued and also supported in professional development is the need to demonstrate a culture of Quality Assurance that encourages new staff to join our HSCP.</p> <p>All services are participating in a Workforce Planning process to ensure that the HSCP identifies existing and projected demand with a changing population with increasing complex care needs, and can reflect this in terms of growing a reactive workforce fit for the future.</p> <p>Staff wellbeing is recognised for the important role it plays in ensuring the workforce are supported and the HSCP continues to ensure that relevant services, resources and procedures are in place.</p>
Education and Training	<p>Linking with the commitment to staff development, all services have processes in place to support staff to have access to the training they require to fulfil their role effectively and have access to pathways for other roles within the service if the wish to widen their knowledge.</p> <p>Each service area has a robust training programme which includes all mandatory training required to competently and efficiently carry out their role.</p>
Accountability	<p>Across operational services, the staff are required to demonstrate that they are compliant with their relevant Professional Body and that Services they deliver meet all Standards / Policies set by the HSCP, NHS Scotland, the Local Authority and the Scottish Government.</p>

	<p>Line managers participate in regular caseload management / supervision which allows any areas of concern to be raised. In this manner accountability is monitored with a clear pathway to ensure any areas of concern are quickly raised to the relevant manager and appropriate actions taken.</p>
Professional Standards	<p>All health and care staff are registered with their relevant Professional Body and have a responsibility to maintain the Standards set by that Body.</p> <p>These Codes of Practice set out clear standards of professional conduct and practice that must be adhered to.</p>
Participation	<p>Across the range of Services within Health and Community Care there are a number of stakeholders who participate in ensuring Quality Assurance.</p> <p>There has been a growing awareness across public services that individuals we support and carers have a vital part to play in improving, designing and having a voice in the way the services are provided.</p>
Support	<p>Services have service specific assessment models and record keeping processes from which to assess the level of support needed for service users.</p> <p>We will work with partnership provider services to deliver a range of services that meet the health and wellbeing needs of West Dunbartonshire's citizens. Services will continue to signpost services users to these invaluable services.</p>
Feedback	<p>As Quality Assurance is underpinned by reviewing and reflecting feedback (both staff and service users, plus the wider community) it is vital that Services have a process from which to generate this feedback.</p> <p>Staff complete an annual iMatter survey, and the resultant report is discussed with the staff and an Action Plan developed. This Action Plan is reviewed and updated across the year to ensure that issues that have been identified are addressed.</p> <p>Pathways to seek feedback from stakeholders are varied, including Locality meetings and service user feedback. Wider feedback from communities is also a component of the Quality Assurance process and is an area for further focus.</p>

Outcomes	<p>Outcomes are evidenced and captured through care plans, reviews, meetings, staff one to one's, quality assurance visits and feedback.</p> <p>Outcomes are also monitored across a range of HSCP and NHS dashboards, Key Performance Indicators and across National / Health Board / Local Action Plans.</p>
Integration	<p>Health and Community Care encompasses a range of Services, some which are integrated and some which are profession specific.</p> <p>The overarching ethos across services is the recognition that to deliver the highest standard of care there is a need to communicate, to share knowledge and to work collaboratively in the delivery of care.</p> <p>The Health and Community Care Teams will continue to strive to continue to develop ways of working that support collaborative working, within this service area and also across the wide range of stakeholders we are interdependent on.</p>

5. Best Value Statement

The HSCP Board has a duty to secure Best Value across the HSCP. The Local Government in Scotland Act 2003 introduced a statutory framework for Best Value for local authorities. The Best Value duties set out in the Act are:

1. to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and, in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirement and to contribute to the achievement of sustainable development
2. to achieve break-even trading accounts, subject to mandatory disclosure
3. to observe proper accounting practices
4. to make arrangements for the reporting to the public of the outcome of the performance of functions.

The service will ensure fulfilment of these duties through taking the following actions in line with the Best Value Themes:

Vision and Leadership	The leadership teams within Services will drive continuous improvement through modeling empowering behaviors and providing managers
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	with the tools and techniques to support frontline workers in a quality improvement process.
Governance and Accountability	The service will work together with commissioning and procurement services to achieve best value in service delivery for service users and wider citizens ensuring effective procurement processes.
Effective Use of Resources	The service will review services need and ensure flexibility in care delivery such as reassignment of staff to areas of critical need when necessary.
Partnership and Collaborative Working	<p>All services work together, using a co-production approach, inclusive of third sector services to deliver effective service user care.</p> <p>Collaborative working will also include working with relevant stakeholders across a range of HSCP / GGC / Local Authority groups and the relevant Action Plans that demonstrate the outcomes of these groups.</p>
Working With Communities	The service will continue to work and improve our engagement with the wider community through our improvement projects.
Sustainability	Moving forward the services will ensure they are future proof. This includes developing individual and community resilience.
Fairness and Equality	The services will embed a human rights approach across the HSCP, which will inform future work to reduce stigma. The services will ensure equality is at the forefront of any improvement projects and will support the HSCP Equality forum.

4. Service Delivery Action Plan

As noted above, change and improvement across Health and social care services may be driven by a number of factors. Our key priority actions for 2022/23 are detailed below:

Strategic Priority:	Early Intervention			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
Pharmacy Team				
1	Review Medication Policy in relation to the Care at Home Service	Improve patient care with clear medication guidance for care at home staff to follow	September 2022	Lynne Meldrum / Dina Gilfillan
2	Expansion of the CAPs services with a FT dedicated post to work closely with Care at Home	More clients receiving medication reviews following discharge from hospital or referral from Care at Home Team	July 2022	Dina Gilfillan / Denise Ferguson
COPT				
1	Implement the actions set out in the within the HSCP Unscheduled Care Action Plan, inclusive of the implementation of the completion of Anticipatory Care Plans (Clinical Portal)	Reduced hospital admission Increased client satisfaction	March 2023	Hazel Kelly

ACT / HDT / FIT				
1	Review and define Stroke and respiratory pathway	Proactive approach to respiratory care	July 2022	Kevin McAlinden

Strategic Priority:	Access			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
Community Admin				
4	Maximise opportunities to increase access to other care and support services across our primary care estate	Increased availability of social care, leisure and third sector	March 2023	Liz Kerr
Diabetic Retinal Screening				
3	Influence the content of patient letters (produced nationally) to ensure patients understand the non-invasive nature of slit-lamp screening.	Increased patient satisfaction	July 2022	Fiona Heggie
9	Implement the updates to Optimise, once developed, to provide text reminders to patients	Reduced DNA Increased patient satisfaction	When available	Fiona Heggie
9	Implement the plan to address the backlog of patients waiting to be seen	Reduced waiting times	July 2022	Fiona Heggie
Residential and Day Care				
2	Complete and implement the Review of Day Services	Improved access to an appropriate range of supports	March 2023	Suzanne O' Neill

COPT				
9	Engage in exploration and option appraisal of client access points across the HSCP	Improved client satisfaction	June 2022	Anne Campbell
3	Increase the number of people having their needs assessed and met, through use of agreed short term investment (Covid Recovery and Renewal)	Reduced waiting times	December 2022	Hazel Kelly
Adult Care				
8	Review admissions and discharge pathway to ensure optimum working between FIT and HDT	Reduced admissions and improved discharge		FIT and HDT Kevin McAlinden
2	To establish a re-ablement approach within the HSCP	To promote a re-ablement focus to all Care at Home service users. To reduce risk of readmission, To provide care packages that are appropriate to the level of need.	December 2022	Kevin McAlinden-Lynne McKnight

Strategic Priority:	Resilience			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
Care at Home				
9	Complete and implement the recommendations of the Service Review, including staff engagement, structure, assessment and case management	Improved cost efficiency Reduced agency use Improved recruitment and retention	November 2022	Lynne Mc Knight
9	Review the capacity of Care at Home Out of Hours, and work with other teams to ensure a coherent and resilient shared response, supported by clear information pathways	Reduced hospital admissions Improved client satisfaction	July 2022	Richard Heard, Morag Lynagh, Kevin McAlinden
Pharmacy Team				
7	As part of the Primary Care Improvement Plan, expand the Hubs, with more Support Workers and Pharmacy Technicians, to include work relating to outpatients letters, DOACs and CNS	Increased patient safety Reduction in GP workload	August 2022	Lynne Meldrum
9	Maximise opportunities for career development within the Pharmacy Team, by working with schools, colleges and communities to potentially recruit locally into support worker and pharmacy	Improved recruitment and retention	May 2022	Lynne Meldrum

	technician roles. Generally these post when recruited locally, tend to help with retention within West Dunbartonshire			
2	Expand advance practice for pharmacists and technicians with poly-pharmacy reviews with a focus on frailty and anticholinergic drugs with technician support to carrying out screening for this cohort of patients.	Reduce Falls De-prescribing Reduce prescribing costs	Sept 2022	Joan Miller / Fiona Cairns
7	As part of the Primary Care Improvement Plan, expand the Hubs, with more Support Workers, to include work relating to outpatients letters, DOACs and CNS	Increased patient safety Reduction in GP workload	August 2022	Fiona Cairns
2	Develop a programme of poly-pharmacy reviews with a focus on frailty	Reduce Falls De-prescribing Reduce prescribing costs	Sept 2022	Joan Miller
Residential and Day Care				
8	Work with staff to create more flexible patterns of work to support work/life balance and improve recruitment and retention	Increase staff satisfaction Increased recruitment	October 2022	Berny Smith / Kate Craigon
9	Develop and implement proposals for the Manager on Call Rota to ensure all staff get dedicated days off	Increased staff satisfaction	May 2022	Kate Craigon/Liz Mc Innes
COPT				

2	Further develop our response to frailty in line with GGC strategy HSCP Unscheduled care plan	Reduced hospital admissions Reduced polypharmacy Reduced falls	March 2023	Hazel Kelly
6	Address carers and their needs more pro-actively	Increase number of carers identified Increased number of carers with care plans	December 2022	Hazel Kelly Kevin McAlinden

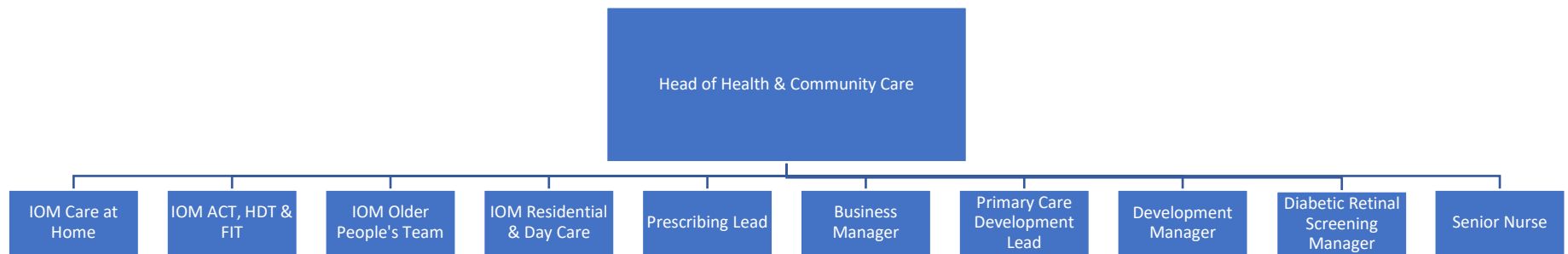
Strategic Priority:	Assets			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
Care at Home				
8	To support wellbeing, develop plans to create opportunities for staff to have time together and to check –in with others	Improved staff satisfaction Reduced sickness absence	May 2022	Jane Gray
2	Celebrate the professionalism and commitment seen from staff, and build on this, including developing clear pathways for career progression, including links with nursing.	Improved recruitment and retention Improved staff satisfaction Improved continuity of care	July 2022	Lynne Mc Knight
9	To have a care management approach that works well across interdependent services	Streamlined process that is effective across teams	December 2022	Lynne McKnight, Fiona Taylor and Project team
Community Admin				
3	Ensuring we maintain primary care buildings to a standard that is safe and welcoming for patients and staff	Reduction in complaints	March 2023	Liz Kerr
7	Continue refurbishment of Dumbarton Health Centre, using Primary Care	Reduction in service disruption incidence	March 2023	Liz Kerr

	Improvement Funding and other resources available to maximise improvements.	Improved staff satisfaction		
3	Successfully deliver the migration of services from the former Clydebank Health Centre to the new Health and Care Centre in line with the full business case.	Outcomes as described in full business case delivered	July 2023	Liz Kerr
Diabetic Retinal Screening				
8	Develop a process for staff receiving feedback on the quality of their work, both areas of strength and areas for improvement	Improved staff satisfaction - iMatter Reduction in errors	October 2022	Fiona Heggie
Residential and Day Care				
8	Support Staff wellbeing, ensuring all staff are well informed and supported to self-care, including managing grief	Increase in staff satisfaction - iMatter Reduction in sickness absence	May 2022	Peter Mc Coll
9	Increase care home occupancy through improved marketing and consideration of needs of other care groups	Increased occupancy	July 2022	Berny Smith/ John Young
1	Improve how we demonstrate meeting the outcomes of residents	Improved monitoring of record keeping and outcomes via a quality improvement process	October 2022	Berny Smith/ Catherine Kennedy

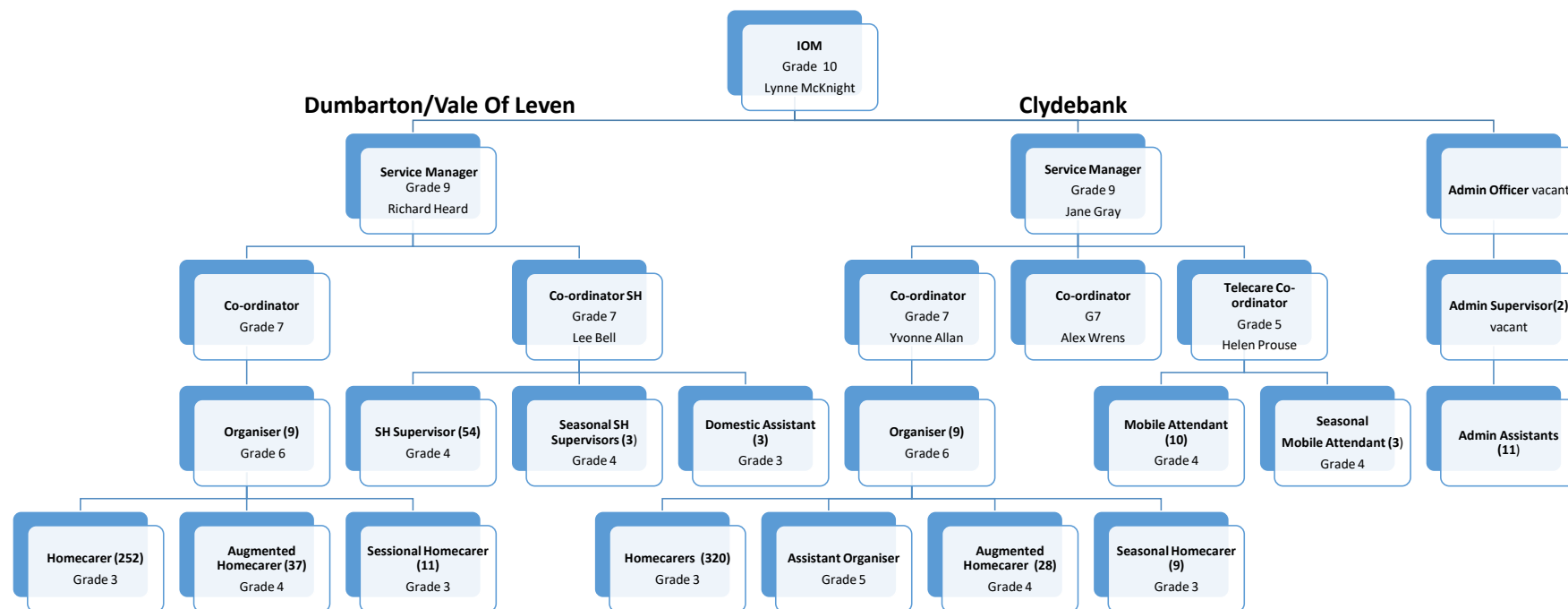
Strategic Priority:	Inequalities			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
Care at Home				
2	Develop links with Housing to create a strategy for developing a more diverse portfolio for extra care living	More people able to live independently for longer	March 2023	Lee Bell / Liz Williams
Diabetic Retinal Screening				
5	Work with sites across GGC to ensure provision of clinics in all areas, with a particular focus on areas of high deprivation or ethnic minority populations	Reduced travel time / miles for patients Reduced DNAS	July 2022	Fiona Heggie
1	For patients over 75, where possible, schedule photography and optometry clinics together to facilitate specialist opinion in a one-stop shop.	Reduced return visits Increased patient satisfaction	Sept 2022	Fiona Heggie
Pharmacy Team				
2	Building on the pharmacotherapy service, develop advanced practice skills across the team to offer HSCP wide responses on key conditions including mental health	More patients have access to a MH medication review/ GP appointments reduced	Sept 2022	Gillian Calderhead

		Prescribing items / cost reduced		
Residential and Day Care				
3	Update Participation Strategy, ensuring adhering to best practice and enabling resident led service and daily planning	Increase in resident satisfaction	April 2022	Heather Boyle
3	As guidelines permit, expand opportunities for activities and entertainment including making full use of in-house facilities, eg bistro	Increase resident satisfaction Increased occupancy	March 2023	Liz McInnes / Kate Craigon
COPT				
4	Develop processes to widen access to assessment and equipment for people with sensory impairment, incorporating the wider skills of the team	Reduced waiting times Increased client satisfaction	December 2022	Sean Taylor
7	Implement the new Code of Practice for Blue Badge processes, including further development of the online system	Improved processing time Improved client satisfaction	November 2022	Liz Deans

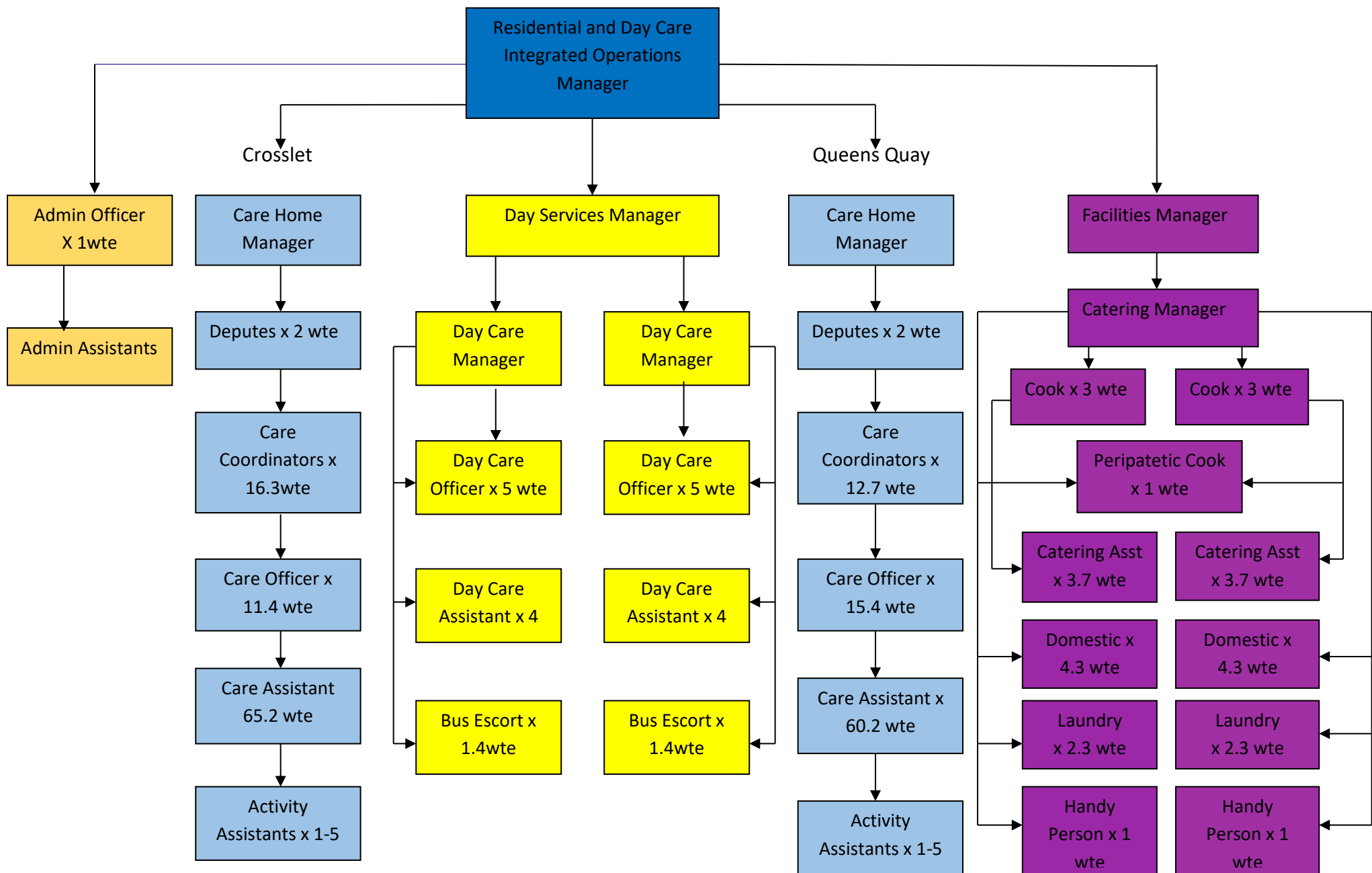
Appendix 1: Service Structure Chart



Care At Home Organisational Chart



Note: Evening service is merged with home care staff numbers
SH = Sheltered Housing



Appendix 2: National Health and Wellbeing Outcomes

There are nine national health and wellbeing outcomes which apply to integrated health and social care. The suite outcomes, together, focus on improving the experiences and quality of services for people using health and social care services, carers and their families.

1. People are able to look after and improve their own health and wellbeing and live in good health longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Appendix 3: Health and Social Care Standards

Scottish Government published “Health and Social Care Standards: my support, my life” in 2017 with the aims of driving improvement in outcomes for people using services, and promoting flexibility and encouraging innovation in health, social care and social work services across Scotland.

There are 5 standards. The headline outcomes for each standard are;

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

Each outcome is accompanied by a descriptive statement which sets out the standard of care a person should expect when using health, social work and social care services, and describes what successfully achieving the outcome looks like in practice. The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing.

Service Delivery Plan 2022/2023

Finance, Human Resource (HR) and Strategy and Transformation Services

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1. Introduction

This Service Delivery Plan (SDP) for the Finance, HR and Strategy and Transformation services is set within the context of the West Dunbartonshire Health and Social Care Partnership Strategic Plan 2019 - 2023.

Service Delivery Plans are a key component of West Dunbartonshire Health and Social Care Partnership's Service Design and Quality Improvement Framework and set out the key priorities and improvement areas for ensuring services deliver high quality services for the people of West Dunbartonshire.

This plan sets out our vision and priorities, our performance framework, and improvement actions for 2022/23.

The West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to the principles of Best Value and ensuring we deliver high quality care services in an environment of robust clinical and care governance. It is crucial that this SDP does not remain a simple statement of intent, but a continuing process of actions, monitoring and review. The plan will continue to be tested for its fit with our strategic aims and progress will be regularly reviewed by service management teams on a quarterly basis to ensure actions remain on track, anticipated outcomes can be fully realised and that the approach being taken is sufficient and appropriate to secure our vision.

2. Context and Vision

This SDP sits within the context of the West Dunbartonshire HSCP Strategic Plan 2019-2023 and provides the detail of how the Finance, HR and Strategy and Transformation services intend to deliver the strategic plan for the year 2022/23.

Our Vision: "Improving lives with the people of West Dunbartonshire"

Our Strategic Plan 2019/23 sets out our vision and our desire to ensure that our citizens have access to the right care, at the right time and in the right place. This involves a range of activities, centered on a continuous cycle of "analyse, plan, do and review" and is iterative and dynamic to support collaborative system change across health and social care and all partners working in our communities. We work collaboratively with all stakeholders to ensure we continue to provide quality service to all our citizens within West Dunbartonshire.

The HSCP strategic priorities include:

- Early intervention
- Access
- Assets
- Resilience

- Inequalities

These strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework (Appendix 2) which states that: 'health and social care services should focus on the needs of the individual to promote their health and well being, and in particular, to enable people to live healthier lives in their community'.

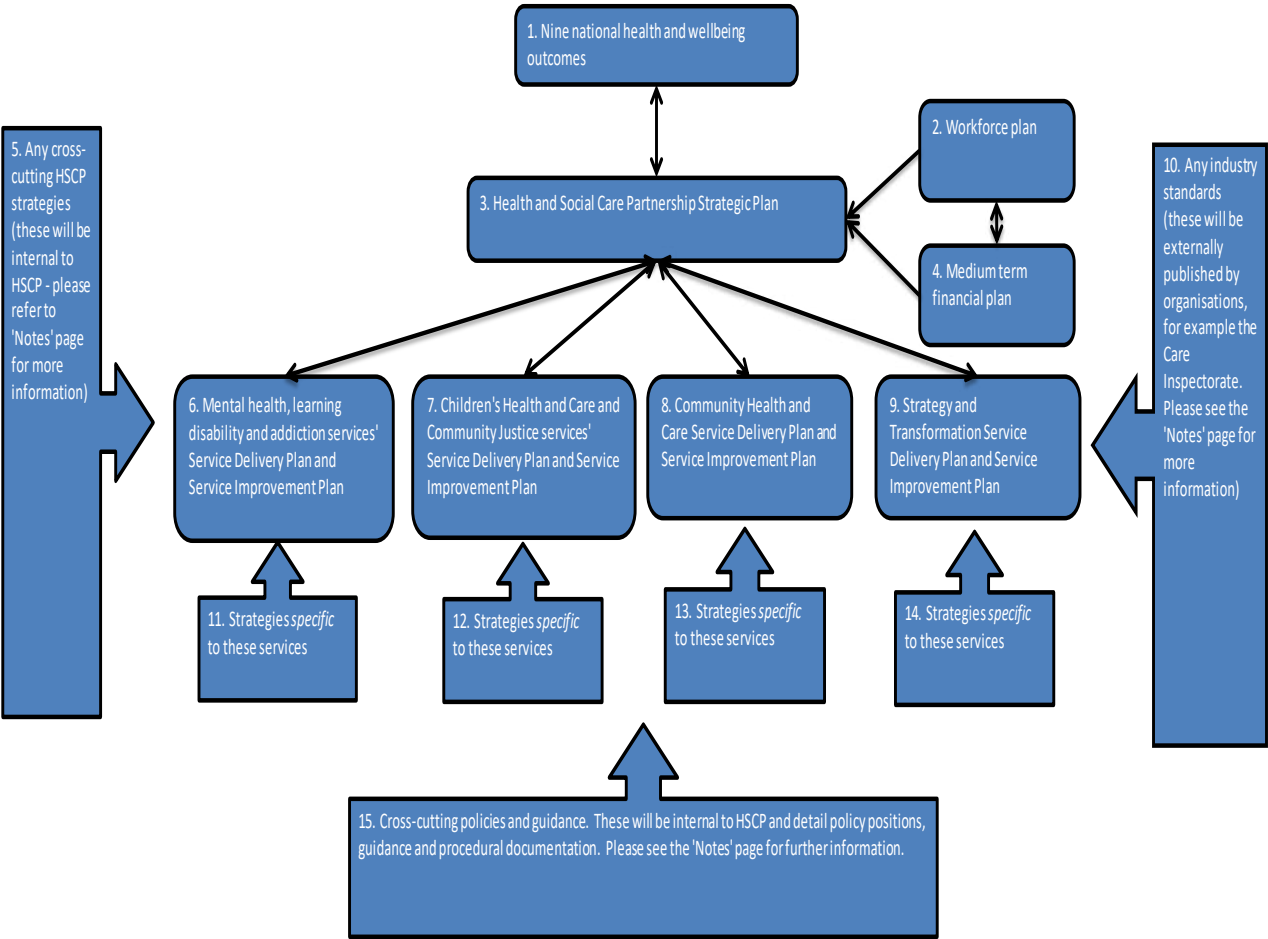
Quality Standards and Outcome Measures

Quality Standards and outcome measures help to define what people can expect to receive, and remind both the organisation and our employees of the challenges and obligations they face in delivering Best Value and quality services.

The nine [national health and well being outcomes](#) provide a strategic framework for planning and delivering health and social care services and improving how services are provided. The HSCP are required to publish an annual performance report which will set out how the national health and wellbeing outcomes are being improved.

The [Health and Social Care Standards: My Support, My Life](#) (2017) were developed with the aim of driving improvement in outcomes for people and promoting flexibility and encouraging innovation in health, social care and social work services across Scotland. The Standards apply to the community based NHS and Local Authority social care services; these services combine to form the HSCP. We use the Health and Social Care Standards to help us make sure services are respecting and meeting people's rights, needs and choices and delivering Best Value. We can be audited by Audit Scotland on the latter and can be inspected by separately and/or jointly by Healthcare Improvement Scotland and the Care Inspectorate regarding the former. There are various national and local drivers which require to be considered when preparing a Service Delivery Plan. The flowchart below is an aide for authors but also to readers of SDPs to have some understanding of these various drivers. Figure One shows some of the different pressures and is provided for illustrative purposes.

Figure1



3. Overview and Profile of Service Area

Each service highlighted within this document is a support service providing discrete although complementary services.

Finance: The Finance team supports the management and delivery of an effective finance service which embeds a strategic approach to financial management to support the strategic objectives of the HSCP Board. The team provides both statutory and management accounting functions for the Board and the Senior Management Team providing professional direction and ensuring adherence to financial policy within the context of a Best Value environment.

The Finance service supports operational teams across the HSCP in respect of both health and social care portfolios. The service provides high quality financial management information, accounting and business planning input and advice to all services within the HSCP including advice to the HSCP Board.

The delegated HSCP budget is currently c£209m. In addition the HSCP has received dedicated funding for Primary Care, Mental Health Action 15, Mental Health Recovery, Alcohol and Drug Partnerships and Covid Recovery Funding which requires to be aligned to Scottish Government policy commitments.

Human Resource: The HR team provides timely, responsive and effective Human Resource advice and support on both strategic and complex operational issues to Senior Managers. The service leads on all corporate workforce matters in relation to: human resources; workforce planning; organizational development; service design and health and safety.

Working with two employers within a complex, multi unionised environment, the team has a focus on providing advice and support to HSCP Managers in planning and implementing service design in line with local and national service objectives, commissioning specialist support where required in order to develop workforce plans.

Strategy and Transformation: The Strategy and Transformation service leads on all aspects of strategic planning; health improvement; community engagement; delivery of policy; planning; performance and commissioning of the services delegated to West Dunbartonshire HSCP Board. A key function of the team is to support functional services through change, service design and improvement processes. The team also works with acute services and other agencies to plan the future development of delegated functions.

4. Quality Assurance Statement

West Dunbartonshire HSCPs vision is “improving lives with the people of West Dunbartonshire”. The Partnership aims to ensure health and social care services are delivered in a sustainable and integrated way and people receive

the treatment, care and support they need at the right time and in the right setting, with a focus on community based and preventative approaches.

Our approach to quality assurance starts from what matters most to enable people to live their lives in the way they want. By definition, there can be no 'one size fits all' in personalised care and support. Getting the right balance for people can only be achieved through a person-centred approach which understands someone's personal history, current circumstances, future aspirations and what is important to them. This may change over time – so it is important not to make assumptions and ensure service user needs are regularly reassessed.

Through quality assurance we seek to evaluate what we do as a service, identify and consolidate strengths, address weaknesses and learn as a service in order to improve what we offer and deliver to residents with care and support needs. We will do this by:

Leadership	<p>There is 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.</p> <p>It is the responsibility of leaders at all levels to establish a constructive quality culture and to replace resistance with a spirit of cooperation and trust. This requires an on-going commitment at all levels in the learning process.</p>
Service User Voice	<p>The HSCP successfully engaged with staff using the iMatter Staff Experience continuous improvement tool.</p> <p>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.</p> <p>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 three improvement actions. This improvement plan is captured on a team 'Storyboard' which the team then use to</p>

	<p>monitor progress. The process is then completed annually.</p> <p>The key policy frameworks have been developed to ensure the voice of the service user is at the heart of service development. Staff have received training in service design including the use of tools such as empathy mapping and customer journey maps.</p> <p>The strengths based My Life Assessment is integral in ensuring services are delivered in a person centered way, the Evaluation Advisory Group (EAG) will oversee the evaluation of the implementation of the new assessment.</p>
Culture	<p>The HSCP Board is committed to continuous improvement and is responsible for conducting at least annually, a review of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who have the responsibility for the development and maintenance of the governance environment and the work of internal and external audit and other review agencies including the Care Inspectorate.</p> <p>The Board adopted “The Code of Practice for Local Authority Accounting” recommendation that the local code is reviewed each year in order that it can inform the Governance Statement.</p> <p>For the June 2021 review the HSCP Board agreed that there were no areas assessed to be non-compliant and more than three quarters were considered fully compliant.</p> <p>Other reviews to support continuous improvements and the control environment include the work undertaken by WDC and NHSGGC internal audit teams. Any specific control issues emerging from these audits are considered through each organisation’s own Audit Committee and recommendations on improvements agreed. The HSCP Board are updated on any control issues that would impact on HSCP service performance through regular performance and financial updates reports.</p>
Workforce	<p>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 the</p>

	<p>Partnership and should be a key focus in our engagement with our workforce and Trades Union colleagues. The five dimensions are listed below:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Education and Training	<p>The age profile for staff in West Dunbartonshire HSCP indicates that 61% of our overall workforce are over the age of 45 (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</p>

	<p>consider a career in the caring sector. 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.</p> <p>Links to Clydebank College have been 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.</p> <p>Education and training will be further enhanced through the appointment of a Training Officer, approved by the HSCP Board as an appropriate use of reserves.</p>
Accountability	<p>Strong governance arrangements are in place across the HSCP including the HSCP Board, Audit and Performance Committee and Clinical and Care Governance.</p> <p>In September 2021 the HSCP Board approved the West Dunbartonshire Health and Social Care Partnership Risk Management policy and strategy, and receive regular reports in line with this policy.</p> <p>On the 23 September 2020 the HSCP Board approved a Directions Policy which had been developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government statutory guidance.</p> <p>The Policy enhances governance, transparency and accountability between the HSCP Board and its partner organisations, NHS Greater Glasgow and Clyde (NHSGGC) and West Dunbartonshire Council (WDC) by clarifying responsibilities and relationships.</p> <p>The HSCP Board and Audit and Performance Committee received regular performance reports including an annual report in September each year.</p>
Professional Standards	<p>The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement "The Role of the Chief Financial Officer in Local Government (2010)". To deliver these responsibilities the Chief Financial Officer must be professionally qualified and suitably experienced and lead and direct a finance function that is resourced and fit for purpose.</p>

	<p>The HSCP Board complies with the requirements of the CIPFA Statement on “The Role of the Head of Internal Audit in Public Organisations 2010”. The HSCP Board’s appointed Chief Internal Auditor has responsibility for the internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff.</p> <p>The Internal Audit service generally operates in accordance with the CIPFA “Public Sector Internal Audit Standards 2013”.</p> <p>The HSCP Board’s Audit and Performance Committee operates in accordance with CIPFA’s “Audit Committee Principles in Local Authorities in Scotland” and “Audit Committees: Practical Guidance for Local Authorities (2018)”. In September 2020, the Committee considered Audit Scotland’s – “Covid-19 Guide for Audit and Risk Committees” and agreed that the Chair and Vice Chair, supported by the Chief Internal Auditor consider the key issues posed. The Chief Internal Auditor has initially worked with the HSCP SMT throughout February to complete the template covering:</p> <ul style="list-style-type: none"> ○ Internal Controls and Assurance; ○ Financial Management and Reporting; ○ Governance; and ○ Risk Management. <p>The responses have been considered by the Chief Internal Auditor and the Chair and Vice Chair will consider the conclusion that the committee has had effective arrangements in place throughout 2020/21 to support the HSCP Board decision making throughout the pandemic.</p>
Participation	<p>The Strategic Planning Group have been tasked in 2022/23 with a review of the HSCP Participation and Engagement Strategy and a Participation Officer will be appointed within the same year.</p> <p>In March 2022 the HSCP Board will be asked to approve two distinct policies in relation to Service Design and Quality Improvement. Both these policies have service user participation at their heart.</p>
Support	<p>As support services we continue to work with operational teams in order to meet service user needs and ensure service user satisfaction. Through the streamlining and standardisation of support requests we will aim to increase operational efficiency gains in terms of staff</p>

	utilisation and staff efficiency, driving up efficiency and driving down costs.
Feedback	Work is underway to review the management, recording and learning in relation all feedback including complaints and compliments. Complaints are regularly reviewed through the HSCPs clinical and care governance structures and are reported quarterly to the Audit and Performance Committee.
Outcomes	<p>The development of service delivery plans for the period 2022/23 will help internal and external service users to understand the level and types of services provide by Finance, HR and Strategy and Transformation Services. They are designed to focus on outcomes alongside outputs.</p> <p>Work continues in this period to develop a strategic needs assessment to inform an outcome focused strategic plan.</p>
Integration	Through the integration of information technology, quality improvement and service design, we are able to ensure that we support our internal customers to continually innovate and develop effective systems and processes.

5. Best Value Statement

The HSCP Board has a duty to secure Best Value across the HSCP, The Local Government in Scotland Act 2003 introduced a statutory framework for Best Value for local authorities. The Best Value duties set out in the Act are:

1. to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and, in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirement and to contribute to the achievement of sustainable development
2. to achieve break-even trading accounts, subject to mandatory disclosure
3. to observe proper accounting practices
4. to make arrangements for the reporting to the public of the outcome of the performance of functions.

The service will ensure fulfilment of these duties through taking the following actions in line with the Best Value Themes:

Vision and Leadership	<p>In 2021 the HSCP, supported by Healthcare Improvement Scotland, undertook a programme of development work to refresh and relaunch its Strategic Planning Group. This forum helps to shape the longer term vision for the HSCP Board through the development and publication of a strategic plan.</p> <p>Although in its infancy this process has promoted good joint working arrangements and has benefited from ongoing support from officers across Community Planning Partner organisations. The HSCP Board also works closely with Community Planning Partners and through the thematic DIGs, Strategic and Tactical LRP's.</p>
Governance and Accountability	<p>Arrangements for monitoring performance and progress against delivery of strategic objectives in line with the Best Value guidance has been enhanced in recent years. This is</p>

	<p>achieved through various forums:</p> <ul style="list-style-type: none"> ○ Integration Joint Board Meetings ○ Quarterly and annual performance reporting ○ Audit and Performance Committee ○ Clinical and Care Governance Committee ○ Strategic Planning Group ○ Senior Management Team (HSCP) ○ Corporate Management Teams of both the Health Board and Council. <p>Performance reporting is a regular agenda item for the Management Teams and Committees and this has evolved during the pandemic.</p> <p>The HSCP Board also places reliance on the controls and procedures of our partner organisations in terms of Best Value delivery.</p> <p>In 2021 the HSCP Board approved a Directions Policy and directions to the Council and Health Board clearly require them to deliver services in line with our Strategic Plan with all services being procured and delivered in line with Best Value principles.</p>
<p>Effective Use of Resources</p>	<p>The HSCP Board does not directly commission or contract work, instead it is responsible for directing its partners (West Dunbartonshire Council and Greater Glasgow and Clyde Health Board) to commission on the Boards behalf within the principles of Best Value. The HSCP is the delivery vehicle.</p> <p>This does not remove the accountability within partner organisations for their own responsibilities under Best Value legislation.</p> <p>Commissioning from third sector</p>

	<p>providers is evaluated in line with Best Value principles during the Procurement process by both the Council and Health Board.</p> <p>In order to support the HSCP Board to make good decisions all Board papers include a section that clearly outlines the financial implications of each proposal as well as other implications in terms of risk, HR, equality and diversity and links with to the Boards strategic objectives. In addition, HSCP Board directions to the Health Board and Council require partners to deliver our services in line with Best Value principles.</p>
Partnership and Collaborative Working	<p>The HSCP is committed to the delivery of the Scottish Governments Fair Work Convention and believe that fair work is work that offers effective voice, opportunity, security, fulfilment and respect; that balances the rights and responsibilities of employers and workers and that can generate benefits for individuals, organisations and society.</p> <p>We will continue to collaborate with our two employers, NHS GGC and West Dunbartonshire Council in order to support the aim that this framework be used by everyone in the workplace to guide practice: to help improve understanding of fair work, benchmark existing practice and identify areas where improvement can be made.</p>
Working With Communities	<p>In February 2020 the HSCP Board approved its Participation and Engagement Strategy 2020-2023 which is the means to understanding the needs of local people from groups of geography and groups of interest. The Strategic Planning Group will review this policy in 2022/23.</p> <p>During the pandemic Local</p>

	<p>Engagement Networks (LENs) have not been able to fully provide opportunities for local people to share experiences and ensure service users get the maximum benefit from the services provided by West Dunbartonshire Health and Social Care Partnership.</p> <p>Although the intention was that LENs would seek to identify the views of local people who use the services provided by the HSCP and to understand how services can be improved, this has not been an effective model during the pandemic.</p> <p>The service delivery plan recognises this is an area for improvement and will seek to more effectively develop a solution in the 2022/23 financial year.</p>
<p>Sustainability</p>	<p>The development of the Strategic Planning Group (SPG) over the last year has sought to enhance the operational effectiveness of the HSCP through improved evidence based strategic direction.</p> <p>The HSCP has invested in additional capacity to promote service design and service improvement and in March 2022 the HSCP Board will be asked to approve new policies in respect of both of these work streams.</p> <p>Service design and improvement plans are in place in response to a number of external inspections and these are reported to the HSCP Board in order to ensure Board Members are fully informed and engaged in continuous improvement process. Both the Board and the SPG have staff-side representation, so staff and trade unions are involved in shaping continuous improvement.</p>

	<p>The HSCP Board is committed to a culture of continuous improvement by commissioning a programme of service design which includes: a focus on Care at Home services; how service users access services and the future of day care services.</p> <p>The HSCP is working with the Improvement Service and Healthcare Improvement Scotland to develop its approach to place and wellbeing. This will support the ambition to work with communities to build resilient and sustainable places across West Dunbartonshire</p> <p>Financial sustainability is supported by the publication of the medium term financial plan and by working closely with partners to inform their financial plans.</p> <p>In line with the medium term financial plan and the strategic plan the workforce strategy promotes long term workforce sustainability.</p> <p>The workforce plan will generate information, analysing it to inform future demand for people and skills, and translating that into a set of actions that will develop and build on the existing workforce to meet that demand.</p>
<p>Fairness and Equality</p>	<p>The HSCP Board publishes a biennial Health and Social Care Partnership Equality Mainstreaming Report. The report provides an overview of the progress made in delivering the Equality Outcomes the HSCP is committed to. It is also an opportunity to demonstrate the mainstreaming activity taking place by our services.</p> <p>At a time when Health and Social Care</p>

	services are under increasing demand it is important to maintain and continue to focus on fairness and equity of service, while continuing to provide high quality services.
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4. Service Delivery Action Plan

As noted above, change and improvement across Health and social care services may be driven by a number of factors. Our key priority actions for 2022/23 are detailed below:

Strategic Priority:	Early Intervention			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
9	Publication of a strategic needs analysis supporting services to fully understand and assess the current and future health, care and wellbeing needs of the local community to inform local decision making.	Publication of the Strategic Needs Assessment	June 2022	Head of Strategy and Transformation
9	Publication of the HSCP Strategic Plan 2023/26 with a focus on early intervention.	Publication of the Strategic Plan	March 2023	Head of Strategy and Transformation

Strategic Priority:	Access			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
3, 5 & 9	Working with the project sponsor, undertake service design activity in relation to how partners and service users access HSCP services.	Development of: a pathway to HSCP services, where inequalities in access may be experienced; and some practice solutions to address this.	December 2022	Head of Strategy and Transformation

Strategic Priority:	Resilience			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
9	To develop a stronger process for tracking audit action plans and meeting agreed deadlines.	Audit recommendations are effectively monitored and deadlines met	September 2022	Head of Strategy and Transformation
9	Develop a robust Commissioning Plan driven by the Strategic Plan 2023 – 2026.	Publication of the Commissioning Plan	March 2023	Head of Strategy and Transformation
9	Increase the % of spend on commissioned social care services being compliant with financial and procurement regulations.	Improvement in compliance	March 2023	Head of Strategy and Transformation
9	Support managers across the HSCP with a view to improving sickness absence rates.	Improved absence rates and increased staff wellbeing	September 2022	Head of HR
9	IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis. Post local government elections we will ensure effective induction arrangements are in place for incoming Board Members. We will also develop a program of informal sessions for HSCP Board Members.	Familiarisation with roles and responsibilities Strong governance processes	August 2022	Head of HR
9	Strengthen budget setting arrangements with WDC and NHSGGC and revise the Medium Term Financial Plan (MTFP) in line with the Strategic Plan 2023 – 2026.	Sustainable and robust financial governance	March 2023	Chief Finance Officer
9	Clear directions must be provided by the IJB to NHS GGC and West Dunbartonshire Council. We will monitor the	Clear accountability between partners	March 2022	Head of Strategy and

	implementation of the HSCP Directions Policy in line with audit recommendations.			Transformation
9	Review the effectiveness of the new Strategic Planning Group (SPG)	Strong understanding of priorities and roles and responsibilities	March 2023	Head of Strategy and Transformation
8	Management development to support integration and build leadership capacity at all levels.	Increased engagement in management and professional development programs	November 2022	Head of HR
9	We will review the content and format of the HSCP Board Annual Performance Report in order to incorporate benchmarking data allowing the Board, the Senior Management Team and Service Users to better understand their local performance data.	Increased use of performance data across the HSCP	September 2022	Head of Strategy and Transformation
8 & 9	Publication of an integrated Workforce Plan in line with the 2023/26 Strategic Plan.	Publication of integrated Workforce Plan	March 2023	Head of HR

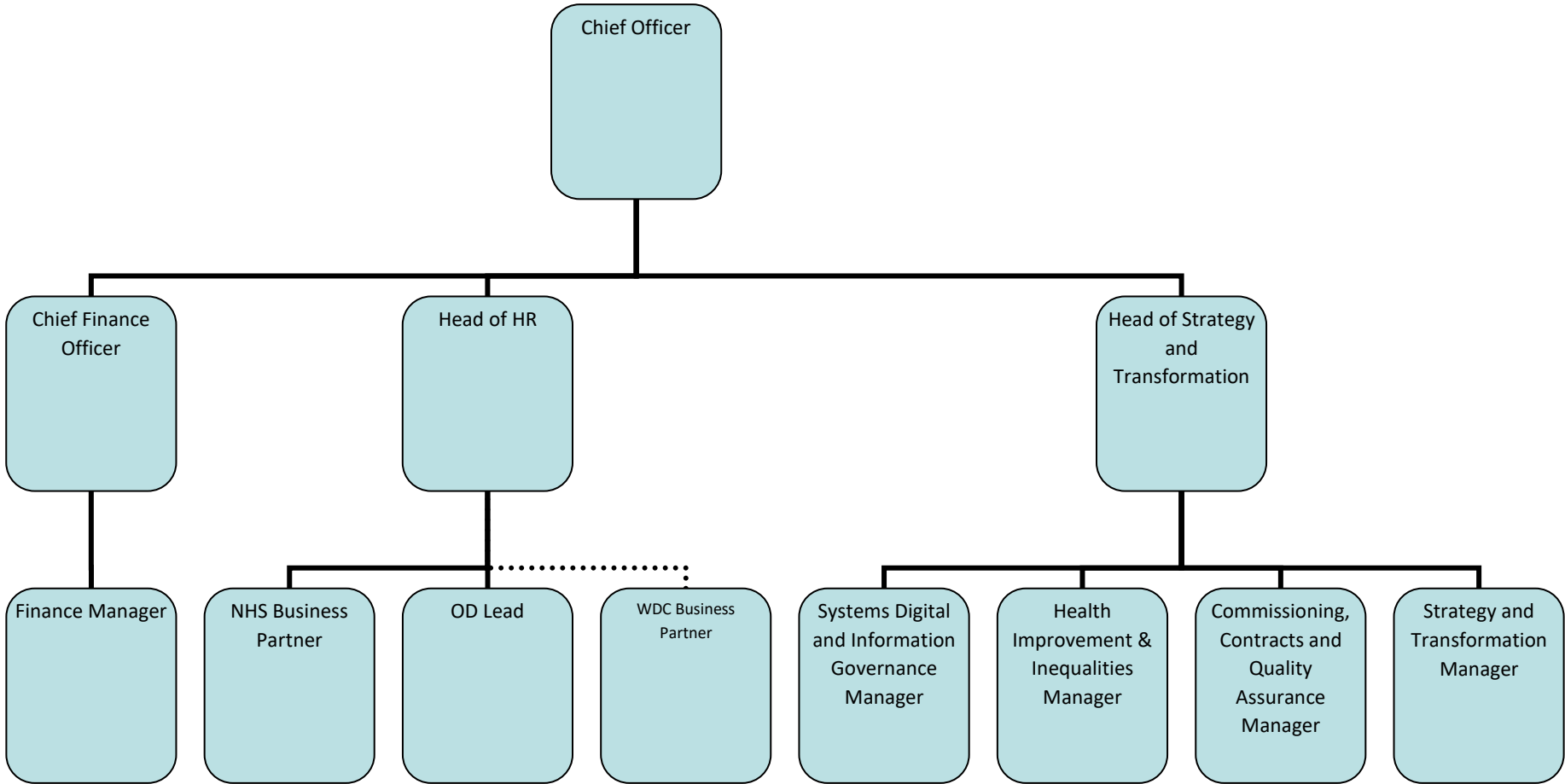
Strategic Priority:	Assets			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
8	Identifying and implementing good practice will be systematically undertaken. We will implement the HSCP Quality Improvement Policy across all teams and as part of a wider Quality Framework develop a Quality Assurance Policy. We will identify mechanisms to share good practice and benchmarking information routinely and systematically.	Outcome measures will be discrete to each project/service but will include a quantification of health and social care processes, outcomes, service user perceptions, and organisational structure and/or systems that are associated with the ability to provide high-quality health and social care and/or that relate to one or more national health and wellbeing outcome area.	December 2022	Head of Strategy and Transformation
9	Establish an organisational framework to review the HSCPs strategic and operational approach to property/asset management in order to develop our position as a strong client and effectively influence the capital planning processes of both NHS GGC and West	Publication of Property Strategy	December 2022	Head of Strategy and Transformation

	Dunbartonshire Council.			

Strategic Priority:	Inequalities			
National Health and Wellbeing Outcome Area	Improvement Action	Measure of Outcome/Output	Due Date	Owner
3 & 4	Effective approaches for community engagement and participation must be put in place for integration. We will review and update the HSCP Participation and Engagement Strategy including the role and function of Local Engagement Networks; the role of communities of interest and geography in the strategic planning process, the development of locality plans and progress the recruitment of a Community Participation Officer.	<p>To gain a better understanding of the community's needs and aspirations.</p> <p>To ensure diverse perspectives inform and support decision-making.</p>	March 2023	Head of Strategy and Transformation
4 & 9	We will refresh and update local Self Directed Support (SDS) arrangements. We will review the SDS improvement plan and progress the recruitment of an SDS Lead.	More people have needs identified for early help and community support more quickly and access accordingly.	September 2022	Head of Strategy and Transformation
6	An improved understanding of effective working relationships with carers, people using services and local communities is required. We will support carers and representatives of people using services better to enable their full involvement in integration. We will continue to develop the Carers Development Group, deliver the Carers Development Group Action Plan, seek to effectively utilise Carers funding and progress the recruitment of an Unpaid Carers Liaison Officer.	Improved outcomes across four key themes: quality of life for the cared person; quality of life for the unpaid carer; managing the caring role; engagement in service design.	March 2023	Head of Strategy and Transformation

4, 5 and 6	Working with the project sponsor supporting the development and implementation of a revised ARG process to ensure every service user and their carer, where applicable, is offered the opportunity to have their income maximised annually.	Improved scrutiny of every service agreement approved through revised ARG process	March 2023	Strategy and Transformation Manager

Appendix 1: **Service Structure Chart**



Appendix 2: National Health and Wellbeing Outcomes

There are nine national health and wellbeing outcomes which apply to integrated health and social care. The suite outcomes, together, focus on improving the experiences and quality of services for people using health and social care services, carers and their families.

1. People are able to look after and improve their own health and wellbeing and live in good health longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Appendix 3 : Health and Social Care Standards

Scottish Government published “Health and Social Care Standards: my support, my life” in 2017 with the aims of driving improvement in outcomes for people using services, and promoting flexibility and encouraging innovation in health, social care and social work services across Scotland.

There are 5 standards. The headline outcomes for each standard are;

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

Each outcome is accompanied by a descriptive statement which sets out the standard of care a person should expect when using health, social work and social care services, and describes what successfully achieving the outcome looks like in practice. The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing.

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
(HSCP) BOARD**

Report by Head of Strategy and Transformation

21 March 2022

**Subject: West Dunbartonshire Health and Social Care Partnership (HSCP)
Quality Improvement Policy**

1. Purpose

- 1.1** The purpose of this report is to update the HSCP Board on the proposed approach to embedding continuous quality improvement within the Health and Social Care Partnership (HSCP) and to present the draft Quality Improvement Policy for consideration, discussion and approval.

2. Recommendations

- 2.1** It is recommended that the HSCP Partnership Board:

2.1.1 Approve the Quality Improvement Policy;

2.1.2 Approve the Public Sector Improvement Framework Pilot Project and agree that the area to undergo the initial self-evaluation be the HSCP Board itself;

2.1.3 Note the Quality Improvement Procedural Guidance.

3. Background

- 3.1** West Dunbartonshire HSCP currently does not have a Quality Improvement Policy and the development and adoption of the Quality Improvement Policy seeks to address this. The Quality Improvement Policy clearly lays out, records and evidences the strategic direction of the HSCP with regard to embedding a culture of continuous improvement.
- 3.2** The supporting Quality Improvement Procedural Guidance seeks to enhance the Quality Improvement Policy itself with more detailed operational information and tools to support all staff involved in service improvement. Both documents will enable staff to deliver service improvements and to create and embed an improvement culture within all service areas.
- 3.3** The Quality Improvement Policy and the Quality Procedural Guidance seek to set the scene for the partnership as it develops its improvement journey with a focus on self-evaluation. Without these documents there is no evidence or reference to what, where or how the partnership is going with regard to embedding continuous quality improvement or specific service improvements.

4. Main Issues

- 4.1** West Dunbartonshire Health and Social Care Partnership (WDHSCP) is committed to driving continuous service improvement across all areas of the organisation. The Quality Improvement Policy seeks to layout the approach by which the Partnership will deliver high quality person centered service provision. This approach will be integrated into the leadership and management arrangements and offer quality assurance and processes to bring about service improvement.
- 4.2** The Quality Improvement Policy highlights the landscape under which the HSCP is operating including its Strategic Planning Framework, the legislative context as well as recognising that continuous improvement is a shared responsibility across the partnership.
- 4.3** The Quality Improvement Policy also highlights issues that are required to ensure that quality improvement can be achieved. It recognises there are a range of contributing factors which need to be taken into account. The policy particularly recognises that customer/stakeholder views are vital in any service improvement work as well as ensuring appropriate staff training and development.
- 4.4** The policy specifically details two key tools that can be utilised, The Model for Improvement (Mfi) and The Public Sector Improvement Framework (PSIF).
- 4.5** The Model for Improvement comprises three fundamental questions that should drive all improvement combined with the Plan-Do-Study-Act (PDSA) Cycle.
- What are we trying to accomplish?
 - How will we know that a change is an improvement?
 - What change can we make that will result in improvement?
- 4.6** The Mfi is the suggested way of approaching quality improvement within WDHSCP.
- 4.7** The second key feature of the HSCP's approach to quality improvement is the adoption of the Public Service Improvement Framework (PSIF). The use of this tool will assist in driving the approach to continuous quality improvement within the HSCP and in particular the approach to self-evaluation.
- 4.8** PSIF is a quality framework that has been designed to facilitate quality improvement in local authorities and other public sector bodies including Health and Social Care Partnerships. It is an evidence based self-assessment tool that helps organisations to examine their performance. This self-assessment process helps organisations identify their strengths and areas for improvement and plan how to tackle these. The framework is focused around a selection of checklists each designed to facilitate the self-assessment process depending on the area being evaluated.

- 4.9** Prior to full role out of the PSIF it is recommended that a PSIF pilot project will be the first step in implementing the framework. The Strategy and Transformation section, specifically the Service Improvement Leads (SIL's), will work with the Improvement Service to agree a plan of action that will involve the Improvement Service assisting during all aspects of the pilot project.
- 4.10** The partnership board is asked to approve the PSIF pilot project and agree that the area to undergo the initial self-evaluation is the HSCP Board itself. This approach would have many benefits but specifically it would send out a strong leadership message to the organisation and would allow HSCP Board members to experience first-hand the self-evaluation process that other service areas would go through in future months.
- 4.11** It would evidence "buy in" and commitment to continuous improvement at the most senior level. It would also provide a training exercise for the SIL's prior to them facilitating more PSIF's with other service areas. The opportunity for HSCP Board members to expand their knowledge and expertise, as well as providing an improvement plan for the Board to take forward their own improvements would be seen as very beneficial to the partnership. Leading by example the HSCP Board could initiate an improvement culture for other service areas to follow.
- 4.12** It is important to note that this Quality Improvement Policy will sit within a wider Quality Framework of quality planning, quality assurance and importantly shared learning. Further policy documents leading to the population of a holistic Quality Framework will be presented to the HSCP Board in due course. The development of a wider Quality Framework will enable staff and services to achieve a set of standards for the delivery of, safe, person centered, effective care. It will enable benchmarking of progress against accepted standards and identify where support is needed for improvement.

5. Options Appraisal

- 5.1** An options appraisal is not required for this report.

6. People Implications

- 6.1** There are no direct people implications at this time but participation of the HSCP Board members in the pilot project would be required as would the Service Improvement Leads in the pilot project planning, analysing and facilitating processes.

7. Financial and Procurement Implications

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

8. Risk Analysis

- 8.1** Best Value is a statutory duty from the Local Government (Scotland) Act 2003 and is defined as continuous improvement in the performance of an organisations function. Best Value applies to Integration Joint Board's (IJB's) and the HSCP Board should be demonstrating Best Value in all its partnership arrangements. Without a Quality Improvement Policy there is a risk that the Partnership will be unable to demonstrate and evidence how it is meeting its Best Value duties and how it is driving continuous improvement in the Partnership.

9. Equalities Impact Assessment (EIA)

- 9.1** An EIA is not required at this time. The Quality Improvement Policy identifies that all continuous improvement work will have due regard for the requirements of the general equality duty as defined in Equality Act 2010 and in the Fairer Scotland Duty Guidance.

10. Environmental Sustainability

- 10.1** A Strategic Environmental Assessment (SEA) is not required in this instance.

11. Consultation

- 11.1** Consultation with the Senior Management Team has taken place during the development of the Quality Improvement Policy. Monitoring Officers within Finance and Regulatory Services have been consulted in the preparation of this report and are satisfied that the report complies with all legislative requirements.

12. Strategic Assessment

- 12.1** The Quality Improvement Policy will support and increase success in delivering the HSCP Strategic Plan priorities and deliver on the commitment to embed continuous improvement.

13. Directions

- 13.1** Directions are not required for this report.

Margaret –Jane Cardno

Head of Strategy and Transformation

21 January 2022

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Appendices: Appendix 1: West Dunbartonshire HSCP
Quality Improvement Policy
Appendix 2: West Dunbartonshire HSCP
Quality Improvement Procedure



West Dunbartonshire Health and Social Care Partnership

Draft Quality Improvement Policy

December 2021

West Dunbartonshire Health and Social Care Partnership's Vision
"Improving lives with the people of West Dunbartonshire"

Document Title:	Quality Improvement Policy	Owner:	Margaret Jane Cardno
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1. Introduction and Background

West Dunbartonshire Health and Social Care Partnership (WDHSCP) is committed to monitoring and assuring the quality of services provided, and embedding quality assurance in a way that gives people confidence in the quality, standard and sustainability of services provided while supporting providers to drive continuous service improvement across all areas of the organisation.

Continuous quality improvement is a type of change that focuses on increasing the quality of an organisation to fulfil its policy and objectives. It is not limited to standalone quality improvement initiatives; it involves developing and working in a culture that strives to improve the organisation's overarching strategy as well as customer, employee and partner relationships. Put simply, it means 'getting better all the time.'

High Level Quality Management Framework



2. Policy Purpose

The purpose of this policy is to lay out how WDHSCP intends to implement continuous improvement. The policy details approaches that could be utilised and highlights key tools that could be implemented to ensure that WDHSCP embeds continuous improvement across its services.

This policy reflects WDHSCP's vision - "Improving lives with the people of West Dunbartonshire" and complements WDHSCP policy on service (re)design ([insert link](#)) using the Scottish Approach to Service Design (SAtdSD). WDHSCP's vision will

be achieved by putting service users and their carer's at the centre of everything it does and by being a user-led organisation.

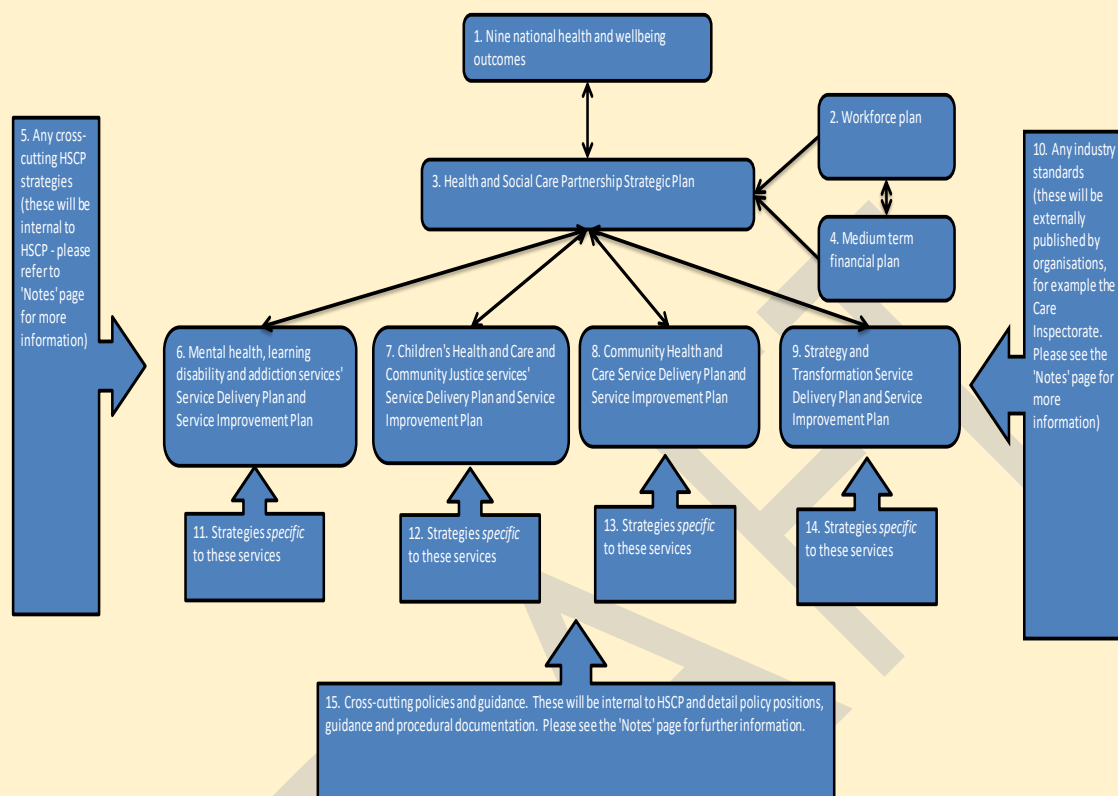
3. Related legislation, policies and procedural mechanisms

This policy is set in the context of the following legislative and strategic considerations:

- WDHSCP's current Strategic Plan 2019-22 [strategic plan](#)
- The Scottish Government's National [Health and Wellbeing Outcomes Framework](#)
- [The National Health and Social Care Standards](#)
- [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)
- [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
- [Independent Christie Review of Public Services](#)
- [Independent Review of Adult Social Care 2021](#)
- [Carers \(Scotland\) Act 2016](#)
- [SG Best Value Guidance](#)
- NHS Quality Strategy
- NHSGGC The Pursuit of Healthcare Excellence NHS Greater Glasgow and Clyde Healthcare Quality Strategy 2019/2023-
- The Patient Rights Act (Scotland) 2011
- Moving forward Together NHSGGC

4. Strategic Planning

The diagram below shows the context in which WDHSCP is carrying out its strategic planning work.



4.1. Service Improvement Planning

In addition to the key tools identified in [section 5](#) of this policy, ongoing service improvement planning at a service and team level is required in an organisation. Heads of Service in WDHSCP will ensure service delivery plans are in place on an annual basis and reviewed regularly. These will contain actions to drive improvement, achieve outcomes and increase service user satisfaction.

4.2 Achieving Quality Improvement

WDHSCP recognises that continuous quality improvement can only be achieved by:

- Service delivery plans and strategies with objectives focusing on delivering outcomes for service users.
- Project and performance management processes that prioritise clear actions with indicators to measure success.
- The right people doing the right jobs driven by the underlying aim of securing ongoing improvements.

- An organisational culture that supports constructive challenge, learning, empowerment and employee participation and engagement.
- A formal process for securing ongoing improvement using best practice principles.
- Regular evaluations on the impact of improvement initiatives.
- Meaningful involvement of service users and effective use of feedback.

5. Implementation

WDHSCP must ensure that an evidence informed and robust approach to continuous improvement is implemented to ensure improvements are delivered. To assist with delivering these improvements WDHSCP has identified two key tools. These tools are the Model for Improvement (Mfi) and the Public Service Improvement Framework (PSIF). The following paragraphs explain more about these two key tools.

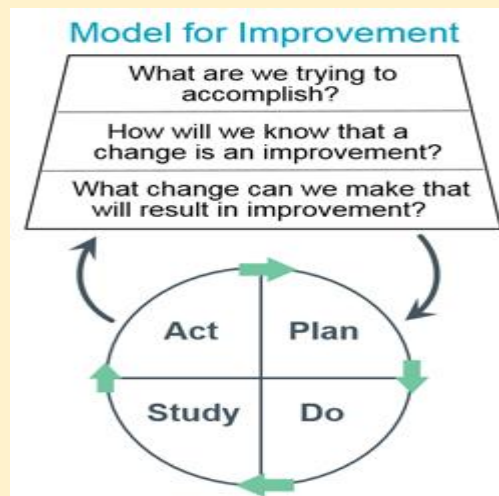
5.1 Model for Improvement (Mfi)

The Model for Improvement (Mfi) was developed by a group of leading experts known as [Associates in Process Improvement](#) (Institute for Healthcare Improvement, 2021). It comprises three fundamental questions that should drive all improvement combined with the Plan-Do-Study-Act (PDSA) Cycle.

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What change can we make that will result in improvement?

The Mfi can be thought of as having two parts: a thinking part and a doing part. The improvement questions at the top of the model can be considered the thinking part and the PDSA cycles can be considered the doing part.

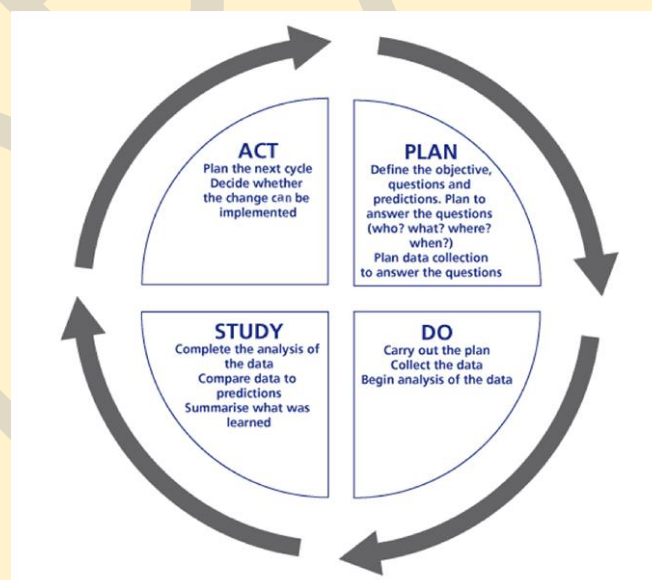
Figure 1 Model for Improvement¹



The Model for Improvement: The Doing Part

Figure 2 takes the PDSA Cycle component from the Mfi and notes some important points for each step in the cycle.

Figure 2: PDSA Cycle



The PDSA Cycle can be an effective vehicle for learning and action. Three of the most common reasons for using the cycle as part of an improvement effort include:

¹ More information on 'The model of Improvement' and how to implement can be found in the **West Dunbartonshire Health and Social Care Partnership's Approach to Using the Model for Improvement (Mfi)** and the Quality Improvement procedural documentation

1. To build the knowledge required to help answer any of the three improvement questions;
2. To test a change;
3. To implement a change.

The Mfl is the suggested way of approaching quality improvement within WDHSCP. Further Information on quality improvement and change can be found on the respective West Dunbarton Council (WDC) ([West Dunbartonshire Council](#)) and National Health Service greater Glasgow and Clyde (NHS GGC) ([NHS GG&C](#)) websites. Support can also be sought from the WDHSCP Strategy and Transformation Service Improvement Leads.

5.2 Public Service Improvement Framework (PSIF)

The second key feature of WDHSCP's approach to quality improvement is the adoption of the [Public Service Improvement Framework \(PSIF\)](#). This use of this tool will assist in driving the approach to continuous quality improvement within WDHSCP and in particular to our approach to self-evaluation.

5.2.1 What is PSIF?

PSIF is a quality framework that has been designed to facilitate quality improvement in local authorities and other public sector bodies including Health and Social Care Partnerships. It is an evidence based self-assessment tool that helps organisations to examine their performance. This self-assessment process helps organisations identify their strengths and areas for improvement and plan how to tackle these. The framework is focused around a series of checklists each designed to stimulate the self-assessment process depending on the area being evaluated.

The main HSCP [checklist](#) is based on PSIF 2016 and has been specifically developed to support HSCP's to engage in self-assessment for adults and older people. The other checklists detailed are related to specific areas i.e. Integration Joint Boards, Adult Protection Committees and Child Protection Committees. The checklist approach has been designed to reflect the managerial and legislative context of health and social care services within Scotland. As such, the Checklist approach will draw upon strategic and performance management resources such as the National Health and Wellbeing Outcomes, the Core Suite of Integration Indicators and the Local Government Benchmarking Framework.

Checklist Name	Focus of the Checklist	What does the Checklist do?
Health and Social Care Partnerships	Leadership HSCP Planning Staff Partner and Resources Processes and Services Results	Invites open and honest responses to a set of statements designed to facilitate discussion and debate around key issues and priorities for the health and social care services provided by the HSCP

		<p>Checklist can be used at service level or at a corporate level</p> <p>An improvement plan will be developed to drive improvement at a service or corporate level in the HSCP.</p>
Integration Joint Boards	<p>Community Engagement and Participation</p> <p>Use of Evidence</p> <p>Focus on outcomes</p> <p>Leadership and Relationships</p> <p>Governance</p> <p>Accountability</p> <p>Use of Resources</p> <p>Performance Management and Reporting</p> <p>Impact</p>	<p>Used to critically review an IJB's fitness for purpose in achieving shared outcomes</p> <p>Should be used for identifying potential areas for improvement</p>
Adult Support and Protection Committees	As above (IJB Checklist)	<p>Used to assess how well the Committee is meeting its outcomes around Adult Support and Protection</p> <p>Acts as a conversation starter to identify areas for improvement</p>
Child Protection Committees	As above (IJB Checklist)	<p>Used to assess where the Committee is and what they need to do to progress their work</p> <p>Acts as a conversation starter to identify areas for improvement</p>

5.2.2 Benefits of PSIF

Using PSIF has many organisational benefits but as it has been specifically designed for the health and social care sector it provides an approach for stimulating change and improvement within this specific type of organisation. There are opportunities for services to review their processes and it offers opportunities to do things differently and to consider service redesign if appropriate. A foundation for considering service improvement is achieved and helps organisations to focus on improving customer outcomes.

5.3. Scottish Approach to Service Design (SAtdSD)

WDHSCP has also set out its policy position in relation to service (re)design and its commitment to adopting the Scottish Approach to Service Design ([SAtdSD](#)). One of the key components of this approach is the Double Diamond model which proposes phases in the design process to include discovery, defining, development and

delivery. The policy position asserts that after these phases have been completed, any (re)designed service should be committed to continuous quality improvement.

5.4 Stakeholder involvement in quality improvement

It is a commitment of WDHSCP to ensure that it is a person centred organisation and that the service will seek service user feedback to inform its improvement work. When looking at all Service Design and Improvement work stakeholder's² views are vital to contributing to this process, this contributes to the successful outcomes for the people of West Dunbartonshire and the stakeholders. [Insert Link to Service Design policy.](#)

5.5 Other quality improvement considerations/tools

Regardless of how the need for improvement has been identified there are a variety of other considerations that are necessary to ensure continuous Improvement is achievable

- Appropriate training and development for staff
- Identify staff and financial resources
- Satisfaction surveys for employees, carers, service users and partners
- Benchmarking
- Identifying Best Practice

6. Responsibility for Quality Improvement

The responsibility for continuous quality improvement is a shared one across WDHSCP. The Chief Officer and their Senior Management Team, supported by the HSCP Board are responsible for creating the conditions where staff are empowered and motivated to deliver continuous quality improvement. The workforce, operating in these optimum conditions, will be responsible for using the a range of improvement tools (primarily Mfl and PSIF) in an efficient and effective way, ensuring that continuous quality improvement leads to the delivery of respective service delivery plans, WDHSCP's strategic priorities and, ultimately, WDHSCP Strategic Plan.

7. Equalities

WDHSCP will ensure any improvement work will be undertaken whilst bearing in mind the statutory equalities duties that the HSCP is responsible for ensuring underpins all of its work.

- Eliminating discrimination, harassment and victimisation;
- Advancing equality of opportunity between people who share a protected characteristic and those who do not;

² Stakeholder's are people with an invested interest in the HSCP, Users of the services, carers, staff, suppliers, commissioned organisations and 3rd sector partners.

- Fostering good relations between people who share a protected characteristic and those who do not.

In addition to these statutory requirements within the Equality Act ([Equality Act 2010](#)) the HSCP should also have due regard for the duties laid out in the [Fairer Scotland Duty Guidance](#). This will ensure the HSCP maximises its efforts to reduce the inequalities of outcome, caused by socioeconomic disadvantage, in any strategic decision-making or policy development.

8. Policy Review

This policy along with any related policies, procedures and staff guidance will be reviewed when appropriate (likely every 2 years) to ensure they remain effective and comply with the latest relevant legislation and codes of practice or other guidance issued.

Further information on this policy can be obtained by contacting the Strategy and Transformation.

Further information on this policy can be obtained by contacting the Strategy and Transformation Service Improvement Leads - John Burns John.Burns@west-dunbarton.gov.uk, Laura Evans laura.evans@west-dunbarton.gov.uk, Jacqueline Carson Jacqueline.Carson@west-dunbarton.gov.uk



West Dunbartonshire Health and Social Care Partnership

Draft Quality Improvement Procedural Guidance

December 2021

West Dunbartonshire Health and Social Care Partnership's Vision
"Improving lives with the people of West Dunbartonshire"

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1. Introduction and Background

West Dunbartonshire Health and Social Care Partnership (WDHSCP) is committed to driving continuous service improvement across all areas of the organisation. Continuous quality improvement is a type of change that focuses on increasing the quality of an organisation. This involves developing and working in a culture that strives to improve the organisation's overarching strategy as well as customer, employee and partner relationships. Put simply, it means 'getting better all the time.'

Quality improvement involves the systematic process of identifying, developing, testing, refining, implementing and spreading improvement using a suite of well-established and evidenced-informed tools. It involves ensuring decision-making is data informed and data driven and working closely with employees, carers, service users and partners to co-produce changes that result in improvement. This guidance should be read in conjunction with WDHSCP's Quality Improvement Policy.

2. Purpose of Guidance

The purpose of this guidance is to lay out how WDHSCP intends to implement continuous improvement and to provide guidance to staff to support and assist them to take forward improvement work. The guidance details approaches that could be utilised and highlights key tools that can be implemented, and seeks to provide information on other factors relevant to ensuring that WDHSCP embeds continuous improvement across its services.

This guidance builds upon WDHSCP's vision - "Improving lives with the people of West Dunbartonshire" and complements WDHSCP's policy on quality improvement and service (re)design using the Scottish Approach to Service Design (SAtdSD) [SAtdSD](#). WDHSCP's vision will be achieved by putting service users and their carer's at the centre of everything it does and by being a user-led organisation.

3. Related legislation, policies and procedural mechanisms

This policy is set in the context of the following legislative and strategic considerations:

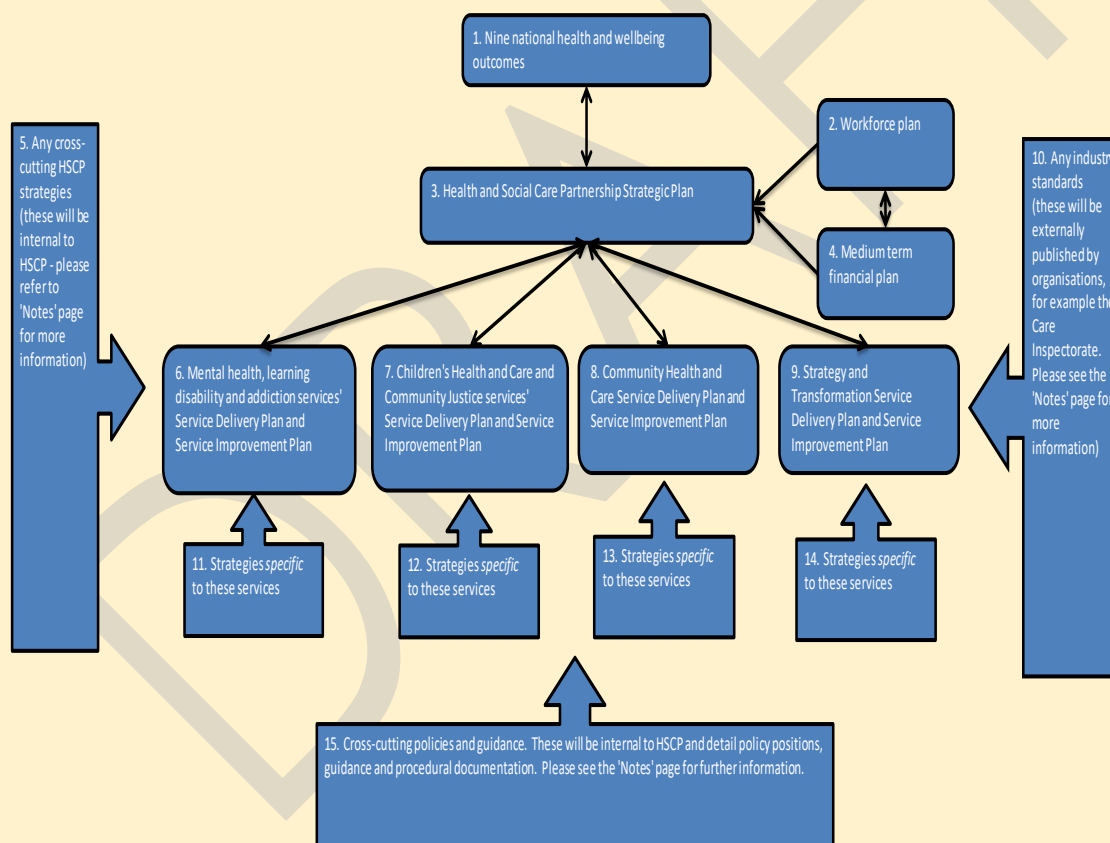
- WDHSCP's current Strategic Plan ([WDHSCP Strategic Plan](#)) 2019-2022 has five key strategic priorities: early intervention, access, resilience, assets and inequalities.
- These 5 key strategic priorities reflect the Scottish Government's National [Health and Wellbeing Outcomes Framework](#) which states that: 'Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community. Key to this is that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive, and that people using services,

whether health or social care, can expect a quality service regardless of where they live.'

- [The National Health and Social Care Standards](#)
- [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)
- [The Public Bodies \(Joint Working\) 9Scotland Act 2014](#)
- [Independent Christie Review of Public Services](#)
- [Independent Review of Adult Social Care 2021](#)
- [Carers \(Scotland\) Act 2016](#)
- [SG Best Value Guidance](#)

4. Strategic Planning

The diagram below illustrates the strategic service planning context of the HSCP.



WDHSCP's current strategic priorities are set out within its [strategic plan](#) (2019-22) and all improvement work will be carried out in accordance with these priorities. The strategic priorities detailed in the relevant strategic plan underpin all WDHSCP's work and its delivery of services to the people of West Dunbartonshire. All improvement work should be clearly aligned to at least one of these strategic priorities.

The development of the HSCP Strategic Plan is carried out on a cyclical basis by the HSCP Strategic Planning Group and there are opportunities for staff and communities to engage with this process. The Strategic Plan is normally a plan that covers a three year period and is developed following consultation with a range of stakeholders and the wider west Dunbartonshire community including staff.

4.1. Service Improvement Planning

In addition to the key tools identified in section 5 of this guidance, ongoing service improvement planning at a service and team level is required in an organisation. Heads of Service in WDHSCP will ensure service delivery plans are in place on an annual basis and reviewed regularly. These will contain actions to drive improvement, achieve outcomes and increase service user satisfaction. The development of these service delivery plans will be in line with reviews of good practice, feedback from service users, their carers and other stakeholders and partners. Opportunities for services users and their carers to be fully involved in service improvement will be available to ensure WDHSCP is a user led organisation.

To ensure consistency in the HSCP service planning process a template has been developed and this should be completed in all cases. These plans will be approved, monitored and reported on as part of the ongoing cyclical nature of the HSCP improvement planning process. More information on service planning can be found in the Service Delivery Plan Template. [Section 6](#) of this guidance details the roles and responsibilities within the HSCP at each stage in the improvement planning process.

4.2 Achieving Quality Improvement

WDHSCP recognises that continuous quality improvement can only be achieved by:

- Service delivery plans and strategies with ambitious but achievable objectives focusing on delivering outputs and outcomes for service users. This is to be supported by active, visible and effective management and leadership.
- Project and performance management processes that prioritise and translate aims through to action with clear, reliable and valid indicators to help measure success.
- The right people doing the right jobs driven by the underlying aim of securing ongoing improvements.
- An organisational culture that supports constructive challenge, learning, empowerment and employee participation and engagement.
- A formal process for securing ongoing improvement using best practice principles and the adoption of appropriate initiatives to ensure performance meets certain external standards.
- Regular evaluations of the impact all improvement initiatives are having on the organisation.
- Meaningful involvement of service users and volunteers and effective use of feedback. A willingness to listen and learn from customer experiences and use these to drive improvements.

WDHSCP will ensure that strategies, policies and practices are in alignment and support the continuous quality improvement effort. The HSCP has developed an Policy Template that should be used by all HSCP staff when writing policies and this will provide a consistent layout and design to all policy and strategy work.

5. Implementation

As set out in its [Strategic Plan](#), West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to continuous quality improvement; where the HSCP is performing well, it must make a concerted effort to continue to do so, where areas to develop are identified, an evidence informed and robust approach is required to ensure improvements are delivered.

As set out in the HSCP Quality Improvement Policy, quality improvement involves the systematic process of identifying, developing, testing, refining, implementing and spreading improvement using a suite of well established and evidenced-informed tools. The HSCP has made a commitment to using the Public Service Improvement Framework ([PSIF](#)) to facilitates HSCP self-assessment across a range of service areas (e.g. Child Protection, Adult Support and Protection, Integrated Joint Board functions and frontline service provision). The PSIF will assist the HSCP to identify areas for improvement across its services, however, PSIF is not intended to be the only method for identifying the need for change and improvement within the HSCP. For example, local intelligence and experience can oftentimes be a good indication that improvement is required (e.g. when feedback from people using a service indicates a change is required – this could be because an individual has identified something crucial or a volume of people have identified something minor).

The HSCP has also set out its policy position in relation to service (re)design and its commitment to adopting the Scottish Approach to Service Design ([SAtSD](#)). One of the key components of this approach is the Double Diamond model which proposes phases in the design process to include discovery, defining, development and delivery. The policy position asserts that after these phases have been completed, any (re)designed service should be committed to continuous quality improvement.

Regardless of how the need for improvement has been identified, whether it be from using the PSIF, whether it be local intelligence or whether it be because a newly (re)designed service is committed to quality improvement (or any other reason), the HSCP promotes the use of the Model for Improvement (Mfi) when considering quality improvement.

5.1 Model for Improvement (Mfi)

The Model for Improvement was developed by a group of leading experts known as [Associates in Process Improvement](#) (Institute for Healthcare Improvement, [2021](#)) It comprises three fundamental questions that should drive all improvement combined with the Plan-Do-Study-Act (PDSA) Cycle.

The model can be thought of as having two parts: a thinking part and a doing part. The improvement questions at the top of the model can be considered the thinking part and the PDSA cycles can be considered the doing part. Although the term 'PDSA Cycle' may be familiar to many people, it is often misunderstood and misused. The intention is to provide clarity on when and how the Mfl can be used to drive improvement across the HSCP.

Figure 1: The Model for Improvement

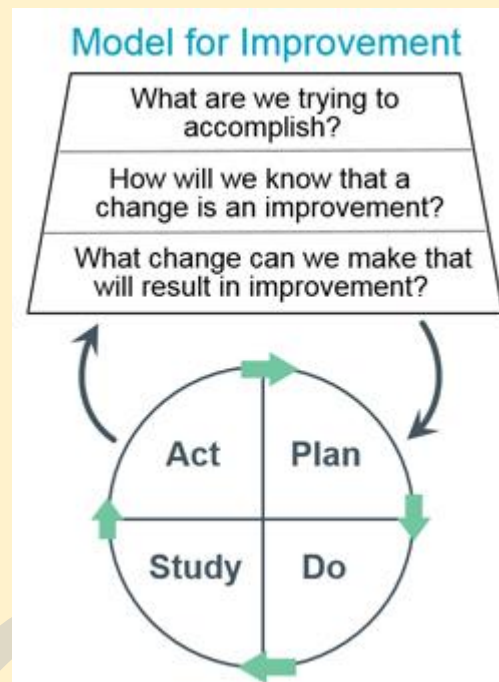


Figure 1 sets out the Mfl. As can be seen in Figure 1, the three fundamental questions include:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What change can we make that will result in improvement?

We will briefly look at each question and consider some approaches and tools in relation to answering them.

5.1.1 What are we trying to accomplish?

In the hustle and bustle of day-to-day work there can be many competing pressures and priorities. It is often the case that one task leads to or ties in with others and one can quickly find themselves doing three or four things slightly related to the initial task they began with. When it comes to improvement, we must protect against this and any other kind of 'mission creep' where one or more things become 'bolted on' to the initial task. If we are not clear and singularly focused on what we are trying to accomplish or if that aim becomes confused because of add-ons, the whole effort becomes undermined and is unlikely to be successful.

Ways to prevent the scope of an improvement project become unwieldy include using a mission statement and project charter to record the answer to the question 'What are we trying to accomplish?' Answers can be recorded, shared with stakeholders and edited and refined until the purpose of the improvement project is clear.

5.1.2 Mission Statement

A mission statement should make clear to everyone what the purpose of the project is and should include

- a. the focus of the improvement / where in the system the change will take place;
- b. the specific measure(s) to be used and;
- c. an ambitious but realistic timeframe. It might be helpful to consider the acronym STAN where any aim statement should be: Specific, Time-bound, Aligned and Numeric.

It is worth noting that 'Aligned' means ensuring any work is aligned to the service and HSCP priorities. This will help ensure management and wider stakeholder buy-in. An example might be "This project aims to reduce the average length of time a person waits to receive a My Life Assessment, having been screened as appropriately requiring one, from X weeks to Y weeks by Z date".

5.1.3 Project Charter

A project charter is a document that sets out the mission statement – the system to be improved, the setting, the expectation and measures – but also include more detailed guidance such as certain parameters, activities and responsibilities across the project team. While a charter helps answer the first fundamental improvement question (What are we trying to accomplish?), it can begin to address all three and can be used to record the answers to each. Staff should consider developing both an aim statement and project charter when beginning their improvement project.

5.1.4 How will we know that the change is an improvement?

This question is often overlooked however, an effective answer to this question can provide a solid base for learning throughout the improvement effort and provides opportunities to accelerate improvement. At its heart, the answer to this question is about measurement and indicators; which measures will provide the best indication that the thing we're changing is actually an improvement? When considering how to answer this question, the following are worth bearing in mind:

WDHSCP is committed to participation and engagement in all of its work. Perhaps WDHSCP's most important stakeholder is the people it exists to serve. This is reflected in, for example, WDHSCP policy position on service design and in WDHSCP's Participation and Engagement Strategy [Participation and Engagement Strategy](#). While people with lived and living experience should be involved across any improvement project, their interests and views should be strongly represented in any list of measures of improvement.

- Baseline data is useful when considering whether a change is an improvement; knowing what happened before and after the change can help indicate whether, and the extent to which, a change is an improvement. However, in some cases this may not be possible and the measure should not be discarded simply because of the absence of baseline data. Oftentimes, looking at the data collected after a change is enough to justify calling the change an improvement.
- It may be the case the optimum indicator won't provide data to measure the impact of a change for a long time. If this is the case – and while that indicator should continue to be monitored – it might be necessary to select a proxy outcome, something that can reasonably be considered to be closely related to the optimum indicator. An example might be where WDHSCP offers a preventative intervention for a certain condition or issue. While the prevention of the condition might take some time to measure, there may be earlier indications that suggest the condition is less likely to develop.
- Multiple measures are almost always required to balance competing interest and to help ensure that the system as a whole has improved. It is important to try and create a list of measures – suggested to be around six or fewer – that is useful and manageable, not perfect. When considering different types of measures, it may be necessary to think about measures across three levels: outcome, process and balancing measures.
 - Outcome measures are measures of the performance of the system, relate directly to the aim of the project and offer evidence that changes are actually having an impact at the system level.
 - Process measures are measures of whether an activity has been accomplished – whether it has been completed as intended. Process measures are often used to determine if a PDSA Cycle has been carried out as planned.
 - Balancing measures should be used to help monitor the unintended impacts of a change. To achieve an improvement in one part of the system at the expense of another part cannot be generally considered an improvement at all.

5.1.5 What changes can we make that will result in improvement?

All improvement requires change but not every change is improvement. Answering the question about changes that will result in improvement requires developing changes to test. For some simple systems, a list of changes could be developed and tested quite quickly. For more complex systems it can be useful to consider the question in two parts: first, thinking about some broad concepts for the system (e.g. to better match capacity to demand), and second, some more detail on the actual changes that will be tested (e.g. reallocating resource from one shift to another). In terms of generating change ideas, there are 5 approaches which may be useful:

1. Logical thinking about the current system
Sometimes it might only involve taking some time to reflect on the current system, perhaps using a process map to ensure a shared understanding of the current process in its “how it is” form. From there, and by involving stakeholders

including those who use the service, the use of existing knowledge and things about how the process ought to be, change ideas can be generated.

2. Benchmarking or learning from others

In many cases, the improvement we might want to see in our own system has already been developed and implemented elsewhere. This does **not** mean the work can be 'copied and pasted' – sometimes the journey is just as important as the destination and what worked in one place will not necessarily work in another. By looking at systems and practices thought of as best practice, it can instigate change ideas in your own system or service. Key skills and traits involved in benchmarking include being curious, applying critical thinking, listening deeply and reflecting with a view to taking action. Before doing any benchmarking site visits or speaking to key stakeholders, spend some time reflecting on what you want to achieve to ensure any aims are fulfilled.

3. Using technology

Tech is increasingly being used across health and social care systems to drive improvement. However, technology is no silver bullet and often requires 'front loading' – investment and thought at the beginning of the project to ensure the process is implemented as intended. Some suggested cautions for making changes that involve technology include:

- Do not automate a bad system – the system will still be bad
- Try to use tech solutions where the system is fairly stable and well understood
- Focus tech changes at bottlenecks or constraints where automation can increase efficiency e.g. a new computer system to expedite case recording and reduce duplication
- A technology that is unreliable is worse than none at all. If time is spent redoing or repairing a faulty job undertaken by a tech based 'solution', it is not an improvement.

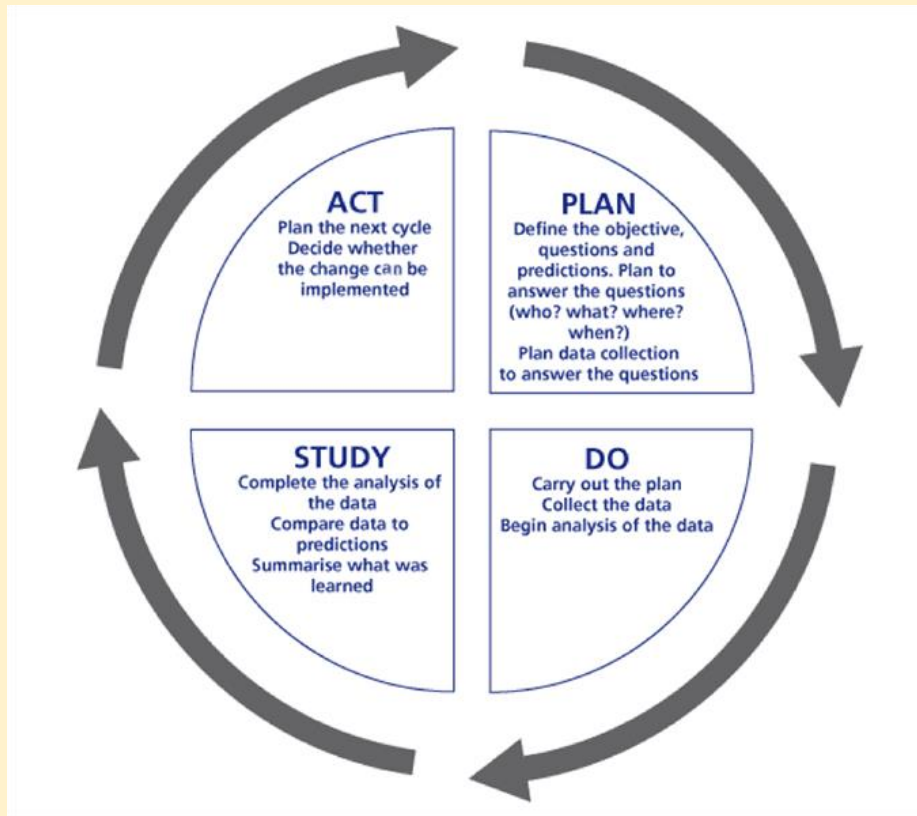
4. Creative thinking. This is not an attribute only some people possess, it is a skill that can be developed and tapped into in the right conditions. An example of using creative thinking to generate change ideas is Appreciative Inquiry. [Guide to Appreciative Inquiry](#) and [Appreciative Inquiry Video](#)

5. Using change concepts. Change concepts are general notions or approaches found to be useful in developing more specific ideas for change that result in improvement. Examples of change concepts include: eliminate things that are not used; eliminate multiple entry; reduce classifications; find and remove bottlenecks; give people access to information; take care of basics; focus on the outcome to the end user; stop tampering; develop contingency plans. Behind each of these sits broader theories of change and how they work but on their own they can provide a starting point to think about change ideas.

5.1.6 The Mfl: The Doing Part

Figure 2 takes the PDSA Cycle component from the Mfl and notes some important points for each step in the cycle.

Figure 2: PDSA Cycle



The PDSA Cycle can be an effective vehicle for learning and action. Three of the most common reasons for using the cycle as part of an improvement effort include:

1. To build the knowledge required to help answer any of the three improvement questions
2. To test a change
3. To implement a change

PDSA cycles should be small scale, iterative and reflective tests carried out and recorded to detect whether a **single**¹ change has resulted in any improvement; cycles should be repeated, with each new cycle building on the learning from the previous cycle. Even trials that are not 'successful' in the traditional sense add to the learning and the findings should be recorded. Using cycles to test small changes in a large and complex organisation may seem counterintuitive but in a large or complex system there are even more risks so starting small and gradually building, recording and learning is the more effective approach. It should be noted that 'small scale' refers to the size of the test, not the change itself. It is entirely possible that a small scale test develops an innovative and significant improvement.

The following suggests what should be considered during each step in the cycle:

¹ Only one change should be tested at any one time. Multiple changes will make it too difficult to gauge which change had the observed effects.

Plan: What are you trying to accomplish? What tasks require to be done, in which order, by whom and when? What is the intended outcome – what are your predictions? How will you know – what measures will you use to indicate and measure the change? Consider the three different levels of measures – outcome, process and balance (see above) – and try to include six or fewer measures.

Do: This is where the planning is actioned. Remember to consider starting small scale without stifling innovation; test small but aim big. Enjoy it – you are actively taking steps to improve your service and that alone is no small feat.

Study: Prepare your results in a way that all stakeholders can understand them. Consider charts, graphs, pictures and how you can use your results to tell a story. Analyse the results. How and why did the actual results vary from your predictions?

Act: Analysis of your results (study step) should inform your next PDSA cycle. Where something didn't work as predicted, ensure this is recorded and consider what needs to change in your next plan to reflect the learning from this cycle? Where the test was successful, the next cycle might consider different conditions e.g. with a different team, on a different day, a different time or with increased numbers of participants (context will inform decisions here).

The Mfl is the suggested way of approaching quality improvement within the HSCP. Further information on quality improvement and change can be found on the respective WDC ([West Dunbartonshire Council](#)) and Glasgow and Clyde (NHS GGC) ([NHS GG&C](#)) websites. Support can also be sought from the HSCP Strategy and Transformation Service Improvement Leads.

5.2 Public Service Improvement Framework (PSIF)

The second key feature of WDHSCP's approach to quality improvement is the adoption of the [Public Service Improvement Framework \(PSIF\)](#). This use of this tool will assist in driving the approach to continuous quality improvement within WDHSCP and in particular to our approach to self-evaluation.

5.2.1 What is PSIF?

PSIF is a quality framework that has been designed to facilitate quality improvement in local authorities and other public sector bodies including Health and Social Care Partnerships. It is an evidence based self-assessment tool that helps organisations to examine their performance. This self-assessment process helps organisations identify their strengths and areas for improvement and plan how to tackle these. The framework is focused around a series of checklists each designed to stimulate the self-assessment process depending on the area being evaluated.

The main HSCP [checklist](#) is based on PSIF 2016 and has been specifically developed to support HSCP's to engage in self-assessment for adults and older people. The other checklists are related to specific areas i.e. Integration Joint Boards, Adult Protection Committees and Child Protection Committees.

The checklist approach has been designed to reflect the managerial and legislative context of health and social care services within Scotland. As such, the Checklist approach will draw upon strategic and performance management resources such as the National Health and Wellbeing Outcomes, the Core Suite of Integration Indicators and the Local Government Benchmarking Framework.

5.2.2 The Checklist Approach

- **Stage 1 - Issuing the Checklist**

Normally following a brief awareness session, the checklist is issued as an electronic survey to those staff taking part in the self-assessment. The checklist contains a number of statements and should take approximately 1 hour to complete. You are asked to rate the extent to which you as an individual agree/disagree with each statement, as per the table below:

Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
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Self-assessment can include Children's Services where these have been delegated to the integrated joint board. The 'Don't Know' option should be used when you feel you do not have sufficient information about the particular statement to enable you to make a judgment.

At the end of each section there are two comments boxes. One requires you to provide details of evidence that supports your views on how well the HSCP is performing in relation to the statements covered by the section (strengths) and the other requires you to provide further details of how you think the HSCP can improve in relation to the statements covered by the section. You will not be able to proceed through the checklist without providing input to the comment boxes. All checklist responses are anonymous and non-attributable.

- **Stage 2 - Consensus Session**

In advance of the Consensus session, checklist findings are analysed and a short report is compiled summarising the responses and highlighting key points for discussion during the consensus session. The consensus session should typically take between 2½ to 3 hours. The purpose of the session is to work with a group of those undergoing the self-assessment to discuss the strengths and issues emerging from the checklist responses, agree appropriate improvement actions and prioritise them. Normally this would be around 20 participants taken from across the service/HSCP taking part in the self-assessment.

- **Stage 3 - Improvement Planning Session**

This session will work with the same group from the Consensus Session to focus on the development of an Improvement Plan, which will cover the following areas:

- The improvement actions;
- The actions/tasks that will be undertaken to deliver improvement;
- Ownership of improvements;
- Timescales for implementing improvements;
- Resources/costs/risks associated with improvements;
- Defined measures to demonstrate the impact of improvements.

- **Stage 4 - Results**

Results are an important element of the self-assessment. These allow participants in the self-assessment to consider how the HSCP is performing across key indicators and also at a service level. It's recommended that results are gathered as evidence to support the self-assessment process and used to identify improvement actions at the Consensus session.

Further PSIF information can be found by on the Improvement Service website [Public Service Improvement Framework \(PSIF\)](#) or by contacting the Strategy and Transformation Section SIL's John Burns John.Burns@west-dunbarton.gov.uk, Laura Evans laura.evans@west-dunbarton.gov.uk, Jacqueline Carson Jacqueline.Carson@west-dunbarton.gov.uk

5.2.3 The Statements in the checklist

The checklist approach covers statements in six key areas as described below.

1. Leadership

This section of PSIF assesses the effectiveness of our leaders. It explores how leaders plan for the future, create a positive culture and engage with those who use services, partners and stakeholders.

Why are Leaders Important?

Leaders are the people who shape the future of an HSCP, who make change and improvements happen and are key to leading and developing an open and learning culture. They are responsible for identifying a clear direction for the HSCP and for inspiring staff, those who use services, partners and stakeholders. Effective leaders don't just manage staff, budgets and buildings, they have the ability to inspire people by motivating and supporting them to go the 'extra mile'.

Who are our Leaders?

Leaders include the people responsible for managing staff and resources. They develop plans for the HSCP and make decisions about budgets and long term objectives.

2. HSCP Planning

This section of PSIF explores how the HSCP operates in relation to planning and performance management. It leads you to consider how effective the HSCP is at engaging with those who use services, partners and stakeholders in this area.

Why is Planning Important?

Having a sense of purpose is important in any HSCP, but having a plan to achieve priorities is crucial. Successful organisations have a sound understanding of what they are and what they want to be, and it happens from planning. They know those people using services, their capability and they know where they want to be.

What are Strategies?

Strategies are created to define the vision, values and outcomes of an HSCP. They will outline the long term objectives and identify a clear way in which they will be

achieved. Strategies benefit from engagement with communities and being co-designed.

What are Plans?

In PSIF, plans are created by teams to manage the planned activities. Plans will outline the key (short term) objectives, the measurable targets and should outline resources and how teams will use their assets to achieve the objectives and outcomes. Understanding the importance of data and how this information is used to help focus upon trends and variation is at the heart of HSCP planning to achieve priorities.

What are Policies?

Policies (also procedures) support the strategies and plans by providing the framework for processes and health and social care services to be delivered.

What is Engagement?

The HSCP has arrangements in place that encourage positive and sustained engagement that is part of an ongoing process of communication and discussion where communities, those using services, the public and HSCP staff have opportunities to influence decision making leading to the co-design of services.

3. HSCP Staff

This area of PSIF refers entirely to the staff that work in the HSCP – this includes full-time, part-time, fixed term, temporary, permanent and secondees.

Why are Staff important?

It is the HSCP staff who are responsible for delivering high quality health and social care services and delivering on planned objectives. Staff who are well supported and motivated will provide a higher quality of health and social care service on a more consistent basis which, in turn, affects the results that the HSCP aim to achieve. Staff who are well informed and empowered to deliver health and social care services will act as positive ambassadors for these when encountering all internal/external stakeholders. Staff are committed to working with patients, people using services and communities to ensure staff are listened to and properly engaged with to facilitate improvement in services.

4. Partners and Resources

Why is Working with Other Partners So Important?

This section looks at how the HSCP work together with partners external to the HSCP to support the delivery of improved outcomes. It is important to recognize that there are areas that the HSCP needs to work alongside other partners in the public and voluntary sector to achieve these outcomes.

Why are Resources So Important?

The Community Empowerment (Scotland) Act 2015 [Community Empowerment Scotland Act](#) requires Community Planning partners to target collective resources effectively and efficiently to meet agreed ambitious improvement targets towards agreed priorities for improvement. Increasingly resources are becoming scarcer, and

as such, greater focus needs to be placed upon supporting management and staff to deal with difficulties that may arise from the current financial situation. When we talk about resources, we mean areas like finance, information, buildings, land, vehicles, etc.

5. Processes and Services

Why are services and processes important?

This section of PSIF assesses how well the HSCP engages with people who use services and in the development of personalised approaches. It will challenge you to explore if the HSCP is meeting these needs and expectations and to think about what can be done around innovation and improvement in this area.

6. Results

In general terms, results demonstrate what health and social care services achieve. These results should reflect the shift in service provision for the HSCP that is more community based and preventative and work with other key partners to emulate this approach.

The National Health and Wellbeing Outcomes and the Core Set of Integration Indicators that provide a strategic framework for the planning and delivery of health and social care services should be reflected in the results. HSCPs are required to publish an annual performance report ([wdhscp performance reports](#)), which will set out how they are improving the National Health and Wellbeing Outcomes, with these reports including information about the core suite of indicators. While these indicators will provide an indication towards progress towards outcomes, HSCPs will also need to collect and understand local measures and contextualizing data to provide a broader picture of local performance that helps understand the system at locality level. The HSCP will decide the right level for these local targets to be set.

5.2.4 Benefits of PSIF

Using PSIF has many organisational benefits but as it has been specifically designed for the health and social care sector it provides an approach for stimulating change and improvement within this specific type of organisation. There are opportunities for services to review their processes and it offers opportunities to do things differently and to consider service redesign if appropriate. A foundation for considering service improvement is achieved and helps organisations to focus on improving customer outcomes. The framework also leads to empowerment of employees as they feel engaged and included in the process with an opportunity to have their say on the development of their service area. Also very important is that it is useful for preparing services for any form of external evaluation and inspection.

5.3 Scottish Approach to Service Design (SAtdSD)

WDHSCP has also set out its policy position in relation to service (re)design [insert link to this policy](#) and its commitment to adopting the Scottish Approach to Service Design ([SAtdSD](#)). One of the key components of this approach is the Double

Diamond model which proposes phases in the design process to include discovery, defining, development and delivery.

5.3.1 Discover

Observation: In design thinking, this technique involves observing participants using a product or engaging with a service.

Storyboarding: A storyboard communicates a story through images displayed in a sequence of panels that chronologically maps the story's main events.

Customer Journey Mapping: Customer journey maps can be used to map the relationship between a service user and the HSCP and can be used to see how service user experiences meet service user expectations and find areas of good practice and improvement.

Empathy Mapping: An empathy map is a simple, easy-to-digest visual that captures knowledge about service user's behaviours and attitudes. It is a useful tool to help teams better understand their users.

Personas: Personas are fictional characters, which are created to help us to understand users' needs, experiences, behaviours and goals.

5.3.2 Define

Problem Statement: Problem statements are concise descriptions of design problems, some of the questions that help define a problem statement are the following:

- What problem are we trying to solve?
- How do we know this is a real problem?
- Why is it important to solve?
- Who are our users? What are their goals and motivations?
- How will we know if we've solved the problem?

Synthesis Wall: The synthesis wall supports the analysis of the research outcomes. The team writes down all the relevant notes from the research on single post-it notes, and organise them on the wall in order to start identifying clusters, relevant themes, important insights that can inform and inspire the design process.

5.3.3 Develop

At the end of a discovery, the team should come together, agree on the top things it found out, and use this knowledge to frame design challenges.

- How might we support service users to maximise their income?
- How might we help employees stay productive and healthy when working from home?
- How might we make service users feel that their information is safe and secure when creating a digital account?

Ideation: Ideation is the process of generating a broad set of ideas on a given topic, with no attempt to judge or evaluate them.

Idea Selection: Once an ideation session has finished, it's time to collect, categorise, refine and narrow down the best idea, solution, or strategy

5.3.4 Deliver

Prototype: A prototype is a simple experimental model of a proposed solution used to test or validate ideas, design assumptions and other aspects of its conceptualisation quickly and cheaply, so that the service(s) involved can make appropriate refinements or possible changes in direction.

Service Blueprints: This enables the service to be considered from the viewpoint of the service user and provider over time and highlights areas for innovation or improvement.

Documentation and Presenting: A slide deck is a very efficient and clear way of presenting research findings.

The service design procedure asserts that after these phases have been completed, any (re)designed service should be committed to continuous quality improvement.

5.4 Stakeholder involvement in quality improvement

It is a commitment of WDHSCP to ensure that it is a person centred organisation and that the service will seek service user feedback to inform its improvement work. When looking at all Service Design and Improvement work stakeholder's² views are vital to contributing to this process, this contributes to the successful outcomes for the people of West Dunbartonshire and the stakeholders.

5.5 Other quality improvement considerations/tools

Regardless of how the need for improvement has been identified, whether it be from using the PSIF, local intelligence or because a newly (re)designed service is committed to quality improvement (or any other reason), WDHSCP promotes the use of the Model for Improvement (Mfi) when considering quality improvement. There are a variety of other considerations that are necessary to ensure continuous Improvement and some of these are detailed below;

- Appropriate training and development for staff
- Identify staff and financial resources
- Satisfaction surveys for employees, carers, service users and partners
- Benchmarking
- Identifying Best Practice

² Stakeholder's are people with an invested interest in the HSCP, Users of the services, carers, staff, suppliers, commissioned organisations and 3rd sector partners.

6. Responsibility for Quality Improvement

The responsibility for continuous quality improvement is a shared one across WDHSCP. The Chief Officer and their Senior Management Team, supported by the HSCP Board are responsible for creating the conditions where staff are empowered and motivated to deliver continuous quality improvement. The workforce, operating in these optimum conditions, will be responsible for using the range of improvement tools (primarily Mfl and PSIF) in an efficient and effective way. The following section highlights the roles and responsibilities in more detail.

6.1 Significant Roles in Service Planning and Quality Improvement

Role of HSCP

- To develop overall policy and main priorities for service areas.
- Provide staff development and support in respect of improvement development strategies and techniques

Role of Head of Service

- Service planning and performance target setting with Service Managers and Service Improvement Leads (SIL)
- Monitor service standards, self-evaluation and quality assurance procedures, in partnership with the Section Head and SIL
- Reviewing outcomes
- Supporting Service Managers to meet performance targets
- Reviewing management and leadership

Role of Service Manager (includes Integrated Operational Manager, Team Leads, etc.)

- Service planning and performance target setting
- Monitoring service standards, self-evaluation and quality assurance procedures in partnership with the Head of Service and SILs
- Providing support to SIL and operational teams
- Supporting Service Improvement Lead and team Managers with developments identified within Improvement Plans

Role of Operational Team Managers (includes Senior Social Workers, Care Home & Day Service Managers)

- Identifying and negotiating service improvements, and appropriate resources and support
- Target setting within service/team
- Implementing Improvement Plans
- Monitoring and reviewing performance
- Producing progress and self-evaluation reports
- Regular meetings with team to discuss service and practice standards, quality, action and improvement plans etc
- Consulting key stakeholders on the service and national care standards, quality plan and improvement plan
- Service Planning and performance target setting with Head of Service, Section Head and SIL

Role of Service Improvement Lead

- Assisting Service Managers in developing practice standards and improvement planning
- Monitoring evaluation procedures (using quality and performance indicators, National and Care Inspectorate Standards and Improvement Plans)
- Supporting developments identified within Improvement Plans
- Assisting service managers in meeting performance targets.
- Providing support to service teams
- Monitoring improvement and action plans
- Producing necessary reports
- Facilitating all aspects of the PSIF process

6.2 Responsibility Matrix

The table below shows who is responsible for what parts of the improvement process.

Responsible	Those who work to achieve the task. There is typically one role with a participation type of <i>Responsible</i> , although others can be delegated to assist in the work required
Accountable (also Approver or final Approving authority)	Those who are ultimately responsible for the correct and thorough completion of the deliverable task, and the one to whom <i>Responsible</i> is accountable. In other words, an <i>Accountable</i> must sign off (Approve) on work that <i>Responsible</i> provides. There must be only one <i>Accountable</i> specified for each task or deliverable.
Consulted	Those whose opinions are sought and with whom there is two way communication
Informed	Those who are kept up-to-date on progress, often only on completion of the task or deliverable; and with whom there is just one way communication

Responsibility Matrix	Chief Officer	Head of Strategy and Trans	Heads of Service	PSIF Facilitation Role (SIL)	Chief Financial Officer	Head of HR	Operational Managers	Service Managers	Employees who report into service managers
HSCP Strategic Plan	A	R	C	C	C	C	I	I	I
Service Delivery Plans	C	C	A/R	C	C	C	C	C	I
Quality Improvement Plans	I	I	C	C	I	I	A/R	R	C
Use of improvement tools in Quality Improvement Plans	N/A	I	N/A	C	N/A	N/A	A/R	R	C
Policies within a service	C	C	A	C	C	C	R	C	C
Re-design Improvement Plan	C	A/R	C	R	C	C	C	C	C

7. Equalities

WDHSCP and partners will ensure any improvement work will be undertaken whilst bearing in mind the equalities duties that the HSCP is responsible for ensuring underpins all of its work i.e. WDHSCP is required to give due regard to the three key requirements of the general equality duty as defined in [Equality Act 2010](#) throughout its 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.

Anyone carrying out improvement work must have due regard to the nine protected characteristics (Race, Disability, Age, Sex, Sexual Orientation, Gender Reassignment, Pregnancy and Maternity, Marriage and Civil Partnership, Religion) and pay due diligence to these as the improvement work is progressed. If the improvement work results in a new policy/strategy or guidance being written then an Equality Impact Assessment maybe required.

In addition to the statutory requirements of the Equality Act the HSCP should have due regard for the duties laid out in the [Fairer Scotland Duty Guidance](#). This guidance has recently been updated (October 2021) and the HSCP needs to ensure it maximises its efforts to reduce the inequalities of outcome, caused by socioeconomic disadvantage, in any strategic decision-making or policy development.

WDHSCP can ensure equity is considered in all areas of its strategic and policy development work if it considers both of these key areas.

8. Review of Guidance

This policy along with any related policies, procedures and staff guidance will be reviewed when appropriate (likely every 2 years) to ensure they remain effective and comply with the latest relevant legislation and codes of practice or other guidance issued.

Further information on this guidance can be obtained by contacting the Strategy and Transformation Team.

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**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
(HSCP) BOARD**

Report by Head of Strategy and Transformation

21 March 2022

**Subject: West Dunbartonshire Health and Social Care Partnership (HSCP)
Service Design Policy**

1. Purpose

- 1.1** The purpose of this report is to update the HSCP Board on the proposed approach to embedding a consistent approach to service design within the Health and Social Care Partnership (HSCP) and to present the draft Service Design Policy for consideration, discussion and approval.

2. Recommendations

- 2.1** It is recommended that the HSCP Partnership Board:

2.1.1 Approve the Service Design Policy;

2.1.2 Note the Service Design Procedural Guidance.

3. Background

- 3.1** West Dunbartonshire HSCP currently does not have a Service Design Policy and the development and adoption of the Service Design Policy seeks to address this. The Service Design Policy clearly lays out, records and evidences the strategic direction of the HSCP with regard to embedding a culture of high quality service design within a culture of continuous improvement.
- 3.2** The supporting Service Design Procedural Guidance seeks to enhance the Policy itself with more detailed operational information and tools to support all staff involved in service design. Both documents read in conjunction with the Quality Improvement Policy will enable staff to deliver high quality service design, service improvements and create and embed an improvement culture within all service areas.
- 3.3** The Service Design Policy and the associated Guidance seek to set the scene for the HSCP as it develops its improvement journey with a focus on self-evaluation and person centered service design. Without these documents there is no clear framework for the HSCP to work with service users to make new or existing services easy to use, more accessible and, produce better outcomes for people and society.

4. Main Issues

- 4.1** West Dunbartonshire Health and Social Care Partnership (WDHSCP) is committed to driving continuous service improvement across all areas of the organisation. The Service Design Policy seeks to layout the

approach by which the Partnership will deliver high quality person centered service design. This approach will be integrated into the leadership and management arrangements and offer quality assurance and processes to bring about service improvement.

4.2 The Service Design Policy highlights the landscape under which the HSCP is operating including its Strategic Planning Framework, the legislative context as well as recognising that service design embedded in continuous improvement is a shared responsibility across the partnership.

4.3 The Service Design Policy also highlights issues that are required to ensure that high quality service design can be achieved. It recognises there are a range of contributing factors which need to be taken into account. The policy particularly recognises that customer/stakeholder views are vital in any service design work as well as ensuring appropriate staff training and development.

4.4 It is important to note that this Service Design Policy will sit within a wider Quality Framework of quality planning, quality assurance and importantly shared learning. Further policy documents leading to the population of a holistic Quality Framework will be presented to the HSCP Board in due course. The development of a wider Quality Framework will enable staff and services to achieve a set of standards for the delivery of, safe, person centered, effective care. It will enable benchmarking of progress against accepted standards and identify where support is needed for improvement.

5. Options Appraisal

5.1 An options appraisal is not required for this report.

6. People Implications

6.1 There are no direct people implications arising from the recommendations within this report. However, this policy will be supported with specific service design training opportunities for staff.

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 Best Value is a statutory duty from the Local Government (Scotland) Act 2003 and is defined as continuous improvement in the performance of an organisations function. Best Value applies to Integration Joint Board's (IJB's) and the HSCP Board should be demonstrating Best Value in all its partnership arrangements. Without a Service Design Policy embedded in a Quality Improvement Framework there is a risk that the Partnership will be unable to demonstrate and evidence how it is meeting its Best Value duties and how it is driving continuous improvement in the Partnership.

9. Equalities Impact Assessment (EIA)

- 9.1** An EIA is not required at this time. The Service Design Policy identifies that all service design work will have due regard for the requirements of the general equality duty as defined in Equality Act 2010 and in the Fairer Scotland Duty Guidance.

10. Environmental Sustainability

- 10.1** A Strategic Environmental Assessment (SEA) is not required in this instance.

11. Consultation

- 11.1** Consultation with the Senior Management Team has taken place during the development of the Service Design Policy. Monitoring Officers within Finance and Regulatory Services have been consulted in the preparation of this report and are satisfied that the report complies with all legislative requirements.

12. Strategic Assessment

- 12.1** The Service Design Policy will support and increase success in delivering the HSCP Strategic Plan priorities and deliver on the commitment to embed continuous improvement.

13. Directions

- 13.1** Directions are not required for this report.

Margaret –Jane Cardno

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21 January 2022

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West Dunbartonshire Health and Social Care Partnership

Draft Service Design Policy

December 2021

West Dunbartonshire Health and Social Care Partnership's Vision
"Improving lives with the people of West Dunbartonshire"

Document Title:	Service Design Policy	Owner:	Margaret Jane Cardno
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1. Introduction and Background

Service design is a method for inventing or improving services. It is an interdisciplinary method that makes use of 'design thinking'. Service design helps with (re)designing services from the perspective of the user. Not by guessing what these users might want, but by truly co-creating relevant, effective and efficient services in collaboration with them.

The basic principles of service design are that the designed service should be user friendly and desired, and must respond to the needs and motivations of service users and citizens.

2. Policy Purpose

The aim of this Policy is to build user and service focused thinking into all HSCP services so service design can be delivered seamlessly across the Partnership.

This policy seeks to enhance governance, transparency and accountability in terms of West Dunbartonshire approach to service design. It has been developed to mirror the Scottish Approach To Service Design (SAtdSD) and supports West Dunbartonshire HSCPs vision of "improving lives with the people of West Dunbartonshire" by ensuring our staff, citizens and stakeholders are supported and empowered to actively participate in the definition, design and delivery of HSCP services, from policy making to live service improvement.

This Policy is important because the HSCP needs to:

- collaborate to deliver end-to-end service journeys for citizens;
- work together with key stakeholders to create the right conditions and a shared language;
- make sure our design methods are inclusive and accessible for everyone, so that we encourage, empower and enable all citizens to participate in designing the services they need.

3. Related legislation, policies and procedural mechanisms

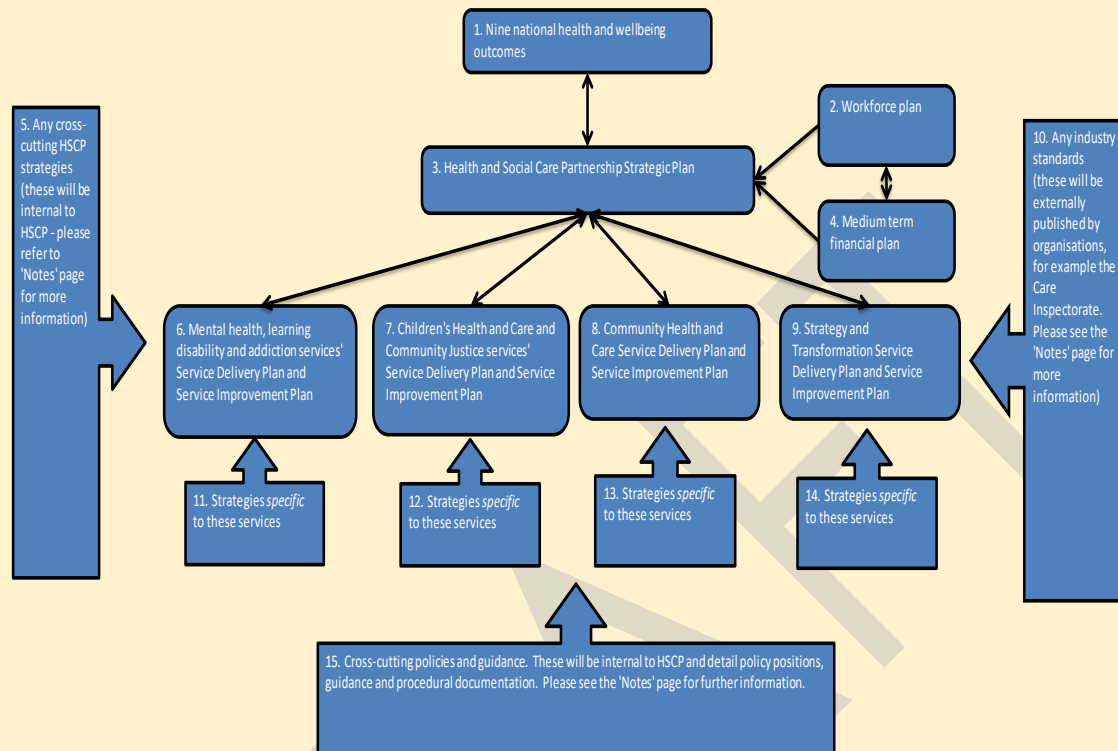
This policy is set in the context of the following legislative and strategic considerations:

- [The Scottish Approach To Service Design](#)
- [National Standards for Community Engagement](#)
- WDHSCP's current Strategic Plan 2019-22 [strategic plan](#)

- The Scottish Government's National [Health and Wellbeing Outcomes Framework](#)
- [The National Health and Social Care Standards](#)
- [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)
- [The Public Bodies \(Joint Working\) Scotland Act 2014](#)
- [Independent Christie Review of Public Services](#)
- [Independent Review of Adult Social Care 2021](#)
- [Carers \(Scotland\) Act 2016](#)
- [SG Best Value Guidance](#)
- NHS Quality Strategy
- NHSGGC The Pursuit of Healthcare Excellence NHS Greater Glasgow and Clyde Healthcare Quality Strategy 2019/2023-
- The Patient Rights Act (Scotland) 2011
- Moving forward Together NHSGGC

4. Strategic Planning

The diagram below shows the context in which WDHSCP is carrying out its strategic planning work.



4.1. Service Design Policy

Health and social care services are provided by lots of organisations, and because of that it can often be difficult to get the right parts of someone's 'service journey' aligned well. Although individual organisations might be doing a good job of meeting user needs for their part of the service journey, if all the services or organisations involved can't see and align to the whole journey it can lead to problems. Making sense of this in the complicated landscape of health and social care integration can be hard.

We need organisations to work together to understand problems and build on good practice. By working together in a common way, we can take an asset based approach to designing effective service journeys that support people as efficiently and effectively as possible.

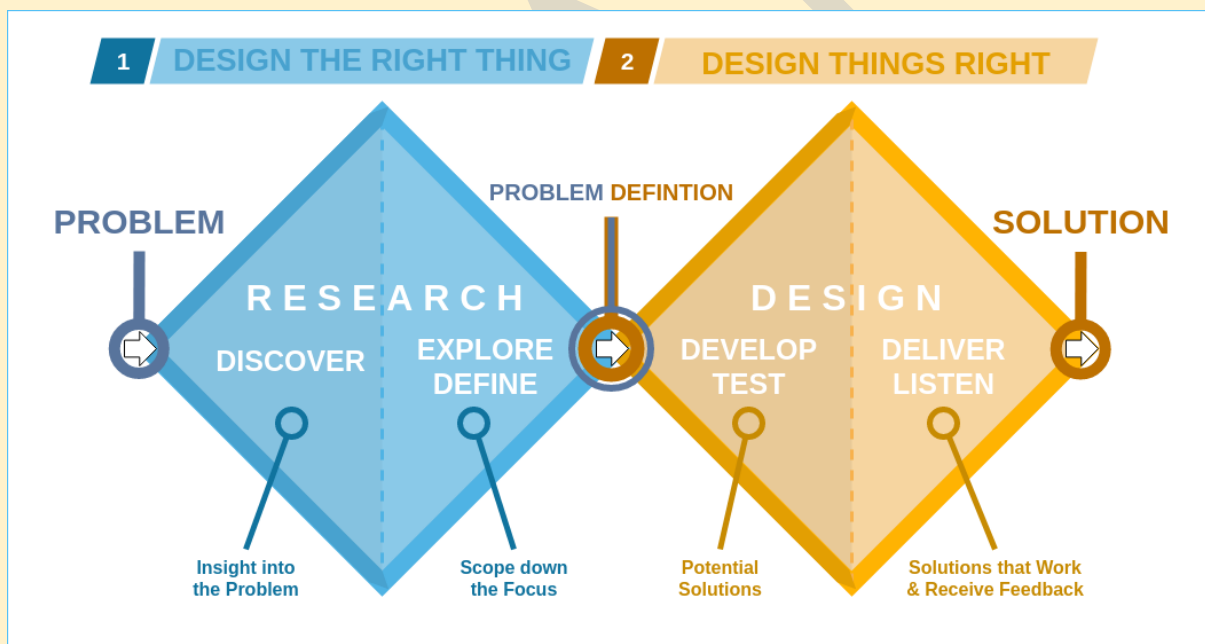
4.2 Service Design Principles

West Dunbartonshire HSCP will adopt the following principles of service design, in concert with those of the SATSD:

1. We explore and define the problem before we design the solution.

2. We design service journeys around people and not around how the HSCP is organised.
3. We seek citizen participation in our projects from day one.
4. We use inclusive and accessible research and design methods so citizens can participate fully and meaningfully.
5. We use the core set of tools and methods of the Scottish Approach to Service Design.
6. We share and reuse user research insights, service patterns, and components wherever possible.
7. We contribute to continually building the Scottish Approach to Service Design methods, tools, and community.

In order to make these principles come alive the Design Council's Double Diamond model is a visual diagram showing these design stages. The Double Diamond shows the importance of taking time to understand the problem before designing solutions. Each diamond shape illustrates the process of creating or exploring many possible ideas before refining these to the best idea. The first diamond does this to confirm the problem, and the second to design the solution.



4.3 Benefits

The Scottish Government is committed to increasing democratic engagement and there's a requirement to reflect this in the design of services. Engagement is also key to building services around users and their lives.

This Policy aims to ensure better outcomes for service users as through the application of the principles within this Policy the HSCP can design more responsive user-centred services by looking at the whole spectrum of needs. This not only improves the quality and efficiency of the services, but improves outcomes for people who are trying to access services during stressful periods of change.

Providing targeted assistance at times of greatest need – and delivering the very best user experience - will lead to positive outcomes and greater service user satisfaction.

The Policy supports all five of the HSCPs strategic aims, not least of all that of early intervention, the adoption of the principles within the Policy should reduce the number of service users moving into crisis, limiting their distress and reducing the cost of services.

It is recognised that West Dunbartonshire HSCPs approach to Service Design does not operate in isolation and is closely linked with quality improvement and quality assurance methodologies. This approach to service design is designed to provide a framework for developing, testing and implementing changes that lead to improvement. It attempts to temper the desire to take immediate action with the benefits of careful study.

This Policy is in line with NHS Greater Glasgow and Clyde's Moving Forward Together Programme and its Healthcare Quality Strategy and West Dunbartonshire Councils Fit for the Future programme. This complements the cyclical Plan, Do, Study, Act (PDSA) methodology embedded in these approaches.

5. Implementation

This Policy will be supported by a procedure to guide how we design user-centred health and social care services. This is not intended to be a comprehensive toolkit for designing any services but a set of core principles, ideas and intentions we need to build into the HSCP to ensure we design the right thing, before designing the thing right.

6. Responsibility for Service Design

The responsibility for continuous improvement through service design is a shared one across WDHSCP.

The Chief Officer and their Senior Management Team, supported by the HSCP Board are responsible for creating the conditions where staff are empowered and motivated to deliver continuous quality improvement.

The Strategy and Transformation Team through the use of its Service Improvement Leads will support services to develop and deliver a range of quality improvement activities and projects designed to deliver improvements in outcomes and experience across all services.

The workforce, operating in these optimum conditions, will be responsible for using the a range of service design methodologies and tools in an efficient and effective way, ensuring that continuous quality improvement leads to the delivery of respective service delivery plans, WDHSCP's strategic priorities and, ultimately, WDHSCP Strategic Plan.

7. Equalities

WDHSCP will ensure any service design work will be undertaken whilst bearing in mind the statutory equalities duties that the HSCP is responsible for ensuring underpins all of its work.

1. Eliminating discrimination, harassment and victimisation;
2. Advancing equality of opportunity between people who share a protected characteristic and those who do not;
3. Fostering good relations between people who share a protected characteristic and those who do not.

In addition to these statutory requirements within the Equality Act (Equality Act 2010) the HSCP should also have due regard for the duties laid out in the Fairer Scotland Duty Guidance. This will ensure the HSCP maximises its efforts to reduce the inequalities of outcome, caused by socioeconomic disadvantage, in any strategic decision-making or policy development.

8. Best Value

The Scottish Executive and Health and Social Care Partnerships share a commitment to deliver better quality public services. The Local Government in Scotland Act 2003 placed a statutory duty of Best Value upon local authorities.

In 2020 the Scottish Government published [Best Value: Revised Statutory Guidance 2020](#). This guidance applies to other bodies as required by Section 106 of the Local Government (Scotland) Act 1973, notably health and social care integration joint boards and other joint committees or boards, that are subject to the same statutory Best Value duties as local authorities and it should be interpreted and applied accordingly. Section 14 of the 2003 Act applies the Best Value duty to these other bodies and thus references throughout the guidance to 'local authorities' cover all such bodies.

Best Value provides a common framework for continuous improvement in public services in Scotland and is complemented by other aspects of Public Service Reform activity, such as Efficient Government and Community Planning.

What is Best Value?

Best value is the generic term covering the government's statutory guidelines for modernising the way local services are managed and delivered.

Best Value arrangements exist to secure continuous improvement in the performance of functions by public service organisations. Continuous improvement seeks to balance quality and cost considerations, and is achieved with regard to economy, efficiency, effectiveness, the equal opportunities arrangements, and sustainable development.

Best Value requires authorities to consider how they can improve their services by taking on board the feedback they get from both customers and employees. It also requires consideration to be given to innovative methods of service delivery.

This policy supports the HSCP to successfully meet its Best Value duties by providing a framework whereby the HSCP:

- will work with its partners to identify a clear set of priorities that respond to the needs of the community in both the short and longer term;
- be organised to deliver those priorities;
- meet and clearly demonstrate that it is meeting the community's needs; and
- operate in a way that drives continuous improvement in all its activities.

9. Policy Review

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

Further information on this policy can be obtained by contacting the Strategy and Transformation Service Improvement Leads:

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DRAFT



West Dunbartonshire Health and Social Care Partnership

Draft Service Design Procedural Guidance

December 2021

West Dunbartonshire Health and Social Care Partnership's Vision
"Improving lives with the people of West Dunbartonshire"

Document Title:	Service Design Procedural Guidance	Owner:	Margaret Jane Cardno
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1. Introduction and Background

On the 21 February 2022 the West Dunbartonshire HSCP Board adopted its Service Design Policy laying the foundations for how the HSCP will ensure that at the heart of service design the organisation will:

- collaborate to deliver end-to-end service journeys for citizens;
- work together with key stakeholders to create the right conditions and a shared language;
- make sure our design methods are inclusive and accessible for everyone, so that we encourage, empower and enable all citizens to participate in designing the services they need.

The Policy reminds us that we have to be sure we're creating the right thing before we can design something that's fit for purpose and meets the needs of users, staff or the organisation. We will do this by taking time to understand the problem before designing solutions.

It is acknowledged that this can be challenging with proactive staff tending to try to solve problems quickly. This procedure provides the tools to enable us to understand and define problems, engaging fully with staff and service users before moving to solutions.

This guidance should be read in conjunction with WDHSCP's Service Design Policy and Quality Improvement Policy.

2. Purpose of Guidance

The purpose of this guidance is to lay out how WDHSCP intends to implement service design and to provide guidance to staff to support and assist them to take forward service design and quality improvement work. The guidance details approaches that could be utilised and highlights key tools that can be implemented, and seeks to provide information on other factors relevant to ensuring that WDHSCP adopts a consistent approach to service design across its services.

This guidance builds upon WDHSCP's vision - "Improving lives with the people of West Dunbartonshire" and complements WDHSCP's policy on quality improvement and service design using the Scottish Approach to Service Design (SAtdSD). WDHSCP's vision will be achieved by putting service users and their carers at the centre of everything it does and by being a user-led organisation.

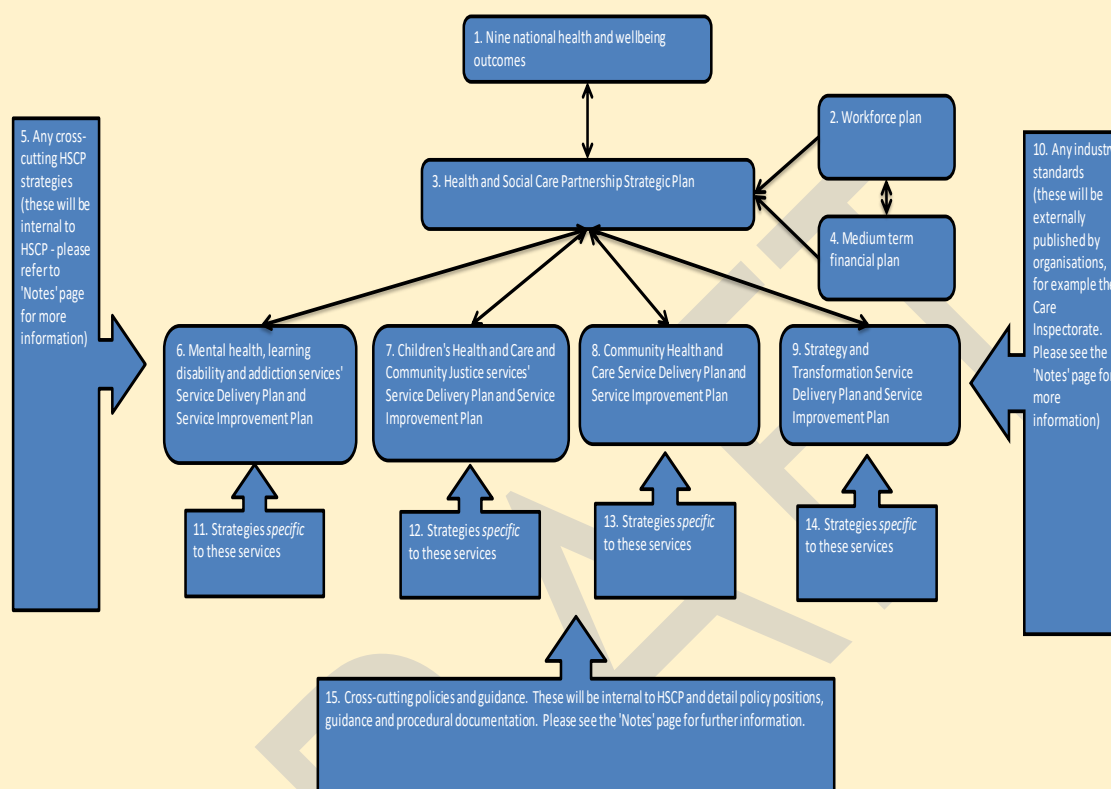
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4. Strategic Planning

The diagram below illustrates the strategic service planning context of the HSCP.



WDHSCP's current strategic priorities are set out within its [strategic plan](#) (2019-22) and all service design work will be carried out in accordance with these priorities. The strategic priorities detailed in the relevant strategic plan underpin all WDHSCP's work and its delivery of services to the people of West Dunbartonshire. All service design work should be clearly aligned to at least one of these strategic priorities.

The development of the HSCP Strategic Plan is carried out on a cyclical basis by the HSCP Strategic Planning Group and there are opportunities for staff and communities to engage with this process. The Strategic Plan is normally a plan that covers a three year period and is developed following consultation with a range of stakeholders and the wider west Dunbartonshire community including staff.

4.1. Service Design Planning

In addition to the key tools identified in this guidance, ongoing service improvement planning at a service and team level is required in an organisation. Heads of Service in WDHSCP will ensure service delivery plans are in place on an annual basis and reviewed regularly. These will contain actions to drive improvement, achieve outcomes and increase service user satisfaction. The development of these service

delivery plans will be in line with reviews of good practice, feedback from service users, their carer's and other stakeholders and partners. Opportunities for services users and their carers to be fully involved in service design will be available to ensure WDHSCP is a user led organisation.

To ensure consistency in the HSCP service planning process a template has been developed and this should be completed in all cases. These plans will be approved, monitored and reported on as part of the ongoing cyclical nature of the HSCP improvement planning process. More information on service planning can be found in the Service Delivery Plan Template.

4.2 Achieving Quality Improvement through Service Design

WDHSCP recognises that continuous quality improvement can only be achieved by:

- Service delivery plans and strategies with ambitious but achievable objectives focusing on delivering outputs and outcomes for service users. This is to be supported by active, visible and effective management and leadership.
- Project and performance management processes that prioritise and translate aims through to action with clear, reliable and valid indicators to help measure success.
- The right people doing the right jobs driven by the underlying aim of securing ongoing improvements.
- An organisational culture that supports constructive challenge, learning, empowerment and employee participation and engagement.
- A formal process for securing ongoing improvement using best practice principles and the adoption of appropriate initiatives to ensure performance meets certain external standards.
- Regular evaluations of the impact all service design initiatives are having on the organisation.
- Meaningful involvement of service users and volunteers and effective use of feedback. A willingness to listen and learn from customer experiences and use these to drive improvements.

WDHSCP will ensure that strategies, policies and practices are in alignment and support the continuous quality improvement effort. The HSCP has developed an Policy Template that should be used by all HSCP staff when writing policies and this will provide a consistent layout and design to all policy and strategy work.

5. Implementation

As set out in its [Strategic Plan](#), West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to continuous quality improvement; where the HSCP is performing well, it must make a concerted effort to continue to do so, where areas to develop are identified, an evidence informed and robust approach is required to ensure improvements are delivered.

As set out in the HSCP Service Design Policy service design involves the systematic process of identifying, developing, testing, refining, implementing and

spreading improvement using a suite of well-established and evidenced-informed tools.

In line with its Quality Improvement Policy the HSCP has made a commitment to using the Public Service Improvement Framework ([PSIF](#)) to facilitate HSCP self-assessment across a range of service areas (e.g. Child Protection, Adult Support and Protection, Integrated Joint Board functions and frontline service provision). The PSIF will assist the HSCP to identify areas for improvement across its services, however, PSIF is not intended to be the only method for identifying the need for change and improvement within the HSCP. For example, local intelligence and experience can oftentimes be a good indication that improvement is required (e.g. when feedback from people using a service indicates a change is required – this could be because an individual has identified something crucial or a volume of people have identified something minor).

The HSCP has also set out its policy position in relation to service design and its commitment to adopting the Scottish Approach to Service Design ([SAtdSD](#)). One of the key components of this approach is the Double Diamond model which proposes phases in the design process to include discovery, defining, development and delivery. The policy position asserts that after these phases have been completed, any designed service should be committed to continuous quality improvement.

Regardless of how the need for improvement has been identified, whether it be from using the PSIF, whether it be local intelligence or whether it be because a newly designed service is committed to quality improvement (or any other reason), the HSCP promotes the use of the Model for Improvement (Mfi) when considering quality improvement.

5.1 Service Users

When designing HSCP services, the priority is not systems and organisational structures, it's people. To really understand the problems that people face when accessing public services, we need to understand their lives, the contexts in which they are accessing these services – whether that's at home, at work, or while trying to deal with everyday life.

To understand this, we engage users. A user is any person that the service is designed for use by.

We have two high level categories which support planning in who we engage with:

- Citizens (personal capacity) - the people who are either existing recipients of the service, are currently eligible for the service but not yet in receipt of it, are impacted by but not in receipt of service, or are eligible to receive the service in future.
- Staff (professional capacity) - the people who are involved in the delivery of a service, such as agency staff or third sector staff.

User research connects the people designing a service with the people who will use it. It's vital that:

- users are involved at every stage of the design, and not just at the start or the end.
- we do research in a way that protects those participants.
- we take time to understand and make sense of research insights.

5.2 Research Methods

When engaging with users, it's important to remember that we're dealing with people - their lifestyles, their livelihoods, their lives. We must engage with service users on their terms.

Through user research we gather a lot of information about our users and these insights will likely benefit the design of HSCP services beyond the organisation's immediate perspective. The tools within this procedure will enable us to become consistent in how we research or how we share insights for re-use.

To ensure participation of users is accessible to all, our research and design methods must be:

- **Inclusive:** There are over 89,000 people in West Dunbartonshire. We want to create services that are appropriate for all of them. We strive to make our services solve the needs of citizens and improve their lives. If we use our own abilities, opinions and experiences as a baseline then we make things easy for some but difficult for everyone else that doesn't have the same needs as us. Diversity is a resource for better design as it opens up research to more citizens with a wider range of abilities. It reflects how people really are and what West Dunbartonshire really is. We want our design to reflect our diversity.
- **Ethical:** Doing research in an ethical manner ensures that:
 - participants are safe
 - researchers are safe
 - research is valid (objectivity and integrity)
 - research is lawful and transparent
 - research is inclusive and respectful
- **Collaborative:** We want to increase our collective understanding of users by:
 - ensuring that results are used and shared
 - making participation voluntary and ensuring users understand how their data will be collected, stored, and used

- increasing participation, not just in being researched, but having users drive research and participating in making sense of the data

5.3 Creating the Right Culture

Designing with, not for, is the basis of the West Dunbartonshire approach. This means giving citizens, service staff, and partner organisations the opportunity to be involved in designing the services, and making them part of the design team. This includes staff working day-to-day in the service, and also the people who make decisions about how the service is designed and delivered.

We will look beyond organisational boundaries to ensure West Dunbartonshire HSCP services work for users. By enabling collaboration with staff and citizens alike, we will gain a richer understanding of organisational needs (in addition to user needs), and uncover actionable insights that help foster effective links between different organisations involved in delivering a service.

5.4 Collaborative Decision Making

Designing collaboratively involves taking the needs of stakeholders into account at all stages - from how we plan our time to how we deliver our services. We will model and embed a culture of collaboration in projects.

As well as designing with users, we will also empower them to be part of the decision making process. Having an active design mind-set means understanding how the individual decisions we make about parts of a service can influence the overall design of a service. Our design process will make it as easy as possible for all users to:

- understand the problem or current service, so everyone can decide how best to approach solving the problem together
- work with staff, other service users and other members of the public
- invest their time, knowledge and skills in engaging design activities

5.5 Methodology

In order to implement West Dunbartonshire's Service Design Policy we will use some of these methods:

Double Diamond: this is a design process model developed by the British Design Council in 2005. Divided into four phases — Discover, Define, Develop and Deliver — it is probably the best known and the most popular design process visualization.

DISCOVER

Observation: In design thinking, this technique involves observing participants using a product or engaging with a service.

Storyboarding: A storyboard communicates a story through images displayed in a sequence of panels that chronologically maps the story's main events.

Customer Journey Mapping: Customer journey maps can be used to map the relationship between a service user and the HSCP over time and across all channels on which they interact with the partnership. Customer journey maps can be used to see how service user experiences meet service user expectations and find areas of good practice and improvement.

Empathy Mapping: An empathy map is a simple, easy-to-digest visual that captures knowledge about service user's behaviours and attitudes. It is a useful tool to help teams better understand their users. Empathy mapping is a simple workshop activity that can be done with stakeholders, to build empathy for end users. When designing HSCP services an empathy mapping session is a great exercise for groups to "get inside the heads" of users.

Creating an effective solution requires understanding the true problem and the person who is experiencing it. The exercise of creating the map helps participants consider things from the user's perspective along with their goals and challenges. Empathy maps are most useful at the beginning of the design process as part of the discovery phase.

Personas: Personas are fictional characters, which are created based upon research in order to represent the different user types that might use our services in a similar way. Creating personas will help us to understand users' needs, experiences, behaviours and goals.

DEFINE

Problem Statement: Problem statements are concise descriptions of design problems, some of the questions that help define a problem statement are the following:

What problem are we trying to solve?
How do we know this is a real problem?
Why is it important to solve?
Who are our users? What are their goals and motivations?
How will we know if we've solved the problem?

Synthesis Wall: The synthesis wall supports the analysis of the research outcomes. The team writes down all the relevant notes from the research on single post-it notes, and organise them on the wall in order to start identifying clusters, relevant themes, important insights that can inform and inspire the design process.

The wall could be set in a structured way, listing all the notes under each interviewee (helpful to identify personas and transversal patterns), or under each step of the journey (helpful to analyse an experience and its pain points).

DEVELOP

How Might We...: At the end of a discovery, the team should come together, agree on the top things it found out, and use this knowledge to frame design challenges. To prevent individuals from suggesting their pet solutions, which might have little resemblance to the problems found, the team construct “How might we....” questions that frame the problem(s) for ideation. This approach can generate lots of creative ideas. Some examples of “How might we...” questions are:

How might we support service users to maximise their income?

How might we help employees stay productive and healthy when working from home?

How might we make service users feel that their information is safe and secure when creating a digital account?

Ideation: Ideation is the process of generating a broad set of ideas on a given topic, with no attempt to judge or evaluate them. While the eventual goal of ideation is a high-quality design that solves a specified problem, the focus of ideation is quantity instead of quality.

Idea Selection: Once an ideation session has finished, it's time to collect, categorise, refine and narrow down the best idea, solution, or strategy. There are a number of selection methodologies including Post-it voting and the Four Categories method. This will help teams learn how to work in the best way through the pile of ideas which you've generated and select the best ones.

DELIVER

Prototype: A prototype is a simple experimental model of a proposed solution used to test or validate ideas, design assumptions and other aspects of its conceptualisation quickly and cheaply, so that the service(s) involved can make appropriate refinements or possible changes in direction.

Service Blueprints: This enables the service to be considered from the viewpoint of the service user and provider over time and highlights areas for innovation or improvement. Consequently, service blueprints are used to design and deliver a better service experience.

Documentation and Presenting: A slide deck is a very efficient and clear way of presenting research findings for example: 1 or 2 slides outlining the research, 5-10 slides that describe the findings and 1 or 2 slides that explains what's next or answers the 'so what?' question.

Upon completion of these phases, any (re)designed service should be committed to continuous quality improvement.

6. Responsibility for Service Design

The responsibility for service design is a shared one across WDHSCP. The Chief Officer and their Senior Management Team, supported by the HSCP Board are

responsible for creating the conditions where staff are empowered and motivated to deliver continuous quality improvement. The workforce, operating in these optimum conditions, will be responsible for using the range of service design and improvement tools in an efficient and effective way. The following section highlights the roles and responsibilities in more detail.

6.1 Significant Roles in Service Design and Quality Improvement

Role of HSCP

- To develop overall policy and main priorities for service areas.
- Provide staff development and support in respect of improvement development strategies and techniques

Role of Head of Service

- Service planning and performance target setting with Service Managers and Service Improvement Leads (SIL)
- Monitor service standards, self-evaluation and quality assurance procedures, in partnership with the Section Head and SIL
- Reviewing outcomes
- Supporting Service Managers to meet performance targets
- Reviewing management and leadership

Role of Service Manager (includes Integrated Operational Manager, Team Leads, etc.)

- Service planning and performance target setting
- Monitoring service standards, self-evaluation and quality assurance procedures in partnership with the Head of Service and SILs
- Providing support to SIL and operational teams
- Supporting Service Improvement Lead and team Managers with developments identified within Service Design and Improvement Plans

Role of Operational Team Managers (includes Senior Social Workers, Care Home & Day Service Managers)

- Identifying and negotiating service improvements, and appropriate resources and support
- Target setting within service/team
- Implementing Service Design and Improvement Plans
- Monitoring and reviewing performance
- Producing progress and self-evaluation reports
- Regular meetings with team to discuss service and practice standards, quality, action, service design and improvement plans etc
- Consulting key stakeholders on the service and national care standards, quality plan and improvement plan
- Service Planning and performance target setting with Head of Service, Section Head and SIL

Role of Service Improvement Lead

- Assisting Service Managers in developing service design standards and improvement planning

- Monitoring evaluation procedures (using quality and performance indicators, National and Care Inspectorate Standards and Improvement Plans)
- Supporting developments identified within Service Design and Improvement Plans
- Assisting service managers in meeting performance targets.
- Providing support to service teams
- Monitoring improvement and action plans
- Producing necessary reports
- Facilitating all aspects of the service design process

6.2 Responsibility Matrix

The table below shows who is responsible for what parts of the improvement process.

Responsible	Those who work to achieve the task. There is typically one role with a participation type of <i>Responsible</i> , although others can be delegated to assist in the work required
Accountable (also Approver or final Approving authority)	Those who are ultimately responsible for the correct and thorough completion of the deliverable task, and the one to whom <i>Responsible</i> is accountable. In other words, an <i>Accountable</i> must sign off (Approve) on work that <i>Responsible</i> provides. There must be only one <i>Accountable</i> specified for each task or deliverable.
Consulted	Those whose opinions are sought and with whom there is two way communication
Informed	Those who are kept up-to-date on progress, often only on completion of the task or deliverable; and with whom there is just one way communication

Responsibility Matrix	Chief Officer	Head of Strategy and Trans	Heads of Service	PSIF Facilitation Role (SIL)	Chief Financial Officer	Head of HR	Operational Managers	Service Managers	Employees who report into service managers
HSCP Strategic Plan	A	R	C	C	C	C	I	I	I
Service Delivery Plans	C	C	A/R	C	C	C	C	C	I
Quality Improvement Plans	I	I	C	C	I	I	A/R	R	C
Use of improvement tools in Quality Improvement Plans	N/A	I	N/A	C	N/A	N/A	A/R	R	C
Policies within a service	C	C	A	C	C	C	R	C	C
Re-design Improvement Plan	C	A/R	C	R	C	C	C	C	C

7. Equalities

WDHSCP and partners will ensure any improvement work will be undertaken whilst bearing in mind the equalities duties that the HSCP is responsible for ensuring underpins all of its work i.e. WDHSCP is required to give due regard to the three key requirements of the general equality duty as defined in [Equality Act 2010](#) throughout its 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.

Anyone carrying out service design and improvement work must have due regard to the nine protected characteristics (Race, Disability, Age, Sex, Sexual Orientation, Gender Reassignment, Pregnancy and Maternity, Marriage and Civil Partnership, Religion) and pay due diligence to these as the improvement work is progressed. If the improvement work results in a new policy/strategy or guidance being written then an Equality Impact Assessment may be required.

In addition to the statutory requirements of the Equality Act the HSCP should have due regard for the duties laid out in the [Fairer Scotland Duty Guidance](#). This guidance has recently been updated (October 2021) and the HSCP needs to ensure it maximises its efforts to reduce the inequalities of outcome, caused by socioeconomic disadvantage, in any strategic decision-making or policy development.

WDHSCP can ensure equity is considered in all areas of its strategic and policy development work if it considers both of these key areas.

8. Review of Guidance

This policy along with any related policies, procedures and staff guidance will be reviewed when appropriate (likely every 2 years) to ensure they remain effective and comply with the latest relevant legislation and codes of practice or other guidance issued.

Further information on this guidance can be obtained by contacting the Strategy and Transformation Team:-

John Burns - john.burns@west-dunbarton.gov.uk

Laura Evans - laura.evans@west-dunbarton.gov.uk

Jacqueline Carson - jacqueline.carson@west-dunbarton.gov.uk

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Special Monthly COVID19 Meeting of Joint Staff Forum

Date: Thursday 20th January 2021, 2:00pm

Venue: Microsoft Teams

DRAFT MINUTE

Present: Peter O'Neill (chair); Margaret-Jane Cardno; Diana McCrone; David Scott; Ann Cameron Burns; Moira Wilson; Audrey Slater; Jo Gibson; Simon MacFarlane; Fiona Taylor; Sean Davenport; Margaret Wood; Sylvia Chatfield; Leanne Galasso; Michelle McAloon; Julie Slavin; David Smith; Euan McLean; Lesley James; Margaret McCarthy; Ian Stevenson; Paul Carey; Richy Kennedy.

Apologies: Beth Culshaw; Val Tierney; Lynne McKnight; Bernadette Smith; Helen Little.

In Attendance: Vivienne Warner (minutes).

Item	Description	Action
1.	Welcome, Introductions, Apologies Chair welcomed everyone to the meeting.	
2.	Standing Agenda Items	
	a) Minutes of Last Meeting	
	• Diana McCrone noted twice.	HS
	• Adult Social Care Response: Advised that this had not yet been received. AS thought it had been recirculated but will check again.	AS
	Minute of 16.12.2 – agreed.	
	Minute of 06.01.22 – agreed.	
	• iMatters	
	M Wilson in attendance to discuss the iMatter action plan. She has been in touch with managers that have not been able to upload to webropol. The plans can still be uploaded but will not be included in stats. She has also been in touch with managers who have uploaded to the system. M Wilson can't see the action plans. She is looking for success stories to celebrate the positive outcomes: Managers to advise M Wilson if they have any. There was a 68% participation rate. Managers and their teams are looking at progress.	All

M Wilson advised that people have been open and honest and have been willing to share their plans as she is unable to access them.

Record of progress is visible on webropol under the action plan, where the manager would update where they are and once completed they press the button that advises M Wilson that it is done.

b) Rolling Action List

- Frequency of meetings

Currently fortnightly Covid JSF's as per Area Partnership Forum. D McCrone, P O'Neill, B Culshaw and A Slater continue to meet weekly.

- Finance session

J Slavin will look at having a session towards the end of February. She will be preparing an update for the Board which will inform the meeting. Ongoing discussion with CoSLA re settlement. HSCP should be expecting a recurrent budget. Next meeting is on 3 February; it will be after this for the finance discussion.

- Communicating Effectively

E McLean advised that he has had some input from M Wilson and M McAloon to achieve having one button to press to communicate across the whole HSCP and that it will take some work to do this but work is ongoing. E McLean will speak to ICT for their input. A Cameron Burns suggested looking at the way the Board do this. Keen that we don't want to miss anyone. Any list would require continual updating. It was requested that the members of JSF staff side are included in the communication distribution list as some don't work for the HSCP. D Smith noted we are doing a lot of good work in the HSCP but the issue was wider than an all staff email. A Slater advised the issues are due to having 2 different systems. We can also communicate through text or trickle. A Cameron Burns also suggested speaking to Inverclyde HSCP. Issue is that not everyone is on the email system.

c) Chief Officer Update

J Slavin gave an update on behalf of B Culshaw.

- 1st minister update to parliament advised infection is in decline and some restrictions will be lifted from Monday.
- Absences are in the decline but still very challenging.

- There have been numerous changes to isolation guidance; A Slater looking at this with V Tierney.
- A Core Brief will come out.
- Vaccination programme is continuing with drop in appointments. Requested that we encourage staff to attend.
- The new Clydebank Health and Care Centre was handed over just before Christmas – we are on track to move in from 7th February.
- Joyce White to retire in June.

d) Premises and Return to Offices

MJ Cardno advised we are still waiting on guidance on returning to offices. Some changes to the guidance this week but focus is still on working from home. Different from England. Council waiting to see what the Scottish Government announces over next few weeks. Working with colleagues in NHSGGC and WDC to pull together a holistic strategy for the HSCP to influence capital planning.

e) HR Report

A Slater spoke to the paper included in the diary invite.

She highlighted that NHS absence has reduced to 6.04% however Council absences have increased to 11.65%.

Main concerns are around long term absences. Providing support to individuals to get them back to work in a safe way. Covid absence figures discussed.

KSF

This hasn't been a focus due to work pressures but we need to pick this up again. We only have 37% compliance so need to improve.

Statutory and mandatory training has dipped this month. This is of concern to A Slater, especially fire safety. Named lists going out to managers to ensure those outstanding are brought up to date.

Numbers leaving noted in the paper.

A Cameron Burns felt it was important that managers are carrying out KSFs as it is about staff wellbeing. We need to put across what we can do for staff. May be one of the few opportunities for staff to discuss how they are feeling and around career progression.

D McCrone queried if we are using the exemption from self-isolation to bring people back in to work. A Slater advised that if staff are isolating there is a robust process to go through. Staff have to be triple vaccinated, have negative LFT and not be working with clinically vulnerable patients; exemptions are looked at on a case by case basis.

WDC do not have KSF but use Be the Best which is not recorded in the same way. D Scott advised that Be the Best conversations do not happen. A Slater agreed to speak to HR colleagues in WDC. **AS**

M Wood raised the issue that we are rigidly adhering to absence policies. She felt that given the work being done by these members of staff over the past 2 years, why are we giving them notices for their absences; she would like this to be looked at. A Slater agreed to look into this and will discuss further with M Wood following the meeting.

Staff numbers leaving

D Scott asked for more information on the reasons why staff are leaving. A Slater explained that exit interviews are not compulsory and are anonymous. D Scott noted that we have lost a 5th of our workforce and we don't know the reasons why. L Galasso confirmed exit interviews are not mandatory and are anonymous. She does review the data from exit questionnaires regularly but is unable to contribute reasons directly to roles, L Galasso advised that she feeds back to the service if they can identify issues in a particular area. A Slater and L Galasso agreed to look at this further. **AS, LG**

MJ Cardno noted she had had 3 leavers; 2 retirees and one for job progression. She advised that managers get frequent reminders to complete exit interviews but no one has opted to complete. She commended the council on their process of reminding managers.

Fire at Gray St

D Scott advised he had not had an update re the recent fire. J Gibson advised that this was discussed at HCC Convenors meeting.

M Wood noted that some staff won't complete a leaver's questionnaire as they are looking for a positive reference. Trend of people leaving from a department should be investigated.

D Smith asked that A Slater adds the total number of vacancies into the HR Report and that it is broken down by directorate. A Slater explained that vacancies are constantly

changing but will look into to this to see what meaningful data she can get. **AS**

f) Service Updates

I. Mental Health, Addictions and Learning Disabilities

S Chatfield updated the group.

- LD has ongoing challenges with staffing: a number leaving due to moving home and retirement. Nursing staff numbers are doing well; posts filled.
Day Services are open with a reduced service. This will need to be reviewed on an ongoing basis.
- Addictions – no issues.
- Mental Health – Vale option of looking at the wards has been removed from contingency meeting. Moving to RAG within CMHT has been paused – has been inpatient acute within GGC. Staff have been asked if they are willing to move.
- ASP – Had improvement plan from the inspection; this will be rolled out to staff. Lots of training for staff. Has been well received. Centralising the rota and ensuring the guidance is consistent. Staff need to be clear about the process.

II. Health and Community Care

- New Health and Care Centre
 - Working on detailed Comms plan so that staff and patients know what to expect.
 - Working with bus companies regarding transport.
 - The 2 Covid CACs remain open but low numbers in attendance. Discussions are ongoing. We may close from mid-March and move to GP practices. We have plan A & B for the new Health Centre – Renton could remain open and also could continue to use the old Clydebanks Health Centre. We will need to look at demand. Meetings have been arranged with GPs around this.
 - FT advised that we are monitoring absences daily for positive staff and those isolating and these are reducing.
 - No other update as in period of stability.

III. Children's, Health, Care and Criminal Justice

L James gave an update.

- We have sustained very positive levels of staffing. Slight dip over the festive period due to annual leave and sickness.
- Justice Services – continuing to operate on a rota basis within Bridge St.
- Community Justice – separate from Criminal Justice. Setting up and developing a Community Justice Partnership. Lengthy history: We have not had a CJP unlike other areas. Looking forward to developing it.
- Children's Services – staffing has been positive. The joint inspection has been paused. Work is still going on with partners and we are producing a position statement. We will have an output from this in early March. There has been an update of guidance sent out to staff and we are asking our service users to undertake LFTs to reduce transmissions.

IV. Strategy & Transformation

Most staff continue to work from home and the service has no issue with sickness. All vacancies are now through evaluation and hope to get them out for recruitment soon.

V. MSK

H Little not in attendance

3. Trade Union Updates

No updates

4. Documents to Note

No documents to note.

5. Any Other Business

a) Three key elements for Area Partnership Forum
Suggestions:

- Communications;
- Statutory / mandatory training;
- Commend hard work and contribution from staff.

Add to rolling action list re A Slater to check the vacancies. This will depend on the data she can get. May be only able to get advertised vacancies.

6. Date of Next Meeting

Thursday 3rd February 2022, 2 p.m., MST – Covid catch up
Next full JSF is 18th February 2022.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Special Monthly COVID19 Meeting of Joint Staff Forum
(additional meeting)

Date: Thursday 3rd February 2022, 2 p.m.

Venue: Microsoft Teams

MINUTE

Present: Jo Gibson (chair); Andrew McCready; Audrey Slater; David Scott; David Smith; Diana McCrone; Fraser Downie; Ian Stevenson; Leeanne Galasso; Margaret-Jane Cardno; Peter O'Neill; Richy Kennedy; Samantha Stirling; Simon MacFarlane; Val Jennings.

Apologies: Beth Culshaw; Fiona Taylor; Helen Little; Julie Slavin; Kathy Morrison; Lesley James; Michelle McAloon; Moira Wilson; Shirley Furie.

In Attendance: Hazel Slattery (minutes).

Item	Description	Action
1.	<p>Welcome, Introductions, Apologies</p> <p>Chair welcomed everyone to the meeting. B Culshaw was unable to attend the meeting due to an urgent meeting, J Gibson chaired the meeting in B Culshaw's absence.</p>	
2.	<p>Standing Agenda Items</p> <p>a) Chief Officer Update</p> <p>J Gibson advised that there is positive news in West Dunbartonshire in moving on from the peak of omicron, around 649 cases per 100,000, the GGC average of 790 cases per 100,000 as a result we seeing a decrease in staff absences and an ease of pressure on services. Keen to support staff where we can and increase booster and vaccinations. All care homes are rating at green this week. We are moving into new Clydebank Health and Care Centre, the centre will open on Monday to the public and will see first the patients on Monday morning, services began moving in yesterday. Social media campaign has started, J Gibson thanked members for their assistance in aiding the social media campaign.</p> <p>D McCrone asked what is happening about Community Assessment Centres. It has been agreed the we would monitor numbers using the centres, numbers are low, a national decision is being made at the end of March whether</p>	

this service is closed. We will continue to open the Community Assessment Test Centre in the old Clydebank Health Centre on Kilbowie Road.

A McCready asked if signage was being installed for patients, visitors, there are also concerns over the bus route not serving the Health Centre and if this could be expedited. National Signage have advised that signs will be put up on Friday. The nearest bus stop is 3 minutes away on the corner of Wallace Street, the M11 stops there, there are 10 other bus stops that stop near to the Health Centre. Maps will be shared via social media on how to get to the centre. For those who cannot walk to the centre from these bus stops there are two options, the MyBus service and the G81 service (for Clydebank only); a bus pass holder or blue badge holder can use this service and will take you door to door. A McCready is conscious that yes if you are fit and able you can walk to the centre in 3 minutes, however for those who have mobility issues this can take longer. J Gibson did acknowledged that to walk from the main bus station and train station it will be challenging. This will continue to be monitored. Muted point across all sites in the availability of car parking for patients. The number of car parking spaces available are in line with national guidance for Health Centres. A green transport plan is in place.

D McCrone added that we were promised a visit to the new Health Centre, with staff and public in the building are visits now feasible and could a date be offered. A visit will be offered towards the end of next week.

b) Service Updates

- I. Mental Health, Addictions and Learning Disabilities
No covid related issues. D McCrone asked how the staffing levels were across community services and inpatients. F Downie advised that community staffing levels were much better, a couple of posts going through recruitment process. Inpatient recruitment to RMN posts are difficult. We continue to rely on bank and agency staff. Senior Charge nurses are reporting that shifts are being covered. A weekly huddle meeting in being held across NHS GG&C discussing staffing issues, F Downie attends. This group is looking at hot spots across the area and resourcing appropriately.
- II. Health and Community Care
Main items covered in Chief Officer's update above. Staff absence has reduced. D Scott asked how Home Care were operating. J Gibson advised that service is

stable, no delayed discharges. Care at Home have moved into the new Health & Care centre.

D Scott also asked how the service review was going as Trade Unions have not had any communication, F Taylor was not in attendance, and full update will be provided at the next main meeting of the JSF. MJ Cardno was under the impression that Trade Unions were fully up to date. MJ Cardno will ask for an update at the next meeting of the JSF.

- III. Children's, Health, Care and Criminal Justice
Continue to support staff wellbeing and the return to offices.
- IV. Strategy & Transformation
No covid related issues.
- V. MSK
No covid related issues.

3. Trade Union Updates

V Jennings advised that the number of vacancies would across the HSCP would be provided. A Slater advised that an update re vacancies would be provided at the next full meeting of the JSF, data has been difficult to collect.

A Slater advised that in regard on NHS covid absences there are 6 member of staff, 2 positive cases, 2 isolating and 2 long covid. WDC have 17 positive members of staff, 6 isolating and 33 long covid absences.

NHS Unison held webinar on the changes to pension contributes, there will be a vote coming out from the branch on the proposals.

4. Any Other Business

No other business.

5. Date of Next Meeting

Thursday 17th February 2022
2 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Special Monthly COVID19 Meeting of Joint Staff Forum

Date: Thursday 17th February 2022, 2 p.m.

Venue: Microsoft Teams

DRAFT MINUTE

Present: Diana McCrone (chair); Ann Cameron Burns; Audrey Slater; Beth Culshaw; David Scott; David Smith; Debbie Duffy; Fiona Taylor; Ian Stevenson; Jo Gibson; Julie Slavin; Leeanne Galasso; Lesley James; Margaret Wood; Margaret-Jane Cardno; Michelle McAloon; Moira Wilson; Morag Weir; Peter O'Neill; Samantha Stirling; Sean Davenport.

Apologies: Allan Wallace; Andrew McCready; Bernadette Smith; Dianne Markham; Helen Little; Margaret McCarthy; Margaret McMillan; Richy Kennedy; Sylvia Chatfield; Val Jennings.

In Attendance: Hazel Slattery (minutes).

Item	Description	Action
1.	Welcome, Introductions, Apologies Chair welcomed everyone to the meeting.	
2.	Standing Agenda Items a) Minutes of Last Meeting Minute of 20 th January 2022 – drop in appointments on page 3 to be changed. Minutes agreed as an accurate record. Minute of 3 rd February 2022 agreed as an accurate record. iMatter Action Plans – contact has been made with teams who have not yet submitted plans, plans are being uploaded. There are some teams who have not yet responded, M Wilson will make further contact. b) Rolling Action List • Frequency of Meetings Area Partnership Forum meetings have decreased to fortnightly. Staff side and Officers agreed to reduce to monthly, with the caveat that if numbers increase meetings will be stepped up. Chairs will continue to meet weekly.	

- Communication

D McCrone advised that a list is being developed for all members to receive communications. The request has been made for JSF members to be included. E McLean is working on this.

Review of adult care – available in teams channel and circulated.

D Scott asked if anyone knew about HSCP's moving from Councils to NHS. Publication came out last week on the feedback from the National Consultation, no decisions have been made. Link to publication is below and will be circulated to members. Scottish Ministers will be reviewing feedback, we await decisions. MJ Cardno encouraged members to read the feedback report.

<https://www.gov.scot/isbn/9781804350270>

c) Chief Officer Update

Rates of infection are hovering around 800 per 100,000 numbers have plateaued over the past few weeks. There has been positive reduction of rates within our care homes.

Clydebank Health and Care Centre is now opened. Visits have been taking place. B Culshaw thanked everyone on the front line and managers for the hard work on getting the Health Centre up and running.

Employee Awards are open, nominations have been received. NHS Celebrating Success event taking place virtually next week.

B Culshaw advised members that this would be J Gibson's last meeting as she is moving on. J Gibson was thanked for work in West Dunbartonshire and was wished well in her new job. F Taylor will continue in this role until advertised.

D Scott advised that there is an issue for home carers not getting access to the Health and Care Centre. F Taylor advised that access can be gained through the front door, however there has been an issue with the delivery of the correct number of swipe cards, F Taylor advised that additional swipe access cards have been ordered.

d) Guest Speaker – Julie Slavin – Chief Financial Officer
J Slavin provided presentation on the expected budget for the upcoming financial year. Members were reminded that these

were expected figures as this financial year has not yet ended and that both NHS and WDC have not agreed budgets for the coming financial year. J Slavin covered Scottish Government funding to Integration Authorities, including the potential impact on local government and health board budgets; social care funding; social care pressures; closing the social care gap including base budget adjustments and service effectiveness, further service efficiencies including recovery and redesign, application of reserves previously agreed, balance of budget gap to be found; health care funding and health care pressures.

M Wood asked what the additional funding for social care workforce would be spent on. J Slavin advised that this would be used for some SSSC registrations to attract people in to working in the care sector; development of social work and care home assurances. Further detail is awaited from Scottish Government and will be shared with members once received.

D Smith requested that members are provided with a full and detailed breakdown of all budget figures. Members were reminded that work on the budget continues as the budget has not yet been set and agreed.

JS

e) Premises and Return to Offices

No specific updates. WDC intranet site has developed a return to work place hub; link is below. WDC are working on teams going back on a phased basis, teams will be contacted in advance of any anticipated returns. A Slater will source timelines for the next meeting.

<https://intranet.west-dunbarton.gov.uk/people-technology/organisational-development-change-digital/workplace-of-the-future/return-to-the-workplace-hub/>

A Cameron Burns asked if we are looking at a hybrid approach of working, A Slater confirmed this is the approach being taken by WDC.

f) HR Report

Report circulated to members prior to the meeting. NHS absence has fallen this month to 4.8% however WDC absences have increased. Long term absences continue to be the top reason for absence. Work is ongoing with managers and employees to support a return to work.

D McCrone stated that stress/anxiety is the top reasons in NHS for absence, however in WDC it is minor illnesses. A Slater is looking at this in detail. Terminology in recording is slightly different between HS and WDC

- KSF and PDP Performance

Currently sitting below target. Statutory and mandatory training has increased this month across all modules except one. A Slater asked members to encourage staff to complete fire safety module.

ALL

- Leavers

Unfortunately monthly leaver figure for WDC could not be provided due to an IT problem with the system. Financial year number of leavers provided. Nine people left the NHS in January. There have been 266 new starts.

Public Health Scotland have developed a learning hub to support all those working in public services. Link is below;
<https://learning.publichealthscotland.scot/>

Most offices will close on 3rd June 2022 to celebrate the Queen's jubilee. This will a public holiday for council employees. It has yet to be agreed with NHS employees will get an additional day annual leave or a public holiday.

g) Service Updates

I. Mental Health, Addictions and Learning Disabilities

Situation is stable within this service area. Mental Health plans are in place. D McCrone highlighted that North Glasgow are struggling with staffing. All wards within West Dunbartonshire are open.

II. Health and Community Care

Clydebank Health and Care Centre is now open, move went extremely well, staff have worked hard and been extremely helpful. New IT system is being used in the centre. Will continue to ensure we are making best use of the space. Tours of the centre are ongoing, further dates will be offered over the next couple of weeks.

Community Assessment Centre continues to be ran in the old Clydebank Health Centre and Renton, these will close at the end of March as per national guidance.

Day Care services are opening up further, managers are working with users to ensure safe usage.

Care at Home Redesign

Convenors meeting has taken place with F Taylor, the care at home redesigned started pre pandemic, which paused the

process, process has been restarted. Convenors met in August last year and explained under fair work policy on the three themes, which are agency use, scheduling and overtime.

F Taylor and M Wilson have met with organisers, focus has been on engaging with organisers on how we engage with staff. Sub groups have been set up to discuss the three themes. Organisers felt that a fourth group was required on referrals and assessments. Problem statement are being finalised.

Next steps are a twofold approach including staff engagement, trade unions and service users. A talking head launch will take place. A crib sheet has been developed for completion. A frequency asked question sheet will also be developed. It is hoped that the next phase will be launch on 28th February, all staff will be provided with the information all at the same time. Lynne McKnight, Richard Heard and Jane Gray have been asked to have face to face meetings with front line staff. Thoughts and ideas from these discussions will be reflected within the redesign.

M Wood asked if trade unions could be provided with this information below sending to staff as trade unions will be inundated with questions. M Wood asked if it be noted that staff have client needs at the heart of they what they do, without guidance from organisers.

Information will be shared via the CM2000 systems straight to mobile phones.

J Gibson thanked everyone for working alongside her during her time in West Dunbartonshire.

III. Children's, Health, Care and Criminal Justice

L James updated members on premises and staff returning to offices. Staff across the services on the whole are keen to be back in offices and see the value of the balance of office/ home working. Communication went out to Justice staff last week, in relation to the timescales of the lease of Bridge Street coming to end up. Over the next 18 months we will look at the needs of services and finding a suitable building fit for purpose. Around 17 members of Justice staff are working from Bridge Street. M Wood commended L James for communicating with staff early.

The Caledonian Project will begin to be rolled out. This project works with perpetrators of domestic violence. Training will be offered to staff.

The first workshop on the development of a Community Justice Partnership is taking place this week, this is 1 of 4 workshops to develop the strategic group by the summer of this year.

Children's Services

Similar themes, L James continues to meet with teams on the ground. Children's Service staff were also informed of the Bridge Street premises. Plans for Hartfield House have been provided at team meetings. Consultation with staff is ongoing.

Planned feedback session re Joint Inspection of Children at Risk of Harm is taking place on 3rd March 2022. Inspection process has been disrupted due to Covid-19. An improvement plan will be developed once feedback has been received from Care Inspectors.

The fostering and adoption inspection has now been published. Improvement plan has been developed.

There have been significant positives in areas of recruitment. Promise Lead has been appointed, it is expected that the post will start in around 8 weeks. Additional posts are being looked at around quality assurance and learning and development across adult and child protection.

Across the system we have a small number of agency and bank staff, we are recognising gaps in operational service delivery we must ensure adequate cover. Recruitment position is relatively strong at the moment.

Health Visiting staff in Clydebank now have space in the new Clydebank Centre for Health and Care. Some space has also been identified for the CAMHS service as well.

L James continues to plan time with front line staff. Plea to staff to engage in work with the Access Project so we can look at next stage for duty services.

From a CSWO perspective communication re National Consultation Service has gone out to all CSWO, policy discussions are ongoing.

IV. Strategy & Transformation

There are a number of vacancies, 2 live vacancies on WDC, Commissioning Manager back out to advert and SDS Manager also out to advert. Four posts going through job evaluation. A further couple of posts are being reviewed.

V. MSK

No issues.

3. Trade Union Updates

No pertinent updates.

4. Documents to Note

No documents to note.

5. Any Other Business

a) Service Review – Care at Home – discussed above in service updates.

b) Three key elements for Area Partnership Forum
Suggestions:

- Finance;
- Care at Home Redesign of service;
- New Clydebank Health and Care Centre.

M McAloon will draft narrative.

6. Date of Next Meeting

Thursday 17th March 2022

2 p.m.

MST

