Supplementary Agenda

West Dunbartonshire Health & 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

ITEMS TO FOLLOW

I refer to the agenda for the above meeting which was issued on 14 March and now enclose copies of Items 5, 7 and 8 which were not available for issue at that time.

Yours faithfully

BETH CULSHAW

Chief Officer of the Health &
Social Care Partnership

Note referred to:-

5 2022 - 2023 REVENUE BUDGET SETTING 351 - 449

Submit report by the Chief Financial Officer seeking approval to set an indicative 2022-2023 revenue budget based on budget offers from our funding partners

7 STRATEGIC RISK REGISTER 6 MONTH REVIEW 451 - 464

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

8 UNSCHEDULED CARE DESIGN AND DELIVERY PLAN 465 - 546

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

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 & Social Care Partnership

Date of issue: 16 March 2022

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

24 March 2021

Subject: 2022/23 Annual Budget Setting Report

1. Purpose

1.1 To seek members' approval to set an indicative 2022/23 revenue budget based on budget offers from our funding partners;

1.2 To recognise the potential financial impact to the 2022/23 budget assumptions as a consequence of West Dunbartonshire Council's decision to review the current allocation of costs for residential school placements between the HSCP and their Education Services; and

1.3 To note the progress on the refresh of the draft Medium Term Financial Plan 2022/23 to 2026/27.

2. Recommendations

2.1 The HSCP Board is recommended to:

a) **Accept** the flat cash offer of the roll forward of the 2021/22 recurring base allocation from West Dunbartonshire Council of £72.428m;
b) **Accept** the full pass through the allocated share of the £554m and other Scottish Government funding streams for Integration Authorities of £9.288m;
c) **Accept** the additional funding of £0.061m to cover the freeze to Non-Residential Charges levels in 2022/23;
d) **Note** the total 2022/23 allocation from WDC based on (a) to (c) above is £81.777m;
e) **Note** the analysis of the reserves position and the projected balances as at 31 March 2022;
f) **Note** the WDC Council decision to review the allocation method for residential placements at a projected cost of £2.090m to the HSCP is not included within the current HSCP 2022/23 revenue estimates or beyond;
g) **Approve** the recommendations at sections 4.28 and 4.32 that if the review concludes a higher proportion of costs are allocated to the HSCP, with no corresponding budget transfer, then reserves may require to be utilised to address the revenue pressure in year;
h) **Note** that a further report will come back to the HSCP Board regarding the outcome of the review;
i) **Accept** the indicative 2022/23 budget allocation from NHSGGC of £101.832m, subject to confirmation of the final 2021/22 recurring base and note that additional Scottish Government funding of £1.159m will follow;

j) **Accept** the indicative set aside budget of £33.620m, based on the 2021/22 projected activity and actual costs with a 2% uplift;
k) **Approve** an overall budget of £185.117m, excluding set aside for the delivery of delegated health and social care services for 2022/23;
l) **Note** the 2022/23 budget allocations for Housing Aids and Adaptations of £0.250m and the Care of Gardens budget of £0.455m, held and managed by the Council on behalf of the HSCP Board;
m) **Note** the update to the WDC's 10 Year Capital Plan from 2022/23 to 2030/31 and the programmes linked to the strategic priorities of the HSCP Board; and
n) **Note** the draft Medium Term Financial Plan 2022/23 to 2026/27.

3. Background

3.1 This report is a continuation of the 21 February Annual Budget Setting report and sets out a proposed 2022/23 revenue budget subject to board approval.

3.2 The 2022/23 revenue budget estimates have been constructed to reflect the impact of all known inflationary and demographic demand on HSCP services, coupled with any agreed changes to service delivery models implemented and to be retained in response to the COVID-19 pandemic.

3.3 It should be recognised that the 2022/23 estimates do not include any extraordinary non-recurring COVID-19 costs that are captured as part of the quarterly Local Mobilisation Plan (LMP) financial tracker returns submitted to the Scottish Government. The assumption is that any additional costs incurred in 2022/23 will be funded by COVID-19 earmarked reserve balances which will be added to from the advance funding allocation made by the Scottish Government to Health Boards and Integration Authorities on the 25 February 2022. This is covered in more detail in sections 4.5 – 4.6 below.

3.4 The Scottish Government announced their 2022/23 financial settlements to local authorities and health boards on 9 December 2021. Both settlement letters (presented to the 21 February HSCP Board) contained specific reference on funding to be directed to Integration Joint Boards.

3.5 The following indicative funding gaps were reported to the 21 February HSCP Board:

- Social Care - £0.760m
- Health Care - £0.335m

4. Main Issues

Scottish Government – Budget 2022/23

4.1 The February HSCP Board considered the main messages from the Scottish Government's 9 December letters and the impact on health and social care funding, including details on:

- additional funding of £554m transferred from the Health Portfolio to Local Authorities for policy commitments delegated to Integration Authorities; and
- the direction that, "funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021-22 recurring budgets for adult social care services that are delegated"

4.2 Since the settlement announcement on 9 December 2021, the Scottish Government budget has progressed through the three parliamentary stages to final approval on the 10 February 2022.

Scottish Government – COVID-19 Funding

4.3 The additional costs of delivering delegated health and social care services impacted by COVID-19 and associated variants continues to be closely monitored and reported to the Scottish Government and HSCP Board through the Local Mobilisation Plan (LMP) Financial Tracker. Full details of the projected COVID-19 spend is included within the P10 Financial Update report and it is anticipated that the final, actual cost (subject to audit) will be covered by the COVID-19 earmarked reserve of £4.970m created last year from advance Scottish Government funding.

4.4 The successful roll-out of the COVID-19 Vaccination Programme has reduced the risks of serious harm from the virus, however infections linked to the virus and its variants are likely to continue to impact on our communities into 2022/23. The Scottish Government have recognised this and announced on the 25 February further COVID funding to NHS Boards and Integration Authorities (see Appendix 1).

4.5 While the February funding letter sets out indicative allocations further detail has been requested on how the individual shares have been allocated. West Dunbartonshire HSCP's current share is £7.741m to be directed to tackling the backlog of demand and increasing unmet need across day care services, care at home, mental health, and support unscheduled care (unplanned admissions and delayed discharges) alongside sustainability payments to social care providers. Any expenditure aligned to this funding should be agreed by the IJB Chief Finance Officer and the NHS Board Director of Finance.

4.6 The funding comes with clear instructions that this advance funding must be carried forward in an earmarked reserve for COVID-19 purposes to be used for the continuation of costs which were funded in 2021/22 as approved through the Scottish Government Local Mobilisation Planning process.

Review of HSCP Reserves

4.7 The HSCP Board's Reserves Policy recommends that as part of the annual budget setting exercise the Chief Financial Officer should review the current

level of reserves, estimate the year end position and assess their adequacy in light of the medium term financial outlook. Table 1 below provides details on the 2021/22 audited opening balances.

Table 1: Reserves Balances as per 2020/21 Audited Annual Accounts

Reserves Balances as at 1 April 2021	**£m**
Unearmarked (General) Reserves	4.367
Earmarked Reserves	17.440
Total Reserves	**21.807**

4.8 The HSCP Board's Reserves Policy recommends that a prudent level of general reserve would be approximately 2% of the partnership's net expenditure budget, excluding Family Health Services (FHS). This is considered a reasonable reserves level capable of underwriting any unexpected financial risk to the HSCP Board's approved budget.

4.9 Based on the current 2021/22 net expenditure budget of £150.830m (excluding FHS) the opening unearmarked reserves balance of £4.367m equates to 2.9%. While this is above the target, the HSCP Board at its meeting on the 24 June 2021, considered this to be acceptable given the uncertainties related to the ongoing response and recovery from COVID-19 and the indicative future funding gaps.

4.10 The Financial Performance Update Report to 31 January 2022, presented to the Board under the next agenda item, provides members with a comprehensive update on the application of (withdrawal) and anticipated additions to both unearmarked and earmarked reserves, projected to 31 March 2022. This is summarised in Table 2 below.

Table 2: Anticipated Reserve Position as at 31 March 2022

Anticipated Reserves Balances as at 31 March 2022	**£m**
Unearmarked (General) Reserves	6.485
Earmarked Reserves	25.704
Total Reserves	**32.189**

4.11 Based on the 2022/23 indicative net budget position of £185.117m (less £29.638m for FHS) this gives a general reserve target of £3.112m. The anticipated general reserve detailed in Table 2 is in excess of this target.

4.12 As covered within the February budget update report the Board were asked to consider the application of reserves to the value of £0.344m to reduce the projected budget gap. This is covered in more detail below.

4.13 The Medium Term Financial Plan (MTFP), first considered in 2020/21, is being refreshed and the current draft is attached at Appendix 9. This provides the Board with a range of indicative budget gaps (best, likely, worst) dependent on the application of range of assumptions. The use of reserves to

support the transformation of services is an important element of the MTFP and the current projected levels will support this transition.

Social Care

4.14 The 21 February HSCP Board report on the 2021/22 budget identified a budget gap of £0.760m for social care, before proposed application of reserves.

4.15 There have been a number of minor budget adjustments since the draft budget was presented to the February HSCP Board reducing the indicative budget gap from £0.760m to £0.349m, mainly as a result of confirmation of actual funding shares related to the £554m (section 4.1 above). The individual detail is contained within Appendix 2. As presented within the February budget update report this remaining gap can be closed with the application of reserves. Table 3 below provides an update on the indicative budgets and gaps for 2022/23 to 2024/25.

Table 3: Indicative Budgets for 2022/23 to 2024/25

	2022/23	2023/24	2024/25
	£m	£m	£m
Indicative Revenue Budget	82.126	83.901	86.447
Indicative Funding (inc. reserves)	82.126	81.785	81.785
Indicative Budget Gap	0	2.116	4.662

4.16 The position of a balanced budget above does not include the potential for additional costs of £2.090m having to be met by the HSCP in 2022/23, as a consequence of a WDC decision approved at their 9 March 2022 Annual Budget Setting meeting. This is explained in more detail below along with options on how to address this proposed new cost pressure.

West Dunbartonshire Council

4.17 West Dunbartonshire Council met on 9 March to set their 2022/23 budget including their funding contribution to the HSCP Board. At this meeting elected members approved a funding contribution of £81.364m, based on a "flat-cash" allocation of the 2021/22 recurring budget requisition plus the full pass through of the WDC share of the £554m transfer from the Health portfolio to Social Care and other new funding streams. A flat-cash allocation requires the HSCP to cover all inflationary and demographic pressures as covered in detail at the February Board meeting.

4.18 The requisition figure approved in section 4.17 above requires to be updated as the distribution methodology applied to some of the new funding streams has been changed after a review by the Settlement Distribution Group (SDG). The most significant change is related to the £144m of funding for the full year impact of the £10.02/hr living wage. This change benefited West

Dunbartonshire and the actual allocation will increase by £0.413m. Under the direction to local authorities from the Scottish Government this funding should be "passported" through to the HSCP Board, therefore increasing the budget contribution due to £81.777m. A full breakdown of all new funding streams are detailed within Appendix 3.

4.19 While West Dunbartonshire Council approved the Scottish Government's direction regarding funding to the HSCP Board, they also approved a number of other options to close the council's £5.509m gap. Two of the options agreed relate specifically to HSCP's Children and Families services and their impacts are not currently reflected in the 2022/23 budget assumptions. For information the full WDC Budget report is attached at Appendix 4.

Children & Families - Residential School & Residential Placements

Current Position

4.20 The cost of residential care placements for children and young people under the age of 16, or those in full time education beyond that age are currently shared on a 50/50 basis between Education and the HSCP. The decision to accommodate and support a young person within a residential placement can be through the recommendation of the Children's Panel or a multi-agency panel lead by Education and Social Work colleagues. Where there is no educational element, the HSCP is responsible for the full cost of the placement.

4.21 This arrangement pre-dates the establishment of the HSCP Board in July 2015 and was the basis of the delegated budget allocation or "due diligence" exercise undertaken by partners in the first year of the HSCP's operation. The Integration Scheme section 11.3 (i) & (ii) extracted below outlines this exercise:

(i) Payment in the first year to the Integration Joint Board for delegated functions. Delegated baseline budgets for 2015/16 will be subject to due diligence and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to correct any base line errors.
(ii) Payment in subsequent years to the Integration Joint Board for delegated functions.

4.22 The 2022/23 HSCP budget assumptions presented to the Board in February reflected this current arrangement. The anticipated cost to the HSCP for 36 placements was £4.033m. Of the 36 placements it was assumed Education would share the costs equally for 28 of them.

4.23 The volatility of the cost and in-year movement of this type of placement is well documented through both financial performance reports and budget setting reports and has been one of the main cost pressures facing the HSCP Board for the last few years, see Table 4 below:

Table 4: HSCP Residential Placements Activity

	Budget	Spend	Overspend	No. of placements at the year end
2015-16	1,481,372	1,694,783	(213,411)	14
2016-17	1,481,372	1,734,864	(253,492)	18
2017-18	1,481,372	2,134,550	(653,178)	17
2018-19	1,711,372	2,383,074	(671,702)	20
2019-20	2,147,372	3,348,176	(1,200,804)	29
2020-21	3,461,529	4,231,218	(769,689)	36
2021-22	3,578,544	***4,060,438***	***(481,894)***	32

Proposed Revised Position as agreed by WDC

4.24 As stated above in 4.19 above, 2 options were agreed to contribute to closing the WDC 2022/23 revenue budget gap. This could have financial consequences for the HSCP Board, with the potential for additional costs of £2.090m projected for 2022/23. These are:

1. Education Services maintain their 2022/23 budget requirement for residential placements at the 2021/22 budgeted level of £2.5m. Any cost pressure over this amount is funded by the HSCP. This cost pressure is estimated to be £0.725m. Refer to Appendix 4 Section 4.6.4.
2. Review the current 50/50 split to better reflect the cost of educating the young person and the social care cost of looking after and accommodating them. It is assumed that this could lead to a split of around 20/80 for Education/HSCP and the WDC savings target aligned to this £1.365m. Refer to Appendix 4 Section 4.10.6 and Appendix 5 – WDC measures to balance budget.

4.25 The basis on which WDC agreed to option 1 is that the increase in residential provision is a consequence of the impact of COVID-19 on families. Any additionality should be funded by the Children & Families budgets that sit with the HSCP potentially funded by the reserves as they relate to the previous funding transferred to the HSCP by West Dunbartonshire Council.

4.26 It is recognised that the progress in the transition of some residential placements has been delayed by the pandemic and an element of these additional costs (approx. £0.371m) have been aligned to Local Mobilisation Plan financial tracker and covered by COVID-19 funding. Similarly, to date the council have also utilised their own COVID funding to cover their element of these delays.

4.27 As stated in sections 4.5 to 4.6 above the Scottish Government have provided additional funding in advance to continue to cover 2021/22 COVID related costs that will continue into 2022/23. This has been factored into the HSCP

budget assumptions based on the current 50/50 split of costs. It is unknown at this time whether the Scottish Government would approve the use the COVID-19 earmarked reserves to cover the projected additional costs previously aligned to Education Services.

4.28 There could be scope to fund any potential additional costs (which could be less than or exceed £0.725m) from the HSCP Board's unearmarked reserves balance, refer to the review of reserves in sections 4.7 to 4.13 above. However, this would provide a temporary solution to what is likely to be a recurring budget pressure as it is unlikely that the net number of residential placements will reduce significantly over the next year. The current HSCP budget gap for 2022/23 and future years does not include this proposed additional share of costs at this time.

4.29 With regards to option 2 a high level benchmarking exercise was also undertaken by WDC to assess how other councils and HSCPs (who have Social Care Children & Families Services delegated to them) split their residential placement costs. Of the 18 responses received, 9 local authorities continue to allocate costs on a 50/50 basis. The remainder have a variation of approach where there is an educational element ranging from 62/38 to 80/20 HSCP/Education.

4.30 Option 2 was approved on the proviso that WDC and HSCP officers will carry out an evaluation and make a recommendation to a future Council on the division of this budget.

4.31 The outcome of the planned review should not be pre-empted and any recommendation(s) made would need to be considered and accepted by both WDC and the HSCP Board. However it would be considered prudent and reasonable to conclude that any change in the allocation methodology would likely increase the financial burden to the HSCP Board on a recurring basis.

4.32 This estimated cost pressure of £1.365m is not currently included in the HSCP's reported budget gap or reflected in any future gaps. However, the review should also cover the division of the existing budget for the 28 placements currently split equally. As with the point made in section 4.28 above, the HSCP Board is asked to consider how it may wish to address this financial risk to the 2022/23 position, bearing in mind the cost may increase depending on the number of children placed and would likely become a recurring pressure.

4.33 Going forward, any additional cost of future placements would be built into the HSCP Board's budget plans and as required by the Integration Scheme this would be presented to WDC as part of any future budget negotiations.

Justice Social Work (JSW) Services

4.34 The 2022/23 budget allocation for Justice Social Work Services was confirmed on 2 March 2022 as £2.047m; this funding is ring-fenced.

4.35 The base funding awarded for 2022/23 has been set at the same level as 2021/22 funding to reflect the impact the pandemic has had on workload data. In addition there has been further allocations targeted as follows:

- £0.051m - to support the recovery efforts and the commissioning of third sector services;
- £0.238m – COVID-19 recovery funding;
- £0.054m – to develop and expand Bail Assessment and Supervision; and
- £0.046m – to strengthen Alternative to Remand

Health Care

4.36 On the 9 March, the NHSGGC Assistant Director of Finance – Financial Planning and Performance provided the Chief Officer with a letter detailing the HSCP Board's 2022/23 Indicative Financial Allocation of £101.832m for delegated services and £33.620m related to set-aside, this is attached at Appendix 6. In addition the HSCP has received confirmation of the continuation of winter pressures funding for the support of Multi-Disciplinary Teams (MDT) of £0.662m and their share of the 1,000 Health Care Support Workers of £0.497 million.

4.37 The letter confirms the update provided to the February Board of the baseline uplift of 2% and further support for increased employer national insurance costs. There is a small reduction in the anticipated share of the national insurance funding of £0.022m which increases the reported funding gap from £0.335m to £0.357m.

4.38 The option put forward in February to close the indicative budget gap was to maintain the GP Prescribing budget for 2022/23 at 2021/22 levels, i.e. no inflationary uplift based on the current activity relating to volumes and prices of drugs dispensed.

4.39 A 2% uplift on the current prescribing budget equates to £0.394m and considering the level of the prescribing reserves this can be reduced by £0.357m to balance the Health budget. A detailed breakdown is included within Appendix 7 while Table 5 below provides an update on the indicative budgets and gaps for 2022/23 to 2024/25.

Table 5: Indicative Budgets for 2022/23 to 2024/25

	2022/23	2023/24	2024/25
	£m	£m	£m
Indicative Revenue Budget	102.991	105.485	107.821
Indicative Funding (inc. reserves)	102.991	104.787	106.859
Indicative Budget Gap	0.000	0.698	0.961

Other Integrated Budgets in Scope

4.40 The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to Integration Authorities and should be considered as an addition to the HSCP budget of £81.777m for 2022/23.

4.41 As covered within the regular financial performance report, these budgets are currently held within WDC's 'Roads and Neighbourhood' and 'Housing and Employability' Services and are managed on behalf of the HSCP Board. The 2022/23 budgets approved by Council on 9 March 2022 are detailed below:

- Aids and Adaptations - £0.250m (unchanged)
- Care of Gardens - £0.455m (increase of 1%)

Capital

4.42 West Dunbartonshire Council also approved their refreshed ten year capital plan on 9 March 2022. As detailed within the period 10 financial performance report the budgets for Aids & Adaptations, Clydebank Care Home and Criminal Justice require an element of re-profiling from 2021/22 into 2022/23. Two new capital projects were approved as detailed below.

- Community Alarm Upgrade - Community alarms (telecare) currently works over analogue phone lines. These analogue lines will no longer exist after 2025 and throughout the UK telephone providers have already started to transition customers from an analogue service to a digital service.

- Replacement of Carefirst Case Management System – Once recruited the Digital business Lead will undertake a needs assessment and an options appraisal prior to the HSCP fully testing the market in terms of a replacement system going forward.

4.43 The phasing of the approved HSCP capital budgets from 2022/23 to 2030/31 is detailed in Table 6 below:

Table 6 – Capital Budgets 2022/23 to 2030/31

	Forecast Outturn 2021/22	Budget 2022/23	Budget 2023/24	Budget 2024/25	Budget 2025/26	Budget 2026/27 to 2030/31
Aids & Adaptations	0.884	1.053	0.850	0.875	0.902	4.510
Clydebank Care Home	0.200	0.000	0.277	0.000	0.000	0.000
Criminal Justice	0.000	0.063	0.000	0.000	0.000	0.000
Community Alarm Upgrade	0.000	0.154	0.154	0.154	0.000	0.462
Replacement of CareFirst	0.000	0.280	0.280	0.280	0.280	0.280

Social Work Charging

4.44 The current Social Care Charging Policy was reviewed during 2021/22. As the responsibility to set and levy charges remains with the Council an updated Charging Policy was submitted to West Dunbartonshire Council on 9 March 2022 for approval which contained the following proposals:

- The disaggregation of the current "Building-based Day Opportunities Charges" into its original component parts; and

- The alignment of the policy with the COSLA recommendation and the inclusion of an exemption within the revised Charging Policy not to levy means-tested charges to those service users in receipt of Independent Living Fund (ILF) while noting that any financial risk will be managed by the HSCP.

4.45 The draft budget as reported to the February HSCP Board included an uplift in current charges of 4% in line with the Council's Long Term Financial Strategy equating to additional income of £0.061m. However the Council agreed at their March meeting to freeze non-residential charges for 2022/23 and to reflect this will increase the HSCP's 2022/23 budget allocation by £0.061m to cover the cost of lost income.

Budget Summary

4.46 Table 7 below provides a summary of the total HSCP budget resource for 2022/23. It is recommended that the HSCP Board approve the 2022/23 indicative revenue budget to deliver delegated health and social care services in line with its strategic priorities.

Table 7 – 2022/23 Funding Summary

Total Budget Resource HSCP Board 2022/23	**£m**
WDC Budget Contribution (appendix 2)	81.777
NHSGCC Budget Contribution (appendix 4)	101.832
NHSGCC Funding to follow	1.159
Application of Reserves	0.349
2022/23 Indicative Revenue Budget for HSCP Board Approval	**185.117**
Proposed Set Aside Budget for HSCP Board Approval	**33.620**
Other Funding in Scope	
Criminal Justice	2.047
Housing Aids and Adaptations	0.250
Care of Gardens	0.455

5. Refresh of Medium Term Financial Plan 2022/23 – 2026/27

5.1 The 2020/21 to 2024/25 Medium Term Financial Plan (MTFP) has been refreshed to reflect the indicative 2022/23 budget settlements. The current draft covering the period 2022/23 to 2026/27 is attached at Appendix 9.

5.2 The MTFP reflects the current strategic priorities on the Strategic Plan 2019 – 2022, extended for one further year. Under the direction of the Strategic Planning Group the MTFP will be reviewed to reflect any change to the strategic direction.

5.3 The plan considers both the local and national context within which the HSCP operates including current service delivery across our localities, the impact of demographic changes, deprivation and the burden of disease set against delivery of the Scottish Government's national outcomes, legislative requirements to support service users and their carers and the Medium Term Health and Social Care Financial Framework.

5.4 The plan considers the medium term financial outlook over the next 5 years based on current financial performance and planned financial performance for 2022/23. Through the application of sensitivity analysis the plan identifies a range of future year pressures, potential funding gaps ranging from the "most likely" of £2.8m in 2023/24 to £12.6m by 2026/27. Our response to minimise the gap will be through ongoing service transformation, strategic commissioning and community empowerment supported by our Reserves Strategy.

6. Options Appraisal

6.1 None required.

7. People Implications

7.1 Other than any staffing references noted above there are no other people implications known at this time.

8. Financial and Procurement Implications

8.1 Other than the financial position noted above, there are no other financial implications known at this time

9. Risk Analysis

9.1 The main financial risks to the 2021/22 outturn position and 2022/23 estimates 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.

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

9.3 In relation to budget setting there are a number of risks in relation to the current and future years including:

- Continued volatility in, and the legacy impact of the Covid-19 pandemic on, demand pressures across the range of community services;
- Financial sustainability and the ongoing need to ensure the reserves strategy is prudent and serves the needs of the HSCP;
- Scottish Government not providing sufficient funding for planned increases to the Scottish Living Wage in respect of the National Care Home Contract;
- Financial impact of the Independent Review of Adult Social Care;
- Delivery of targets and outcomes such as delayed discharge and waiting times;
- Managing demand and the impact of legislative changes e.g. Carers Act and Free Personal Care for under 65's;
- Potential short supply prescribing pressures and inability to deliver of efficiency programmes; and
- The projected costs linked to the review in the current 50/50 split of Children & Families Residential Placements and additional demand, if accepted by the HSCP Board, will add to future budget gaps and if covered by reserves in the short term, may reduce the unearmarked balance to below the 2% target.

10. Equalities Impact Assessment (EIA)

10.1 None required at this time. Any efficiencies related to service redesign will be subject to further screening and if required a full impact assessments will be undertaken and reported to a future meeting of the HSCP Board.

11. Environmental Sustainability

11.1 None required.

12. Consultation

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

13. Strategic Assessment

13.1 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.

14. Directions

14.1 The 2022/23 indicative budget allocation for core health and social care services will be set out in a direction to both WDC and NHSGGC.

Name	**Julie Slavin**
Designation	Chief financial Officer
Date:	15 March 2022

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Church Street, Dumbarton, G82 1QL.
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Appendices:

Appendix 1 – Scottish Government Letter 25 February – Further Covid Funding 2021/22
Appendix 2 – Social Care Budget Reconciliation
Appendix 3 – Analysis of new SG Funding Streams
Appendix 4 – WDC General Services Budget Setting 2022/23 – 2024/25 Budget Estimates Report – 9 March
Appendix 5 – SNP Revenue Budget Motion (Appendix 1)
Appendix 6 – NHSGGC 2022/23 Indicative Funding
Appendix 7 – Health Budget Reconciliation
Appendix 8a – Consolidated Estimates for the Period 2021/22 to 2024/25
Appendix 8b – Partner Summary Estimates for the Period 2021/22 to 2024/25
Appendix 9 – MTFP
Appendix 10 – Directions

Background Papers: 2021/22 Financial Performance Report as at Period 9 and 2022/23 Annual Budget Setting Update (21 February 2022)

Financial Performance and Update Report – Period 10 (21 March 2022)

Localities Affected: All

Health Finance, Corporate Governance & Value Directorate
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HSCP Chief Officers
Local Government Directors of Finance
NHS Chief Executives

via email

25th February 2022

Colleagues

Further Covid funding 2021-22

Following the recent submission of your Quarter 3 financial returns, I am writing to confirm further funding of £981 million for NHS Boards and Integration Authorities to meet Covid-19 costs and to support the continuing impact of the pandemic. This funding is being provided on a non-repayable basis and includes provision for under-delivery of savings. While I anticipate that funding will be allocated in line with **Annexes A and B**, it will be a matter for NHS Boards and Integration Authorities to agree any revisions where appropriate to take account of local circumstances.

Within the overall funding outlined above, £619 million is being provided for Integration Authorities, which includes funding for a range of Covid-19 measures. The significant disruption to services has created a backlog of demand as well as increasing unmet need and frailty of service users. Investment is needed across day care services, care at home and to support unscheduled care, to keep people within the community, where possible and safe to do so, to avoid unplanned admissions and impacts on delayed discharges. Alongside this is the impact on mental health and services have been stepped up through, for example, Mental Health Assessment Units. This funding will also cover sustainability payments to social care providers and additional staff costs across Health & Social Care.

Where funding remains at year end 2021-22, this must be carried in an earmarked reserve for Covid-19 purposes in line with usual accounting arrangements for Integration Authorities, and I expect that this funding to be used before further allocations are made through the Local Mobilisation Planning process. This can be used to support continuation of costs which were funded in 2021-22 as a direct result of Covid-19. Use of these allocations to meet Covid-19 expenditure should be agreed by the IJB Chief Finance Officer and the NHS Board Director of Finance. The funding should be targeted at meeting all additional costs of responding to the Covid pandemic in the Integration Authority as well as the NHS Board.

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Any proposed utilisation of the earmarked reserves to meet new expenditure that had not been funded in 2021-22 will require agreement from the Scottish Government, and it will remain important that reserves are not used to fund recurring expenditure, given the non-recurring nature of Covid funding.

Thank you for your support and engagement during 2021-22 and I look forward to continued close work with you as we take forward plans for 2022-23 and beyond.

Yours sincerely

Richard McCallum
Director of Health Finance and Governance

Annex A Funding by Board Area

Further Covid-19 Funding (£000s)	Health Board	HSCP	Total
NHS Ayrshire & Arran	14,420	42,765	57,185
NHS Borders	7,471	17,575	25,046
NHS Dumfries & Galloway	13,997	16,146	30,143
NHS Fife	20,947	43,961	64,908
NHS Forth Valley	7,531	32,355	39,886
NHS Grampian	7,533	55,697	63,230
NHS Greater Glasgow & Clyde	88,484	132,917	221,401
NHS Highland	10,947	37,604	48,551
NHS Lanarkshire	15,121	68,810	83,931
NHS Lothian	31,641	114,566	146,207
NHS Orkney	2,575	3,746	6,321
NHS Shetland	999	3,620	4,619
NHS Tayside	2,441	45,355	47,796
NHS Western Isles	1,608	3,887	5,495
NHS National Services Scotland	118,110	-	118,110
Scottish Ambulance Service	11,326	-	11,326
NHS Education for Scotland	- 1,909	-	- 1,909
NHS 24	-	-	-
NHS National Waiting Times Centre	5,436	-	5,436
The State Hospital	-	-	-
Public Health Scotland	3,071	-	3,071
Healthcare Improvement Scotland	- 176	-	- 176
Total	**361,573**	**619,004**	**980,577**

Please note these figures represent the total funding across several allocations (PPE, Test & Protect, Vaccinations and General Covid Funding). A detailed analysis will be provided to each NHS Territorial Board setting out the split across Board and Integration Authorities.

Annex B Total Funding by Integration Authority

Integration Authority	Further Covid-19 Funding £000s
East Ayrshire	14,143
North Ayrshire	15,891
South Ayrshire	12,731
Scottish Borders	17,575
Dumfries and Galloway	16,146
Fife	43,961
Clackmannanshire & Stirling	16,819
Falkirk	15,536
Aberdeen City	24,317
Aberdeenshire	19,675
Moray	11,705
East Dunbartonshire	9,930
East Renfrewshire	14,781
Glasgow City	73,130
Inverclyde	10,370
Renfrewshire	16,964
West Dunbartonshire	7,741
Argyll & Bute	11,881
North Highland	25,724
North Lanarkshire	32,102
South Lanarkshire	36,708
East Lothian	13,537
Edinburgh City	70,314
Midlothian	9,506
West Lothian	21,209
Orkney	3,746
Shetland	3,620
Angus	11,843
Dundee	16,784
Perth & Kinross	16,728
Western Isles	3,887
Total	**619,004**

Please note these figures represent the total funding across several allocations (PPE, Test & Protect, Vaccinations and General Covid Funding). A detailed analysis will be provided to each NHS Territorial Board setting out the split across Board and Integration Authorities.

Appendix 2

WEST DUNBARTONSHIRE HSCP 2022/23 BUDGET

SOCIAL CARE BUDGET BASED ON WDC INDICATIVE ALLOCATION - COUNCIL MEETING 22 MARCH 2021	2022/23 Required Budget	2022/23 Funding Allocation	Funding Gap
	£000	£000	£000
Budget Position reported to 21 February HSCP Board			
2021/22 Recurring Budget	72,748		
As at 21 February HSCP Board	9,314	81,302	
Total	**82,062**	**81,302**	**760**
Social Care Adjustments since February HSCP Board			
Increase in hours in Contracts and Commissioning post	21		
Removal of Non Residential Charges Increase	61		
Promotion of wellbeing through access to art	5		
Minor adjustments including Resource Transfer	(23)		
Adjustment to WDHSCP Share of £554m transfer from Health Portfolio to Social Care		413	
Adjustment to WDHSCP Requisition due to roundings		1	
Increase to HSCP Requisition due to freezing of non residential charges in 2022/23		61	
Allocation of reserves to fund C&F 6 Temporary Social Worker posts		344	
Allocation of reserves to fund promotion of wellbeing though access to art		5	
Total	**64**	**824**	**(760)**
Revised Budget Position	**82,126**	**82,126**	**0**
Budget Position Recommended to 21 March HSCP Board	**82,126**	**82,126**	**0**

Appendix 3

WEST DUNBARTONSHIRE HSCP 2022/23 BUDGET

CONFIRMED WD HSCP FUNDING ALLOCATIONS	Scotland Total	Reported to WDC 9 March 2022	Recurring / Non Recurring	Reported to HSCP Board 21 March 2022	Movement (£m)	Distribution Information
	£m	£m		£m	£m	
Flat Cash Budget Allocation		**72.428**		**72.428**	**0.000**	
Scottish Living Wage	174.500	2.600	Recurring	2.966	0.366	Confirmed and based on 2022/23 Social Care GAE @ 1.70%
Free Personal and Nursing Care	15.000	0.146	Recurring	0.143	(0.003)	Not yet confirmed but calculation based on GAE allocation from Green Book
Carer's Act	20.400	0.351	Recurring	0.347	(0.004)	Not yet confirmed but calculation based on GAE allocation from Green Book
Expansion of Care at Home	124.000	2.086	Recurring	2.086	0.000	Confirmed and based on 2021/22 Adult Social Care GAE @ 1.68%
Interim Care	20.000	0.336	Non Recurring	0.336	0.000	Confirmed and based on 2021/22 Adult Social Care GAE @ 1.68%
Support pay and sustainability of social care services	200.000	3.347	Recurring	3.399	0.052	Confirmed and based on 2022/23 Social Care GAE @ 1.70%
Transfer from Health Portfolio	**553.900**	**8.866**		**9.277**	**0.411**	
Additional social work capacity within local authorities	22.000	0.368	Recurring for 3 years from 2022/23	0.364	(0.004)	Confirmed and based on 2022/23 Adult Social Care GAE @ 1.66%
Scottish Disability Assistance	3.216	0.061	2022/23 only]	0.061	0.000	Confirmed in letter dated 10 November 2021
Mental Health Recovery & Renewal	3.710	0.057	2022/23 and 2023/24 Only	0.059	0.002	Not yet confirmed but calculation based on GAE allocation from Green Book
Unaccompanied Asylum Seeking Children	0.500		Recurring	0.011	0.011	Confirmed via Finance Circular 1/2022
Informed Trauma	1.600	0.050	Recurring	0.050	0.000	Confirmed via Finance Circular 1/2022
Redetermination Adjustments			Recurring	(0.007)	(0.007)	Confirmed via GAE Movements
Other Funding	**31.026**	**0.536**		**0.538**	**0.002**	

Appendix 3

WEST DUNBARTONSHIRE HSCP 2022/23 BUDGET

CONFIRMED WD HSCP FUNDING ALLOCATIONS	Scotland Total	Reported to WDC 9 March 2022	Recurring / Non Recurring	Reported to HSCP Board 21 March 2022	Movement (£m)	Distribution Information
Funding to freeze non residential charges				**0.061**	0.061	Confirmed at WD Council Meeting 9 March 2022
	584.926	**9.402**		**9.876**	**0.413**	
Less SLW Funding already included in flat cash funding		(0.527)		(0.527)	0.000	Funding announced late March 2021
HSCP New Funding		**8.875**		**9.349**	**0.413**	
HSCP Requisition		**81.303**		**81.777**	**0.413**	

WEST DUNBARTONSHIRE COUNCIL

Report by Chief Officer - Resources

Council: 9 March 2022

Subject: General Services Budget Setting 2022/23 and 2023/24 – 2024/25 Budget Estimates

1. PURPOSE

1.1 This report summarises the key issues relating to the revenue budget estimates and setting of council tax for 2022/23. It also provides budget estimates for 2023/24 to 2024/25; within the report the mid-range estimates are noted, with the best case and worse case estimates summarised at paragraph 4.14.1.

1.2 To provide Members with an update in relation to the capital budget.

1.3 To seek Members approval to set the General Services revenue and capital budgets for 2022/23 through approval of options to close the 2022/23 budget gap.

2. RECOMMENDATIONS

2.1 Members are asked to:

a) Note the updated position regarding projections for the revenue budget in 2021/22 as identified at paragraph 4.1.1.

b) Note the projected reserves position of the Council as identified at 4.1.2.

c) Note the projected outturn position for capital for 2021/22 as detailed in Appendix 3 including information in relation to the re-profiling of a number of projects and resources into future years.

d) Approve the application of £0.700m of available capital receipts to fund transformational spend in financial years 2022/23, and a reprofiling of the £0.526m of capital receipts originally approved by Council on 22 March 2021 across the three transformational projects as detailed in paragraph 4.12.3 and Appendix 1.

e) Approve the options to be used to set the General Services revenue budget for 2022/23 and assist with future projected budget gaps.

f) Approve the proposed updated capital plan from 2022/23 as detailed in Appendix 4 including the recommendation at paragraph 4.16.18 in relation to the West Bridgend Community Centre.

g) Approve the 2022/23 West Dunbartonshire Leisure Trust management fee of £4,161,077 (paragraph 4.17.1).

h) Approve the growth bids as identified at paragraph 4.18.

3. BACKGROUND

3.1 The Local Government Finance Circular 9/2021, published on 20 December 2021, detailed the provisional total revenue and capital funding allocations for 2022/23. The Scottish Budget announcement was followed by the Budget Bill Stage 1 debate in Parliament which took place on 27 January 2022 and resulted in further additional one off funding of £120m being allocated to Local Authorities. Our share of this funding is £2.186m, a small £0.026m increase on the estimated £2.160m allocation reported to Council on 9 February 2022. This increase is due to the £120 million being distributed on the basis of total Grant Aided Expenditure (GAE), Special Islands Needs Allowance (SINA), Former Ring-Fenced Grants, and Redeterminations which is in line with the revised distribution methodology, as agreed as part of the 2021 Settlement and Distribution Group work plan. This replaces the former general distribution being based on GAE plus SINA.

3.2 A report to Council on 9 February 2022, taking account of the provisional general revenue grant and the additional £120m of funding, reported an estimated 2022/23 budget gap of £5.509m and provided a range of options for Member consideration to close that gap. These were a mixture of one off and recurring options. This position has been updated to reflect changes since 9 February. The revised position is set out in the remainder of this report.

4. MAIN ISSUES

4.1 <u>Budgetary Control Projection for 2021/22 and Review of Reserves</u>

4.1.1 As at period 10 officers are projecting a year-end adverse position of £3.117m. Of this it is estimated that the projected impact of COVID was £3.174m which will be fully funded by Scottish Government COVID funds carried forward from 2020/21. This leaves an underlying favourable variance of £0.057m. For the purposes of this budget-setting report this is assumed to be the year-end position however it should be noted this positon is subject to change by the year end.

4.1.2 Based on the updated 2022/23 draft budget (reflecting this report) the Prudential Reserve level has been calculated as £3.123m. Projected levels of reserves held by the end of 2021/22 are set out in Exhibit 1.

Exhibit 1 – Summary of Projected Unearmarked Reserves

	£,000	£,000
Unearmarked reserves as at 31/03/21		3,337
Changes		

Budgetary Control Projection 2021/22	57	
Projected Unearmarked reserves as at 31/03/22		**3,394**
Prudential Target for 2022/23		**3,123**
Projected Free Unearmarked Reserves		**271**

4.2 Scottish Government Settlement to Councils 2022/23

4.2.1 A single year Scottish Budget was announced by the Cabinet Secretary for Finance and the Economy on 9 December 2021.

4.2.2 The Local Government Finance Circular 9/2021, published on 20 December 2021, provides detail of the provisional total revenue and capital funding allocations for 2022/23. The provisional total funding allocations form the basis for the annual consultation between the Scottish Government and COSLA ahead of the Local Government Finance (Scotland) Order 2022 scheduled to be presented to the Scottish Parliament in early March 2022.

4.2.3 The Circular outlines that the Scottish Government will work in partnership with local government to implement the budget and the joint priorities in return for the full funding package worth £12.5 billion which includes:

- £174.5m for continued deliver of the real Living Wage within Health and Social Care.
- £15m for uprating of free personal and nursing care payments.
- £20.4m for implementation of the Carers Act.
- Additional investment of £124m to provide care at home.
- £20m to support Interim Care.
- An additional £200m to support investment in health and social care.
- £145m for additional teachers and support staff
- Maintained funding for 100 day commitments including the removal of curriculum and music tuition charges and expanded School Clothing Grant.
- An additional £64m revenue that was not identified on the face of the budget as well as the £30m of capital funding already identified to facilitate the expansion of free school meals.

4.2.4 The Scottish Budget announcement was followed by the Budget Bill Stage 1 debate in Parliament which took place on 27 January 2022 and resulted in further additional one-off funding of £120m being allocated to Local Authorities who may allocate the funding as they see fit.

4.2.5 2022/23 Scottish Government Funding for West Dunbartonshire Council

4.2.6 Officers have analysed the Scottish Government settlement to confirm the Council's total revenue budget including areas of funding for passporting to the HSCP and additional funding for specific areas of expenditure within Education. This is summarised in Exhibit 2.

Exhibit 2 – Summary of 2022/23 Funding

	£,000
General Recurring Funding	192,718
General One Off Funding (Para 3.1)	2,186
Funding to Passport to HSCP	8,875
Funding for Specific Education Purposes	4,101
Final 2022/23 Budget	**207,880**

4.3 Future Years Scottish Government Funding

4.3.1 In terms of my assumptions on future year Scottish Government funding I have considered the UK Spending Review published in October 2021. The Scottish Parliament Information Centre (SPICE) analysis of the UK Budget highlighted that the total (unadjusted) Scottish block grant will increase from £36.7 billion (excluding COVID funding) in 2021/22 to £41.8 billion by 2024/25. This is a 2.4% real terms increase over the period of the Spending Review however, as illustrated in Exhibit 3, this increase is front loaded, with a 7.7% real terms increase in 2022/23 followed by small percentage real term reductions in the following two years.

Exhibit 3: Scotland Block Grant from Treasury 2021-2025

Year	**Cash Terms**		**Real Terms**	
	£billion	**% change**	**£billion**	**% change**
2021/22	36.7		36.7	
2022/23	40.6	10.6	39.5	7.7
2023/24	41.2	1.5	39.3	-0.7
2024/25	41.8	1.5	39.1	-0.4

4.3.2 Whilst Exhibit 3 highlights a 10.6% cash increase in 2022/23 compared to 2021/22, the Council's general revenue grant in 2022/23 was virtually flat cash. As a flat cash allocation has occurred in the year where the Scotland Block Grant has increased significantly, and future year cash increases are far lower it is almost certain there will be reductions to Local Government funding in future years. There was an assumption built into the Council's Long Term Financial Strategy reported to Council in October 2021 of a 0.25% reduction (best case) and 1.5% reduction (worst case) with a mid-range of a 0.5% reduction. I now consider this to be optimistic and I have adjusted that assumption to be a reduction of:

- 0.5% in the best case scenario
- 1.0% in the mid-range scenario
- 1.5% in the worst case.

This assumption will be kept under review and there should be greater clarity over future funding levels as a result of the Resource Spending

Review which expected in May 2022.

4.4 Council Tax

4.4.1 The estimated council tax income (including an assumed 3% future year Council Tax increase and growths in the Council Tax base) over the next three years is noted in Exhibit 4.

Exhibit 4: Estimated Council Tax Income 2022/23-2024/25

	2022/23 £000	**Mid-Range 2023/24 £000**	**Mid-Range 2024/25 £000**
Total Council Tax Income	38,126	39,449	40,803

4.5 Total Funding

4.5.1 Exhibit 5 summarises the total estimated funding over the next three years within the mid-range scenario.

Exhibit 5: Estimated funding 2022/23-2024/25

	Draft 2022/23 £000	**Mid-Range 2023/24 £000**	**Mid-Range 2024/25 £000**
General Funding	192,718	190,791	188,883
One Off 2022/23 Funding	2,186	0	0
Funding to Passport to HSCP	8,875	8,539	8,539
Funding for Specific Education Purposes	4,101	4,101	4,101
Council Tax income	38,126	39,449	40,803
Total Funding	**246,006**	**242,879**	**242,326**

4.6 Base Budget

4.6.1 The base budget for 2022/23 is the revised net 2021/22 revenue budget (£238.932m) adjusted to remove £6.460m of specific 2021/22 COVID expenditure. This gives a base budget of £232.472m.

4.6.2 The changes to the base budget are noted in the following paragraphs.

4.6.3 Although the majority of the funding from the Scottish Government is not ring fenced, there are individual elements of money that are provided as part of the settlement with the expectation that they are used to deliver the service/policy intended. The base budget needs to be adjusted to reflect the additional costs for delivering on these funding commitments and the budget increase is limited to the funding. These new commitments, or changes to previous commitments are set out in Exhibit 6.

Exhibit 6: Funding Commitments

		Mid-Range	**Mid-Range**

	Draft 2022/23 £000	2023/24 £000	2024/25 £000
HSCP			
Winter Planning Care	2,086	2,086	2,086
Living Wage	2,074	2,074	2,074
Carer's Act	351	351	351
Free Personal and Nursing Care	146	146	146
Interim Care Funding (non-recurring)	336	0	0
Mental Health Recovery and Renewal	57	57	57
Implementation of National Trauma Training Programme	50	50	50
Scottish Disability Assistance	61	61	61
Support pay and sustainability of social care services	3,346	3,346	3,346
Additional Funding to Assist Social Care Sector	368	368	368
EDUCATION			
Curriculum Charges	36	36	36
Instrumental Music Tuition	30	30	30
Clothing Grants	234	234	234
Additional Teachers 2021/22	1,154	1,154	1,154
Additional Teachers 2022/23	1,477	1,477	1,477
Free School Meals	684	684	684
Free School Meals Holiday Payments	486	486	486
Total Increases	**12,976**	**12,640**	**12,640**

4.6.4 The costs for residential care for children under 16 (or those in full time education beyond that age) are currently shared on a 50/50 basis between the Council and the HSCP. This is because the overall care package has an elements of both education and residential costs. In 2022/23 there has been a need to increase the education costs for this by £0.725m from £2.5m in 2021/22 to £3.225m in 2022/23 due to an increased number of children in residential placements. There is an assumption that this increase is as a consequence of the impact of COVID on families. Consequently it has been determined that the education budget for residential costs should kept at the 2021/22 level of £2.5m and any additionality should be funded by the Children & Families budgets that sit with the HSCP potentially funded by the reserves as they relate to the previous funding transferred to the HSCP by West Dunbartonshire Council.

4.6.5 Other adjustments to the base are:

- Remove £0.104m of revenue funding provided to the Independent Resource Centre (IRC) who have announced they are closing on 31 March 2022.
- Add £0.030m of one off consultancy costs in 2022/23 as per Council

decision on 9 February 2022 to progress a Water Safety Policy.

- Annual £0.300m target to deliver procurement savings 2022/23 target already built into the base).
- Annual £0.300m to deliver recurring variance savings (2022/23 target already built into the base).
- Service efficiencies totalling £0.247m in 2022/23 rising to £0.357m in future years.
- Adjust for £0.500m one off saving in 2021/22 to use capital receipts to fund transformation.
- Adjustment for recharged income of circa £0.387m per year.
- Adjust for prior year savings which have a further impact in 2022/23.
- Adjust for the impact of previous Cultural Committee decisions relating to the use of Clydebank Town Hall.
- Adjust for £0.074m one off transfer to change fund agreed in 2021/22.
- Adjust for £0.200m property saving in 2021/22 for sharing Aurora House with NHS.
- Adjust for 2022/23 being the final year of the 'Ending Loneliness' grant fund.

4.6.6 The revised base budget is shown in Exhibit 7.

Exhibit 7: Revised Base Budget

	Draft 2022/23 £000	**Mid-Range 2023/24 £000**	**Mid-Range 2024/25 £000**
Base Budget	232,472	232,472	232,472
Funding Commitments	12,976	12,640	12,640
Adjust for the one off 2022/23 increase in residential costs to be funded from HSCP COVID funds	(725)	0	0
IRC Funding	(104)	(104)	(104)
Water Safety Policy	30	0	0
Service efficiencies	(247)	(357)	(357)
Annual procurement savings target	0	(300)	(600)
Annual recurring savings target	0	(300)	(600)
Adjust for one off use of capital receipts in 2021/22	500	500	500
Recharged income	(387)	(763)	(1,129)
Profiling prior year savings	(155)	(202)	(202)
Clydebank Town Hall	106	29	29
Change Fund	(74)	(74)	(74)
Aurora Shared Premise	(200)	(200)	(200)
Ending Loneliness	0	(10)	(10)
Revised Base Budget	**244,192**	**243,331**	**242,365**

4.7 Employee Costs

4.7.1 In terms of the level of employee budgets for 2022/23, the expectation would be that the budget would reflect the 2021/22 budget plus any increase due to pay awards, incremental progression, changes to the employee base and a built in assumption of 4% savings being generated through turnover.

4.7.2 The 2022/23 pay award has not been agreed yet and therefore an estimate of 2% has been built into the budget. This is consistent with the assumption in the Council's Long Term Financial Strategy. In terms of assumptions for future years I have assumed there will be pay awards within a range of 1.5% (best case), 2.0% (mid-range) and 2.5% (worst case). As the pay award is not yet agreed there is a risk that it will differ from this estimate which may create a revenue cost pressure during 2022/23.

4.7.3 In 2022/23 there is an increase to the employer National Insurance Contributions imposed by the UK Government which creates a recurring cost pressure of £0.959m.

4.7.4 Exhibit 8 summarises the estimated changes to the employee budgets over the next three years for Council services. This includes an assumption that savings will be generated through turnover – this is set at 4% of employee costs for the majority of service areas but at a lower percentage for specific areas where it is recognised it is harder to achieve a 4% target.

Exhibit 8: Estimated Employee Costs 2022/23-2024/25

	Draft 2022/23 £000	**Mid-Range 2023/24 £000**	**Mid-Range 2024/25 £000**
Change to employee base	189	222	137
Pay award	3,341	6,559	9,457
Increments	706	1,427	2,492
National Insurance Increase (not funded)	959	966	985
Turnover Saving Assumption	(2,615)	(2,671)	(2,715)
Total Employee Increases	**2,580**	**6,503**	**10,356**

4.8 Non-Pay Inflation

4.8.1 Inflation has been included in the 2022/23 budget estimates and in future year estimates where it is considered necessary to ensure budgets are adjusted to reflect expected increases in costs. Also built in as a 4% increase in Council fees and charges as assumed in the Council's Long Term Financial Strategy.

4.8.2 The overall additional budget requirement for non-pay inflation estimated

over the next three years is summarised in Exhibit 9.

Exhibit 9: Non Pay Inflation - 2022/23-2024/25

	Draft 2022/23 £000	**Mid-Range 2023/24 £000**	**Mid-Range 2024/25 £000**
Electricity	315	367	435
Gas	421	483	685
Street Lighting Electricity	50	107	168
Non-Domestic Rates	78	101	123
ICT	165	195	227
Landfill Tax	118	130	130
ASN Support – Residential Care	137	274	411
Audit Fee	7	12	17
PPI Unitary Payment	495	634	811
Sales and Fees Income (4% Increase)	(304)	(620)	(948)
West Dunbartonshire Leisure Trust Mgt Fee	163	363	563
Total	**1,645**	**2,046**	**2,622**

4.8.3 In terms of future years inflation, the same level of non-pay inflation has been built into the best case and mid-range scenarios with an additional £0.500m general inflation built into the worst case scenario.

4.9 Cost Burdens

4.9.1 Services operate on the basis of having to contain any cost burdens within current resources wherever possible however it is not always possible to absorb these burdens within current budgets and it is therefore necessary to ensure budgets are adjusted where necessary. The estimated burdens for Council services are noted in Exhibit 10. An allowance for unidentified burdens has been included from 2023/24 onwards at £1.0m per annum within the mid-range scenario, £0.750m in the best case and £1.5m in the worst case.

Exhibit 10: Burdens - 2022/23-2024/25

	Draft 2022/23 £000	**Mid-Range 2023/24 £000**	**Mid-Range 2024/25 £000**
SEEMIS Membership Fees	3	4	6
Municipal Bank Costs	43	43	43
2022/23 Election	150	0	0
2022/23 Community Council Elections	45	0	0
Increases in Insurance	150	150	150

Costs			
Set aside provision for potential historic abuse cases	150	300	300
Apprenticeship Levy	11	22	33
Increase in Pension costs	70	70	70
Shared Service Income Reduction	32	32	32
Increase in loan charges costs due to interest rate increases	475	1,532	1,431
Potential increase in waste costs due to current provider losing a tribunal relating to an underpayment of landfill tax. Provider is currently appealing the decision.	500	1,000	1,000
General provision in future years	0	1,000	2,000
Totals	**1,629**	**4,153**	**5,065**

4.9.2 In addition to the cost burdens in exhibit 10 there are some specific cost burdens in 2022/23 which are a direct consequence of COVID. These were detailed in the Budget Update report taken to Council on 9 February 2022 and summarised in Exhibit 11. Note that the impact of the increase in NI contributions (as detailed in section 4.7 'Employee Costs' of this report) is also considered to be a COVID consequence in 2022/23. It has not been included in this table to as to avoid double counting it.

Exhibit 11: Specific COVID Cost Burdens - 2022/23-2024/25

	Draft 2022/23 £000	**Mid-Range 2023/24 £000**	**Mid-Range 2024/25 £000**
Taxi costs for Education service	247	0	0
Vehicles	77	0	0
Additional Support Needs – Residential and Day Care	552	552	552
Reduction in Waste Income	102	51	0
Cleaning	40	30	20
Totals	**1,018**	**633**	**572**

4.10 West Dunbartonshire Health and Social Care Partnership (HSCP)

4.10.1 The Council agreed an allocation to the HSCP of £72.428m for 2021/22 at its meeting on 22 March 2021. The most recent report on the 2022/23

budget to the HSCP Board on 21 February 2022 identified a budget gap of £0.416m for social care after applying £0.344m of reserves. This includes an assumption that the Council's allocation to the HSCP will be on the basis of 'flat cash' plus the appropriate share of the Health & Social Care funding commitments detailed in Local Government Finance Circular 9/2021 plus a further £22m of funding announced by the Scottish Government to assist efforts in the adult social care sector (in particular £4.8m for Care Home and Care at Home Oversight Funding and £17.2m for additional workforce capacity within Adult Social Work). These funding commitments are detailed in Exhibit 6 at paragraph 4.6.3.

4.10.2 In terms of the level of future years funding to the HSCP this is subject to the level of Scottish Government funding made available and the Council's overall financial position in future years. The working assumption is that an allocation on the basis of 'flat cash' plus the appropriate share of the Health & Social Care funding commitments will continue in future years.

4.10.3 Exhibit 12 sets out the net payment to the HSCP over the next three years based on the assumptions noted above.

Exhibit 12: HSCP Payment - 2022/23-2024/25

	Draft 2022/23 £000	**Mid-Range 2023/24 £000**	**Mid-Range 2024/25 £000**
2021/22 Baseline	72,428	72,428	72,428
2022/23 Funding Commitments	8,875	8,539	8,539
HSCP Requisition	**81,303**	**80,967**	**80,967**

4.10.4 The HSCP requisition has already been built into the base budget.

4.10.5 The delegated net budget to the HSCP includes income levied from both residential and non-residential charging for social care services. The responsibility for raising charges lies with the relevant service area and the collection of debt is governed by the Council's Corporate Debt Policy. If a service user, or their carer, has difficulty in making payment, then advice will be offered by the HSCP and the Corporate Debt Team to make reasonable adjustments to support repayment. However, there are occasions when debts are not fully repaid and may be written-off in line with the policy. To date the Council has absorbed all bad debt related to social care charges as the vast proportion of the debt pre-dates the establishment of the HSCP Board in July 2015. However, during 2021/22 it has been identified that debt to the value of £80,719 relates to charges levied after July 2015 and as such will be offset against HSCP income. Going forward the HSCP Board will be asked to agree the creation of a bad debt provision to align against any future bad debt. The value of this provision will be set out in the HSCP's 2021/22 draft unaudited annual accounts.

4.10.6 As per paragraph 4.6.4 the 50/50 split of costs for children's residential care is because the overall care package has an element of both education and residential costs. This 50/50 split was agreed by officers a number of years ago. The majority of residential care invoices from external care providers do not identify the split of costs between the educational and the residential elements so it is not easy to accurately determine whether a 50/50 share is an accurate reflection of actual costs incurred. The 2022/23 Educational budget for this service is £2.500m after adjusting for the £0.725m referenced at paragraph 4.6.4. A benchmarking exercise was undertaken to assess how a number of other Scottish councils split the children's residential service costs. Responses received identified a variety of local agreements ranging from a similar 50/50 split to a council who have an 80/20 split with the HSCP having the larger share. The general rationale within Councils who allocate more than 50% to the HSCP is that it better reflects the cost of service delivery. By way of illustration, based on the revised £2.500m 2022/23 education budget (i.e. a total budget of £5.000m shared 50/50) a change to a 60/40 split, would reallocate £0.500m of revenue costs to the HSCP on a recurring basis. Within this budget report the expenditure figures reported are based on the existing 50/50 split however members may wish to consider a different apportionment as part of their budget considerations.

4.10.7 As per paragraph 4.10.2 the working assumption is that the allocation to the HSCP is on the basis of 'flat cash' plus the appropriate share of the Health & Social Care funding commitments. However a letter from the Cabinet Secretary for Finance to the COSLA Leader (copied to all Council Leaders) on 9 December 2021 advises that '*The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021/22 recurring budgets for adult social care services that are delegated.'* There therefore is flexibility for the Council to adjust the HSCP allocation by amending the Children & Families element. The HSCP's 2021/22 expenditure is split broadly as:

- Adult Social Work - £52.0m
- Children & Families - £20.2m
- Other - £2.9m

Each 1% reduction on the Children & Families element would reduce the overall allocation by £0.202m. This is a matter for members to consider when setting the budget.

4.11 Budget Gap Prior to Measures to Balance Budget

4.11.1 The estimated budget gap prior to factoring in any potential options towards balancing the budget is summarised in Exhibit 13.

Exhibit 13: Estimated Budget Gap Prior to Measures to Balance Budget

Para		Draft 2022/23 £000	Mid-Range 2023/24	Mid-Range 2024/25

			£000	£000
4.6.6	Revised Base Budget	244,192	243,331	242,365
4.7.4	Employee Cost Changes	2,580	6,503	10,356
4.8.2	Non-Pay Inflation	1,645	2,046	2,622
4.9.1	Burdens	1,629	4,153	5,065
4.9.2	COVID Burdens	1,018	633	572
	Total Expenditure	**251,064**	**256,666**	**260,980**
4.5.1	Total Funding	(246,006)	(242,879)	(242,326)
	Budget (Surplus) / Gap Cumulative	**5,058**	**13,787**	**18,654**

4.12.2 Exhibit 13 shows a 2022/23 budget gap prior to measures to balance the budget of £5.058m. This is a decrease of £0.451m on the £5.509m gap reported to Council on 9 February 2022. The reasons for this movement are summarised below.

	£,000
2022/23 Estimated Budget Gap (February 2022)	5,509
Remove IRC Funding	(104)
Add costs for Water Safety Policy Consultants	30
Increase estimates for future gas costs	140
Increase in loan charge cost due to interest rate increase	234
Adjust for revised share of £120m one off funding	(26)
Adjust for any additional 2022/23 residential placement costs to be funded by the HSCP	(725)
Revised Estimated 2022/23 Budget Gap	**5,058**

4.12 Measures to Balance the Budget for Council Approval

4.12.1 There are a range of options to assist Members to balance the 2022/23 budget. These options are set out in the following paragraphs and can be categorised as either:

- Application of COVID Funding
- Application of Financial Flexibilities
- Setting of Council Tax
- Saving Options
- Use of Reserves
- Setting of Fees and Charges

4.12.2 **Application of COVID Funding** - Officers have completed a review to identify costs within the 2022/23 revenue budget estimates which are directly attributable to COVID. These estimates are subject to change prior to the end of the 2021/22 year and, further during 2022/23 as the impact of COVID changes over time. However current estimates have confirmed that £1.977m of 2022/23 costs can be attributed to COVID. This can be funded from the £3.007m of general COVID funding that it is projected will be carried forward into 2022/23. The £1.977m is summarised in Exhibit 14.

Exhibit 14: Proposed use of COVID Funding in 2022/23

Cost	**Justification for Using COVID Funds**	**£000**
2022/23 Impact of NI Uplift	When announcing the 1.25% uplift the UK Government stated in the policy objective that *it would be irresponsible to meet the increase in spending on Health and Social Care through higher borrowing, particularly in the context of record borrowing and debt to fund the economic response to COVID*. Therefore it is deemed a reasonable assumption that the 2022/23 uplift is attributable to COVID. However it should be noted that the uplift will become a permanent levy beyond 2022/23 so use of any carried forward COVID funding may not be appropriate in future years.	959
Taxi costs for Education service	COVID is continuing to create a pressure on taxi costs due to additional taxi hire being required due to social distancing and increased cost of taxi hire due to a reduction in availability of taxis. It has been assumed these burdens will continue into 2022/23.	247
Vehicles	Additional vehicle hire continues to be required due to social distancing. It has been assumed these burdens will continue into 2022/23.	77
Additional Support Needs	During COVID the number of placements for children requiring specialist support has increased with limited alternatives available. Increased demand with limited spaces available has caused an increased in costs. It has been assumed these burdens will continue into 2022/23.	552
Reduction in Waste Income	Due to a number of businesses and premises closing throughout COVID, commercial waste income has reduced. It will take time for the service to build income back up to pre-COVID levels.	102

Cleaning	Additional 2022/23 building cleaning costs as a consequence of COVID	40
Total		**1,977**

4.12.3 **Application of Financial Flexibilities** - The Scottish Government has agreed to extend the flexibility to allow capital receipts to fund transformational projects in 2022/23 (pending confirmation from the UK Government). Officers have reviewed the 2022/23 revenue estimates to identify revenue expenditure that can be appropriately classified as targeted at delivering transformation. This has identified £0.700m which can be funded through capital receipts in 2022/23. It is anticipated this would be achievable based upon the estimated capital receipts due in 2022/23, taking account of other commitments (i.e. loan charge payments) which have been set against these receipts. For further details refer to Appendix 1. Appendix 1 also updates Council on the estimated spend against the £526,444 which was approved by Council in March 2021. It shows that the full £526,444 is projected to be spent however the allocation of it across the three projects is different from that approved by Council on 23 March 2021. Council, is asked to approve the re-allocation of the 2021/22 expenditure and the new 2022/23 expenditure.

4.12.4 **Setting of Council Tax** - As per the Council's Long Term Financial Strategy there is an assumption of an approval of a 3% increase in Council tax in 2022/23 and a 3% increase in Council Tax in the best case, mid-range and worst case scenarios in the years beyond 2022/23. There is scope however for Council to agree a Council Tax increase at a different level. Each 1% increase in Council Tax would generate approximately £0.370m in income.

4.12.5 **Saving Options** - Officers have also identified a range of saving options for member consideration. These were reported to Council on 9 February 2022. The majority of the options can be taken or rejected in isolation of other options however there are a small number which are 'either/or' options which means there is a higher or lower value associated with them. The total value of the 'higher value' options is a recurring saving of £3.113m in 2022/23 rising to £4.395m in future years. These options are set out in Appendix 2.

4.12.6 **Use of Reserves** - The Council has a number of reserves and it is possible for Council to use these funds where no committed spend has been set. Exhibit 15 sets out that as much as £1.034m of reserves could be released to help balance the 2022/23 budget. It should be noted this option is one-off in nature and once these reserves are exhausted they would not be available for the purpose for which they were originally set aside.

Exhibit 15: Potential Use of Reserves in 2022/23

Reserve	**Consideration**	**£000**

IRC Reserve	The Council created a provision to sustain IRC services in the medium term whilst they sought solutions to longer term funding. The IRC has taken a decision to close meaning the remaining balance on this reserve can be released.	63
Shared Services	This was established as a £240k reserve in 2019/20. Only £14,000 has been used since then.	226
Resources – Spend to Save	There has been no spend against this reserve since it was established in 2019/20.	150
Brexit	Residual balance in the reserve. It isn't anticipated it will be required.	41
Food Share	This was a contingency balance which was to be kept in place until September 2022 however if Food Share was to require it in 2022/23 this could be made available from general COVID Funds.	49
Community Empowerment Steering Group	Residual balance. 2022/23 anticipated spend on this area can be contained within existing budget.	30
Unearmarked Balance in the Change Fund	Funds which have not been earmarked for any specific purpose. Use of them would mean there are no remaining monies in the change fund for any new initiatives.	138
Free Reserves over and above Prudential Target	This is the amount that Council free reserves would exceed the prudential target if the 2022/23 position is a break even.	214
Projected outturn	Current projected favourable 2021/22 revenue outturn as at Period 10 is £0.057m. This increases by the agreed HSCP Bad Debt Reimbursement (Ref Para 4.10.7) of £0.81m and reduced by £0.015m due to the 9 February 2022 Council decision to fund graffiti removal. This leaves an estimated favourable outturn of £0.123m at the year end.	123

Total		**1,034**

4.12.7 **Setting of Fees and Charges** - The Long Term Financial Strategy currently assumes an increase in fees and charges of 4%. As at January 2022 the Retail Price Index is 7.8% and the Consumer Price Index is 5.5% which would indicate there is an option to increase fees and charges by a higher percentage. Each 1% increase in the Council's fees and charges would generate approximately £0.075m in income.

4.13 Budget Gap After Measures to Balance Budget

4.13.1 The budget gap after applying all the measures to balance the budget is summarised in Exhibit 16.

Exhibit 16: Budget Gap After Measures to Balance Budget

Para		**Draft 2022/23 £000**	**Mid-Range 2023/24 £000**	**Mid-Range 2024/25 £000**
4.11.1	Estimated Budget Gap/(Surplus) Prior to Measures to Balance Budget	5,058	13,787	18,654
4.12.2	Application of COVID Funding	(1,977)	(0)	(0)
4.12.3	Application of Financial Flexibilities	(700)	(0)	(0)
4.12.5	Saving Options	(3,113)	(4,395)	(4,395)
4.12.6	Use of Earmarked Reserves	(1,034)	(0)	(0)
4.12.7	Additional 1% Increase in Fees & Charges	(75)	(75)	(75)
	Budget Gap / (Surplus) Cumulative	**(1,841)**	**9,317**	**14,184**

4.13.2 Exhibit 16 demonstrates that if Members agreed to all the proposals already noted within this report there will be a balanced 2022/23 budget with a surplus of £1.841m. Whilst there are a number of savings options built into these figures that could be reversed, accepting them now will assist with the continued challenging position in future years, especially as a number of the saving options are one-off in nature and, therefore, only delay the need to identify longer term recurring savings. This is illustrated by the projected budget gaps in 2023/24 and 2024/25 in Exhibit 17.

4.14 Balancing Future Years Budget

4.14.1 The estimated cumulative budget (surplus) / gap in the period 2023/24 to 2024/25, assuming all 2022/23 saving options are approved, across each scenario is summarised in Exhibit 17.

Exhibit 17: Future Year Estimated Budget Gaps

Budget Gap	**2023/24 £000**	**2024/25 £000**
Best Case	7,268	10,083
Mid-Range	9,317	14,184
Worst Case	12,116	19,785

4.15 Summary of Available COVID Funds

4.15.1 Throughout 2021/22 officers have monitored the financial impact of COVID on the Council's revenue positon and reported on this through the usual budget control reports taken to Committees and full Council. As per paragraph 4.12.2 officers have also identified an estimated £1.977m of 2022/23 costs which can be attributed to COVID.

4.15.2 Exhibit 18 summarises the estimated general COVID funds which will still be available in 2022/23. Note that these figures are subject to change as the estimated 2021/22 COVID spend is based on the positon as at period 10.

Exhibit 18: Summary of Available General COVID Funds

	£,000	**£,000**
2020/21 COVID Funding Carried Forward	1,973	
2021/22 COVID Funding	4,488	
Total Available COVID Funding in 2021/22		**6,461**
2021/22 COVID Spend To Date	(280)	
2021/22 Estimated Additional COVID Spend (as at P10)	(3,174)	
Total Estimated COVID Funding to Carry Forward into 2022/23		**3,007**
Committed 2022/23 COVID Expenditure	(81)	
Estimated 2022/23 COVID Expenditure	(1,977)	
Estimated Available COVID Funding at 31/03/23		**949**

4.15.3 In February 2022 the Scottish Government announced an £80m Local Authority COVID Economic Recovery (LACER) Fund. Distribution of the

fund is still to be confirmed but it is estimated the Council's share will be £1.458m. The fund is to be provided via General Revenue Grant and Scottish Government expectations are that it will be fully utilised during 2022/23. The Scottish Government has proposed the following principles of spend to guide how the fund should be used by local authorities – the expenditure must meet one or more of the following:

- Interventions that support local economic recovery and contribute to businesses being able to move from surviving the period of trading restrictions towards recovery, growth, adaptation and building resilience.
- Projects that can rebuild consumer confidence and stimulate demand and economic activity in their specific contexts.
- To support the low-income households that are disproportionately impacted by the pandemic and the current cost of living crisis, to become more economically active.

This funding has not been included in the general COVID funding table in Exhibit 19 as the proposed principles means it is not considered to be general COVID funding with no restrictions on use.

4.16 Capital Plan Update

4.16.1 An update of the Council's 10 year capital plan was approved by Council on 22 March 2021. Officers have reviewed the plan to update it recognising progress made on projects, any project re-phasing and anticipated funding.

4.16.2 The updated Capital Plan has some changes to projects from the previous plan, the main ones being in relation to determining more accurate phasings for significant projects such as, Gruggies Burn, depot rationalisation, district heating network expansion and regeneration fund. Appendix 3 summarises the rephasings to reflect the in-year variances.

4.16.3 In addition 20 new projects, with a total project life cost of £5.649m are proposed for inclusion in the plan from 2022/23. The result of this update is shown as Appendix 4 (spend) and Appendix 5 (resources) to this report. The loan charges linked to the capital plan reflect the values within the draft budget book and the effect of new projects are shown below in paragraph 4.16.9. Appendix 6 provides information linking the capital plan to the Council's Asset Management Plans.

West Bridgend Community Centre

4.16.4 One existing capital project where there has been a material change in the projected life costs is the one to build a new West Bridgend Community Centre. On 22 February 2017 Council agreed to fund the demolition of West Bridgend Community Centre with a view that a Community Asset Transfer Application with a detailed business plan would be submitted by a community group for future use. The capital budget allocation at that time was £0.675m.

4.16.5 On 4 February 2018 an application was submitted by West Bridgend Community Hall Development Association, including a detailed business case, to sustain a suitable new build community facility to be built on the site of the former West Bridgend Community Centre. The old centre was demolished in 2018 and the 16 May 2019 Infrastructure, Regeneration and Economic Development Committee approved a report proposing a detailed design phase for a new community hall on the same site be progressed. The report confirmed the project could be delivered within the £0.675m budget.

4.16.6 Between 2019 and 2020 progress was made including the appointment of architects, engagement with the community group, and the creation of initial designs. Over this period it became apparent that the original capital budget of £0.675m was insufficient as it did not provide for a range of activities that would be required to construct a site of this nature. A value engineering exercise was carried out in early 2020 which sought to minimise the additional costs to deliver the proposed design. Post the completion of this exercise it is still estimated that total capital funding of £2.3m is required to complete this project, a £1.7m increase on the original budget. This is included in the revised capital plan at Appendix 4 with the capital expenditure profiled in 2022/23 and 2023/24. The Community Group have tried to seek additional funding streams but, to date, have been unsuccessful.

4.16.7 Taking into account all of the above, the options for the Council are summarised as follows:

- Option 1 – Approve additional £1.7m capital expenditure phased over 2022/23 and 2023/24 (as per draft capital programme in appendix 4) and assist the Community Group to again try to secure additional funding.
- Option 2 – Retain the current budget of £0.675m and assist the Community Group to again try to secure additional funding.
- Option 3 - Review the business case with the Community Group and, in turn, review the design to deliver community asset transfer at reduced cost more in line with current budget provision.
- Option 4 – Fund the additional capital requirement from the existing reoccurring Building Upgrades budget. This will impact on future projects in the current programme such as pavilions, community centre condition survey works which will require to be re-phased into future years.

4.16.8 In considering the options listed above, and acknowledging that this project has already been approved by Elected Members, it is recommended that Option 1 is approved meaning the project continues, with Council approval to allocate additional funding over the two year period 2022/23-2023/24 and further work is undertaken in conjunction with the group to source grant funding in 2022/23 to assist with minimising additional costs to the Council.

4.16.9 Included in Appendix 4, are 20 new projects identified during the budget

preparation process which have been agreed by the Senior Leadership Team to be recommended for approval by Council, as summarised in Exhibit 19. If approved these projects will generate a charge to the revenue budget of £0.344m in 2023/24 which will increase in future years based on the profile of the capital spend. This revenue impact is a combination of £0.290m of loan charges to reflect the revenue impact of borrowing plus additional net annual running costs/savings of £0.054m generated by the capital project. Note that these costs are not included in the estimated 2023/24 revenue budget gaps reported at paragraph 4.14.1 as these projects are still subject to approval.

Exhibit 19: Recommended New Capital Projects for Council Approval

		Capital Costs (£,000)		**2023/24 Revenue Costs (£,000)**	
Ref	**Project Name**	**2022/23 (£,000)**	**Project Life (£,000)**	**Loan Charges**	**Other Revenue Impact**
1	Agresso Upgrade	0	30	0	0
2	IFRS 16 Database	5	5	1	16
3	Re-imagine Antonine Wall	10	30	1	0
4	Community Alarm Upgrade	154	924	19	81
5	Replacement of CareFirst	280	1,400	35	0
6	Electric Vehicle Charging Points	50	50	6	0
7	Roads Plant	40	80	5	(20)
8	Footway Resurfacing (RAMP)	350	350	20	0
9	East End Park Resurfacing	30	200	2	0
10	Cemetery Extension, North Dalnotter	0	250	0	0
11	Balloch Mountain Bike Track	10	210	1	0
12	Play Area Upgrade Programme	100	500	8	0
13	Water Safety	30	30	7	0

14	Traffic Signal Upgrades	300	300	38	0
15	Vehicle Replacement Strategy	1,000	1,000	125	0
16	Lighting upgrades to LED in schools and Corporate buildings	50	50	6	(7)
17	Water Automatic Meter Readers	20	20	3	(5)
18	Replace Obsolete oil fired Boiler at HUB CEC.	110	110	8	(8)
19	Electricity Automatic Meter Readers	10	10	1	(3)
20	Changing Places Toilet Provision	100	100	6	0
	Totals	**2,649**	**5,649**	**290**	**54**

4.16.10 As a result of the above the capital funding requirement has been adjusted for re-phasing and the anticipated approval of the new bids in Exhibit 19. This will be reflected in the Council's Treasury Management Strategy which will be presented to full Council on 23 March 2022.

4.16.11 In terms of affordability of the proposed plan it is the view of the Council's Senior Management Team that the plan is affordable, though clearly it will have revenue implications for future years, these will require to be planned for in the normal manner through long term financial strategies and budget planning processes. It is intended to undertake a full review of the Council's capital planning process, capital reporting and the ten year capital plan in 2022/23.

4.17 <u>West Dunbartonshire Leisure Trust Management Fee</u>

4.17.1 At the 23 February 2022, Corporate Services Committee a report was approved in relation to the West Dunbartonshire Leisure Trust (WDLT) 2022/23 Business Plan. The plan was approved with a budget gap of £0.742m with the WDLT planning on a one-off use of reserves to bridge that gap on the basis that it expects their financial positon to improve over 2022/23. The Corporate Services Committee agreed that the draft WDLT management fee of £4,161,077 set out in the report should be included in this Council report to ensure it is considered as part of the 2022/23 revenue budget setting process. It is recommended that Council approve that management fee which has been calculated as set out in Exhibit 20.

Exhibit 20: WDLT Draft 2022/23 Management Fee

	£
2021/22 WDLT Management Fee (Base)	4,140,311
Employee Cost Uplift	125,567
Utilities Uplift	66,689
Increased Fee for additional services linked to the transfer of Dalmonach Community Centre	28,510
One off WDLT Saving	(200,000)
Draft 2022/23 Management Fee	**4,161,077**

4.18 Growth Bids

4.18.1 In addition to the revenue figures detailed above there are three growth bids which have been submitted by services for member consideration when considering the 2022/23 revenue budget. If approved these would have a recurring revenue impact as summarised in Exhibit 21 which would increase the budget gap needing to be bridged.

Exhibit 21: 2022/23 Growth Bids

Service	**Description**	**Recurring Annual Cost (£,000)**
Democratic and Registration Services	Additional part time grade 6 officer to help with additional resource requirement for hybrid meetings, audio-casting and additional Council and working groups. There would be scope to use COVID Funds for this in 2022/23.	30
Environmental Health	Additional resource to help the Council meet the expanded Food Law intervention requirements brought about by the introduction of the 'Interventions Food Law Code of Practice (Scotland) 2019.' Request is for two additional grade 8 officers.	101
Modern Apprentices	Funding to extend Modern Apprenticeship Scheme beyond current funding agreement. Proposal is to extend for four years at £250,000 per annum.	250
	Total	**381**

5. PEOPLE IMPLICATIONS

5.1 The potential staffing implications are shown within the savings options appended to this report and will be subject to consultation processes where appropriate and managed in accordance with the Council's Switch Policy (Organisational Change).

6. FINANCIAL AND PROCUREMENT IMPLICATIONS

6.1 The Financial implications arising from the budget process are detailed in the report and appendices. There are no direct procurement implications arising from this report.

7. RISK ANALYSIS

7.1 Some of the capital plan projects have an assumption of match-funding and grant funding from SG and other agencies. There is a risk that some or all of these are not received. The business cases for these projects will require to be updated as funding becomes clearer and Members may require to consider the financial affordability of continuing with the projects.

7.2 COVID continues to present risks to how the Council and its community operate in 2022/23 and beyond. In relation to the financial impact of COVID the assumption is that estimated costs in 2022/23 will be covered by the carried forward general COVD funds of £3.007m.

8. EQUALITIES IMPACT ASSESSMENT (EIA)

8.1 All individual savings options have been screened and where relevant, impact assessed.

9. CONSULTATION

9.1 The views of all Chief Officers have been requested on this report and feedback incorporated herein. Discussions on the issues herein have been had with the Trades Unions and a copy of the saving options was provided in advance of their publication as part of the Council budget update paper taken to Council on 9 February 2022.

10. STRATEGIC ASSESSMENT

10.1 Proper budgetary control and sound financial practice are cornerstones of good governance and support Council and officers to pursue the 5 strategic priorities of the Council's Strategic Plan.

10.2 The General Services revenue budget contributes to all categories by providing funding in specific areas to help the Council achieve and develop these priorities.

Laurence Slavin
Chief Officer - Resources
Date: 9 March 2022

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Appendices
Appendix 1 – Transformational projects to be funded/part funded through capital receipts in 2022/23
Appendix 2 – Saving Options
Appendix 3 – Capital Plan – 2021/22 – Forecast Outturn
Appendix 4 – Capital Plan – 2022/23 – Proposed Spend
Appendix 5 – Capital Plan – 2022/23 – Proposed Resources
Appendix 6 – Capital Plan – 2022/23 – Links to Asset Management Plans

Background Papers
Long Term Finance Strategy Report – 27 October 2021
Elected Members' Bulletin - 22 December 2021
Budget Update Report to Council - 9 February 2022

Appendix 1 - SNP Revenue Budget	2022/23 Revenue Impact	Funded from COVID Monies	Notes
Budget Gap at 4.12.2 of Officer's Report	**-£5,058,000**		
Measures to balance budget			
Application of COVID Funding	£1,977,000		
Financial Flexibilities	£700,000		
Use of Reserves	£1,034,000		
Review of HSCP/Education funding for Residential Child Care	£1,365,000		Budget assumption based on the need to more appropriately reflect the split of responsibility between the provision of education, and funding all other costs associated with bringing up children, including accommodation, food, clothing, leisure activities and specialist care etc. Officers will carry out an evaluation and make a recommendation to a future Council on the division of this budget. As we move closer to the implementation of the National Care Service it is vital that we correctly attribute costs; failure to do so could see the Council block grant inaccurately top sliced when resources are reallocated, putting our services at future risk.
Growth Items			
Additional Committee Resource		-£30,000	As per officer's report. 1st year funded through COVID funds. New Council to determine whether this continues beyond 2022/23.
Apprenticeship Programme		-£250,000	As per officer's report. £250k per annum to continue our successful apprenticeship programme over the coming 4 years. 1st year to be funded from appropriate COVID-19 monies.
Additional EH Resource		-£101,000	As per officer's report. Additional resource required to allow the Council meet the expanded Food Law intervention requirements brought about by the introduction of the 'Interventions Food Law Code of Practice (Scotland) 2019.
W4U - Impact of COVID-19		Whatever is required.	The closure of the Independent Resource Centre is a blow for our communities, with millions of pounds having been put in the pockets of those who needed it most over its years of operation. This closure is a direct result of the COVID-19 pandemic and we may need extra investment in our own W4U to help us to continue to help those who would previously have sought help from the IRC. Council authorises officers to use appropriate COVID-19 monies to fund extra staffing or other revenue costs associated with this added pressure.
Cost of Living Crisis		-£400,000	Non-recurring revenue pot funded from appropriate COVID-19 monies to provide grants to help those struggling with the cost of living. Report to come to Corporate Services recommending criteria and administration of the fund.
Foodbank Support Fund	-£20,000		Small one off fund from Revenue to help support Food for Thought, WD Community Foodshare and other Foodbanks across West Dunbartonshire with expected increased demand. As per 4.12.6 of the officer's report, foodbanks will still have access to a further £49k funding should this be required.
Double school clothing grant to £300		-£773,580	When Council last reviewed the school clothing grant, the SNP committed to looking at how we could fund an increase to help hard pressed families. Through this budget we are able to double the school clothing grant to £300, which will be welcome news to families struggling with the cost of living. To help families provide for growth spurts and changing weather, the grant will be paid in two tranches. The first year will be funded through appropriate COVID-19 monies.
Funding for HSCP	-£61,000		The cost of living crisis has left many struggling to afford basics, and we do not want to add to that by approving increased charges for Social Care users. This funding will allow the Council to freeze all charges proposed for increase under item 9 on this meeting agenda.
Balancing			
Officer's Proposed Savings Taken	£63,000		This is a no cuts budget, the fourth of this Administration. We have protected funding of strategic partners such as Citizens Advice and Womens' Aid, rejected potentially damaging cuts to services and avoided huge increases in charges at a time when people can least afford the hit on their squeezed income.
Gap/Surplus after Growth & Savings	**£0**		

Greater Glasgow and Clyde NHS Board

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Date: 9th March 2022
Our Ref: FMcE

Enquiries to: Fiona McEwan
Direct Line: 07957638165
E-mail: fiona.mcewan@ggc.scot.nhs.uk

Dear Beth

2022/23 Indicative Financial Allocation to West Dunbartonshire Health and Social Care Partnership

Further to initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2022/23. An update to this letter formally confirming your final allocation for 2022/23 will be issued on behalf of the Board after the Board's financial plan has been approved at the April board meeting and when the Board's financial out-turn is confirmed along with further clarification on the totality and distribution of future Covid-19 funding is determined.

Annual uplift to NHSGGC

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's uplift for 2022/22 is 2.0% totalling £48.8m with a further allocation of £13.6m to support the increased employer national insurance costs arising from the UK Health and Social Care Levy.

The HSCP Settlement

The Scottish Government's budget letter issued on 9 December 2022 states that *"In 2022-23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021-22 agreed recurring budgets, and make appropriate provision for increased employer national insurance costs."*

The total allocation uplift to all six HSCPs should be £21.1m based on the current recurring budget at 31 January 2022. This will be adjusted when the 2021/22 out-turn is finalised in April.

An indicative allocation based on Month 10 figures is included in **Appendix 1.**

Set Aside Budget

This is initially based on the estimated set aside budget for 2021/22 uplifted by 2.0% and will be revised when the Board's final out-turn is confirmed. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation.

Covid-19 Funding

As per the Scottish Government Letter issued on the 25th of February 2022 for further Covid funding in 2021/22:

"Where funding remains at year end 2021-22, this must be carried in an earmarked reserve for Covid-19 purposes in line with usual accounting arrangements for Integration Authorities, and I expect that this funding to be used before further allocations are made through the Local Mobilisation Planning process. This can be used to support continuation of costs which were funded in 2021-22 as a direct result of Covid-19. Use of these allocations to meet Covid-19 expenditure should be agreed by the IJB Chief Finance Officer and the NHS Board Director of Finance. The funding should be targeted at meeting all additional costs of responding to the Covid pandemic in the Integration Authority as well as the NHS Board."

Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2022/23:

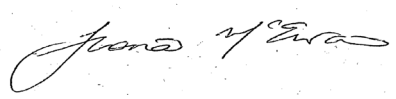
- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and

- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

Meetings will be arranged before the end of the financial year to allow us to formalise the funding and processes that are required for 2022/23. In the meantime, this letter enables the HSCP to produce its financial plans for 2022/23.

Yours sincerely

Yours sincerely



Fiona McEwan
Assistant Director of Finance- Financial Planning & Performance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2022/23 (based on month 10 figures)

Spend Categories		West Dunbartonshire HSCP
		£000s
Family Health Services		30,196
FHS Income		(560)
Family Health Services Budget (Net)		**29,637**
Prescribing & Drugs		20,131
Non Pay Supplies		3,757
Pay		29,492
Other Non Pay & Savings		20,663
Other Income		(3,472)
Budget - HCH incl Prescribing		**70,571**
Total Rollover budget - NET		**100,208**
Adjustments:		
Non Recurring bud allocated to base		(61)
Budget Eligible for HCH & Prescribing uplift		**70,511**
Uplifts		
Scottish Government allocation	2.00%	**1,410**
Uplift for National Insurance increases	13.6 m	**214**
Total Uplift		**1,624**
Revised Budget		**101,832**
Set Aside Budget		
2021/2022 Value		32,961
Uplift @ 2%		659
2022/23 Value		**33,620**

Appendix 7

WEST DUNBARTONSHIRE HSCP 2022/23 BUDGET

HEALTH CARE BUDGET BASED ON NHSGCC INDICATIVE ALLOCATION	2022/23 Required Budget	2022/23 Funding Allocation	Funding Gap
	£000	£000	£000
Budget Position reported to 21 February HSCP Board			
2021/22 Recurring Budget	100,208		
As at 21 February HSCP Board	1,981	101,854	
Total	**102,189**	**101,854**	**335**
Health Care Adjustments since February HSCP Board			
No inflationary uplift applied to prescribing budget	(357)		
Budget required for MDT's and 1000 Healthcare Workers	1,159		
Funding confirmed for MDT's and 1000 Healthcare Workers		1,159	
Reduction in indicative Health funding		(22)	
Total	**802**	**1,137**	**(335)**
Revised Budget Position	**102,991**	**102,991**	**0**
Budget Position Recommended to 21 March HSCP Board	**102,991**	**102,991**	**0**

West Dunbartonshire Health & Social Care Partnership **Appendix 8a**
Consolidated Estimates for the Period 2021/22 to 2024/25

Approved/Indicative Budget by Service Area	Final Estimate 2021/22 £000's	Forecast Full Year 2021/22 £000's	Indicative Estimate 2022/23 £000's	Indicative Estimate 2023/24 £000's	Indicative Estimate 2024/25 £000's
Older People Residential, Health and Community Care	30,591	29,888	32,351	32,835	33,770
Care at Home	13,076	12,259	14,597	15,133	15,673
Physical Disability	2,636	2,636	2,434	2,599	2,725
Childrens Residential Care and Community Services	25,743	25,381	26,230	26,730	27,426
Strategy, Planning and Health Improvement	1,796	1,349	1,859	1,899	1,956
Mental Health Services - Adult and Elderly, Community and Inpatients	9,652	9,193	10,161	10,606	10,994
Addictions	3,307	3,085	2,766	2,847	2,953
Learning Disabilities - Residential and Community Services	11,644	11,576	13,347	13,643	14,061
Family Health Services (FHS)	29,638	29,638	30,196	30,196	30,196
GP Prescribing	19,883	19,584	19,744	20,692	21,698
Hosted Services	7,722	7,309	7,373	7,594	7,821
Criminal Justice	136	(17)	0	0	0
Resource Transfer	16,924	16,924	17,280	17,578	17,889
Covid-19	131	3,956	0	0	0
HSCP Corporate and Other Services	16,222	5,958	6,779	7,033	7,106
Indicative Revenue Budget	**189,101**	**178,719**	**185,117**	**189,386**	**194,268**
Housing Aids and Adaptations and Care of Gardens	703	698	705	719	733
Indicative Budget Requirement	**189,804**	**179,417**	**185,822**	**190,105**	**195,000**

Actual/Indicative Funding by Resource Type	Final Estimate 2021/22 £000's	Forecast Full Year 2021/22 £000's	Indicative Estimate 2022/23 £000's	Indicative Estimate 2023/24 £000's	Indicative Estimate 2024/25 £000's
WDC Revenue Funding	74,714	74,714	81,777	81,441	81,441
Housing Aids and Adaptations and Care of Gardens	703	703	705	719	733
NHSGCC Revenue Funding	114,064	114,064	102,991	104,787	106,859
Application of Reserves	323	323	349	344	344
Indicative Funding	**189,804**	**189,804**	**185,822**	**187,290**	**189,377**

Indicative Budget Gap	**0**	**10,387**	**(0)**	**(2,815)**	**(5,623)**

West Dunbartonshire Health & Social Care Partnership **Appendix 8b**
Health Care Estimates for the Period 2021/22 to 2024/25

Health Care Approved/Indicative Budget by Service Area	Final Estimate 2021/22 £000's	Forecast Full Year 2021/22 £000's	Indicative Estimate 2022/23 £000's	Indicative Estimate 2023/24 £000's	Indicative Estimate 2024/25 £000's
Planning & Health Improvements	832	641	758	779	801
Childrens Services - Community	3,502	3,414	3,515	3,616	3,720
Childrens Services - Specialist	2,075	1,877	1,323	1,367	1,413
Adult Community Services	10,005	9,820	10,089	10,334	10,585
Community Learning Disabilities	659	659	841	863	884
Addictions	2,563	2,001	1,883	1,932	1,983
Mental Health - Adult Community	4,293	3,897	3,838	3,970	4,105
Mental Health - Elderly Inpatients	2,926	2,863	2,990	3,107	3,227
Family Health Services (FHS)	29,638	29,638	30,196	30,196	30,196
GP Prescribing	19,883	19,584	19,744	20,692	21,698
Other Services	12,911	4,046	3,160	3,456	3,501
Covid-19	131	630	0	0	0
Resource Transfer	16,924	16,924	17,280	17,578	17,889
Hosted Services	7,722	7,309	7,373	7,594	7,821
Indicative Revenue Budget	**114,064**	**103,303**	**102,991**	**105,485**	**107,821**

West Dunbartonshire Health & Social Care Partnership **Appendix 8b**
Social Care Estimates for the Period 2021/22 to 2024/25

Social Care Approved/Indicative Budget by Service Area	Final Estimate 2021/22 £000's	Forecast Full Year 2021/22 £000's	Indicative Estimate 2022/23 £000's	Indicative Estimate 2023/24 £000's	Indicative Estimate 2024/25 £000's
Strategy Planning and Health Improvement	963	708	1,101	1,120	1,155
Residential Accommodation for Young People	2,926	2,850	3,162	3,221	3,299
Children's Community Placements	5,628	5,588	5,614	5,700	5,820
Children's Residential Schools	3,398	3,502	4,033	4,153	4,290
Childcare Operations	4,738	4,801	4,858	4,950	5,079
Other Services - Young People	3,476	3,349	3,710	3,709	3,792
Residential Accommodation for Older People	7,070	6,749	7,358	7,535	7,746
External Residential Accommodation for Elderly	8,079	7,884	8,796	8,720	9,030
Sheltered Housing	1,351	1,351	1,417	1,473	1,521
Day Centres Older People	1,180	1,180	1,219	1,271	1,306
Meals on Wheels	22	34	26	23	24
Community Alarms	(23)	55	21	(12)	(18)
Community Health Operations	2,907	2,814	2,999	3,062	3,140
Residential - Learning Disability	8,832	8,764	10,279	10,512	10,850
Physical Disability	2,351	2,351	2,434	2,599	2,725
Day Centres - Learning Disabilty	2,153	2,153	2,227	2,268	2,327
Criminal Justice (Including Transitions)	136	(17)	0	0	0
Mental Health	2,433	2,433	3,333	3,529	3,663
Care at Home	13,076	12,259	14,597	15,133	15,673
Addictions Services	744	1,084	883	915	970
Equipu	285	285	285	285	285
Frailty	138	134	141	144	150
Carers	1,218	768	1,565	1,565	1,565
Covid-19	0	3,326	0	0	0
HSCP - Corporate	1,956	1,011	2,067	2,026	2,054
Indicative Revenue Budget	**75,037**	**75,416**	**82,126**	**83,901**	**86,447**

West Dunbartonshire Health & Social Care Partnership

Medium Term Financial Plan

2022/23 – 2026/27

Foreword

Welcome to the refreshed West Dunbartonshire Health & Social Care Partnership (WDHSCP) Medium Term Financial Plan covering the period 2022/23 - 2026/27.

The medium term financial plan sets out the forecast income and expenditure for the Integrated Joint Board, commonly known as the HSCP Board over the next five years. Whilst the funding levels contained in the 2022/23 budget have only been set for one year, we have based future projections on historical trends and the financial outlook positions of our key partners.

The HSCP Board is the governing body of the WDHSCP with the responsibility of setting the strategic direction and budget for the services delegated to it by its partners West Dunbartonshire Council (WDC) and NHS Greater Glasgow and Clyde Health Board (NHSGGC).

The HSCP Board are committed to working with the people of West Dunbartonshire to improve their health and wellbeing, a commitment even more fundamental as the world continues to respond and recover from the Covid pandemic.

The demography of West Dunbartonshire provides specific challenges as changes in the populations of children and older adults (who tend to be the biggest users of universal health and care services) means that we have a relatively unique challenge in planning our services and ensuring that we meet national outcomes.

The WDHCSP has now been operating for almost seven years and has worked with its strategic planning partners across a range of activities centred around a continuous cycle of “analyse, plan, do and review” supporting collaborative system change across health and social care. This is reflected by redefining its key strategic priorities in the Strategic Plan 2019 – 2022, extended until 2023.

The Strategic Planning Group will consider this demography and the emerging data on the immediate and medium term impacts of the pandemic to inform the Strategic Needs Assessment and the next Strategic Plan 2023 - 2026.

This refreshed medium term financial plan will assist in the strategic planning process and will allow the HSCP to take informed decisions when planning for the future to support financial sustainability in the medium term.

Denis Agnew
Chair of the HSCP Board

Beth Culshaw
Chief Officer

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Executive Summary

West Dunbartonshire HSCP Board continues to be ambitious for our communities and to build on the positive outcomes the integration of health and social care affords us. Despite the challenges of the last two years and knowing that the full impact of the pandemic is yet to reveal itself on our communities, there has been innovation, new ways of working and joining up services to improve the care and support provided.

The five year planning period 2022/23 – 2026/27 will be extremely challenging to the HSCP Board as it seeks to balance increasing service demands and their associated costs, driven by both the demography of the local population and the effects of the pandemic, against rising inflation and short-term funding settlements from the Scottish Government.

West Dunbartonshire has the joint third highest number of data zones in the 20% most deprived in Scotland and the gap between the most deprived areas compared to the least deprived areas is widening. Overall life expectancy is poor in comparison with Scotland as a whole and in addition population projection is complex. As West Dunbartonshire's older population increases overall population growth is lower than many other local authority areas which is likely to generate continued reductions in Scottish Government funding.

West Dunbartonshire HSCP Board is responsible for planning and overseeing the delivery of a full range of community health and social care services. The annual revenue budget for delegated services in 2022/23 is £185.117m (subject to Board approval) and this will be spent delivering a range of health and social care services across West Dunbartonshire.

The financial plan sets out the forecasted income and expenditure for the HSCP Board based on a single year (2022/23) agreed budget from our partners; West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board. Financial projections for the following four years to 2026/27 are based on assumptions around pay inflation, service demand, demographic changes and prescribing pressures. While the plan covers the period 2022/23 to 2026/27 it also provides very high level, indicative financial data for the period 2027/28 to 2031/32.

West Dunbartonshire HSCP Board is committed to addressing the financial challenges over the short, medium and longer term. Whilst the Strategic Plan is ambitious in addressing the needs of its population it also recognises that it is resource bound. Over the medium term this plan estimates a funding shortfall of £30.725m which will have to be addressed.

The HSCP Board is clear that it needs to be as financially well placed as possible to plan for and deliver services in a difficult financial climate, whilst maintaining enough flexibility to adapt and invest where needed to redesign and remodel service delivery moving forward depending on the funding available in future years.

As part of West Dunbartonshire's wider Community Planning Partnership the HSCP Board will support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care.

The Medium Term Financial Plan aims to pull together in one place all the known factors affecting the financial position and sustainability of the organisation over the medium term.

Included within the plan is a range of key assumptions which are subject to a significant degree of uncertainty. In order to test the assumptions used in the modelling of three scenarios (Best, Likely, Worst) sensitivity analysis was undertaken to calculate the financial impact of any material change on current assumptions. This strategy will be continually kept under review with appropriate adjustments being made as current assumptions become clearer.

While the position for 2022/23 is of a balanced budget the Medium Term Financial Plan estimates annual cost pressures of between £13.3mm to £14.4m with an indicative cumulative budget gap from "best" to "worst" of between £10.4m to £18.7m for the period to 2026/27 which the HSCP will need to address.

Purpose of the Medium Term Financial Plan

The Medium Term Financial Plan is an important part of the strategic planning process and supports the successful delivery of the HSCP Board's five strategic priorities, which are:

- Priority 1: **Early Intervention**
- Priority 2: **Access**
- Priority 3: **Resilience**
- Priority 4: **Assets**
- Priority 5: **Inequalities**

The Financial Plan aims to pull together in one place all known factors affecting the financial outlook and sustainability of the HSCP in the medium term. This will assist the HSCP Board's delivery of planned outcomes for our communities by linking directly to the financial and service delivery plans and their response to any financial challenges identified which threaten the achievement of these outcomes.

The Board will face significant financial uncertainty over the medium term as Scottish Government funding settlements remain as single-year awards. This is exacerbated by the risks around recurring Covid costs not being supported by recurring funding. Difficult choices will continue to be required and this Plan provides a practical framework within which choices will be identified, debated and approved.

To provide clear and consistent direction for the HSCP Board, the following objectives have been identified for the Financial Plan – it will ensure that:

- The HSCP Board has all available information to assist in setting a comprehensive balanced budget;
- Resources are allocated and deployed to facilitate delivery of the outcomes set out in the strategic plan. This takes account of the functions and services of a statutory nature as well as those services provided due to local need;
- All key strategic decisions on the allocation and deployment of resources are made within the appropriate financial context, with due regard to levels of risk;
- Board members are able to take full account of the impact of decisions on the overall financial resources of the HSCP in the short and medium;
- The HSCP Board has flexibility to address new policy requirements, or significant changes to policies, within overall available financial resources;
- Resources are invested effectively, efficiently and on sustainable basis;
- There is an ongoing focus on securing efficiencies across the organisation; and
- There is an increased level of understanding on behalf of the wider community with regard to the finances of the HSCP.

The primary financial challenges facing the HSCP Board over the period of this plan will be delivering a coherent, balanced budget year on year. This will require the HSCP to continuously review existing and revised service delivery arrangements to determine if they are effective, efficient and sustainable, consider alternative methods of service delivery where appropriate (including further pandemic limitations) and proactively identify opportunities to secure efficiencies or reduce service provision.

This Financial Plan is about making sure we have sufficient resources in place when required to deliver the outcomes we want to achieve for the communities of West Dunbartonshire. This will link in with development and refinements of our workforce plan, property strategy, commissioning plans and charging policy.

The Financial Plan undertakes some sensitivity analysis to provide a picture of best case, worst case and likely case in terms of financial projections. This allows the HSCP Board to see the risk associated with the range of variables within the financial issues/pressures identified.

The Plan will also provide information to a range of stakeholders as detailed in Table 1 below.

Table 1 – Stakeholder Information

Stakeholder	**Purpose of Financial Plan**
For the HSCP Board and Board Members	to decide how available financial resources will be used and prioritised
For Chief Officer, Senior Management Team, managers and employees	to reinforce and support their roles in financial management arrangements
For service users	to show how the HSCP Board's Financial Plan impacts upon service provision
For partners and stakeholders	to share the HSCP Board's vision and help identify opportunities for joint working

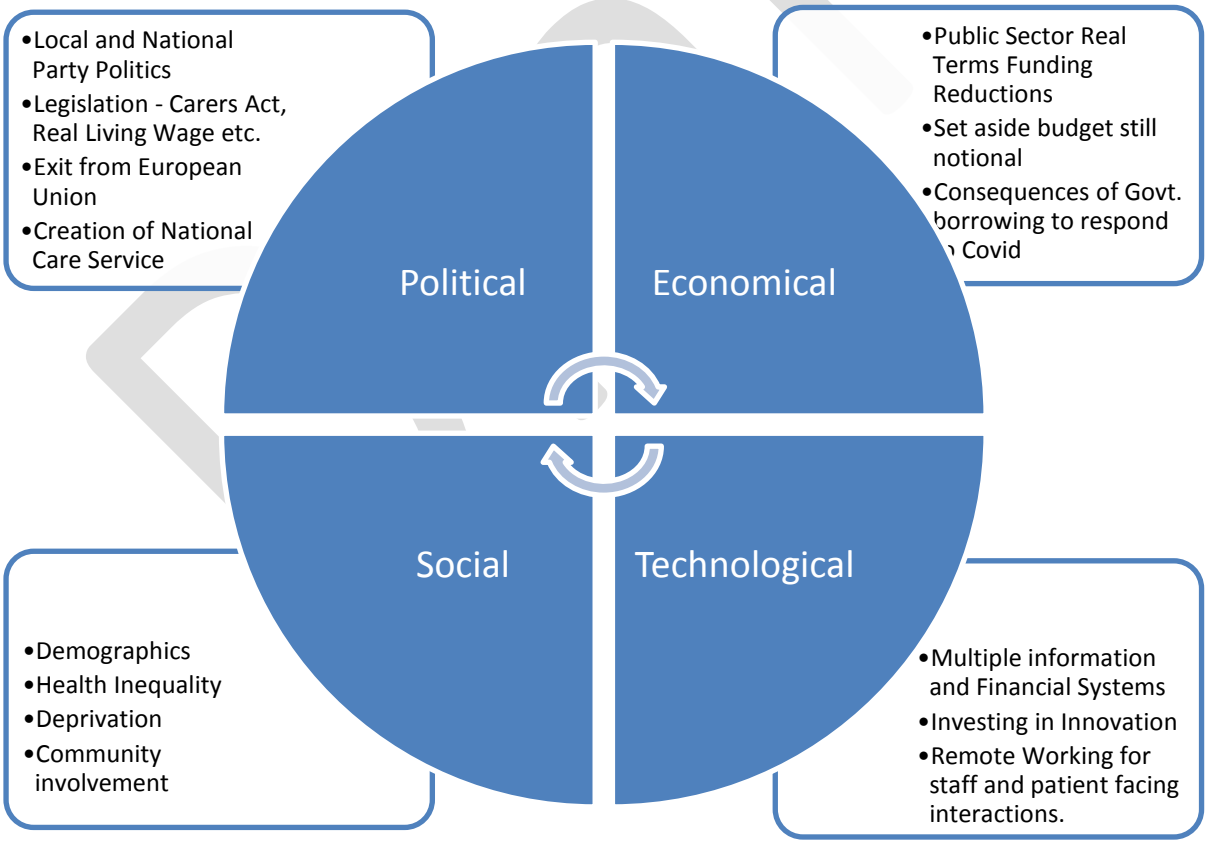
Inevitably some of the information of the Financial Plan will be based on assumptions and these will change over time (especially in the longer term) - the Plan will be reviewed and updated regularly so that the HSCP Board can respond proactively to any such changes.

The associated strategic planning process will ensure there is a clear linkage between the strategic planning and budgeting processes.

Refresh of the Medium Term Financial Plan

The WDHSCP Board is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (which are described in full within its approved Integration Scheme).

The HSCP Board is operating in a climate of uncertainty and continuing change across the political, social, economical and technological landscape. Short term (one year) financial settlements coupled with new and changing demand pressures has meant that much of the financial focus has been on the present, never more so from March 2020 to date, as services have had to mobilise and respond to the Covid pandemic. However the delivery of transformational change must be supported by a longer term financial strategy and the Medium Term Financial Plan is the critical link between the HSCP Board's financial strategy and its plans for service delivery.



The Medium Term Financial Plan underpins the Strategic Plan and is integral to the delivery of our priorities ensuring that the reality of the financial landscape is balanced against our aspirations for ***working with the people of West Dunbartonshire.***

Robust financial planning is especially important in this current climate of public sector funding uncertainty, rising inflation and recovery from the pandemic. The Medium Term Financial Plan's purpose is to allocate finite financial resources over time, considering the impact of a range of factors, allowing the HSCP Board to achieve its goals and also to support the annual budget process.

COST DRIVERS

In preparing the financial plan the following approach has been adopted:

- The 2022/23 base budget has been used as the basis for the medium term financial plan;
- A detailed analysis of costs and demand pressures has been undertaken to inform projections for the next five years with a range of assumptions used to provide indicative figures for the period to 2031/32;
- Some sensitivity analysis is used to highlight the risks associated if assumptions change around the key cost drivers; and
- Engagement with our partners to support the refresh of the plan.

Benefits

The financial plan aims to deliver a number of benefits to the Board including:

- Resources are aligned to deliver on the strategic outcomes;
- Members are able to make informed decisions based on the totality of the financial resource and the level of risk in the short, medium and longer term;
- Providing a basis for engaging with partner bodies in relation to annual budget setting negotiations;
- Supporting members decision making in relation to service commissioning and procurement with external providers and the third sector; and
- Identifying the service improvements required to provide effective and efficient services to secure financial sustainability.

The value of such a Plan is that it should enable the HSCP Board to understand the wider policy and financial environment, within which it operates, identify and respond flexibly to opportunities and threats, manage and mitigate risks and ensure that financial resources are contributing to achieving corporate objectives.

National Context

The current Scottish Government, in 2011, set out a statement of its "2020 Vision" which was used to provide the strategic narrative and context for taking forward health and social care reform.

2020 Vision *- By 2020 everyone is able to live longer healthier lives at home, or in a homely setting*

Having an integrated health and social care system is a key outcome to this vision and the "Public Bodies (Joint Working) (Scotland) Act 2014" is the legislation that underpins the role and function of Integrated Joint Boards.

Integration Authorities operate in a complex and constantly changing environment driven by the Scottish Government's expectations on the delivery of **national outcomes** around health and social care as well as statutory obligations, legislative and policy requirements, performance targets reporting and multi layered governance structures. There are **nine national health and wellbeing outcomes** which apply to integrated health and social care:

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

To assure the citizens of West Dunbartonshire that financial resources are being used appropriately to support the commissioning of services an understanding of the national context is essential when developing a medium term financial plan.

The Economy

The Global, United Kingdom and Scottish economies all have an impact on the day to day lives of the citizens of West Dunbartonshire, including earnings, taxation, employment and the funding available to support public sector services.

Prior to the March 2020 COVID-19 pandemic the main threat to the economic outlook were around the uncertainties of Britain's exit from the European Union. While changes to import and export regulations have impacted on the supply chain, it has been the public health restrictions across all of our communities that has had the greatest impact.

In December 2021 the Fraser of Allander Institute warned that ongoing COVID-19 restrictions to respond to emerging variants are likely to slow down the speed of economic recovery in 2022. Despite this their latest quarterly summary predicts growth of 6.4% in 2021 and 4.7% in 2022; although there is evidence that Scotland may be recovering more slowly than the UK as a whole.

In September 2021, Audit Scotland published a further report on the financial impacts of COVID-19 "Tracking the impact of Covid-19 on Scotland's public finances". This set out the scale of the funding in 2020/21 to support both the public and private sector in Scotland through additional Barnett consequentials from the UK Government (£8.6 billion) and a reprioritisation of existing Scottish Government budgets £1.14 billion).

The report's key messages included:

- Transparency of how these funds are utilised is essential whilst acknowledging that as Scotland moves into the recovery phase, it is likely to become increasingly hard to define what, is and what isn't, COVID-19 spending; and
- Planning for the medium term is difficult, but necessary, to manage the levels of uncertainty and volatility facing the Scottish budget.

In December 2021 the Scottish Government published its Scottish Budget 2022-23 which sets out their main priorities for "A Fairer, Greener Scotland" amidst an uncertain fiscal future and economic recovery.

The headline message was that once all 2021/22 COVID-19 funding and other one-off funding is stripped out, the financial settlement from the UK Government between

2021/22 and 2022/23 is 7.1% less in real terms. These real term reductions in both revenue and capital funding will continue into the short to medium term.

Scottish Government's Health & Care Portfolio

Within its 2022/23 budget allocation the Scottish Government has provided further funding to Health Boards and Local Authorities to be passed through to Integration Authorities to support the continued implementation of a number of key health and care policy commitments. These include investment for:

- Support for Carers
- Free Personal Care
- Primary Care
- Mental Health Recovery and Renewal
- Waiting Times Recovery
- Alcohol and Drugs
- Care at Home Services
- Fair Work and Living Wage
- Additional Social Work Capacity
- Sustainability for Integrated Social Care Services

Where funding has been confirmed at an individual HSCP level, this is reflected within the refreshed Financial Plan as is any anticipated shortfalls in delivering fully on the policy commitments.

To reflect this additional investment and the refocus of priorities towards recovery after the pandemic, the Scottish Government will require refreshing a number of their key policy delivery plans and financial framework documents.

It has been widely reported that delays in elective procedures and cancer waiting times as well as the health and social impact of the pandemic will only increase health inequalities in more deprived communities. Demand for health and care services are expected to increase and therefore the assumptions and growth predictions set out in the Scottish Government's, October 2018 Medium Term Health & Social Care Financial Framework will only increase.

This framework tracks historical expenditure growth rates in health and social care expenditure over the 10 years from 2006/07 to 2016/17 within the context of service demands and the significant investment in Community Health Services to support policy decisions. This includes additional funding dedicated to primary care (including GP services) and mental health as well as the re-investment of shifting the balance of care, meaning that a greater proportion of care is provided in a setting close to a person's home rather than in hospital.

While increase in expenditure can be tracked to increased activity levels across the sectors, especially the elderly population and keeping people at home for longer, it is seeing full evidence of "gains in productivity" i.e. are health and social care delivering more with the money received or are the additional funds covering the impact of policy decisions around payment of the Scottish Living Wage to adult social care workers and other legislative requirements?

The key messages of the Medium Term Health and Social Care Financial Framework are summarised below, but what is very clear is that if the current system does not adapt and change the net increase in costs to health and social care services across the medium term are not sustainable. The framework sets out a number of approaches and initiatives, but the challenge is to prove whether activity levels can be contained through investment, reform and efficiency.

Key assumptions and messages also illustrated in graph below:

- The drivers for growth are recognised as price, including pay and inflation, activity demand and growth and demographic impacts. The combined impact on each partner are is estimated at an annual growth rate of:

    - Health services – 3.5%
    - Social Care – 4% which is slightly higher recognising the impact that the very elderly have on demographic pressures.

- With additional investment in Primary, Community and Social Care Services, shifting care out of a hospital saving will release savings – 50% of which should be redirected back to IAs through their strategic commissioning plans;

- Regional working and Once for Scotland should produce 1% and 0.25% of productivity savings respectively;

- Public Health and Prevention should result in 1% reduction in demand;

- Annual Health Board Savings Plans should produce a 1% reduction in cost;

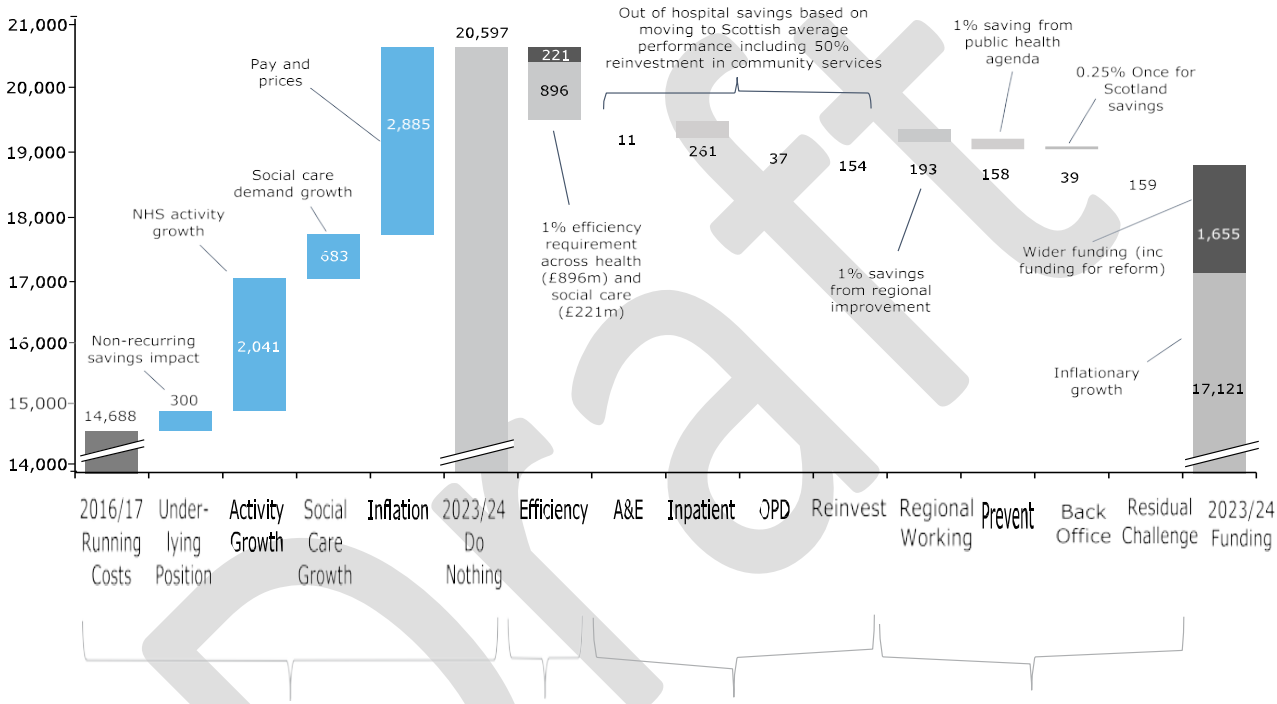
- From the 2016/17 baseline of £14.7 billion of running costs over the period to 2023/24, if nothing changes the costs will be £20.6 billion an increase of £5.9 billion;

- Based on assumed Barnett resource consequentials and assumptions on reform initiatives and ongoing efficiency savings total funding would only increase by £4.1 billion by 2023/24;

- When all assumptions are taken into account the residual challenge for the period is estimated at £159m.

- The framework will be revised to reflect progress and future iterations will include assessment of local and regional delivery plans.

Illustration 1: System Reform Bridging Analysis (£m)



Local Context

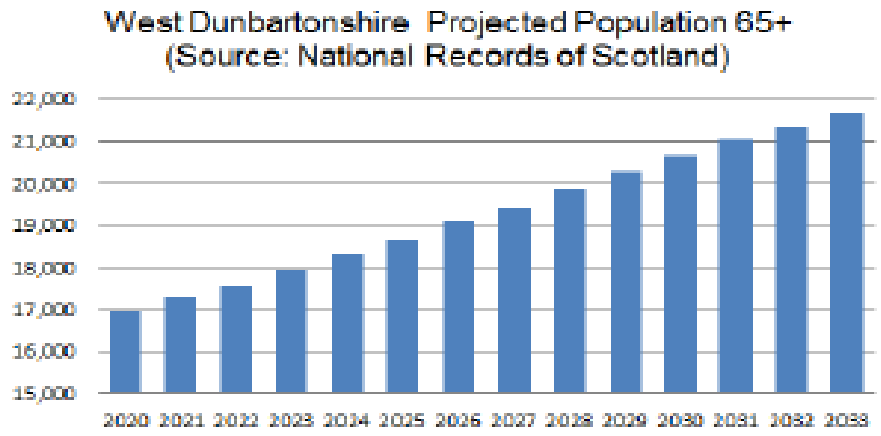
West Dunbartonshire is a diverse area with a rich industrial heritage still evident in our local communities today. It has around 45,000 households; and just less than 25% of these homes are Council owned. Over the next 20 years it is estimated that households headed by over 60s will increase, as will the number of lone person households. At the same time, the number of larger households is projected to fall.

To assess need, prioritise and plan how to deploy resources the HSCP has two identified localities of Alexandria/Dumbarton and Clydebank.

Demographics and Demand Pressures

The population of West Dunbartonshire accounts for approximately 1.7% of the total population of Scotland and is currently estimated at around 89,000 with the gender split of the population recorded as 47.7% for males and 52.3% for females.

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



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

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

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

Overall the population projections indicate changes to the three key life stages of children, adults and older people as illustrated in Table 2 below.

Table 2 – Projected Changes in Population to 2024/25

Age Ranges	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**% change**
0-15	15,996	16,041	16,029	16,022	15,973	15,876	-0.76%
16-24	8,845	8,685	8,600	8,507	8,500	8,572	-2.82%
25-64	48,119	47,980	47,673	47,385	46,966	46,533	-3.29%
65-74	9,514	9,734	9,987	10,021	10,141	10,350	9.15%
75-90	7,202	7,253	7,375	7,638	7,894	8,060	12.17%
	89,676	**89,693**	**89,664**	**89,573**	**89,474**	**89,391**	**-0.32%**

For example there is a decrease in the projected proportion of children and working age group and an increase in the proportion of people for pensionable age with an overall projection of population decline of 0.32% to 2023 and 7% to 2037.

The overall forecast is in contrast to the projection for Scotland overall whereby the population in Scotland is projected to increase by 3% by 2024 and by 7% by 2037. This will mean that as an overall percentage of the Scottish population West Dunbartonshire could reduce from 1.7% to around 1.5% impacting on the share of overall Scottish Government funding that comes to West Dunbartonshire.

The Health and Social Care Partnership has experienced exceptional demand for services, especially in the delivery supporting children and young people and supporting our older, frailer residents and it is anticipated that projected changes in population will increase this demand further.

While not all older adults will require health and social care it is reasonable to assume that many will. In contrast it cannot be assumed that the projected reduction in the numbers of children and young people will lead to a reduction in the costs of care within this age group as the types of cases being presented are increasingly complex.

Our Budget

The HSCP Board is responsible for the financial governance of the budgets delegated to it by our partners West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

The HSCP Board receive regular financial performance reports which allow members to scrutinise how public money is being used and to ensure that financial resources are used efficiently and effectively and are being directed to services that will deliver on local and national outcomes and key strategic priorities as set out above.

Our current Strategic Plan 2019 – 2022 and the priorities contained within the plan has been extended for a further year to allow for a more robust plan going forward which will reflect the recovery, renewal and re-design of services as we emerge from the pandemic.

Our Annual Performance Report for 2020/21, illustrates the growing complexity of need and demand within our diverse local communities; our active engagement with stakeholders at locality, community planning and national levels; and our understanding of the broader policy and legislative context.

Increasing demand and improving performance has had to be considered within limited financial resources and the requirement for the HSCP Board to agree on a programme of savings across both health and social care budgets in prior years and their impact going forward. The impact of previously approved savings are reflected in the 2022/23 revenue budget together with the impact of all known cost drivers and the funding allocations from our partners West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

The revenue budget for 2022/23 to deliver our strategic priorities is £185.822m, including community justice and budgets managed by West Dunbartonshire Council on behalf of the HSCP but excluding the set aside budget allocation of £33.620 million. This budget may change during the year for any additional funding or adjustments to our recurring base funding.

The charts below details how this funding is allocated across: the main care groups, subjective groups and the funding source.

Chart 1 - Budget allocation of £185.822m across Care Groups (incl. Care of Gardens and Housing Aids and Adaptations)

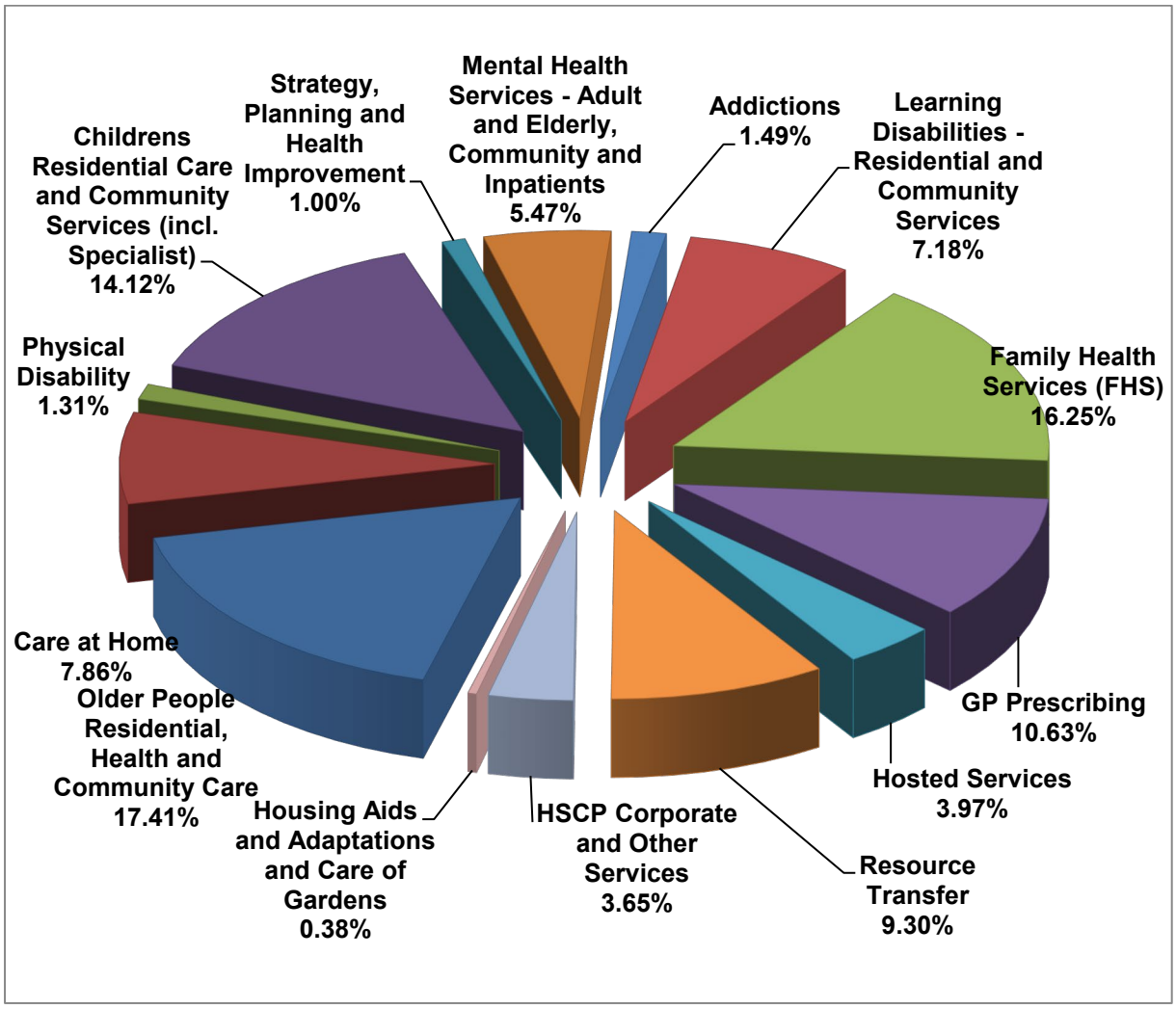


Chart 2 – Budget allocation of £185.177m across Subjective Spend Categories (excl. Care of Gardens and Housing Aids and Adaptations)

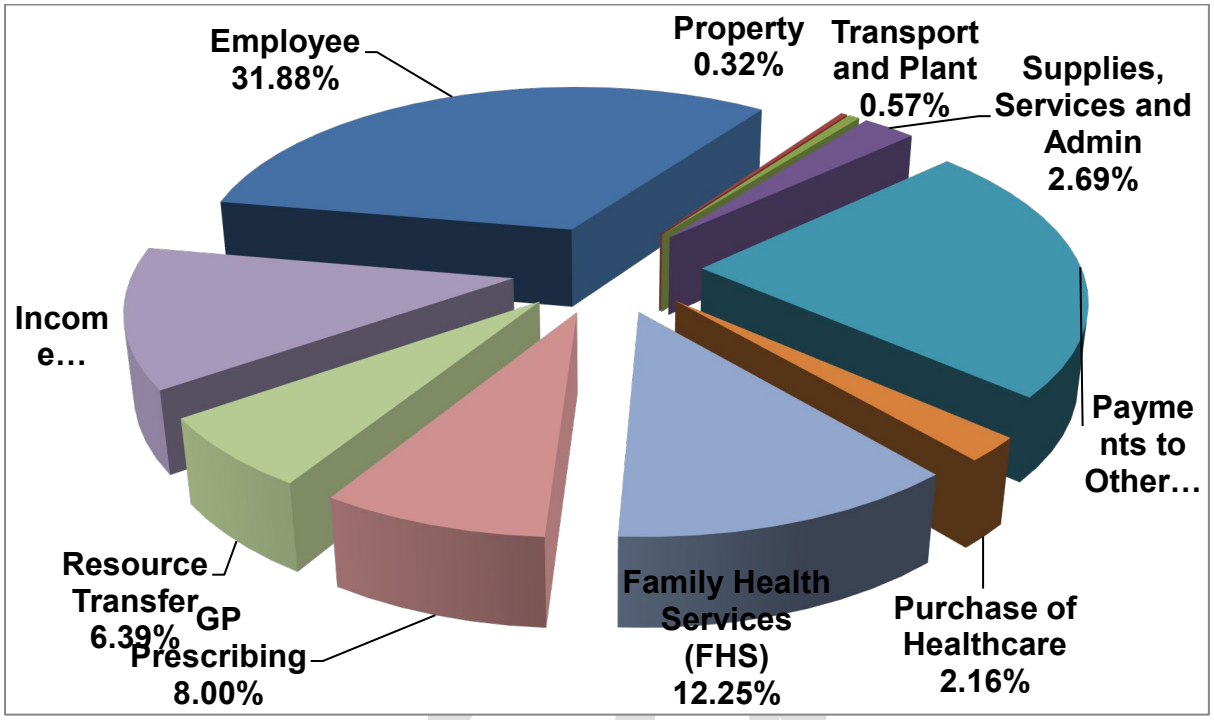
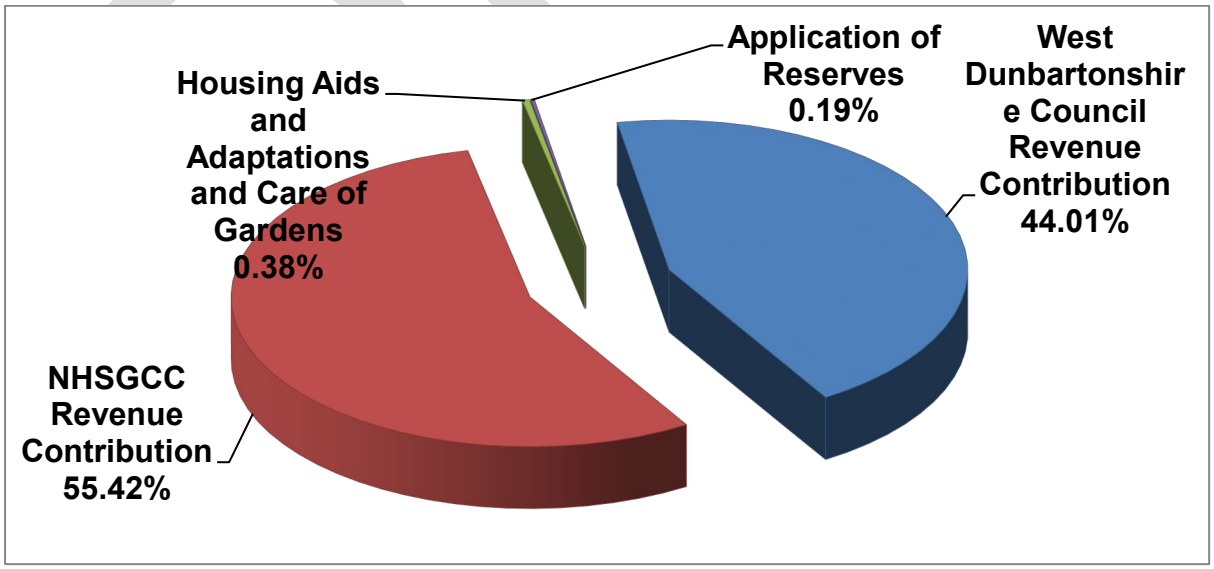


Chart 3 – Funding allocation of £185.822m across Partner Organisations



West Dunbartonshire Health & Social Care Partnership hosts the Musculoskeletal (MSK) Physiotherapy Service and a programme of retinal screening on behalf of NHS Greater Glasgow and Clyde area across the whole area. Table 3 below shows how the 2020/21 cost (as per the WDHSCP Audited Accounts for 2020/21) relates to the use of the services by all HSCP within the NHSGCC area.

Table 3 - Services Provided to Other IJB's Hosted by WDHSCP

Services Provided to Other IJB's within NHSGCC Hosted by West Dunbartonshire HSCP	**2020/21 £m**
MSK Physiotherapy	5.733
Retinal Screening	0.657
Net Expenditure on Services Provided	**6.390**

Similarly each of the other 5 HSCPs hosts one or more services on behalf of the other HSCPs. Table 4 below shows the 2020/21 cost of our population's consumption of those services.

Table 4 – Services Provided to WDHSCP by Other IJBs within NHSGCC

Services Provided to West Dunbartonshire HSCP by Other IJB's within NHSGCC	**2020/21 £m**
Oral Health	0.624
Learning Disability	0.653
Continence	0.301
Sexual Health	0.656
Mental Health Services	1.448
Augmentative and Alternative Communication	0.003
Addictions - Alcohol and Drugs	1.039
Prison Healthcare	0.818
Health Care In Police Custody	0.183
General and Old Age Psychiatry	4.898
Podiatry	0.525
Primary Care Support	0.281
Net Expenditure on Services Provided	**11.429**

Under current arrangements there are no financial transactions between HSCPs for hosted services, with the tables showing costs for information to allow us to understand the total system wide costs of our population use of services; however this arrangement may change in future years.

Included within the 2022/23 revenue budget is specific funding streams detailed in Table 5 below to help deliver on these commitments. This funding is committed to continue over the period of this Strategic Plan.

Table 5 - Additional Investment

Policy Funding	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000
	Indicative	Indicative	Indicative	Indicative	Indicative
Primary Care Improvement Fund	2,663	2,663	2,663	2,663	2663
Mental Health Strategy Action15	563	563	563	563	563
Fair Work (Living Wage) and Sustainability	6,375				
Alcohol and Drug Partnership	887	887	887	887	887
Carers Act	347	347	347	347	347
Expanion of Care at Home	2,086	2,086	2,086	2,086	2,086
Interim Care (Non-recurring)	336	0	0	0	0
Mental Health Recovery & Renewal:					
CAMHS Phase 1 & 2	592	592	592	592	592
Mental Health & Wellbeing within Primary Care	174	347	701	701	701
Dementia - Post Diagnostic Support	63	63	63	63	63
Young People & Childrens MH allocated to LA?					
	10,835	**4,460**	**4,460**	**4,460**	**4,460**

The set aside budget is set at £33.620m (subject to NHSGCC Board approval) and is West Dunbartonshire's share of the health board's resource to meet the costs of unscheduled care or emergency admissions to hospital. While the set aside budget is part of the HSCP's total financial resource, the acute hospital sector delivers the care and spends the money. Successful delivery of the strategic priorities will reduce demand in unscheduled care allowing savings to be re-invested in community based services.

The Draft Unscheduled Care Joint Commissioning Plan was noted by the HSCP Board in September 2021. An updated plan will be presented to the Board in the coming months, reflecting where required elements of the additional investment detailed above.

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

- early intervention and prevention of admission to hospital to better support people in the community;
- improving hospital discharge and better supporting people to transfer from acute care to community supports; and,
- improving the primary / secondary care interface jointly with acute to better manage patient care in the most appropriate setting.

Medium Term Financial Outlook

It is anticipated that the public sector in Scotland will continue to face a very uncertain medium to long term financial outlook. The five year financial planning period 2022/23 – 2026/27 will be extremely challenging for the HSCP Board as it seeks to balance increasing demand against diminishing resources and new developments within the additional investment received.

While future funding settlements are uncertain, both of our partners West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board have set out the set out the anticipated scale of their funding challenges in the medium to long term, including savings targets for the HSCP Board. This coupled with increasing demand for services will require careful assessment, but early scenario planning would suggest the scale of the savings challenge could range from 5% to 7.5% of the HSCP Board's current resources.

This **medium term financial plan** is centred on financial sustainability and service redesign. In order to understand the scale of the financial challenge a detailed analysis of costs and demands is required including:

- Pay inflation and pension costs – uncertainty around pay settlements for public sector workers and additional investment in pension schemes;

- Demographics – reflecting the increases in over 65+ and over 75 years population often coping with a range of health conditions against a challenging social and economic climate;

- Contractual price increases – commitment to adhering to the National Care Home Contract and to deliver Scottish Living Wage to adult social care workers employed by our third sector and private providers; and

- Prescribing Costs – inflationary increases, short supply issues and treatment of complex health conditions.

Our plans to close the gap

All of the HSCPs senior teams have a focus on redesign of services and are constantly modifying service provision to ensure the best services are provided within the agreed budget. A number of workstreams are being developed or are underway to determine where service redesign can improve service delivery can and reduces the overall costs of service to contribute towards closing the financial gap.

These workstreams are being supported by our three Service Improvement Leads, the costs of which are being funded by our Transformation and Redesign Reserve for 3 years as approved by the HSCP Board.

It is too early in the process to align definitive savings target to each of these key themes until the workstreams have been fully scoped and aligned to the emerging priorities of the Strategic Planning Group.

The broad key themes include:

- Better ways of working – integrating and streamlining teams including the benefits of information technology to deliver services more efficiently will release financial savings and protect front line services;

- Community Empowerment - support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care;

- Prioritise our services – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it;

- Equity and Consistency of approach – robust application of Eligibility Criteria for new packages of care and review of current packages using the My Life Assessment tool; and

- Service redesign and transformation – build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with Housing services, third sector and local providers.

The strategic priorities for the HSCP form the basis for the commissioning of services; and are informed by the strategic needs assessment and integrated performance framework of the HSCP.

The production of the new Strategic Plan 2023 – 2026 is underway and will be led by the newly refreshed Strategic Planning Group. It will be a community led strategy that will ensure diverse local and staff voices are heard, map local concerns and strengthen alliances with our third and independent sectors.

To ensure a more measurable approach, a Commissioning and Contract Management Framework is being developed; further clarifying the responsibilities

and roles of strategic commissioning and contract management within the entire HSCP across all services alongside the Council's Procurement Team.

The approach will be embedded with Service Managers supporting a streamlined and consistent contract monitoring approach across the HSCP and wider partners. This aligns more clearly to the direction of travel for the Care Inspectorate inspection processes in terms of a self evaluation quality improvement framework aligned to quality headings.

The funding pressures over the next five years relate to demand for services, either from legislative changes or changes in population, inflationary increases and any changes in regulation or legislation. Prescribing is a particularly volatile area as in addition to cost and demand changes this can also be impacted by short supply of drugs, new drugs to the market, existing drugs coming off patient and other price mechanism changes.

Key Budget Pressures and Planning Assumptions

The estimated pressures for the five years are detailed in table 6 below.

Table 6 – Key Budget Pressures to 2026/27

Key Budget Pressures	Budget Pressures 2022/23 £000's	Budget Pressures 2023/24 £000's	Budget Pressures 2024/25 £000's	Budget Pressures 2025/26 £000's	Budget Pressures 2026/27 £000's
Social Care					
Pay Pressures - assumed at 3%	1,368	1,409	1,451	1,495	1,540
1.25% National Insurance Uplift	270				
Service/National Budget Pressures - 1.25					
Children and Families	738	760	783	806	831
Mental Health, Learning Disability and Addictions	999	1,029	1,060	1,092	1,124
Community Health and Care	(797)	600	618	637	656
National Budget Pressures - 1.25%					
Scottish Living Wage uplift to £10.50 per hour	3,060	3,152	3,246	3,344	3,444
Expanding Care at home Capacity	2,165	2,230	2,297	2,366	2,437
Interim Care Arrangements	613	631	650	670	690
1.25% National Insurance Uplift for Externally Commissioned	425	438	451	464	478
Other	598	616	634	653	673
Health Care					
Pay Pressures - assumed at 3%	808	832	857	883	909
1.25% National Insurance Uplift	236				
Prescribing	37	948	1,005	1,025	1,046
Specialist Care Package (Nursing Element)	177	182	188	193	199
Resource Transfer to Social Care	173	179	184	189	195
Other	193	199	205	211	218
Total Budget Pressures	**11,063**	**13,205**	**13,630**	**14,029**	**14,440**

There are a number of areas where caseload or staffing ratio to numbers of patients will determine changes to the workforce. For example there are staffing models that determine how many District Nurses or Health Visitors are required for the population size. Where we have any change in population we need to work with partners (for examples such as these in particular NHSGCC) to assess the impact on the workforce and how this is to be funded. The HSCP have recognised the impact of demographic change in the workforce and on the costs of purchased services to date.

Workforce, service plans and service reviews are being developed and will help inform these discussions and associated cost implications.

The key assumptions included in the figures in Table 6 are:

- Pay is assumed at 3% each year from 2022/23 reflecting the current public sector pay policy with inflation assumed at the same rate for forward planning.

- Demographic and demand pressure is based on an average of 3% per annum, however specific pressures will fluctuate depending on the source of provision.

- Living wage is based on the actual cost of implementation in 2022/23 as it is considered unlikely that the upward trend in these costs will reduce going forward.

- Prescribing has been contained for 2022/23 due to the anticipated outturn in 2021/22 and the level of anticipated prescribing reserve at 31 March 2022. However due to risks around prescribing volumes, cost per item, short supply and expected discounts and rebates and lack of clarity on future European trade costs have been assumed to increase at 5% from 2023/24 onwards.

COVID-19 Local Mobilisation Plan

The estimated pressures are based on current service demands in 2021/22 as a baseline, with any known COVID-19 ongoing impacts reflected where possible. While they take into account fairly conservative assumptions around service redesign these will be refined and revised as our change programme progresses.

The operational response to the COVID-19 pandemic is set-out in every financial performance report and highlights the most up to date position regarding Health and Social Care Local Mobilisation Plans, and associated costs and funding. The assumption remains that given the level of earmarked reserves anticipated to be

held at the end of 2021/22, which will include newly announced advance funding, then any additional costs incurred as a result of the pandemic response and recovery, will be funded in full and will not contribute to any funding gaps projected at this time.

Reserves Position

Integration Authorities are subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounting purposes by the Office for National Statistics (ONS). As a local government body, Integration Authorities are able to hold reserves.

Since the HSCP Board was established in July 2015 we have prepared for the anticipated financial challenges through the creation of reserves as underpinned by our Reserves Policy.

Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes:
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the Partnership Board.

Our reserves can be summarised into the following categories within Table 7.

Table 7 – Anticipated Reserve Position as at 31 March 2022

Reserves Update	Actual Opening Balance as at 1 April 2021	Drawdown from Reserves	Increase to Reserves	Forecast Balance at 31 March 2022
	£000	£000		£000
Unearmarked	(4,367)		(2,118)	(6,485)
Earmarked	(17,440)	6,206	(14,470)	(25,704)
Total	**(21,807)**	**6,206**	**(16,588)**	**(32,189)**

In light of the size and scale of the Board's responsibilities, over the medium term the policy sets out that a prudent level of general reserves will represent approximately 2% of net expenditure (excluding FHS GMS & Other). For 2022/23 this equates to £3.1m.

The level of both earmarked and unearmarked reserves held at the beginning of the financial year increased due to additional funding being received late in the financial year and an underspend on mainstream services due to recruitment difficulties. The HSCP Board was also passed through any monies owed by the Government but unspent in relation to the Primary Care Improvement Fund, Alcohol and Drugs and Action 15. A significant element of the funds in reserves are ring fenced for these purposes and can't be used for anything else.

In addition the COVID earmarked reserve will increase to reflect the advance funding received in late February 2022, along with a number of earmarked reserves to support the redesign and transformation of services (once the impact of COVID on services has reduced) and their development and delivery.

Financial Projections for the Period 2022/23 to 2026/27

For 2022/23 the cost pressure of £11.063m has been offset by improved budget contributions from our Partners, new funding streams together with agreed management actions resulting in a balanced budget for health and social care.

The financial position from 2023/24 onwards details "likely" budget gaps of between £2.815m and £12.635m based on projected budget pressures and current assumption on the level of contribution from our Partners as detailed in Table 8.

Table 8 – Final and Indicative Budgets to 2026/27

Approved/Indicative Budget by Service Area	Indicative Estimate 2022/23 £000's	Indicative Estimate 2023/24 £000's	Indicative Estimate 2024/25 £000's	Indicative Estimate 2025/26 £000's	Indicative Estimate 2026/27 £000's
Older People Residential, Health and Community Care	32,351	32,835	33,770	34,730	35,715
Care at Home	14,597	15,133	15,673	16,232	16,811
Physical Disability	2,434	2,599	2,725	2,857	2,995
Childrens Residential Care and Community Services	26,230	26,730	27,426	28,139	28,871
Strategy, Planning and Health Improvement	1,859	1,899	1,956	2,014	2,075
Mental Health Services - Adult and Elderly, Community and Inpatients	10,161	10,606	10,994	11,395	11,919
Addictions	2,766	2,847	2,953	3,063	3,178
Learning Disabilities - Residential and Community Services	13,347	13,643	14,061	14,489	14,931
Family Health Services (FHS)	30,196	30,196	30,196	30,196	30,196
GP Prescribing	19,744	20,692	21,698	22,723	23,769
Hosted Services	7,373	7,594	7,821	8,054	8,294
Criminal Justice	0	0	0	0	0
Resource Transfer	17,280	17,578	17,889	18,200	18,405
Covid-19	0	0	0	0	0
HSCP Corporate and Other Services	6,779	7,033	7,106	7,181	7,257
Indicative Revenue Budget	**185,117**	**189,386**	**194,268**	**199,274**	**204,415**
Housing Aids and Adaptations and Care of Gardens	705	719	733	747	762
Indicative Budget Requirement	**185,822**	**190,105**	**195,000**	**200,021**	**205,177**

Actual/Indicative Funding by Resource Type	Indicative Estimate 2022/23 £000's	Indicative Estimate 2023/24 £000's	Indicative Estimate 2024/25 £000's	Indicative Estimate 2025/26 £000's	Indicative Estimate 2026/27 £000's
WDC Revenue Funding	81,777	81,441	81,441	81,785	81,785
Housing Aids and Adaptations and Care of Gardens	705	719	733	747	762
NHSGCC Revenue Funding	102,991	104,787	106,859	107,838	109,994
Application of Reserves	349	344	344	0	0
Indicative Funding	**185,822**	**187,290**	**189,377**	**190,370**	**192,541**
Indicative Budget Gap	**(0)**	**(2,815)**	**(5,623)**	**(9,652)**	**(12,635)**

Risk and Sensitivity Analysis

This medium term financial plan sets out modelled future implications and that in itself is a risk. Overestimated cost pressures mean we may plan to save more than we need to and vice versa with both scenarios impacting on the funding available to deliver services. There is judgement and balance needed when estimating and planning for future savings.

The HSCP Board has its own strategic risk register and individual services hold operational risk registers. These are reviewed at least twice a year to add, remove or modify current risks, consider likelihood and impact, and agree mitigating actions.

The main risks impacting on the financial plan are as follows:

- The proposed pay increase for 2022/23 is based on the information provided by the Scottish Government's Public Sector Pay Policy and WDC's financial planning assumptions. This has not been agreed and there is a risk that the percentage agreed could be higher than anticipated.

- The assumptions agreed and built into the 2022/23 budget may not be fully delivered in particular the level of expected staff turnover. Or the recovery of care home placements may exceed the budgeted level.

- Recruitment and retention of social care staff, especially in our third and independent sectors, was difficult pre-pandemic. With the Scottish Government commitment to pay a fair, living wage (£10.50/hr from 1 April 2022) the external market is fragile. This coupled with rising inflation places a risk on nationally agreed contracts like the National Care Home Contract and other care providers seeking to move from locally agreed contracts to the Scotland Excel Care and Support Framework rates.

- The pandemic has exacerbated both physical and mental health issues, increasing level of complexity across our population. This means that the requirement to put a multi-layered service package in place is not always foreseen and can add to in-year budget pressure.

- If COVID-19 and its variants continue to threaten public health then the current and earmarked funding from the Scottish Government to meet additional costs may not be sufficient.

- The full impacts of Britain's exit for the European Union have been shadowed by the pandemic. In particular the supply and cost of drugs given the scale of the HSCP's prescribing budget.

- Demand for services driven by legislative changes could outstrip the funding received, for example support for carers and free personal care to all adults.

- The Scottish Government's acceptance of the recommendations contained within the Independent Review of Adult Social Care (Feeley) Report and the creation of a National Care Service will have substantial implications for social care. There are a number of risks including the disruption major structural

change could have on local delivery and local transformational change programmes and risk that the future costs will not be fully funded.

While the budget pressures (table 6) and financial projections (table 8) are based on a “likely” scenario risk a sensitivity analysis was undertaken to assess the impact of a 1% change to cost pressures.

Applying these sensitivities allow us to determine the “best” and “worst” case with the following parameters:

- Best – Cost pressures (excluding pay and living wage) at 1% lower than current projections with no changes to funding levels.
- Worst – Cost pressures at 1% higher than current projections and funding reduced by 1%.

As the position for 2022/23 is a balanced budget only the impact of a 1% change in expenditure and resources for the period 2023/24 to 2026/27 is detailed in table 9 with best, likely and worst case budget gaps for outlined in table 10.

Table 9 – Impact of a 1% change in expenditure and resources

Impact of 1% Change in Expenditure	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	£000's	**£000's**	**£000's**	**£000's**
Pay	816	841	866	892
Demographic and Demand Changes	591	609	627	646
Living Wage	36	37	38	39
Prescribing	948	1,005	1,025	1,046
Non Pay Health Pressures	126	130	134	138
Resource Transfer	60	61	63	65
Total	**2,578**	**2,684**	**2,755**	**2,827**
Impact of 1% Change in Resources	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	£000's	**£000's**	**£000's**	**£000's**
WDC Revenue Funding	814	814	818	818
Housing Aids and Adaptations and Care of Gardens	7	7	7	8
NHSGCC Revenue Funding	1,048	1,069	1,078	1,100
Total	**1,869**	**1,890**	**1,904**	**1,925**

Table 10 – Best, Likely and Worst Case Budget Gaps from 2023/24 to 2026/27

Indicative Budget Gap	2023/24 £000's	2024/25 £000's	2025/26 £000's	2026/27 £000's
Best	(833)	(3,562)	(7,522)	(10,435)
Likely	(2,815)	(5,623)	(9,652)	(12,635)
Worst	(8,492)	(11,445)	(15,602)	(18,725)

Long Term Financial Outlook

While this financial plan covers the medium term to 2026/27 we have also looked at a high level financial position for the period to 2027/28 to 2031/32 and the outcome of this analysis is detailed in the attached appendix.

This will also be reviewed and revised as future funding settlements are made and transformational and redesign programmes begin to release long-term recurring savings.

West Dunbartonshire Health & Social Care Partnership
Consolidated Estimates for the Period 2021/22 to 2024/25

Approved/Indicative Budget by Service Area	Indicative Estimate 2022/23 £000's	Indicative Estimate 2023/24 £000's	Indicative Estimate 2024/25 £000's	Indicative Estimate 2025/26 £000's	Indicative Estimate 2026/27 £000's	Indicative Estimate 2027/28 £000's	Indicative Estimate 2028/29 £000's	Indicative Estimate 2029/30 £000's	Indicative Estimate 2030/31 £000's	Indicative Estimate 2031/32 £000's
Older People Residential, Health and Community Care	32,351	32,835	33,770	34,730	35,715	36,722	37,751	38,796	39,852	40,910
Care at Home	14,597	15,133	15,673	16,232	16,811	17,410	18,031	18,673	19,339	20,029
Physical Disability	2,434	2,599	2,725	2,857	2,995	3,139	3,291	3,450	3,617	3,792
Childrens Residential Care and Community Services	26,230	26,730	27,426	28,139	28,871	29,623	30,394	31,185	31,997	32,830
Strategy, Planning and Health Improvement	1,859	1,899	1,956	2,014	2,075	2,137	2,201	2,267	2,334	2,404
Mental Health Services - Adult and Elderly, Community and Inpatients	10,161	10,606	10,994	11,395	11,919	12,345	12,784	13,236	13,702	14,183
Addictions	2,766	2,847	2,953	3,063	3,178	3,299	3,425	3,556	3,693	3,837
Learning Disabilities - Residential and Community Services	13,347	13,643	14,061	14,489	14,931	15,386	15,856	16,340	16,839	17,354
Family Health Services (FHS)	30,196	30,196	30,196	30,196	30,196	30,196	30,196	30,196	30,196	30,196
GP Prescribing	19,744	20,692	21,698	22,723	23,769	24,836	25,924	27,034	28,166	29,321
Hosted Services	7,373	7,594	7,821	8,054	8,294	8,540	8,793	9,053	9,320	9,594
Criminal Justice	0	0	0	0	0	0	0	0	0	0
Resource Transfer	17,280	17,578	17,889	18,200	18,405	18,723	19,045	19,371	19,700	20,032
Covid-19	0	0	0	0	0	0	0	0	0	0
HSCP Corporate and Other Services	6,779	7,033	7,106	7,181	7,257	7,334	7,413	7,493	7,575	7,658
Indicative Revenue Budget	**185,117**	**189,386**	**194,268**	**199,274**	**204,415**	**209,690**	**215,102**	**220,650**	**226,331**	**232,139**
Housing Aids and Adaptations and Care of Gardens	705	719	733	747	762	777	793	810	826	844
Indicative Budget Requirement	**185,822**	**190,105**	**195,000**	**200,021**	**205,177**	**210,468**	**215,896**	**221,460**	**227,157**	**232,983**

Actual/Indicative Funding by Resource Type	Indicative Estimate 2022/23 £000's	Indicative Estimate 2023/24 £000's	Indicative Estimate 2024/25 £000's	Indicative Estimate 2025/26 £000's	Indicative Estimate 2026/27 £000's	Indicative Estimate 2027/28 £000's	Indicative Estimate 2028/29 £000's	Indicative Estimate 2029/30 £000's	Indicative Estimate 2030/31 £000's	Indicative Estimate 2031/32 £000's
WDC Revenue Funding	81,777	81,441	81,441	81,785	81,785	81,785	81,785	81,785	81,785	81,785
Housing Aids and Adaptations and Care of Gardens	705	719	733	747	762	777	793	810	826	844
NHSGCC Revenue Funding	102,991	104,787	106,859	107,838	109,994	112,194	114,438	116,727	119,062	121,443
Application of Reserves	349	344	344	0	0	0	0	0	0	0
Indicative Funding	**185,822**	**187,290**	**189,377**	**190,370**	**192,541**	**194,757**	**197,016**	**199,321**	**201,673**	**204,071**

Indicative Budget Gap	**(0)**	**(2,815)**	**(5,623)**	**(9,652)**	**(12,635)**	**(15,711)**	**(18,879)**	**(22,139)**	**(25,485)**	**(28,911)**

Sensitivity Analysis on Indicative Budget Gaps from 2022/23 onwards	2022/23 £000's	2023/24 £000's	2024/25 £000's	2025/26 £000's	2026/27 £000's	2027/28 £000's	2028/29 £000's	2029/30 £000's	2030/31 £000's	2031/32 £000's
Best	1,808	(833)	(3,562)	(7,522)	(10,435)	(13,437)	(16,530)	(19,712)	(22,979)	(26,324)
Likely	(0)	(2,815)	(5,623)	(9,652)	(12,635)	(15,711)	(18,879)	(22,139)	(25,485)	(28,911)
Worst	(3,663)	(8,492)	(11,445)	(15,602)	(18,725)	(21,945)	(25,260)	(28,671)	(32,173)	(35,760)

West Dunbartonshire Health & Social Care Partnership
Health Care Estimates for the Period 2021/22 to 2024/25

Health Care Approved/Indicative Budget by Service Area	Indicative Estimate 2022/23 £000's	Indicative Estimate 2023/24 £000's	Indicative Estimate 2024/25 £000's	Indicative Estimate 2025/26 £000's	Indicative Estimate 2026/27 £000's	Indicative Estimate 2027/28 £000's	Indicative Estimate 2028/29 £000's	Indicative Estimate 2029/30 £000's	Indicative Estimate 2030/31 £000's	Indicative Estimate 2031/32 £000's
Planning & Health Improvements	758	779	801	823	846	869	893	918	943	969
Childrens Services - Community	3,515	3,616	3,720	3,826	3,935	4,047	4,162	4,281	4,402	4,527
Childrens Services - Specialist	1,323	1,367	1,413	1,459	1,507	1,557	1,607	1,659	1,713	1,767
Adult Community Services	10,089	10,334	10,585	10,841	11,105	11,374	11,650	11,933	12,223	12,520
Community Learning Disabilities	841	863	884	903	923	943	963	984	1,006	1,029
Addictions	1,883	1,932	1,983	2,035	2,088	2,142	2,198	2,255	2,314	2,375
Mental Health - Adult Community	3,838	3,970	4,105	4,243	4,385	4,532	4,681	4,836	4,994	5,156
Mental Health - Elderly Inpatients	2,990	3,107	3,227	3,350	3,587	3,716	3,849	3,986	4,126	4,270
Family Health Services (FHS)	30,196	30,196	30,196	30,196	30,196	30,196	30,196	30,196	30,196	30,196
GP Prescribing	19,744	20,692	21,698	22,723	23,769	24,836	25,924	27,034	28,166	29,321
Other Services	3,160	3,456	3,501	3,548	3,595	3,644	3,694	3,745	3,797	3,851
Covid-19	0	0	0	0	0	0	0	0	0	0
Resource Transfer	17,280	17,578	17,889	18,200	18,405	18,723	19,045	19,371	19,700	20,032
Hosted Services	7,373	7,594	7,821	8,054	8,294	8,540	8,793	9,053	9,320	9,594
Indicative Revenue Budget	**102,991**	**105,485**	**107,821**	**110,201**	**112,634**	**115,119**	**117,657**	**120,251**	**122,900**	**125,606**

West Dunbartonshire Health & Social Care Partnership
Social Care Estimates for the Period 2021/22 to 2024/25

Social Care Approved/Indicative Budget by Service Area	Indicative Estimate 2022/23 £000's	Indicative Estimate 2023/24 £000's	Indicative Estimate 2024/25 £000's	Indicative Estimate 2025/26 £000's	Indicative Estimate 2026/27 £000's	Indicative Estimate 2027/28 £000's	Indicative Estimate 2028/29 £000's	Indicative Estimate 2029/30 £000's	Indicative Estimate 2030/31 £000's	Indicative Estimate 2031/32 £000's
Strategy Planning and Health Improvement	1,101	1,120	1,155	1,191	1,229	1,268	1,308	1,349	1,391	1,435
Residential Accommodation for Young People	3,162	3,221	3,299	3,378	3,459	3,542	3,627	3,714	3,803	3,894
Children's Community Placements	5,614	5,700	5,820	5,942	6,067	6,194	6,324	6,457	6,592	6,730
Children's Residential Schools	4,033	4,153	4,290	4,433	4,580	4,732	4,888	5,051	5,218	5,391
Childcare Operations	4,858	4,950	5,079	5,210	5,345	5,483	5,625	5,771	5,920	6,073
Other Services - Young People	3,710	3,709	3,792	3,878	3,965	4,054	4,146	4,239	4,335	4,432
Residential Accommodation for Older People	7,358	7,535	7,746	7,964	8,187	8,416	8,652	8,895	9,144	9,401
External Residential Accommodation for Elderly	8,796	8,720	9,030	9,352	9,685	10,030	10,387	10,756	11,139	11,536
Sheltered Housing	1,417	1,473	1,521	1,570	1,621	1,674	1,729	1,785	1,843	1,903
Day Centres Older People	1,219	1,271	1,306	1,341	1,378	1,415	1,454	1,493	1,534	1,575
Meals on Wheels	26	23	24	26	27	29	31	33	35	38
Community Alarms	21	(12)	(18)	(26)	(40)	(59)	(89)	(132)	(198)	(297)
Community Health Operations	2,999	3,062	3,140	3,221	3,304	3,389	3,476	3,565	3,657	3,751
Residential - Learning Disability	10,279	10,512	10,850	11,199	11,560	11,932	12,316	12,713	13,122	13,545
Physical Disability	2,434	2,599	2,725	2,857	2,995	3,139	3,291	3,450	3,617	3,792
Day Centres - Learning Disabilty	2,227	2,268	2,327	2,387	2,448	2,511	2,576	2,643	2,711	2,781
Criminal Justice (Including Transitions)	0	0	0							
Mental Health	3,333	3,529	3,663	3,802	3,947	4,097	4,253	4,415	4,583	4,757
Care at Home	14,597	15,133	15,673	16,232	16,811	17,410	18,031	18,673	19,339	20,029
Addictions Services	883	915	970	1,029	1,091	1,157	1,226	1,300	1,379	1,462
Equipu	285	285	285	285	285	285	285	285	285	285
Frailty	141	144	150	156	162	169	175	182	190	197
Carers	1,565	1,565	1,565	1,912	1,912	2,259	2,259	2,606	2,606	2,953
Covid-19	0	0	0	0	0	0	0	0	0	0
HSCP - Corporate	2,067	2,026	2,054	1,735	1,764	1,445	1,474	1,156	1,185	868
Indicative Revenue Budget	**82,126**	**83,901**	**86,447**	**89,073**	**91,781**	**94,571**	**97,445**	**100,399**	**103,431**	**106,532**

Appendix 10: Direction from Health and Social Care Partnership Board.

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

From: Chief Office HSCP
To: Chief Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 25 March 2021
Attachment: **2022/23 Annual Budget Setting 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	HSCPB000022JS21032022.	
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)	No	
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 £81.777m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £102.991m in line with the Strategic Plan and the budget outlined within this report	
8	Specification of those impacted by the change	2022/23 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 2022/23 budget aligned to the HSCP Board is £185.117m. Allocated as follows: West Dunbartonshire Council - £81.777m NHS Greater Glasgow and Clyde - £102.991m Set Aside - £33.620m Application of Reserves - £0.349m	
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities	
11	Strategic Milestones	Maintaining financial balance in 2022/23	30 June 2023

12	Overall Delivery timescales	30 June 2023.	
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and a Year-End Report in line with Annual Accounts statutory timetable.	
14	Date direction will be reviewed	The next scheduled HSCP Board 23 May 2022	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

21 March 2022

Subject: Strategic Risk Register Six Month Review

1. Purpose

1.1 The purpose of this report is to present the updated Strategic Risk Register to the West Dunbartonshire Health and Social Care Partnership (HSCP) Board.

2. Recommendations

2.1 It is recommended that the HSCP Board:

2.1.1 Consider the recommendations of the HSCP Audit and Performance Committee (to be reported verbally);

2.1.2 Approve the updated Strategic Risk Register (Appendix A).

3. Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board (IJB) must have effective governance arrangements in place, which includes systems for managing strategic risks.

3.2 The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the strategic risk register for the Health and Social Care Partnership.

3.3 The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage both strategic and operational risks relating to the Health and Social Care Partnership.

3.4 The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a West Dunbartonshire Health and Social are Partnership Risk Management policy and strategy. The current Risk Management Policy and Strategy was approved by the HSCP Board on the 20 September 2021.

4. Main Issues

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

effects. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that beneficial and defensible decisions are made.

4.2 The attached Strategic Risk Register (Appendix A) has been prepared in accordance with the Risk Management Policy and Strategy, approved by the HSCP Board on the 20 September 2021. Similarly, in accordance with that Policy and Strategy, standard procedures are applied across all areas of activity within the Health and Social Care Partnership in order to achieve consistent and effective implementation of good risk management.

4.3 Strategic risks represent the potential for the HSCP Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from operational risks, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health and Social Care Partnership's activities.

4.4 The Chief Officer has responsibility for managing operational risks as those are more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Operational risk registers are maintained by Heads of Service on behalf of the Chief Officer; and are the "building blocks" for the Strategic Risk Register.

4.5 Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the HSCP Board. The HSCP Senior Management Team (SMT) reviewed all operational risk registers on 10 February 2022 and agreed that:

4.5.1 Upon, review of the operational risk registers, SMT should further monitor risk pertaining to ICT infrastructure specifically in relation to an integrated hybrid working environment. The SMT did not consider this risk to be out with operational tolerance levels at this time but did consider further operational scrutiny to be required during the next six month period.

4.5.2 In relation to the strategic risk "Procurement and Commissioning", SMT recognised that due to vacancies and recruitment challenges this team is currently seriously depleted. This has been impacted by a recent retiral, budget constraint and an inability to appoint a suitable Commissioning Manager. In mitigation the budget for this team will be revisited with the HSCP Board as part of the March 2022 budget setting process which may enable the recruitment of an enhanced post to progress. In addition the role of Commissioning Manager will be re-

advertised on the 14 February 2022. As the impact of these mitigations have yet to reveal themselves, SMT agreed to upgrade this risk to “unacceptable”.

4.5.3 In relation to the strategic risk “Performance Management Information” SMT recognised that important improvements had been implemented over the last two years. SMT agreed that although classified as an acceptable risk this indicator should remain on the strategic risk register as further work is required to enhance the use of data across the HSCP.

4.5.4 In relation to the strategic risk “Brexit” SMT agreed that this should be removed from the strategic risk register but the finance operational risk register updated to show the potential for a Brexit related impact in respect of the cost of prescribing.

4.6 The HSCP Audit and Performance Committee are scheduled to scrutinise the strategic risk register at their meeting of 7 March 2022 and consider the recommendations of SMT. In order to meet agreed reporting deadlines this report was compiled pre Audit and Performance Committee. Their comments will therefore be reported verbally to the HSCP Board for their consideration.

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

6.1 Key people implications associated with the identified strategic risks are addressed within the mitigating actions of the Strategic Risk Register.

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

6.3 Individuals have a responsibility to make every effort to be aware of situations, which place them, or others at risk, report identified hazards and implement safe working practices developed within their service areas

7. Financial and Procurement Implications

7.1 Key financial implications associated with the identified strategic risks are addressed within the mitigating actions of the Strategic Risk Register.

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

8. Risk Analysis

8.1 Failure to comply with the legislative requirement in respect of risk management would place the HSCP Board in breach of its statutory duties.

8.2 The Chief Officer and Senior Management Team reviewed the Operational Risk Registers and the Strategic Risk Register on the 10 February 2022. The Audit and Performance Committee reviewed the Strategic Risk Register on the 7 March 2022, and now present their recommendations to the HSCP Board for final approval.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the HSCP Board as the recommendations within this report will not have a differential impact on any of the protected characteristics.

10. Environmental Sustainability

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

11. Consultation

11.1 The Strategic Risk Register has been reviewed and confirmed by the Health and Social Care Partnership Senior Management Team and the HSCP Audit and Performance Committee.

11.2 Relevant Monitoring Officers, including internal auditors, have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 Effective risk management will support local and strategic priorities and national health and wellbeing outcomes. It will prevent or mitigate the effects of loss or harm; and will increase success in delivery of the HSCP Strategic Plan, improving lives with the people of West Dunbartonshire.

13. Direction

13.1 A direction is not required for this report, as it is an update on the Strategic Risk Register.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 25 February 2022

Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership

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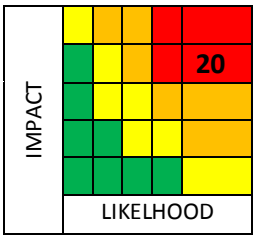
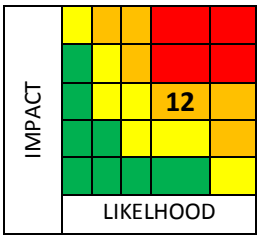
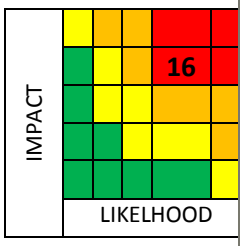
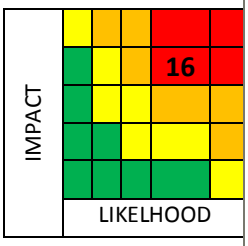
Appendices: Appendix 1 - Strategic Risk Register

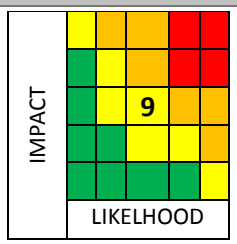
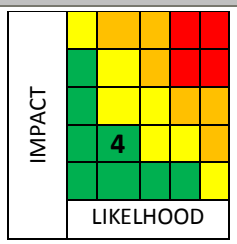
West Dunbartonshire Health and Social Care Partnership
Strategic Risk Register 2022 – 2023

Financial Sustainability/Resource Allocation and Savings Targets	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Miti Risk
Failure to deliver HSCP Board priorities within approved budget incorporating allocated savings targets. Failure to operate within financial parameters in context of continuing and new demand; there is a risk of not being able to (safely) deliver on the Strategic Plan priorities, impact on quality or reduction of service; failure to meet statutory requirements; and potential impact on staff resilience. Failure to deliver efficiency savings targets, as approved by HSCP Board, including as a consequence of savings programmes implemented by other service/divisions of WDC or NHSGGC.	Beth Culshaw; Julie Slavin		Almost Certain - Major **Unacceptable**		Probably Moderate **Issue**

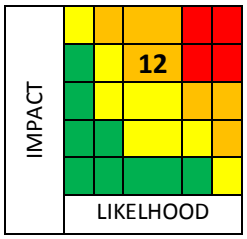
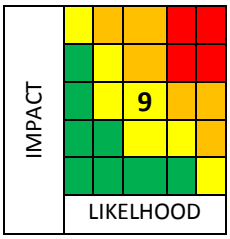
Mitigating Actions
A process of managing and reviewing budget by the Senior Management Team (SMT) is in place including: application of earmarked reserves; analysis of monthly monitoring reports; securing recurring efficiencies; vacancy management; turnover targets and overtime restrictions.
Financial position monitored through regular reporting to Health and Social Care Partnership (HSCP) Board and HSCP Audit and Performance Committee as set out in the Financial Regulations, Terms of Reference and the Integration Scheme. Including the prep of the Annual Accounts in line with all statutory requirements and the implementation of any recommended actions identified by external auditors.
A recovery plan will be implemented to address areas of significant in-year overspend across all service areas. HSCP SMT and all but managers/commissioners of services work closely with WDC and NHSGGC procurement teams on the priorities identified within the procurement pipeline, to ensure that externally purchased services are delivering Best Value.
Active engagement with Partner Bodies in budget planning process: Scottish Government, WDC and NHSGGC including identifying dependencies and risks on any organisational savings programme and ensure that, where appropriate, HSCP budget managers implement initiatives e.g. FIP (Financial Improvement Programme).
To continue to engage with forums/groups to identify proposals and consolidate approved policies including: eligibility criteria; assess the charging and financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets.
As required by the Ministerial Steering Group, continue to work with Scottish Government, West Dunbartonshire Council, NHS Greater Glasgow and Clyde & Greater Glasgow and Clyde Board-wide Integrated Joint Boards to bring forward notification and approval of allocation before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings, transformation or withdrawal of service.

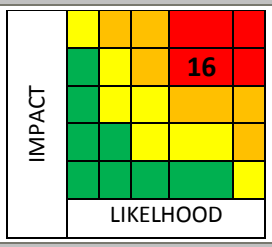
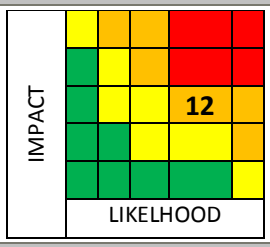
A continued commitment to due diligence in all roles; communication and consideration within and between all areas of service; consultation and communication with the public; staff groups and representatives; Health and Social Care Partnership Board members including Elected Members.
The delivery of a medium to long term budget strategy for the HSCP, refreshed on an annual basis, to reflect the impact of new budget settlements on the delivery of strategic priorities and agreed service improvement programmes.
A mechanism has been agreed for calculation of set aside budgets this must now be aligned with the draft unscheduled care commissioning plan.

Procurement and Commissioning	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose. Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value. Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.	Margaret-Jane Cardno		Probably - Major **Unacceptable**		Probably – Major **Unacceptable**
Mitigating Actions					
Regular Care Inspectorate reports on independent and third sector providers are presented to the HSCP Audit and Performance Committee and HSCP Clinical and Care governance Forum.					
Regular Complaints reports are presented to the HSCP Audit and Performance Committee, following scrutiny at SMT and HSCP Clinical and Care Governance Forum. Quarterly performance reports have been enhanced to include complaint data and these reports are more effectively aligned with the HSCP strategic planning periorities.					
Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement partners to progress the Procurement pipeline work, linking procurement and commissioning of internal and external services. Regular procurement reports will be presented to the HSCP Board jointly by Chief Finance Officer after presentation at WDC Tendering Committee.					
Continued commitment by Heads of Service and Integrated Operations Managers to ensure robust contract monitoring, service review and management as part of the procurement pipeline work linked to the development and review of service led service specifications, reporting mechanisms and the agreed terms and conditions of all contracts.					
The HSCP is in the process of recruiting additional capacity in to this service with a view to further improving commissioning, quality and contract management processes. The service will re-advertise the post of Commissioning Manager in February 2022.					
All budget managers and commissioners of services to attend procurement training and have procurement progress as standing item on HOS team meetings.					
7.6% improvement in compliance in the first half of financial year 2020/21. Improvement from 80.2% in 19/20 – 87.8% in 20/21.					
A growth bid has been developed for the IJB to be considered as part of the March 2022 budget setting process. If successful this would enable the appointment of a WTE Commissioning Officer.					

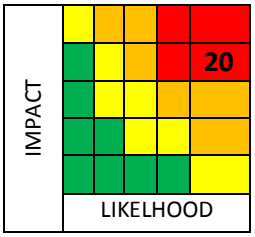
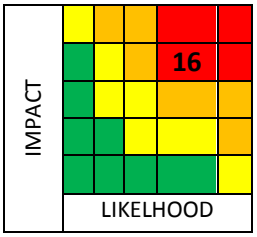
Performance Management Information	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service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

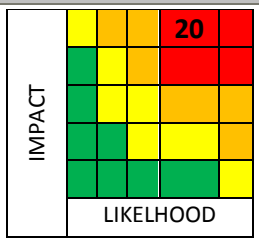
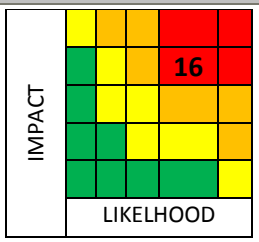
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; this ensures data and information can be considered in terms of legislative developments, financial reporting/governance and the need to prioritise use of resources effectively and anticipate demand.
Improved performance management reporting presentation, including detailed analyses of those performance indicators that are red and underperforming. Focused scrutiny and challenge
Regular Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC.
Development of robust management information available at service level for frontline staff for ongoing demand management, quality control and assurance and to support transformational change.
The Commissioning Plan will support the links between finance and planning to meet demand and service delivery within the current financial envelope.
Regular performance reports are presented to the HSCP Board by Chief Officer and Heads of Services; providing members of the Board with a range of data and performance information collated from across health and social care systems; this supports governance and accountability; as outlined within the requirements of the Act.
Additional performance reports have been introduced to support the recovery and renewal process.
Quarterly and Annual Performance reporting has been more closely aligned with HSCP Performance and Audit and HSCP Board meeting schedules to improve the timeous updates on performance across the Partnership, strengthening scrutiny and challenge by members.
NHSGGC has established a monthly performance board in order to further scrutinise high risk areas in relation to waiting time directives.

Information and Communication	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to maintain a secure information management network; there is a risk for the HSCP that the confidentiality of information is not protected from unauthorised disclosures or losses. Failure to maintain a secure information management network; there is a risk for the HSCP if this is unmanaged of breaches as a result of a GDPR breach; power/system failure; cyber-attack; lack of shared IT/recording platforms; as such being unable to manage and deliver services. Inability to provide service.	Margaret-Jane Cardno		Possible - Major **Issue**		Possible - Moderate **Adequate**
Mitigating Action					
Continued commitment to information management by the Chief Officer and Heads of Service; Integrated Operational Managers and their direct reports must demonstrate adherence to both NHS and Council policies for ICT and data management and procedures; regular learning session on breaches if they occur by individual service areas.					
Confirmation of the appointment of Data Protection Officer for the HSCP Board to support governance arrangements.					
Continued training available for staff groups from both NHS and Council to reflect changes in Data Protection Legislation in May 2018; staff must demonstrate their attendance at Data Protection awareness sessions. Staff are supported to safeguard the data and information which is collected and stored in the course of delivering services and support; there are continued reminders of the need safeguard and manage information.					
Continued training available for staff groups from both NHS and Council with online courses available which staff must demonstrate they have completed via the Council's iLearn or NHS Learn-Pro courses. Staff within the HSCP will complete the course of their employing authority on either an annual (Council) or bi-annually (NHS) basis.					
Autocomplete email address option has been disabled for West Dunbartonshire Council staff, this is an additional safeguard introduced to mitigate data breaches.					
Records Management Plan in place and lodged with National Records of Scotland.					
In order to enhance capacity recruitment of a Systems, Digital and Information Governance Manager is underway.					

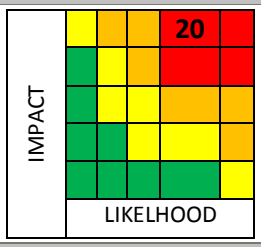
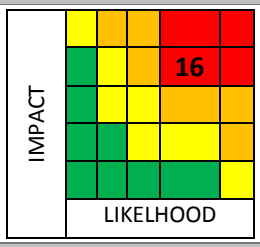
Outcomes of external scrutiny: Inspection recommendations	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to deliver on recommendations within reports by Care Inspectorate and other relevant scrutiny bodies.	Chief Social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

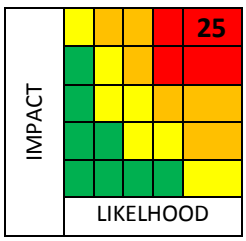
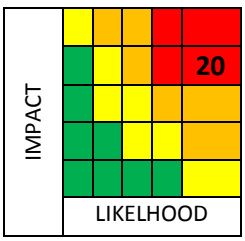
Improvement action plans for Self Directed Support and Community Payback Orders are being implemented, reflecting findings and recommendations from inspections including specific actions linked to improvement.
Steps have been taken to recruit an SDS Lead in order to embed SDS activity across the HSCP (closing date 27/02/22).
The My Life Assessment tool has been fully implemented and is subject to ongoing evaluation.
Review groups for SDS and CPO improvement activity monitor achievement of objectives and service improvements.
Regular performance and monitoring reports are presented to the HSCP Board/Audit and Performance Committee/Clinical and Care Governance Group as appropriate to support governance and continued scrutiny.
Staff development and training reflects learning from each inspection report to ensure consistent understanding of duties around delivery of SDS and CPOs.
Additional external scrutiny has been introduced in response to Covid 19 – reporting to HSCP board and ongoing monitoring through the internal quality assurance team and external bodies.
The HSCP Board has agreed additional investment from reserves to support operational managers to deliver on improvement action plans.
ADDITION 14/03/22: Steps have been taken to build capacity within the wider public protection team, this includes the use of reserves to enhance audit and performance capacity which will be linked to a wider learning and development post. The HSCP is adopting an enhanced approach to quality assurance (including audit) this will be reported directly to the clinical and care governance group on a regular basis.

Delayed Discharge and Unscheduled Care	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care. Failure to plan and adopt a balanced approach to manage the unscheduled care pressures and related business continuity challenges that are faced in winter; creates risk for the HSCP to effectively manage patient, client and carer care.	Jo Gibson		Almost Certain - Major **Unacceptable**		Probably - Major **Unacceptable**
Mitigating Action					
A Management Action Plan has been developed to review activity and manage specific actions linked to improvement of planning for delayed discharge.					
A weekly performance report is provided to the Integrated Operations Managers and Senior Management Team; this includes updates on the early assessment model of care and support; effective use of the NHS acute Dashboard; delivery of rehabilitation in-reach within ward settings; provision and usage of Red bags; promotion of Power of Attorney arrangements; commissioning of services linked to free personal care for those under 65 years old and Adult with Incapacity requirements and; delivery of an integrated approach to mental health services.					
An NHS GGC Corporate Vaccination Plan is in place supported by a local vaccination group alongside the local Flu Management and Covid Vaccination Plan; this reflects the HSCP unscheduled care plan for community services which addresses the critical areas outlined in the national Preparing for Winter Guidance.					
A Primary Care Improvement Plan has been developed to review activity and manage specific actions linked to improvement of planning for GP contracting arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.					
An Improvement Plan to deliver actions linked to Action 15 mental health monies has been developed to review activity and manage specific actions linked to improvement of planning for localised mental health arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.					
Formal and regular formal scrutiny by SMT and reported to joint NHS and HSCP scrutiny and planning groups linked to UC and winter planning.					
NHSGGC has established a monthly performance board in order to further scrutinise high risk areas in relation to waiting time directives.					

Workforce Sustainability	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to have an appropriately resourced workforce to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services .	Audrey Slater		Probably- Catastrophic **Unacceptable**		Probably - Major **Unacceptable**
Mitigating Action					

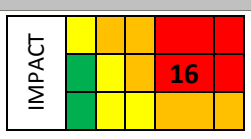
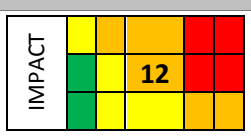
Continued commitment to the implementation of HSCP Workforce and Organisational Development Strategy and Support Plan.
Robust Operational Management Structures in place and Business Continuity Plans to support service delivery.
HR policies which reflect best practice and relevant employment legislation to support manager and staff development needs.
Attendance Management Polices and Staff Health and Well Being Strategies in place. Initiatives accessible to all staff such as Healthy Working Lives, Occupational Health Services and Counselling Services.
Staff Engagement and feedback through I Matter Survey and action planning.
Agreed processes for revalidation of medical and nursing workforce and Professional Registration. Policies and procedures in place to ensure staff are meeting professional bodies and organisational requirements for registration.
Sickness absence reporting available to service managers through HR21, Micro strategy, SSTS and Workforce Information Departments.
The production and scrutiny of agency and overtime reports.
Measures in place to provide additional emotional and psychological support to help HSCP staff through stressful times. This includes the information and resources which can be accessed via the National Wellbeing Hub.
HR reports provided to SMT and Joint Staff Forum on HR metrics.
Workforce reporting integrated into HSCP Performance reports.
Production and scrutiny of statutory and mandatory Training reports.
Production, implementation and monitoring of I Matter action plans and scrutiny of associated reports.
KSF/ PDP and Be the Best Conversations.

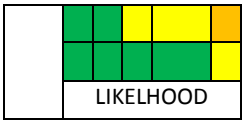
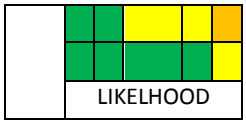
Waiting Times	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to meet waiting times targets e.g. MSK Physiotherapy, Psychological Therapies, Child and Adolescent Mental Health Services and Drug and Alcohol Treatment.	Beth Culshaw		Probably - Catastrophic **Unacceptable**		Probably - Major **Unacceptable**
Mitigating Action					
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; to review activity and manage specific actions linked to improvement of planning for localised arrangements.					
Promotion of self-management and co-productive community services including access to online supports and advice					
Implementation of effective triage processes in place for patients across all areas.					
Regular performance data collection and monitoring is scrutinised to ensure effective and robust performance management and demand management.					
Consistent workforce and attendance management across all service areas.					
The HSCP Board has approved dedicated earmarked reserves to support activity in relation to waiting times initiatives.					

Risk of future Pandemic – Covid 19 variations	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
New 20/21 Risks across services from a future pandemic include difficulty in resourcing medications, medical devices (instruments and equipment in Hospital) and clinical consumables including PPE, disposable and short life goods. There will be an impact on patients and service users and on recruitment to and workforce. Financial Impact – rapid response, prescribing costs, commissioning and procurement impact. Human diseases can take a variety of forms and consequently their impacts can vary	Beth Culshaw		Almost Certain - Catastrophic **Unacceptable**		Almost Certain - Major **Unacceptable**

considerably both in scale and nature. The main types of human disease that represent new or additional risks to the UK are outlined below. The examples have been chosen to give an impression of the range of possible diseases that would have a significant disruptive effect, but are by no means exhaustive. Pandemic - Influenza pandemics are natural phenomena that have occurred from time to time for centuries. Including Covid 19, this has happen four times in the last century. The symptoms are similar to those of seasonal influenza but may be significantly more severe. Influenza pandemics arise as a result of a new influenza virus that is markedly different from recently circulating influenza viruses and therefore to which few people, if any, have immunity. As a result of rapid spread from person to person, pandemics have significant global human health consequences. In addition to the severe health effects, a pandemic is also likely to cause significant wider social and economic damage and disruption.					

Mitigating Action
Develop, implement and monitor recovery plans for each service – reported to HSCP Board on a regular basis throughout pandemic.
Develop and monitor pandemic risk framework based on reflection, experience and learning from Covid 19.
Pandemic objectives that focus on service continuity - workforce health, workforce effectiveness, essential service delivery continuity, citizen/community engagement, financial continuity, partner continuity (both commissioned and third sector), security – physical and digital, reputational monitoring community, workgroups and stakeholder (are the framework elements effective).
Agile response to monitor continuity of operations and relationships including decision logs and resilience plans.
Normal life is likely to face wider social and economic disruption, significant threats to the continuity of essential services, lower production levels, shortages and distribution difficulties. The strategic planning group will aim to capture and respond to this data.
Individual organisations may suffer from the pandemic's impact on staff absenteeism therefore reducing the services available.
The post- pandemic years provide a very important opportunity to develop and strengthen preparations for the potentially serious impact of an influenza pandemic. The Government is collaborating actively with international partners on prevention, detection and research, and is taking every practical step to ensure that the UK is prepared to limit the internal spread of a pandemic and to minimise health, economic and social harm as far as possible. This includes purchasing and stockpiling appropriate medical countermeasures.
Apply and comply with Scottish Government and Public Health Scotland guidance and advice – for example Covid-19 the Scottish Government Covid19 Advisory Group, Scientific Advisory Group for Emergencies (SAGE).
Follow NHS and Social Care mobilisation and planning guidance in Scotland and link this to funding requirements.
Apply integrated emergency management principles, develop flexible and adaptable arrangements for dealing with emergencies, whether foreseen or unforeseen. This will be informed in future by Covid 19 reflection and recovery work.
The delivery of Risk Management table top exercises in order to ensure preparedness for further major incidents.

Public Protection – Legislation and Service Risk	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
1. Legislative requirements Failure to meet legislative duties in relation to child protection, adult support & protection and multi-agency public protection arrangements (MAPPA).	Chief Social Work Officer		Probable - Major **Unacceptable**		Possible - Major **Issue**

Failure to ensure that Guardianship cases are appropriately monitored, supported and reviewed by social workers. 2. Service risk and delivery requirements Public Protection Co-ordinator post provides limited resilience to ensure continuity of public protection functions across West Dunbartonshire HSCP and other responsible agencies Failure to ensure compliance with relevant risk assessments and evidence-based interventions. Failure to ensure that staff are appropriately trained and adhere to standards for risk assessment and risk management across child, adult and public protection work. Failure to monitor commissioned and other partnership services which could impact on an individual's safety or risk to themselves or others. Failure to monitor and ensure the wellbeing of adults in independent or WDC residential care facilities. Failure of staff to recognise, report and manage risk.					
Mitigating Action					
Review of interim and longer-term arrangements to support child protection and adult protection activity and multi-agency practice arising from vacant Public Protection Coordinator post.					
West Dunbartonshire's Child Protection and Adult Support and Protection Committees ensure child and adult protection procedures are followed and have a scrutiny role over compliance linked to implementation of relevant policies and procedures.					
Chief Social Work Officer attends the North Strathclyde MAPPA Strategic Oversight Group; responsible manager attends the Management Oversight Group which monitors local compliance with national standards and legislative duties.					
Chief Social Work Officer and Heads of Service ensure that child and adult protection plans as well as MAPPA risk management plans are regularly reviewed; themes and trends from local audit activity are reported to clinical and care governance structures, the Child and Adult Protection Committees and the MAPPA Strategic Oversight Group.					
West Dunbartonshire Nurtured Delivery Improvement Group (DIG) – which includes the Chief Social Work Officer – continues to review progress to achieve the recommendations from the joint strategic inspection of children and young people's services.					
Chief Social Work Officer and Heads of Service ensure appropriate systems and processes are in place to ensure that findings of external scrutiny (e.g.: Care Inspectorate) processes are acted upon timeously and appropriately, including the recent inspection of adult support and protection and the forthcoming inspection of Children at Risk of Harm					
Chief Social Work Officer oversees compliance with the PVG scheme.					
Operational teams regularly review their training and development needs, Business Continuity plans and operational risk registers.					
Reviews of children and families and criminal justice social work services reflects actions to reduce risk and uphold professional practice standards.					
Ensure staff are aware that whistleblowing policies and procedures are in place to ensure concerns can be raised and investigated.					

IMPACT OF RISK						
	(5) Catastrophic	5 Adequate	10 Issue	15 Issue	20 Unacceptable	25 Unacceptable
	(4) Major	4 Acceptable	8 Adequate	12 Issue	16 Unacceptable	20 Unacceptable
	(3) Moderate	3 Acceptable	6 Adequate	9 Adequate	12 Issue	15 Issue
	(2) Minor	2 Acceptable	4 Acceptable	6 Adequate	8 Adequate	10 Issue

	(1) Insignificant	1 Acceptable	2 Acceptable	3 Acceptable	4 Acceptable	5 Adequate
	Risk Appetite	(1) Rare	(2) Unlikely	(3) Possible	(4) Probably	(5) Almost Certain
	LIKELIHOOD OF RISK					

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Interim Head of Health and Community Care

16 March 2022

Subject: West Dunbartonshire Health and Social Care Partnership Unscheduled Care Joint Commissioning Plan

1. Purpose

1.1 The purpose of this paper is to present to the Integrated Joint Board the Design and Delivery Plan as the updated and refreshed NHS GGC Board-wide strategic commissioning plan for unscheduled care.

2. Recommendations

2.1 It is recommended that the Integrated Joint Board approve the Design and Delivery Plan 2022/23 - 2024/25 (Appendix 1) as the updated and refreshed Board-wide Unscheduled Care Improvement Programme.

2.2 The Board is asked to note that the programme is iterative and will evolve and further develop over time.

2.3 It is recommended that the Integrated Joint Board approve the financial framework outlined in section 7 of the Plan.

2.4 The Integrated Joint Board is asked to note the performance management arrangements to report on and monitor progress towards delivery of the Plan.

2.5 The Integrated Joint Board will receive a further update on the delivery of the programme towards the end of 2022/23.

2.6 The Integrated Joint Board is asked to note that the Plan will be reported to all six West Dunbartonshire HSCP Boards simultaneously and the Health Board Finance, Audit and Performance Committee

3. Background

3.1 At its meeting in September 2021 the Integrated Joint Board received a report on the Board-wide draft Unscheduled Care Plan, which was also agreed by the other five HSCPs in NHS GG&C.

3.2 Since then, comments have been received on the draft progress made on a number of key actions. In addition, the Scottish Government has allocated winter planning monies, which has provided opportunities to support this programme.

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

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

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

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

- **early intervention and prevention of admission to hospital** to better support people in the community;
- **improving hospital discharge and better supporting people** to transfer from acute care to community supports;
- **improving the primary / secondary care interface** jointly with acute to better manage patient care in the most appropriate setting.

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

4 Next steps

4.1 The final Design & Delivery Plan attached in Appendix 1 updates the actions in the draft unscheduled care plan reported to the IJB in September 2021. The refreshed programme follows through on the three key themes from the 2020 plan, and shows the key priorities to be progressed this year (phase 1), actions for 2022/23 (phase 2) and future years (phase 3).

4.2 An updated action plan is included in annex C, and revised performance trajectories included. It is projected that the overall impact of the programme on emergency admissions (65+) taking account of future population increases and current trends, as currently funded, has the potential to reduce emergency admissions for over 65s by 5% during 2022/23.

5. Options Appraisal

5.1 Not required for this report

6. People Implications

6.1 Not applicable to this report

7. Financial and Procurement Implications

7.1 A financial framework has been developed in partnership with all six West Dunbartonshire HSCP's and NHS GG&C Board to support the implementation of the Design and Delivery Plan. It should be noted that this has been completed on a 2022/23 cost base.

7.2 The investment required to deliver on Phase 1 priorities has been fully costed and is included in the Financial Framework (see annex F of the Design and Delivery Plan). This highlights the need for £37.000m of investment across Greater Glasgow and Clyde, of which £14.998m is required on a recurring basis and £22.002m is required non-recurrently. Full funding for the non-recurring investment has been found with partner bodies utilising reserve balances or managing within existing budgets to deliver the funding required. Of the recurring funding of £14.998m required, only £8.864m of funding has been able to be identified on a recurring basis. £1.012m of the funding gap relates to MHAU's for which recurring funding is still to be put in place by Scottish Government. The remaining funding gap recognises the challenge which all Integrated Joint Board's and the Health Board have had in securing full funding for Phase 1. This has implications for the delivery of the plan, even for Phase 1, with actions not able to be fully implemented in all Integrated Joint Board's until funding is secured.

7.3 Funding is in place for phase 1 implementation in West Dunbartonshire HSCP and is detailed in Appendix 2, with the exception of the funding for the Mental Health Assessment Units. Recurring funding from Scottish Government continues to be pursued for these.

7.4 Phase 2 and 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phase 2 and 3 have funding which has already been secured in some IJBs. As a result, this investment is planned to proceed now as part of an early adoption of Phase 2 and 3. Details can be found in the Design and Delivery Plan and specifically annex D.

8. Risk Analysis

8.1 A risk analysis will be developed alongside the WDHSCP Unscheduled Care action plan.

9. Equalities Impact Assessment (EIA)

9.1 Not applicable to this report

10. Environmental Sustainability

10.1 Not applicable to this report

11. Consultation

11.1 Not applicable to this report

12. Strategic Assessment

12.1 The Unscheduled Care Plan will inform all five of the HSCP's strategic priorities.

13. Directions

N/A

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Designation:	Interim Head of Health and Community Care
Date:	16 March 2022

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Appendices:
Appendix 1 - Design and Delivery Plan
Appendix 2 - Funding
Appendix 3 - Annexes
Appendix 4 - Directions

Background Papers: N/A

NHS GREATER GLASGOW & CLYDE

UNSCHEDULED CARE
JOINT COMMISSIONING PLAN

DESIGN & DELIVERY PLAN
2022/23-2024/25

March 2022

EXECUTIVE SUMMARY

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

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

The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation. This plan updates the unscheduled care Joint Commissioning Plan agreed by IJBs in 2020, and refreshes this Board-wide programme in the light of national changes introduced in 2020 and takes account of the impact of COVID-19. Our objective in refreshing this plan is to ensure that the programme remains relevant and tackles the challenges that face us now.

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

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

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

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

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

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

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

CONTENTS

1. PURPOSE

1.1 The purpose of this plan is to re-fresh and update the Joint Strategic Commissioning Plan approved by IJBs in early 2020, and to present a revised Design and Delivery Plan for the period 2022/23-2024/25.

2. INTRODUCTION

2.1 This plan updates the draft Joint Strategic Commissioning Plan approved by Integration Joint Boards (IJBs) last year and (https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2012%20-%20Draft%20Unscheduled%20Care%20commissioning%20Plan.pdf. takes into account the impact of the Coronavirus pandemic, including the delivery of improvements introduced in 2020.

2.2 This Board-wide programme was developed by all six Health and Social Care Partnerships (HSCPs) jointly with the Acute Services Division and the NHS Board in response to an unprecedented level of demand on unscheduled care services, and as a first step towards delegated budgets and to developing set aside arrangements for Greater Glasgow and Clyde. While NHSGGC performs well compared to other health and social care systems nationally, and the system is relatively efficient in managing significantly higher levels of demand than in other Boards, we struggled to meet key performance targets. In particular we have struggled to deliver the four hour standard of 95% on a consistent basis and in 2019/20[1] we reported performance at 85.7%.

2.3 The COVID-19 pandemic has brought a series of new challenges, some of which will be explored further in this plan. The combination of reduced demand as a result of COVID-19 and new or redesigned services introduced has resulted in an improvement in performance against the four hour standard reporting 92.0% for 2020/21. Section 4 and annex A and B shows performance pre, during and post pandemic and illustrates that although demand reduced during the pandemic there is evidence that demand is on a rapid trajectory towards pre pandemic levels.

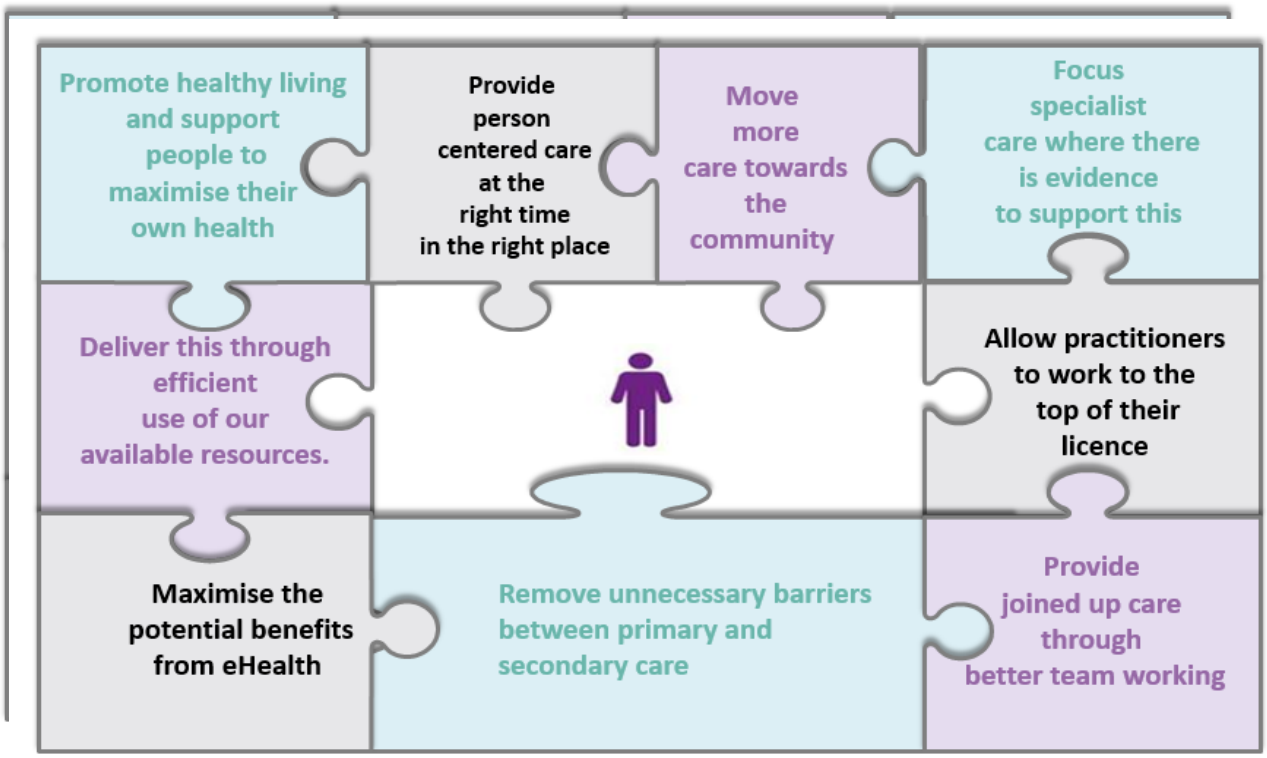
2.4 The 2020 draft plan outlined a major change programme to meet the challenge of what was then considered to be a continual year on year increase in urgent care demand. The aim of the programme was and remains to change the system so that patients are seen by the right person at the right time and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

[1] 2019/20 has been used as the baseline year for this plan as it was the last full year before activity levels were affected by the pandemic

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

2.5 This direction of travel outlined in the Board-wide *Moving Forward Together* strategy continues to be the overarching ambition of our collective improvement efforts (https://www.nhsggc.org.uk/media/251904/item-10a-paper-18_60-mft-update.pdf) and as illustrated in figure 1 below.

Figure 1 – Moving Forward Together



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

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

2.8 The remainder of this Design and Delivery plan :

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

3. UNSCHEDULED CARE JOINT COMMISSIONING PLAN 2020

3.1 The original unscheduled care improvement programme approved by IJBs in 2020 was prepared in and informed by the pre-pandemic days during 2019 and 2018. At that time unscheduled care services in NHSGGC were experiencing year on year increases in demand (e.g. A&E attendances, emergency admissions etc.) and there was evidence that some patients who attended A&E could be seen appropriately and safely by other services. In analysing demand at that time it was also acknowledged that the health and social care system was confusing for both patients and clinicians, with routes to access services not always clear or consistent. In addition we were also missing some key national and local targets (e.g. A&E four hour standard and delayed discharges). The conclusion was that to meet this challenge we needed to improve priority areas across the unscheduled care delivery system so that we could better meet current and future demand, and provide improved outcomes for patients.

3.2 The 2020 programme was based on the best available evidence of what works[2]. As a result the plan had 25 actions that were constructed around the patient pathway. The programme focused on three key themes:

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

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

3.4 Key achievements over the past 12 months have been:

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

[2] *Imison C, Curry N, Holder H, Castle-Clarke S, Nimmons D, Appleby J, Thorlby R and Lombardo S (2017), Shifting the balance of care: great expectations. Research report. Nuffield Trust.*

4. IMPACT OF THE PANDEMIC

4.1 As explained above the global pandemic has had a massive impact on services, patients and the unscheduled care demand. The situation we face now in 2022 is significantly different from that in 2019 or early 2020. The data presented in annex A and B shows that during 2020 compared to the years before the pandemic our traditional access routes experienced a significant reduction as a consequence of the public lockdown as demonstrated in the 2020/21 activity data below:

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

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

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

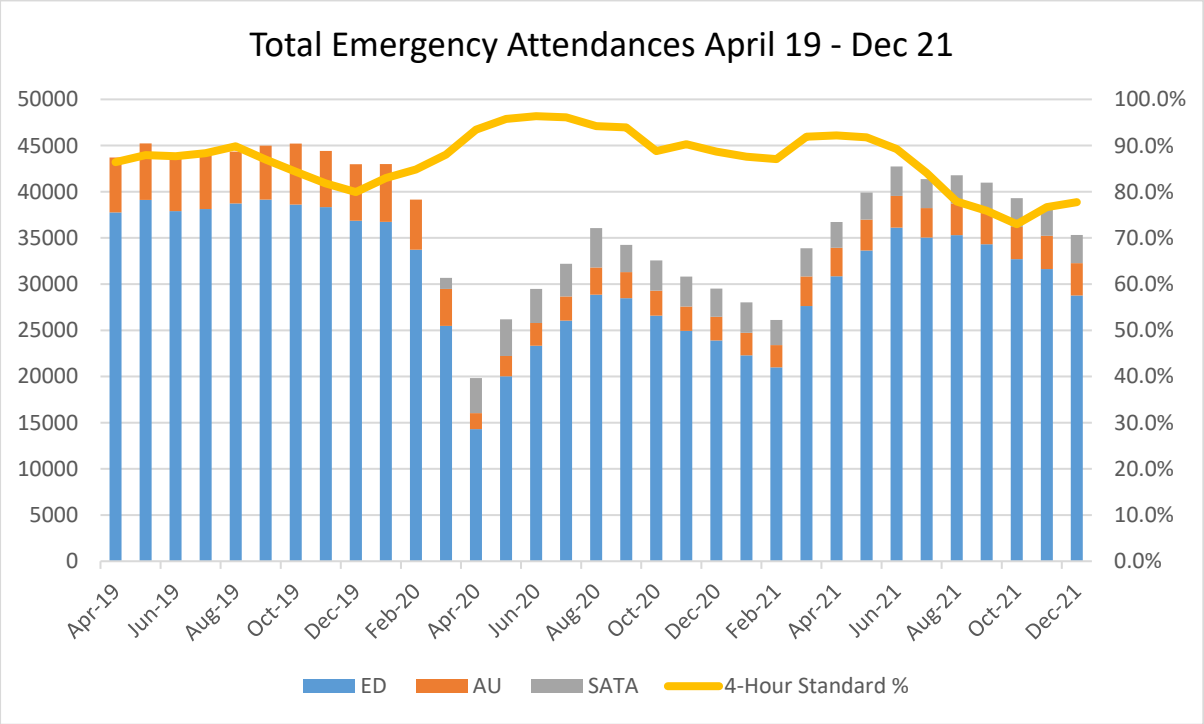
4.3 To ensure direct access for patients who required access to mental health service the Board established two new Mental Health Assessment Units (MHAUs). This provides direct access to specialty avoiding more traditional referral routes from A&E, Scottish Ambulance Service and the Police. During the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

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

4.5 Figure 2 below shows activity over the period April 2019 to December 2021 for emergency hospital attendances including A&E, Assessment Units, and SATA (for COVID-19) and excluding the minor injury units (MIU).

4.6 This profile demonstrates the importance of the need to deliver on the improvement actions to ensure patients are seen in the right place by the right service at the right time.

Figure 2 - Hospital Emergence Attendances



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

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

4.8 The Scottish Government has prioritised four virtual pathways as part of an on-going national response to the pandemic – work on two of these is included in this plan – further work on the others is in hand. The four priority pathways are:

- the national roll out of Covid remote health monitoring;
- optimising hospital at home services (see section 5.19 below);
- community respiratory rapid response pathway (see section 5.20 below); and,
- Out-patient parental antibiotic therapy (OPAT) including anti-viral treatment.

4.9 These changes will continue to evolve as we deliver further opportunities for service design as the programme progresses. The changing profile of demand, and evidence from the pandemic recovery phase, means we will need to continually assess the impact of the pandemic on services as we go forward.

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

5 DESIGN AND DELIVERY PLAN

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

- **Phase 1 – 2022/23** – implementation of the national redesign of urgent care and associated actions from the 2020 programme;
- **Phase 2 – 2023/24** – consolidation of the national programme and implementation of the remaining actions from the 2020 programme; and,
- **Phase 3 – 2024** onwards – further development of the programme including evaluation and roll out of pilots and tests of change.

Phase 1 – 2022/23

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

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

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

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

5.6 **Signposting and Redirection Policy** - our signposting and redirection policy for Emergency Departments within NHS Greater Glasgow & Clyde was approved October 2020. National guidance was issued in November 2021. Implementation of this policy and supporting standard operating procedures aim to ensure Emergency Department attendees are appropriately reviewed in line with their presentation. The purpose of the policy is not to turn attendees away from the ED, but to direct patients to another appropriate service where their healthcare need can be met, and minimising the risk to themselves and others in overcrowded EDs. These processes also reduce the potential for crowding in the ED by maximising use of safe alternatives for attendees to access care.

5.7 It is recognised that ED signposting and redirection form part of a broader aim across the health and social care environment to ensure patients receive the right care, at the right time and in the right place.

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

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

5.10 **Mental Health Assessment Units (MHAUs)** our two MHAUs were established in 2020 in response to the COVID-19 pandemic and consolidated through the winter period with a full redesign of the urgent care pathways and access routes. These units have continued to reduce demand on secondary care services by reducing footfall through Emergency Departments. The referral pathway provides an immediate route out of ED for those who present directly, with vulnerable patients largely being managed away from the stressful ED environment. The MHAUs also provide an alternative to patients who would otherwise have been conveyed to ED by SAS or Police Scotland. Between December 2020 and March 2021 there were a total of 4,400 patients seen through our MHAUs.

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

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

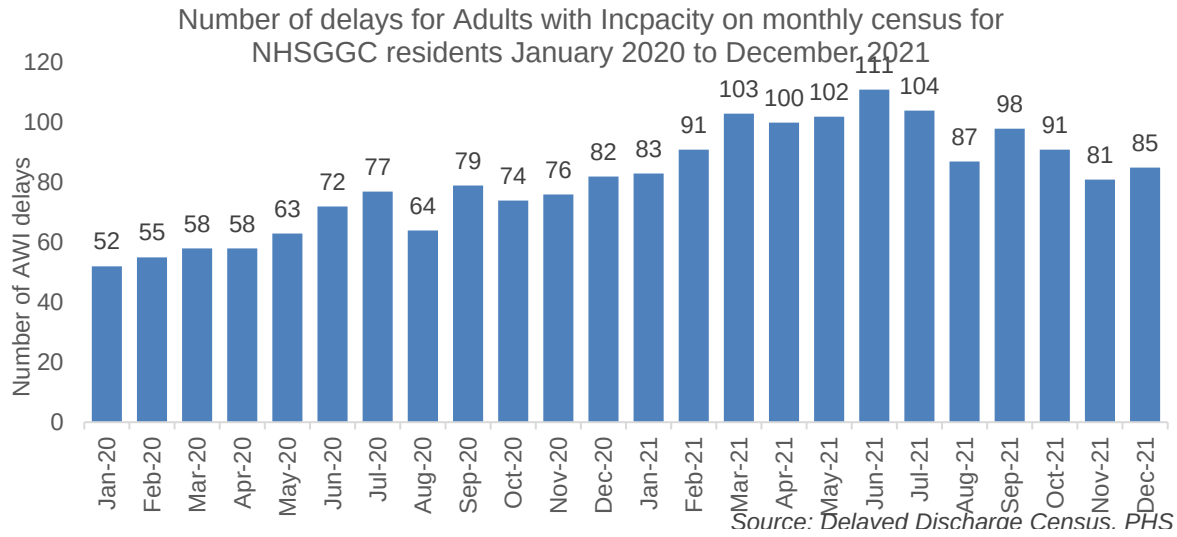
5.13 **Urgent Care Resource Hub Model -** HSCPs launched their Urgent Care Resource Hub models in January 2021. This model was established to bring together OOHs services in the community, enhancing integration and the co-ordination of care. The hub provides direct professional to professional access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

5.14 **Delayed Discharge** we developed a response to delays that has seen a reduction in our non AWI delays in hospital across all of our sites. HSCPs adopted daily huddle approaches to problem solve and remove roadblocks to delays. Additionally we adopted process changes to the discharge process leading to the development and implementation of a new Discharge to Assess Policy as part of the overall discharge process. Joint working led to agreement with all six HSCPs and Acute on a standard operating procedure to improve effectiveness and reduce the risk of potential delays. This response builds on our 'Home First', if not home, why not ethos. A suite of patient communication

materials have been developed and distributed to key areas within the acute setting launching the Home First branding and outlining the benefits of being cared for at home or in a homely setting, once medical care is no longer required.

5.15 **AWI delays** have been a particular challenge during 2020/21 and 2021/22 as shown in figure 3. Since the Equality and Human Rights Commission ruling we have not been able to discharge patients to off-site beds with the consequence that the proportion of AWI delays is disproportionate to the overall number of delayed discharge patients. A peer review process is planned with a view to identify if there is learning and best practice clinical to ensure our process is as effective and efficient as possible. As there is constant pressure on the system to effectively manage the inpatient capacity across NHSGGC the aim is to ensure that the practice and process adopted is optimised for both patients and the overall health care service.

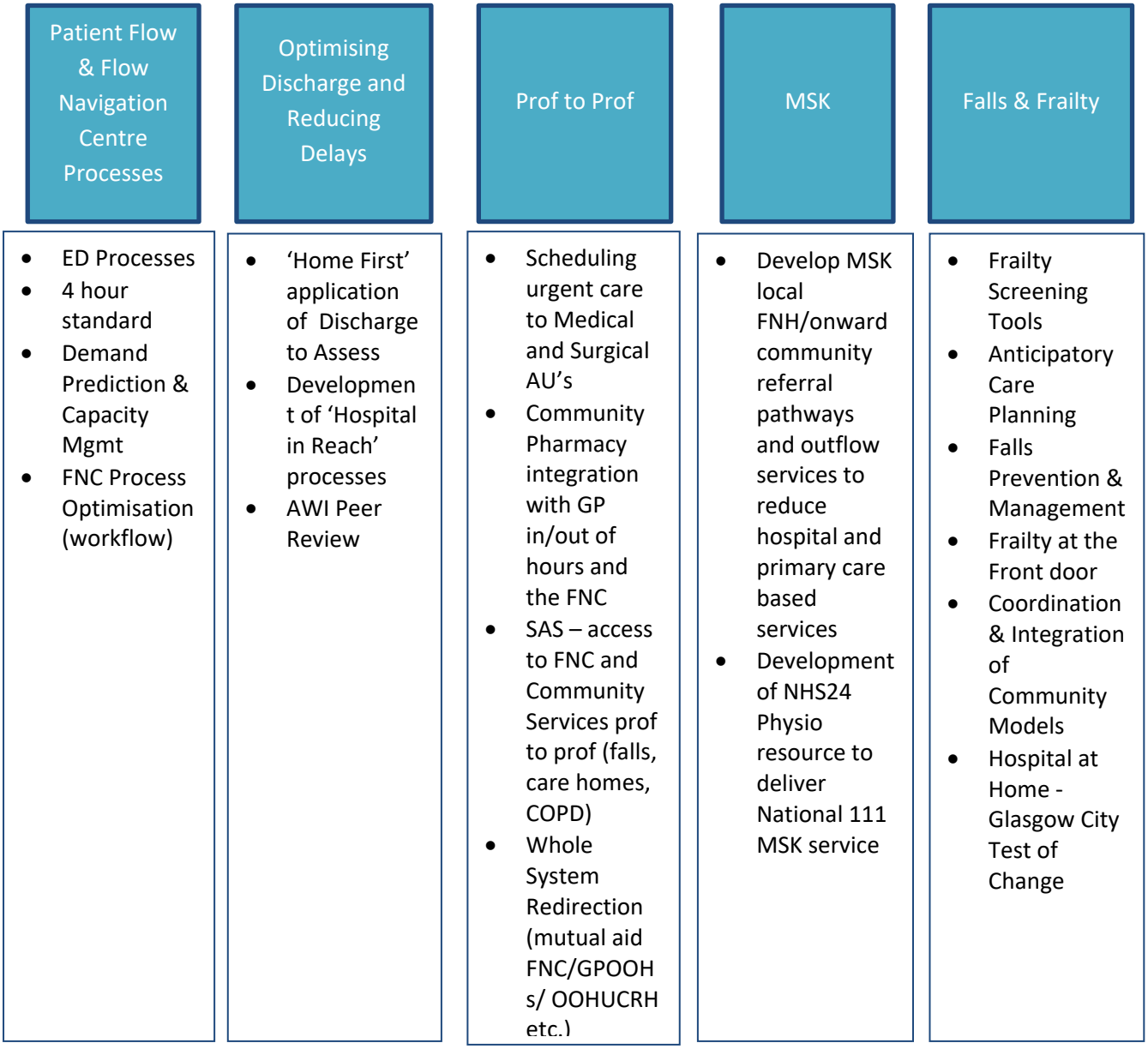
Figure 3 – AWI delays 2020-2021



Phase 2 - 2023 -2024

5.16 During 2022 we will design a programme to deliver on a number of the actions continuing to align and be guided by the National Redesign of Urgent Care five national strategic priorities. The visual in figure 4 below encompasses the key actions to be delivered in the next phase.

Figure 4 - Phase 2 Unscheduled Care Improvement Programme Core Projects



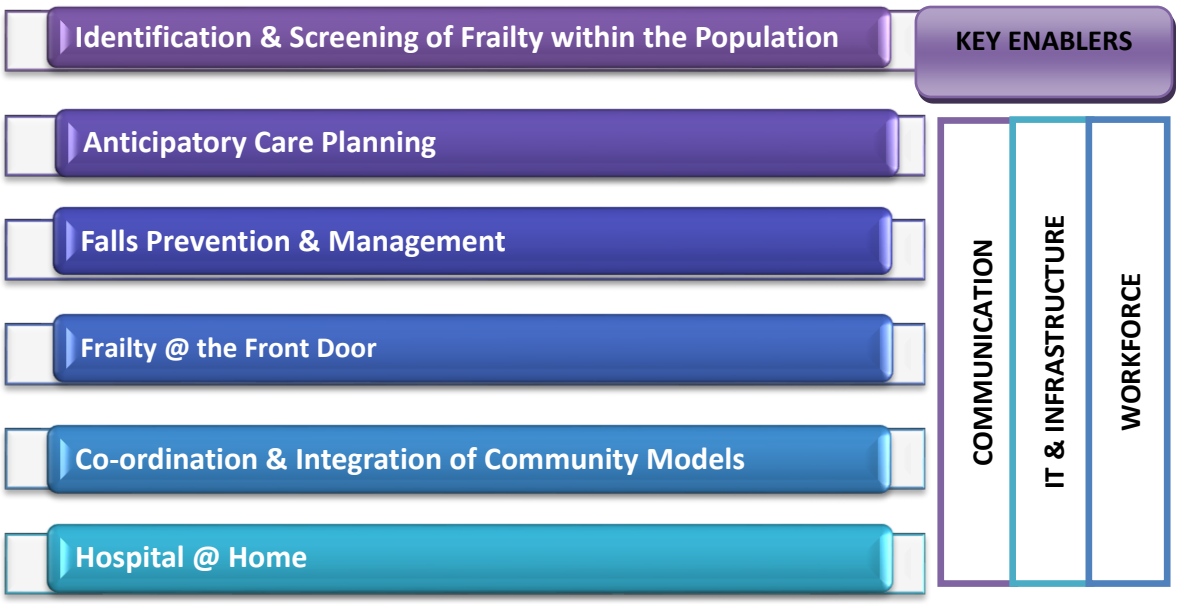
5.17 NHSGGC's response to Phase 2 of the National Redesign of Urgent Care will be to further develop the Flow Navigation Centre and work will continue to develop and redesign urgent care pathways across the whole system over the next 18 months to include:

- **Primary Care/Acute Interface** – we will continue to develop pathways to convert unplanned to planned care with particular focus on scheduling urgent care within Assessment Units. Pathways under review and development include: Care Homes (Falls), Head Injury, Heart Failure and Outpatient Parental Antibiotic Therapy (OPAT) service are being progressed as pathfinders in NHSGGC.

- **MSK** – development of NHS24 Physio resource and local Flow Navigation Centre (FNC)/onward community referral pathways to reduce hospital and primary care based services (Nat No.5)
- **Community Pharmacy** – integration with GP in/out of hours and the FNC and to include signposting and direction from MIU/ED for minor illness (Nat No.1)
- **SAS** – development of Community Services and FNC prof to prof to access out of hospital/GP referral pathways e.g. COPD, Falls, Care Homes (Nat No.4)
- **Mental Health** - pathway development to include referrals from GP in/out of hours and the Flow Navigation Centre through prof to prof and scheduled virtual assessments (Nat No.3). This will build on the MHAU pathway fully embedded during 2020.
- **Waiting times** - additional non-recurring support to improve access and waiting times for scheduled care at QEUH and GRI to reduce times patients waiting for procedures delayed due to Covid and avoid the likelihood of them attending A&E.

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

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



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

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

5.20 In addition phase 2 of the programme will take forward in GG&C the national work on developing virtual capacity for resilience and recovery. The most recent programme launched in January 2022 is aimed at 'Developing Virtual Capacity' and includes:

- COVID remote health monitoring pathway;
- community respiratory rapid response pathways; and,
- expanding OPAT to include antiviral treatment.

5.21 This Scottish Government RUC programme aligns with the NHSGGC Joint Commissioning Plan. The national focus has assisted in some case to accelerate implementation plans, with additional funding but also in building

consensus and shaping public acceptance for changes. It is expected that this focus will continue and complement delivery of the Joint Commissioning Plan.

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

- **Communication & Engagement Plan -** we fully intend to build on the positive GGC OOH Communication and Engagement programme. An overarching Communication Plan will be developed for 2022/23 for all stakeholders. The plan should seek to develop key principles, common language and key messages and where appropriate join up the learning, and recommendations from activity across GGC from programmes including East Renfrewshire Talking Points, Compassionate Inverclyde and the Glasgow City Maximising Independence programme. Learning from service users and their family/carers input and involvement will be key to helping us develop the plan. A Corporate Communications plan will be considered with quarterly updates generated and shared.

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

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

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

Phase 3 - 2024 and onwards

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

6 ENGAGEMENT

Patient Engagement

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

6.2 We are also conscious that we need to communicate better with the general public about what services to access when and for what. That's why the first key action in our programme is on communications, and developing a public awareness campaign. This will be an ongoing action over the course of the programme.

Staff Engagement

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

Clinical Engagement

6.4 During 2021 we have continued to review our stakeholders, as part of this process we have reviewed representation across all three acute sectors. This has resulted in increased engagement with Clinical Service Managers, Consultant Physicians in Medicine for the Elderly, Chief Nurses, ED consultants and AHPs.

Primary Care

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

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

- engaging with GPs and their representatives on specific aspects of the programme e.g. ACPs, falls & frailty etc.;

- engaging with GPs through established structures such as GP committees, primary care strategy groups, QCLs etc.; and,
- engaging at HSCP and NHSGGC levels including arranging specific set piece events / sessions at appropriate times.

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

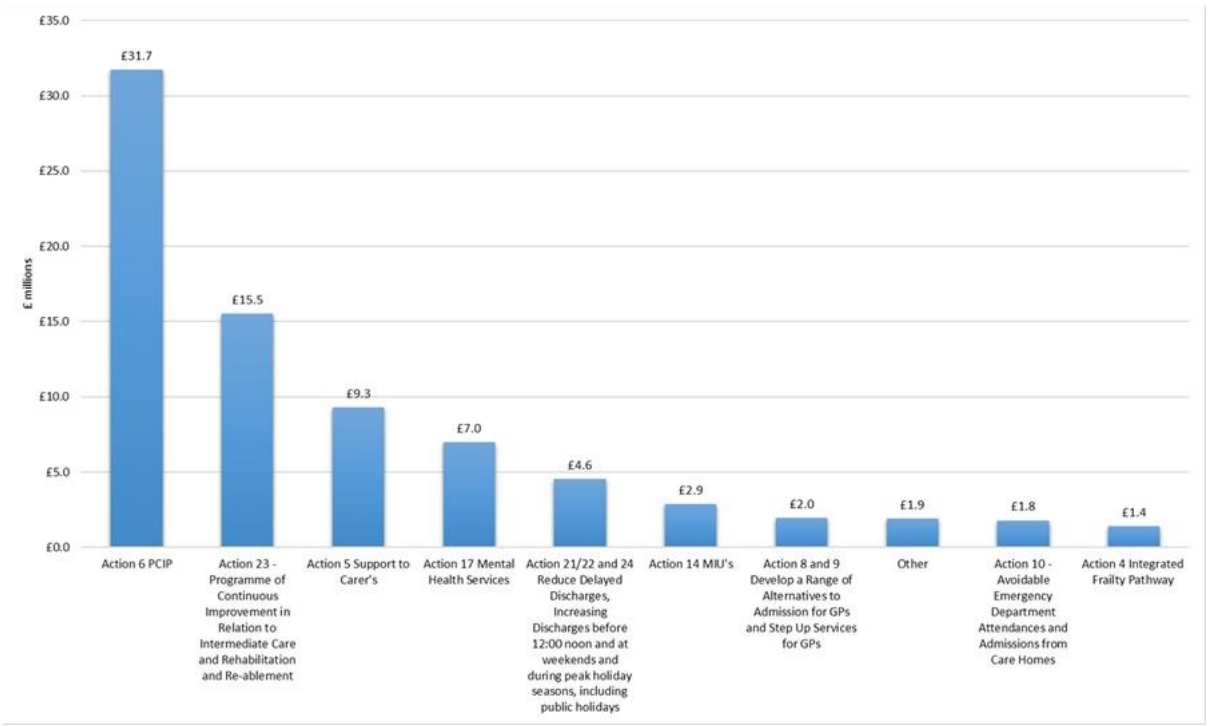
7. FINANCIALFRAMEWORK

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

7.2 In 2019/20 unscheduled care was estimated to cost GG&C £444.3m. With a budget of £415.1m identified by GG&C Health Board. This is a shortfall in funding of £29.2m and represents a significant financial risk to GG&C Health Board and the six IJBs with strategic responsibility for this area. The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation.

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

7.4 The ability to achieve this in GG&C is hindered by the existing financial position outlined at 7.2. above, and effectively means that there are no funds which can be released to support the investment required, which mean that each partner will be responsible for funding their own investment. There is already significant investment in community care settings to support unscheduled care, with existing investment totalling £78m.



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

7.6 The investment required to deliver on Phase 1 priorities has been fully costed and the investment required is attached in annex D. It should be noted that this has been completed on a 2022/23 cost base. This highlights the need for £36.824m of investment, of which £14.822m is required on a recurring basis and £22.002m is required non-recurrently. Full funding for the non-recurring investment has been found with partner bodies utilising reserve balances or managing within existing budgets to deliver the funding required. This includes a one-off investment of £20m which has been identified by the Health Board to support this programme. This will be used to kick-start this programme by delivering waiting times activity which was delayed due to COVID. A significant

proportion of this activity will be delivered from hospitals and clinics within the boundary of Glasgow City, particularly the GRI and QUEH. This will also have a positive impact on unscheduled care levels and support delivery of the Unscheduled Care Design and Delivery Plan reducing the time patients are waiting for procedures and thereby the likelihood of them attending A&E.

7.7 Of the recurring funding of £14.822m required, only £8.864m of funding has been able to be identified on a recurring basis. £1.273m of the funding gap relates to MHAU's for which recurring funding is still to be put in place by Scottish Government. The remaining funding gap recognises the challenge which all IJBs and the Health Board have had in securing full funding for Phase 1. This has implications for the delivery of the plan, even for Phase 1, with actions not able to be fully implemented in all geographic areas until funding is secured. The table below highlights the Actions where partial implementation is proposed at this stage due to the funding gap which exists.

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

Action	Glasgow City	Inverclyde	East Ren	West Dun	East Dun	Renfrew	Health Board
Action 1 Comms	√	√	√	√	√	√	n/a
Action 2 ACP	√	X	√	√	√	√	n/a
Action 4 Frailty	√	√	√	√	√	√	n/a
Action 9 Step Up	√	√	√	√	√	X	n/a
Action 10 Care Homes	√	√	√	√	√	√	n/a
Action 13 Service in ED	n/a	n/a	n/a	n/a	n/a	n/a	X
Action 14 MIUs	n/a	n/a	n/a	n/a	n/a	n/a	X
Action 24 Improvement	√	√	√	√	√	√	n/a

7.9 Phase 2 and 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phase 2 and 3 have funding which has already been secured in some geographic areas. As a result, this investment is planned to proceed now as part of an early adoption of Phase 2 and 3. These have been highlighted in annex D.

8 PERFORMANCE FRAMEWORK

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

8.2 It is essential that we develop a performance framework to support all levels of data and information required including high level management reporting at both GGC and HSCP levels; operational management data to support local planning and monitoring and wider data to support targeted review and improvement activity at HSCP and locality/community levels.

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

Figure 6 – Performance Management Framework

8.5 In a large and complex system such as NHSGGC with many moving parts estimating and forecasting the impact of specific interventions is never an exact science. As we have seen in 2020 and in 2021 there are many factors that can influence the impact of any given intervention – many of which are not in our direct control e.g. changes in the economy. Forecasting or estimating the potential impact of such a wide ranging programme as described in this plan on Scotland's largest health and social care system is even more difficult when looking into future years, and beyond Covid.

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

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

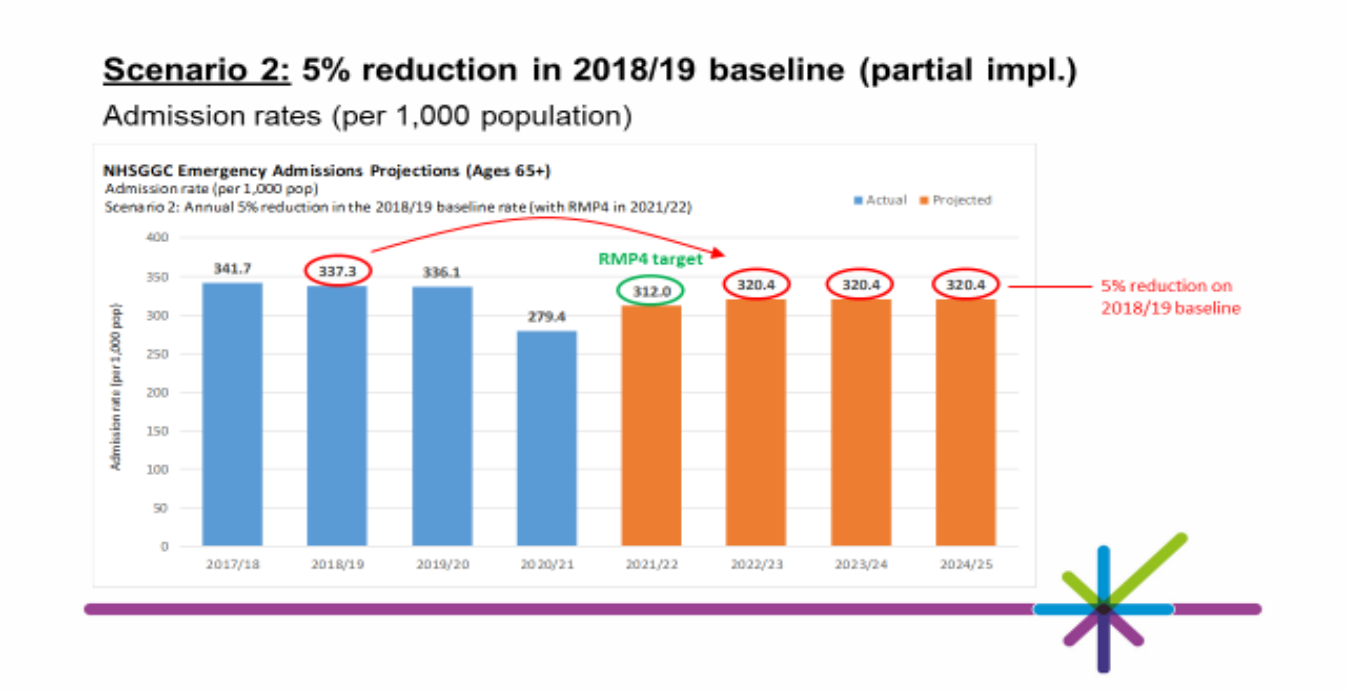
8.8 To reach our estimate we have looked at current rates of admission by head of population for different age groups and taken into account the population projections for future years (see annex F). We present three scenarios in annex F recognising that the programme as a whole is not currently fully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

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

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

NHSGGC over this period and also current projections for 2021/22 included in RMP4.

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



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

Benefits Realisation

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

Flow Navigation Centre (FNC)

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

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

Increasing ACP & KIS availability

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

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

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

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

and sharing of the key information could reduce the number of ED attendances and admissions for a number of these patients as evidence above.

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

Falls Prevention & Management

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

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

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

8.21 January – June 2021 Scottish Ambulance Service (SAS) attended to n6051 fallers over 65 years in the community, including Care Homes. Conveyance to ED followed for n4652, 77% of calls. Work with SAS to reduce conveyance by

a further 10% (465). A number of actions within the Falls Prevention & Management plan will contribute to a reduction in ED attendance and unplanned admissions such as:

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

Frailty@ the Front Door

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

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

Discharge to Assess Policy impact on 11B & 27A

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

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

Mental Health Assessment Units

8.26 Total referrals to MHAUs in May 2020 totalled 442 compared to 1443 referrals in May 2020. This illustrates the significant growth in direct referrals to the MHAU's facilitating access for ED's SAS and the Police service and we anticipate this is having a positive overall effect on both ED attendances and admission rates. The average number of MHAU attendances referred by EDs was on average 314 per month over the three months to May 2021. We can therefore estimate that there will be 3,768 ED attendances avoided through this service over a 12 months period.

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

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

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

9 GOVERNANCE ARRANGEMENTS

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

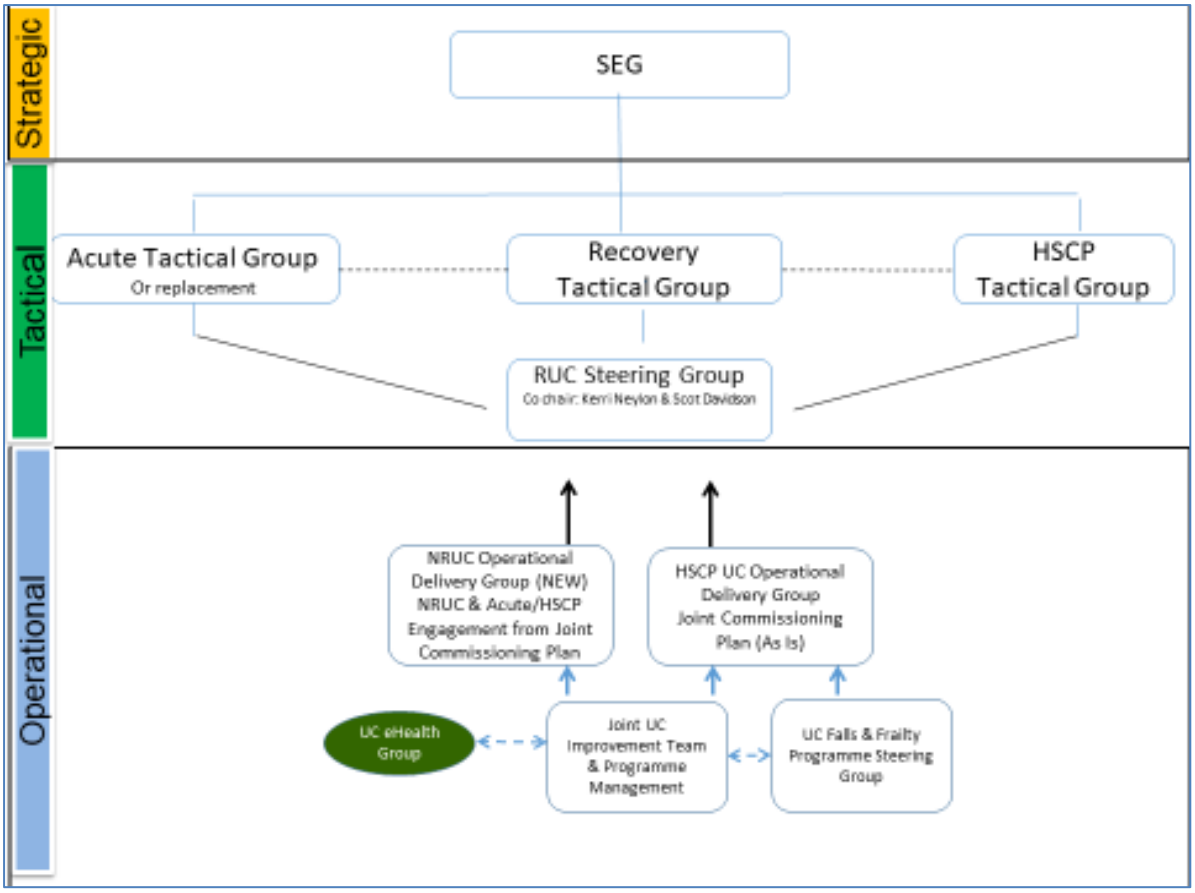
- facilitate strategic direction and operational leadership of UC;
- provide accountability for developing strategy and design via the Steering Group;
- demonstrate responsibility for implementation via Delivery Groups;
- embed the Programme Management approach to provide assurance that the programme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

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

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

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

Figure 8 – Unscheduled Care Governance Arrangements



10 PROGRESS REPORTING

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

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

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

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

11 NEXT STEPS

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

11.2 This revised plan has:

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

11.3 The plan will be presented to IJBs, the Health Board and be the subject of ongoing engagement as outlined in section 4 above, and progress reports issued at regular intervals.

Unscheduled Care : Financial Framework		West Dunbartonshire IA					
		Recurring (R)/ Non Recurring (N/R)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1							
Communications							
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	R	£0	£10,000	£0	£0	£10,000
Prevention & Early Intervention							
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	R	£0	£8,482	£0	£0	£8,482
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.	R	£0	£126,268	£0	£0	£126,268
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.		£0	£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	R	£0	£61,876	£0	£0	£61,876
Primary Care & Secondary Care Interface							
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0	£0

Unscheduled Care : Financial Framework		West Dunbartonshire IA					
		Recurring (R)/ Non Recurring (N/R)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Primary Care & Secondary Care Interface							
17	We will improve urgent access to mental health services.	R	£0	£103,638	£0	£0	£103,638
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0	£0
Improving Discharge							
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.	R	£0	£617,925	£0	£0	£617,925
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.	R	£0	£599,109	£0	£0	£599,109
Total			**£0**	**£1,527,298**	**£0**	**£0**	**£1,527,298**

	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£0	£1,527,298	£0	£0	£1,527,298
Non Recurring	£0	£0	£0	£0	£0
Total	**£0**	**£1,527,298**	**£0**	**£0**	**£1,527,298**

Funding : Recurring Expenditure	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Scottish Government Funding	£0	£1,405,178	£0	£0	£1,405,178
Scottish Government Funding : COVID	£0	£0	£0	£0	£0
IJB Budget	£0	£18,482	£0	£0	£18,482
Total Funding Recurring	**£0**	**£1,423,660**	**£0**	**£0**	**£1,423,660**
Funding Gap	**£0**	**£103,638**	**£0**	**£0**	**£103,638**

Funding : Non Recurring Expenditure	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£0	£0	£0	£0	£0
Manage within HSCP Budget	£0	£0	£0	£0	£0
Scottish Government Funding	£0	£0	£0	£0	£0
Total Funding Non Recurring	**£0**	**£0**	**£0**	**£0**	**£0**
Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**

NHS GREATER GLASGOW & CLYDE

UNSCHEDULED CARE
JOINT COMMISSIONING PLAN

DESIGN & DELIVERY PLAN
2022/23-2024/25

ANNEXES

March 2022

CONTENTS

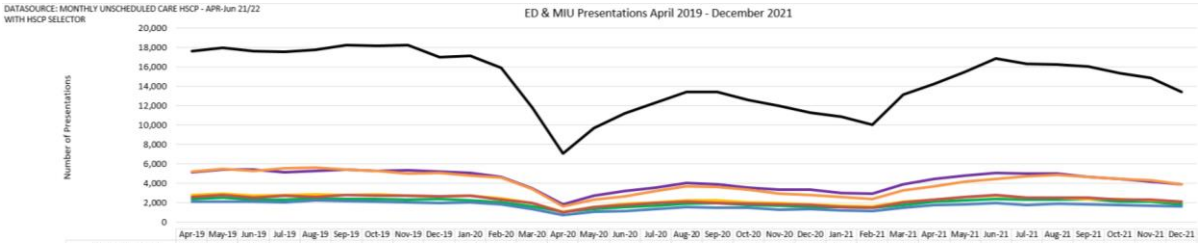
ANNEX A

Rear View Mirror

Unscheduled Care activity

2019-2021

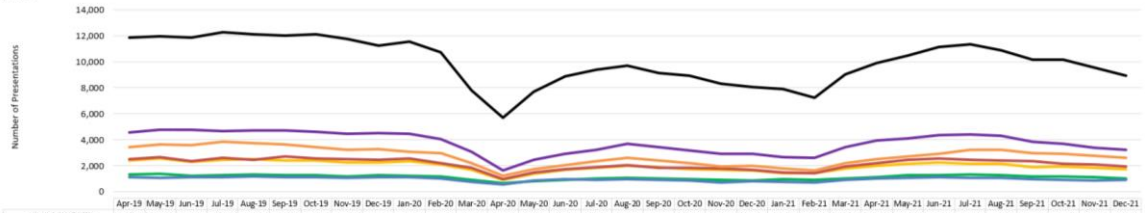
by HSCP and GG&C



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
GLASGOW TOTAL	17,592	17,957	17,613	17,561	17,758	18,204	18,134	18,200	17,014	17,161	15,891	11,790	7,053	9,653	11,186	12,324	13,384	13,382	12,557	11,950	11,276	10,822	10,005	13,108	14,253	15,494	16,877	16278	16222	15995	15366	14857	13381
East Dunbartonshire	2,356	2,489	2,298	2,318	2,415	2,383	2,360	2,293	2,335	2,264	2,047	1,635	1,084	1,342	1,532	1,699	1,854	1,950	1,778	1,666	1,572	1,522	1,465	1,767	2,101	2,252	2,379	2,307	2,319	2,339	2,111	2,084	1,784
West Dunbartonshire	2,771	2,940	2,704	2,788	2,850	2,812	2,839	2,745	2,674	2,746	2,452	1,922	1,043	1,512	1,857	2,032	2,215	2,220	1,998	1,953	1,838	1,675	1,620	2,103	2,314	2,583	2,717	2,489	2,507	2,361	2,372	2,251	2,097
East Renfrewshire	2,068	2,078	2,117	2,022	2,211	2,160	2,080	2,048	1,983	2,037	1,824	1,306	689	1,027	1,129	1,337	1,568	1,480	1,452	1,256	1,336	1,213	1,121	1,485	1,738	1,799	1,921	1,781	1,877	1,790	1,729	1,685	1,610
Renfrewshire	5,161	5,406	5,388	5,148	5,296	5,391	5,253	5,319	5,184	5,069	4,614	3,485	1,851	2,681	3,196	3,523	4,025	3,885	3,541	3,338	3,325	2,979	2,929	3,879	4,461	4,762	5,055	4,961	5,005	4,651	4,443	4,130	3,899
Inverclyde	2,604	2,763	2,481	2,714	2,561	2,802	2,690	2,741	2,613	2,694	2,321	1,943	993	1,529	1,760	1,934	2,095	1,946	1,910	1,850	1,742	1,532	1,486	2,034	2,286	2,602	2,752	2,522	2,538	2,535	2,275	2,307	2,090
Other	5,210	5,481	5,298	5,571	5,636	5,389	5,254	4,985	5,055	4,774	4,585	3,393	1,596	2,283	2,661	3,200	3,711	3,619	3,356	2,920	2,805	2,548	2,370	3,256	3,698	4,150	4,420	4,708	4,842	4,641	4,411	4,315	3,916

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

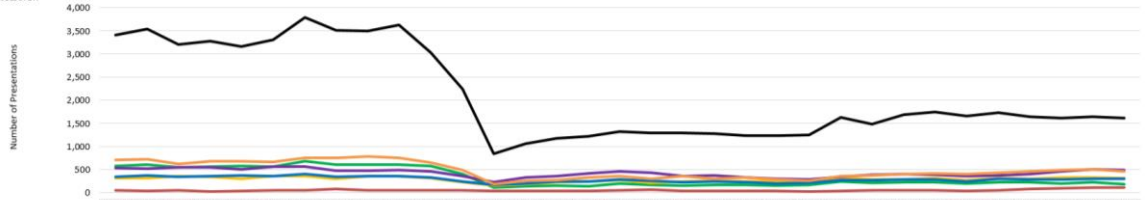
ED Presentations (Excluding MIU & RHC) April 2019 - December 2021



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
GLASGOW TOTAL	11,869	11,940	11,864	12,278	12,131	11,999	12,103	11,768	11,222	11,548	10,721	7,795	5,713	7,695	8,862	9,389	9,701	9,142	8,924	8,285	8,064	7,888	7,225	9,019	9,877	10,448	11,149	11317	10879	10157	10134	9565	8948
East Dunbartonshire	1,316	1,351	1,229	1,273	1,293	1,249	1,247	1,170	1,285	1,195	1,141	907	671	820	912	997	1,034	1,026	959	929	873	941	879	1,007	1,131	1,269	1,249	1,296	1,248	1,166	1,156	1,106	1,006
West Dunbartonshire	2,399	2,537	2,292	2,465	2,475	2,372	2,382	2,237	2,220	2,336	2,087	1,660	933	1,368	1,669	1,810	1,979	1,892	1,711	1,661	1,602	1,434	1,403	1,786	1,983	2,162	2,266	2,147	2,128	1,872	1,916	1,815	1,715
East Renfrewshire	1,109	1,064	1,099	1,124	1,142	1,125	1,116	1,051	1,103	1,125	993	757	571	836	936	907	975	884	856	699	819	757	717	900	1,014	1,060	1,106	1,056	1,063	956	925	864	923
Renfrewshire	4,574	4,775	4,743	4,635	4,705	4,702	4,629	4,439	4,480	4,457	4,037	3,064	1,645	2,437	2,902	3,212	3,660	3,420	3,143	2,916	2,893	2,668	2,607	3,404	3,942	4,077	4,361	4,374	4,309	3,832	3,668	3,366	3,211
Inverclyde	2,490	2,661	2,355	2,599	2,458	2,686	2,559	2,479	2,440	2,573	2,199	1,845	957	1,476	1,709	1,879	2,017	1,832	1,832	1,765	1,663	1,458	1,427	1,950	2,194	2,449	2,563	2,425	2,404	2,360	2,118	2,096	1,920
Other	3,443	3,631	3,561	3,852	3,754	3,610	3,437	3,215	3,271	3,081	2,936	2,214	1,219	1,741	2,020	2,363	2,587	2,384	2,203	1,921	1,960	1,774	1,603	2,188	2,514	2,682	2,892	3,192	3,242	2,959	2,901	2,772	2,589

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

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

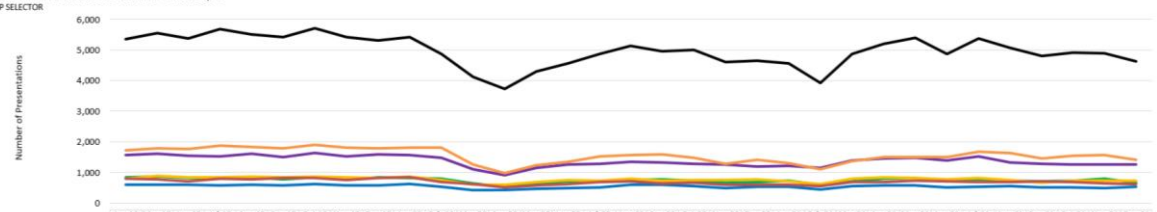


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
GLASGOW TOTAL	3,412	3,537	3,204	3,270	3,154	3,302	3,790	3,515	3,490	3,633	3,032	2,243	835	1,058	1,180	1,212	1,317	1,288	1,294	1,281	1,241	1,235	1,246	1,627	1,487	1,686	1,747	1660	1725	1640	1606	1637	1614
East Dunbartonshire	581	611	545	565	575	562	675	610	601	611	580	395	118	135	153	146	200	173	157	166	175	153	163	238	218	225	227	203	234	229	203	221	189
West Dunbartonshire	318	307	354	342	303	360	360	305	355	358	312	226	157	181	233	235	276	214	236	259	243	254	211	307	290	290	314	274	314	303	328	328	317
East Renfrewshire	337	374	337	355	372	360	407	342	357	355	331	239	173	196	246	242	281	249	232	240	225	197	205	270	276	278	281	246	304	278	286	299	298
Renfrewshire	529	523	551	547	508	557	569	480	481	493	459	360	227	323	362	420	454	431	351	373	324	296	287	350	380	396	381	358	371	397	456	506	495
Inverclyde	55	43	50	29	30	47	48	81	55	47	47	51	36	43	34	33	52	59	41	35	35	36	29	41	49	54	56	36	45	78	98	111	119
Other	713	716	618	676	674	662	747	758	786	755	656	490	182	257	266	332	365	304	354	294	3	62	361	378	406	415	409	427	456	495	501	457

Data Table

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

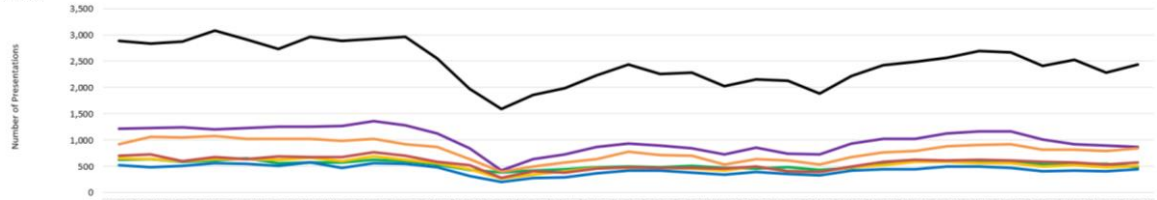
Emergency Admits Adult April 2019 - December 2021



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
GLASGOW TOTAL	5,358	5,553	5,381	5,686	5,517	5,411	5,704	5,430	5,311	5,427	4,869	4,112	3,732	4,301	4,553	4,879	5,126	4,961	4,998	4,606	4,656	4,569	3,920	4,874	5,206	5,404	4,868	5372	5066	4808	4905	4890	4624
East Dunbartonshire	838	854	811	798	835	765	830	763	832	824	795	639	542	641	712	716	754	765	736	651	679	732	599	715	794	809	704	774	730	715	720	783	668
West Dunbartonshire	798	879	847	846	870	835	858	841	812	854	750	600	603	673	757	724	787	729	744	745	779	714	627	785	839	809	775	823	758	652	721	719	731
East Renfrewshire	599	586	591	584	604	577	607	563	571	621	530	426	419	468	483	513	604	599	544	478	540	538	435	561	574	584	506	539	543	501	505	491	521
Renfrewshire	1,568	1,603	1,552	1,524	1,616	1,509	1,628	1,510	1,580	1,568	1,471	1,103	905	1,147	1,246	1,276	1,352	1,323	1,285	1,248	1,199	1,219	1,146	1393	1,450	1,477	1,382	1,518	1,329	1,285	1,250	1,263	1,246
Inverclyde	794	778	697	787	780	823	806	752	816	833	694	625	520	572	621	685	695	633	658	604	590	604	558	687	691	729	702	681	674	699	694	645	623
Other	1,711	1,785	1,759	1,876	1,829	1,784	1,889	1,814	1,789	1,801	1,808	1,254	966	1,234	1,344	1,511	1,568	1,593	1,468	1,282	1,418	1,293	1,100	1359	1,499	1,509	1,509	1,686	1,642	1,449	1,546	1,561	1,409

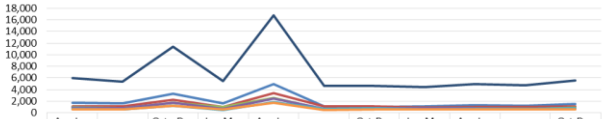
DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-JUN 21/22
WITH HSCP SELECTOR

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



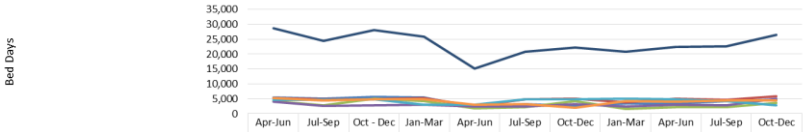
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
GLASGOW TOTAL	2,887	2,839	2,868	3,080	2,916	2,735	2,957	2,884	2,921	2,963	2,553	1,971	1,590	1,853	1,985	2,233	2,441	2,260	2,284	2,021	2,152	2,132	1,885	2,214	2,428	2,480	2,566	2697	2663	2408	2526	2277	2430
East Dunbartonshire	618	630	582	615	654	560	573	566	622	595	533	424	383	422	439	484	496	475	506	462	459	479	424	466	556	591	594	585	588	538	535	545	485
West Dunbartonshire	649	634	592	640	639	620	658	595	688	623	560	447	262	337	404	466	470	470	456	422	488	402	387	486	519	581	587	554	564	499	524	482	510
East Renfrewshire	519	477	510	557	548	505	577	465	560	542	479	309	207	270	284	365	421	411	376	336	396	359	325	417	447	440	491	489	472	402	419	404	438
Renfrewshire	1,219	1,231	1,245	1,195	1,229	1,252	1,255	1,267	1,361	1,279	1,122	840	424	635	722	865	935	893	836	721	856	732	730	937	1,018	1,018	1,127	1,166	1,161	1,008	916	887	863
Inverclyde	700	725	602	670	639	683	677	672	770	697	581	516	278	405	381	452	480	466	473	459	492	408	392	495	588	624	615	621	613	580	575	538	573
Other	924	1,060	1,045	1,077	1,021	1,024	1,023	976	1,018	923	867	635	399	499	568	640	778	714	706	530	641	605	535	668	767	794	885	905	917	817	809	791	840

Glasgow City top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '21



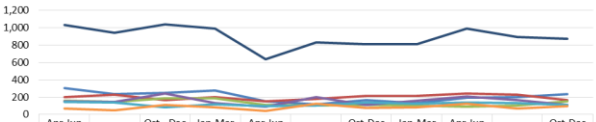
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	1,694	1,611	3,305	1,588	4,916	1,082	963	1,052	1,260	1,212	1,493
Other disorders of urinary system	1,087	1,132	2,219	1,024	3,351	1,086	1,072	912	1,001	1,031	1,090
Unspecified acute lower respiratory infection	1,003	769	1,772	1,015	2,541	568	531	545	563	551	853
Heart failure	925	772	1,697	707	2,469	722	779	761	829	680	725
Cerebral infarction	654	567	1,221	499	1,788	656	770	595	728	674	783
Fracture of femur	609	554	1,163	611	1,717	478	566	596	573	579	594
All diagnosis Total	5,972	5,405	11,377	5,444	16,782	4,592	4,681	4,461	4,954	4,727	5,538

Glasgow City top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '21



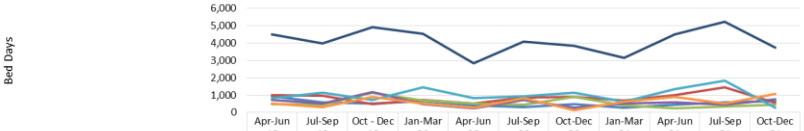
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	5,544	5,136	5,618	5,409	2,041	3,294	2,641	3,516	3,393	4,322	4,578
Other disorders of urinary system	5,177	4,806	4,795	5,329	2,657	4,863	5,060	3,915	4,988	4,554	5,944
Unspecified acute lower respiratory infection	4,148	2,856	5,051	4,259	1,829	2,130	4,308	1,686	2,299	2,226	3,555
Heart failure	3,943	2,564	2,884	3,038	2,432	2,509	3,172	2,424	2,941	2,885	4,984
Cerebral infarction	4,665	4,642	4,916	2,938	2,993	4,753	4,915	5,003	4,780	4,188	2,888
Fracture of femur	5,161	4,460	4,887	4,828	3,117	3,235	2,084	4,323	4,027	4,377	4,443
All diagnosis Total	28,638	24,464	28,151	25,801	15,069	20,784	22,180	20,867	22,428	22,552	26,392

West Dunbartonshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '21



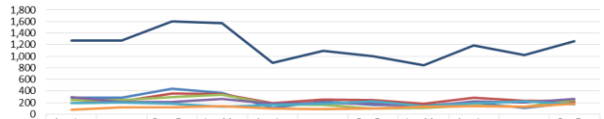
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	307	232	247	275	155	119	169	130	196	198	235
Other disorders of urinary system	200	229	164	203	149	177	211	211	243	226	168
Unspecified acute lower respiratory infection	157	147	189	184	108	101	110	103	88	102	151
Heart failure	155	147	240	129	91	203	108	157	209	167	110
Cerebral infarction	147	138	86	115	95	103	138	125	136	131	113
Fracture of femur	67	51	110	84	42	127	76	86	121	69	95
All diagnosis Total	1,033	944	1,036	990	640	830	812	812	993	893	872

West Dunbartonshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '21



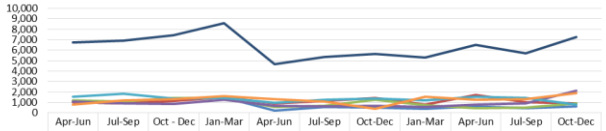
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	925	595	516	638	424	294	486	284	431	590	668
Other disorders of urinary system	1,015	950	471	725	532	879	908	701	994	1,463	543
Unspecified acute lower respiratory infection	490	455	1,131	697	501	452	882	412	234	342	447
Heart failure	726	507	1,173	487	254	714	284	508	572	464	748
Cerebral infarction	813	1,145	739	1,447	842	922	1,139	604	1354	1,837	274
Fracture of femur	524	311	898	529	273	837	149	635	902	533	1,066
All diagnosis Total	4,493	3,963	4,928	4,523	2,826	4,098	3,848	3,144	4,487	5,229	3,746

Renfrewshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '21



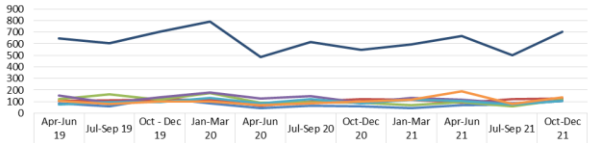
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	285	279	441	368	102	224	162	151	203	112	201
Other disorders of urinary system	185	226	357	341	189	248	242	183	287	231	222
Unspecified acute lower respiratory infection	241	238	296	336	170	161	99	108	151	125	237
Heart failure	296	208	215	263	178	191	181	130	221	199	260
Cerebral infarction	186	200	175	125	156	184	220	141	191	221	167
Fracture of femur	77	122	118	139	96	84	101	127	136	129	176
All diagnosis Total	1,270	1,273	1,602	1,572	891	1,092	1,005	840	1,189	1,017	1,263

Renfrewshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '21



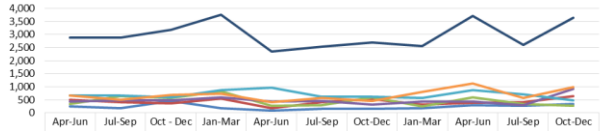
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	1,055	910	1,319	1,466	230	556	505	379	652	479	631
Other disorders of urinary system	1,003	901	1,147	1,474	907	1,155	1,423	820	1,722	1,042	923
Unspecified acute lower respiratory infection	1,196	1,106	1,452	1,421	564	661	1,250	743	469	492	924
Heart failure	1,084	917	846	1,234	661	650	699	577	803	926	2,129
Cerebral infarction	1,572	1,848	1,364	1,414	964	1,236	1,398	1,211	1,564	1,442	776
Fracture of femur	808	1,213	1,289	1,580	1,328	1,096	369	1,551	1,287	1,313	1,903
All diagnosis Total	6,718	6,895	7,417	8,589	4,654	5,354	5,644	5,281	6,497	5,694	7,286

East Renfrewshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '21



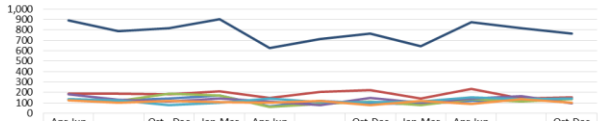
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	86	61	132	84	43	64	58	44	71	76	107
Other disorders of urinary system	105	111	119	119	65	103	123	119	92	124	125
Unspecified acute lower respiratory infection	121	163	115	176	91	95	90	70	97	60	116
Heart failure	154	91	139	177	128	148	92	130	117	86	106
Cerebral infarction	77	98	98	132	86	121	84	116	104	75	109
Fracture of femur	106	83	103	103	70	86	102	116	187	82	140
All diagnosis Total	649	607	706	791	483	617	549	595	668	503	703

East Renfrewshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '21



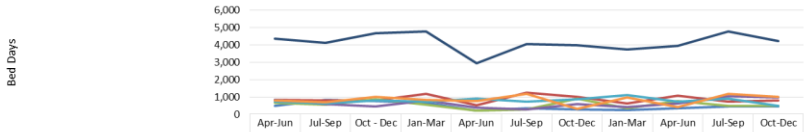
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	259	186	461	179	81	167	155	179	300	275	341
Other disorders of urinary system	496	411	365	554	188	422	537	332	381	413	637
Unspecified acute lower respiratory infection	351	640	581	824	264	309	606	247	589	339	286
Heart failure	445	484	477	594	436	454	310	438	442	287	922
Cerebral infarction	664	658	607	869	962	620	625	578	865	714	475
Fracture of femur	674	502	700	744	422	576	456	795	1,139	574	981
All diagnosis Total	2,889	2,881	3,191	3,764	2,353	2,548	2,689	2,569	3,716	2,602	3,642

East Dunbartonshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '21



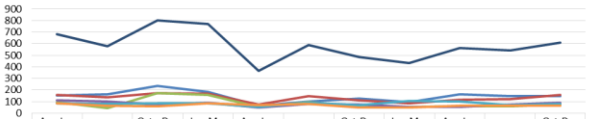
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	129	127	143	170	68	120	96	89	117	125	142
Other disorders of urinary system	187	186	181	210	147	205	220	143	234	142	151
Unspecified acute lower respiratory infection	130	118	186	169	60	88	114	80	138	113	134
Heart failure	182	132	113	141	113	76	146	103	139	165	94
Cerebral infarction	137	123	76	103	139	106	109	112	155	137	144
Fracture of femur	126	103	118	110	102	120	81	117	90	137	102
All diagnosis Total	891	789	817	903	629	715	766	644	873	819	767

East Dunbartonshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '21



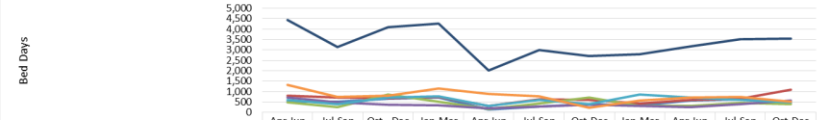
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	494	842	752	661	205	338	273	240	354	464	452
Other disorders of urinary system	843	806	797	1,170	514	1,242	1,008	634	1063	738	808
Unspecified acute lower respiratory infection	655	564	855	571	206	283	910	352	770	471	494
Heart failure	827	581	450	798	365	294	605	430	614	1,029	967
Cerebral infarction	724	636	806	743	891	718	860	1115	720	891	492
Fracture of femur	807	679	1,014	828	753	1,163	323	985	432	1,176	999
All diagnosis Total	4,350	4,108	4,674	4,771	2,934	4,038	3,979	3,756	3,953	4,769	4,212

Inverclyde top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '21



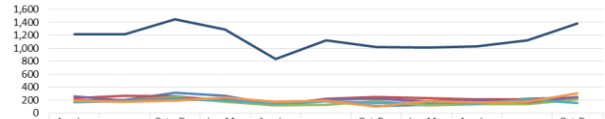
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	151	160	233	185	62	99	125	93	163	149	146
Other disorders of urinary system	158	134	174	167	73	145	113	83	118	123	159
Unspecified acute lower respiratory infection	96	42	174	157	55	93	56	52	60	61	75
Heart failure	110	99	76	89	50	80	74	53	52	73	88
Cerebral infarction	82	80	84	87	53	91	70	104	101	71	77
Fracture of femur	87	65	60	85	71	79	46	49	66	62	66
All diagnosis Total	684	580	801	770	364	587	484	434	560	539	611

Inverclyde top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '21



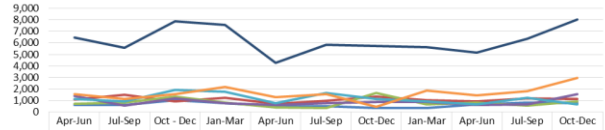
	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	515	515	661	717	130	270	401	334	563	639	480
Other disorders of urinary system	789	723	692	752	312	629	614	415	602	654	1,095
Unspecified acute lower respiratory infection	493	248	851	513	156	437	705	301	318	456	411
Heart failure	713	496	378	353	201	273	373	301	242	403	561
Cerebral infarction	588	406	712	775	320	607	386	860	717	611	474
Fracture of femur	1,336	747	792	1,161	901	784	218	569	722	739	516
All diagnosis Total	4,434	3,135	4,086	4,271	2,020	3,000	2,697	2,780	3,164	3,502	3,537

Other top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '21



	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	192	201	310	266	125	181	106	129	178	223	238
Other disorders of urinary system	230	270	262	197	122	219	246	234	210	212	232
Unspecified acute lower respiratory infection	169	197	250	175	115	131	185	116	135	135	208
Heart failure	259	193	217	217	145	214	219	185	199	168	247
Cerebral infarction	171	184	214	194	147	179	156	163	146	214	159
Fracture of femur	195	170	190	243	175	196	103	183	165	173	301
All diagnosis Total	1,216	1,215	1,443	1,292	829	1,120	1,015	1,010	1,033	1,125	1,385

Other top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '21



	Apr-Jun 19	Jul-Sep 19	Oct - Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21	Apr-Jun 21	Jul-Sep 21	Oct-Dec 21
Other chronic obstructive pulmonary disease	593	608	1,005	773	482	481	360	330	679	840	776
Other disorders of urinary system	1,099	1,492	922	1,260	719	977	1,319	1011	913	1,202	1,155
Unspecified acute lower respiratory infection	712	818	1,330	808	421	356	1,643	664	824	581	902
Heart failure	1,387	572	1,171	768	624	777	851	850	610	682	1,539
Cerebral infarction	1,117	942	1,922	1,739	772	1,679	1,127	924	673	1,233	686
Fracture of femur	1,574	1,127	1,544	2,197	1,272	1,567	450	1,873	1,436	1,833	2,950
All diagnosis Total	6,482	5,559	7,894	7,545	4,290	5,837	5,750	5,652	5,135	6,371	8,008

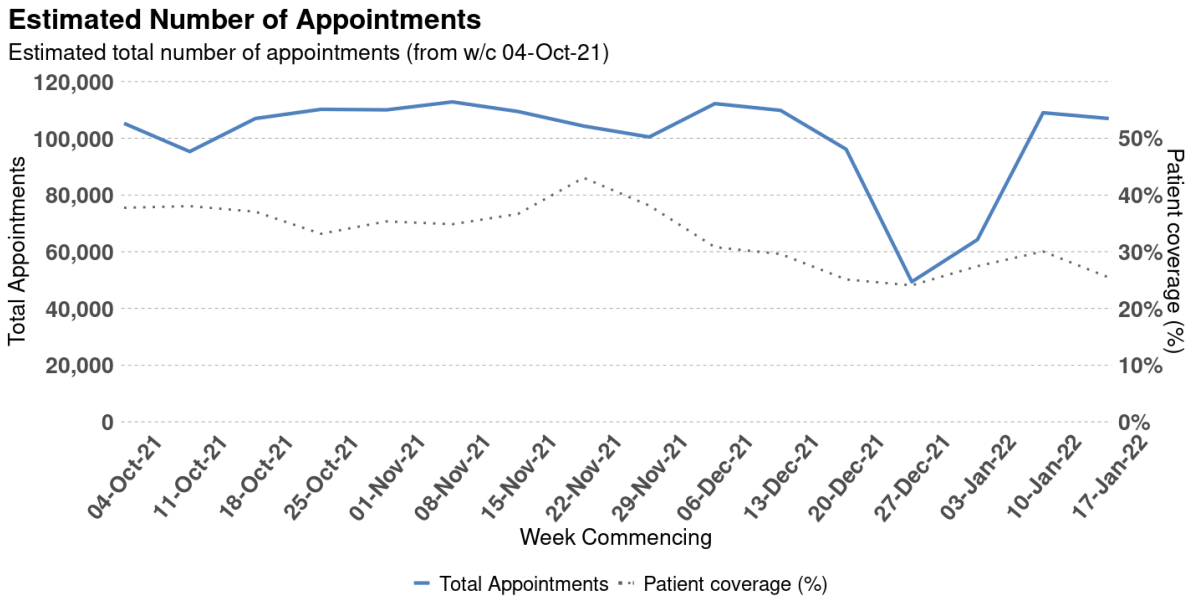
Unscheduled Care: A look back over the period of the Pandemic

Introduction

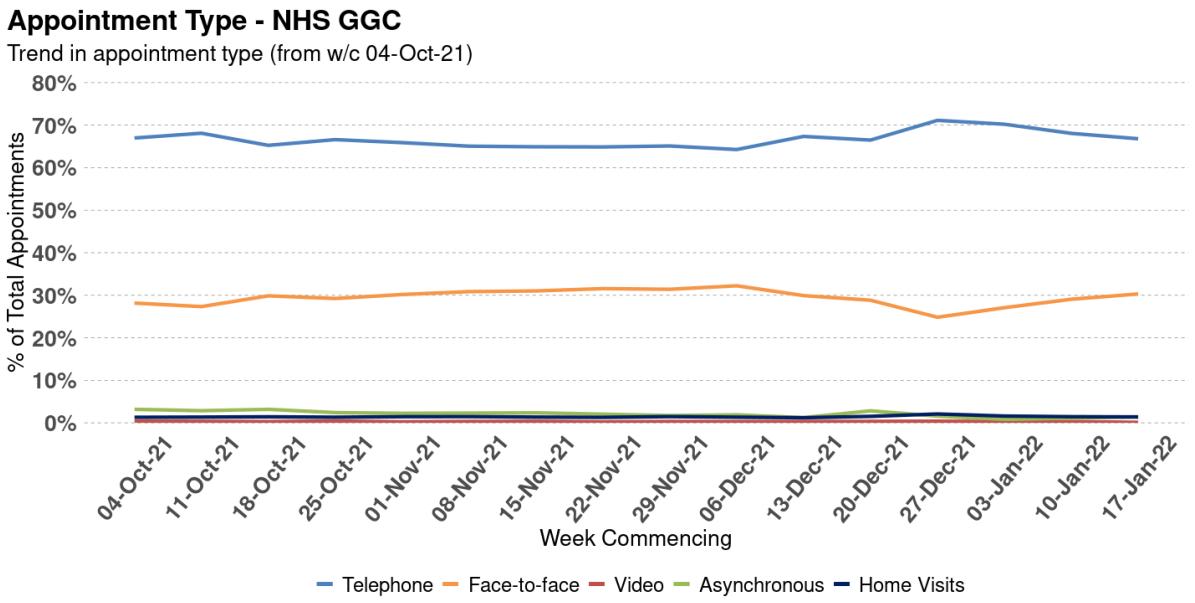
The impact of the COVID-19 pandemic and our response to it has disrupted Unscheduled Care activity levels and the previously understood seasonal trends. It is unclear the extent to which this disruption will have a long-term impact or whether previous trends will reassert themselves. This summary provides an overview of the key dynamics following the flow of demand from Primary Care through the interface to Secondary Care. The response to the pandemic has resulted in the rapid adoption of new ways of working, utilising digital and virtual technology, as well mechanisms such as the Flow Navigation Hub to support direction of patients to the most appropriate services.

Primary Care

Aggregate data on access to GPs is not generally available but in response to concerns about the pressure on these services, a cohort of practices across NHSGGC - accounting for approximately 25% of patients - have participated in a survey to enable estimated trends of demand to be developed. The study suggests that GPs have delivered between 100,000 and 120,000 appointments per week (dip on week of 20 December reflects Christmas holiday period and weekend impact).

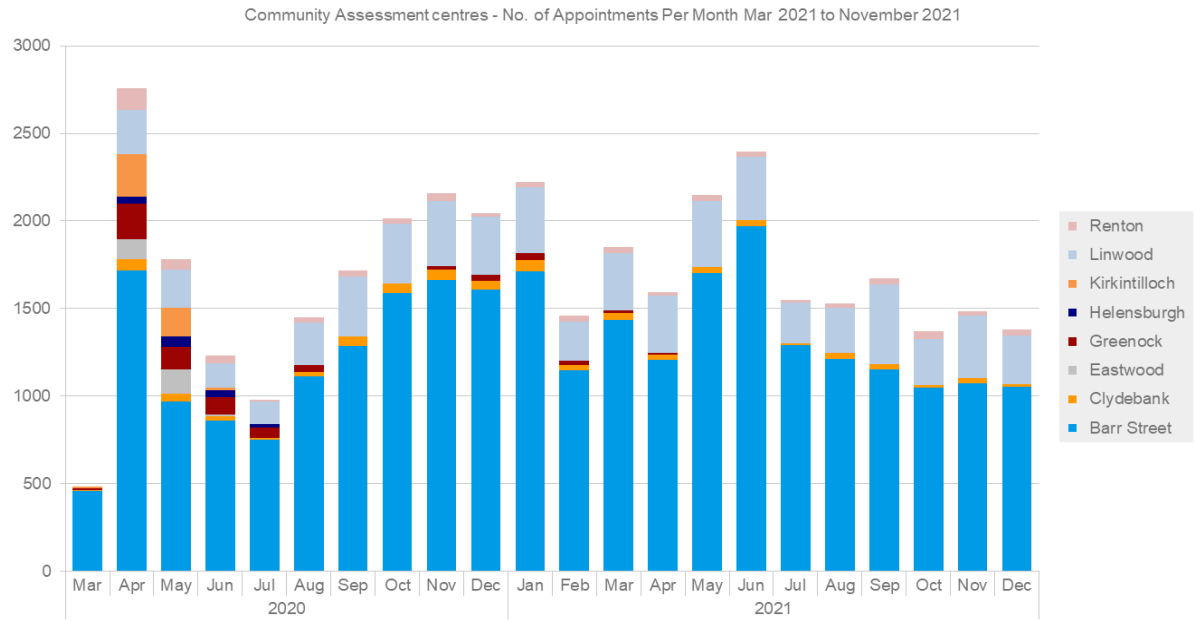


The study also indicates the extent to which telephone appointments account for around two-thirds of all appointments.



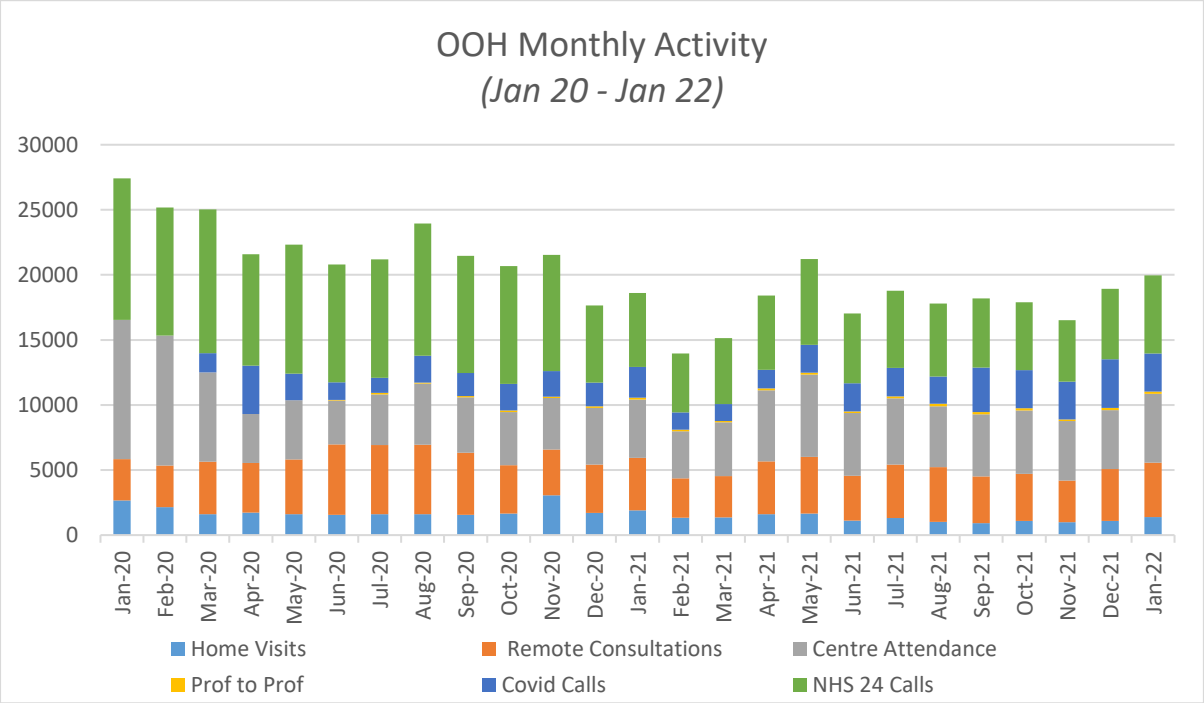
Community Assessment Centres

Established to support GPs to provide safe and rapid access for patients with suspected diagnosis of COVID-19, Community Assessment Centres were set up across NHSGGC. At peak times, 8 were in operation, with a plan to close these facilities by March 2022. These centres operated 12 hours per day with the GP Out of Hours (GPOOH) Service addressing demand when they were closed. Demand has clearly fluctuated over the duration, averaging 1,700 per month but peaking at between 2,100 and 2,700 appointments.



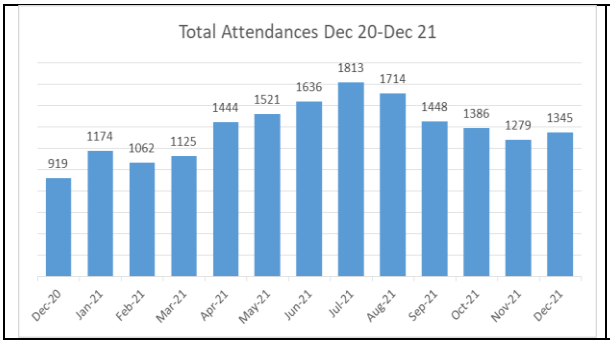
GP Out of Hours (GPOOH)

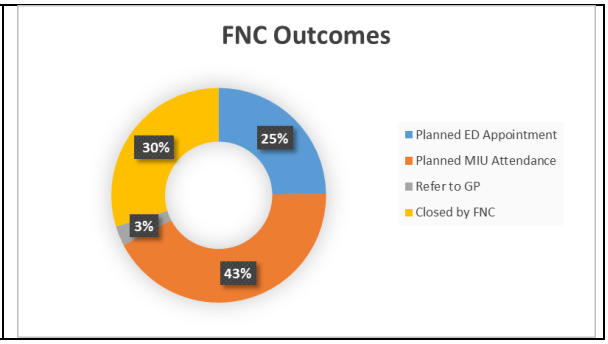
The GPOOH service has similarly experienced high levels of demand, averaging around 20,000 calls per month. Calls recorded as related to COVID-19 represent approximately 11% of demand, a figure which has been rising over recent months.



Flow Navigation Hub

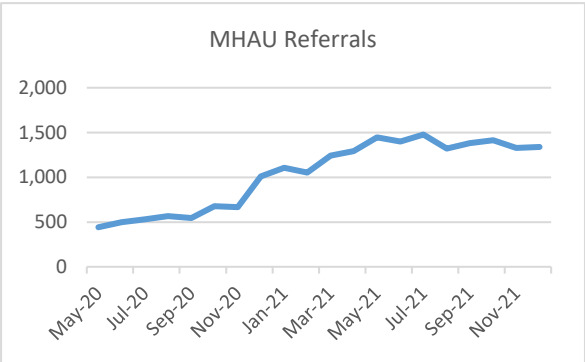
The Flow Navigation Hub was introduced in December 2020, providing a mechanism for patients to be referred by NHS111 and be connected with the most appropriate response. This would be delivered as a 'Near Me' virtual consultation or telephone call in the first instance, aiming to avoid a face-to-face presentation where appropriate. There has been a steady progression of care pathways that can be managed in this way.

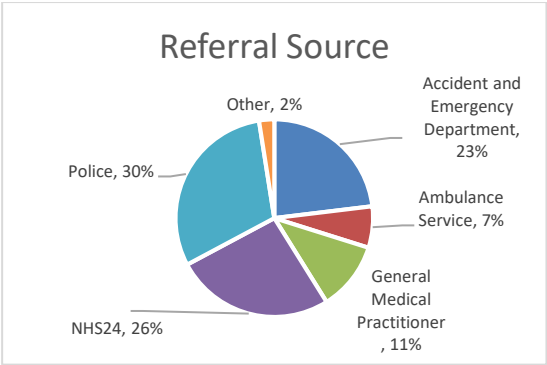




Mental Health Assessment Unit

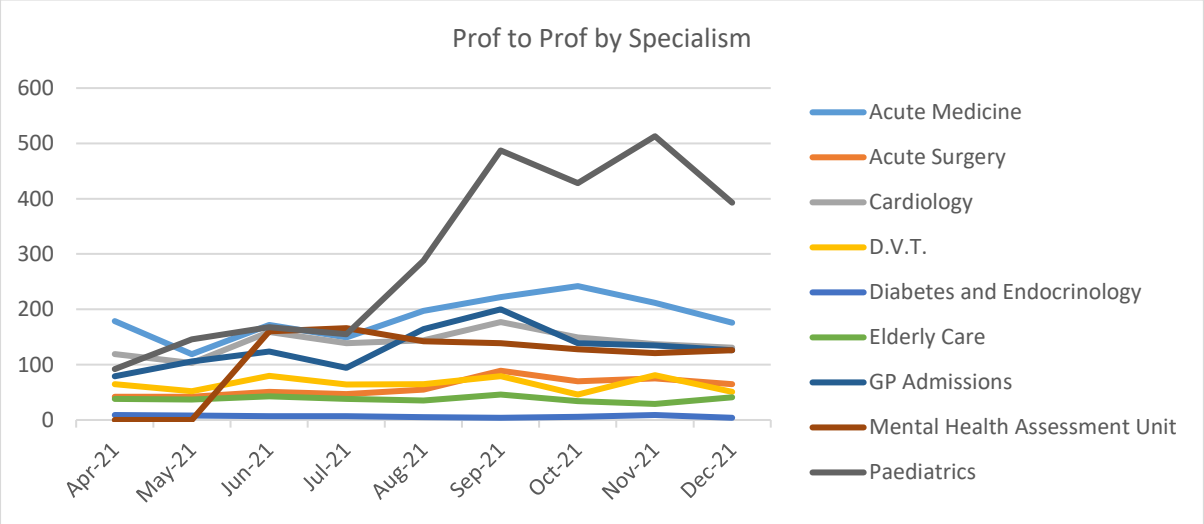
The Mental Health Assessment Unit was a planned development, which coincided with the onset of the pandemic. This has now proven itself to be a core part of the Urgent Care response and is integrated into the Flow Navigation Hub, managing in the region of 1,400 referrals per month. Analysis of the source of referrals shows the impact this service is having in diverting 70% of presentations that would otherwise have gone straight to A&E departments.





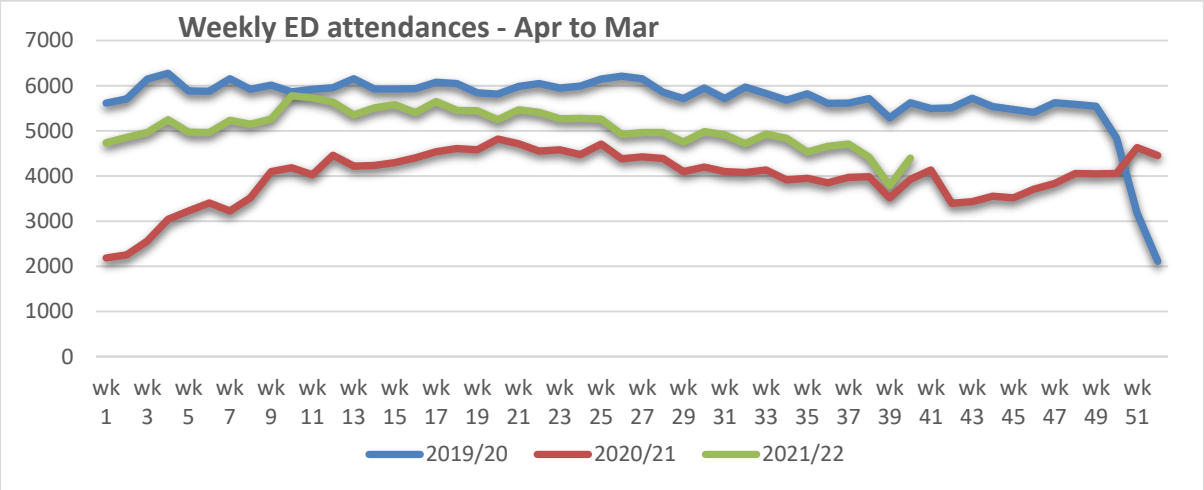
Professional to Professional

'Consultant Connect' is the digital telephone service that has been adopted by Secondary Care to provide rapid access for GPs to specialist advice as an alternative to an emergency admission. This has developed alongside the mechanisms above and is now handling over 1,000 calls per month.

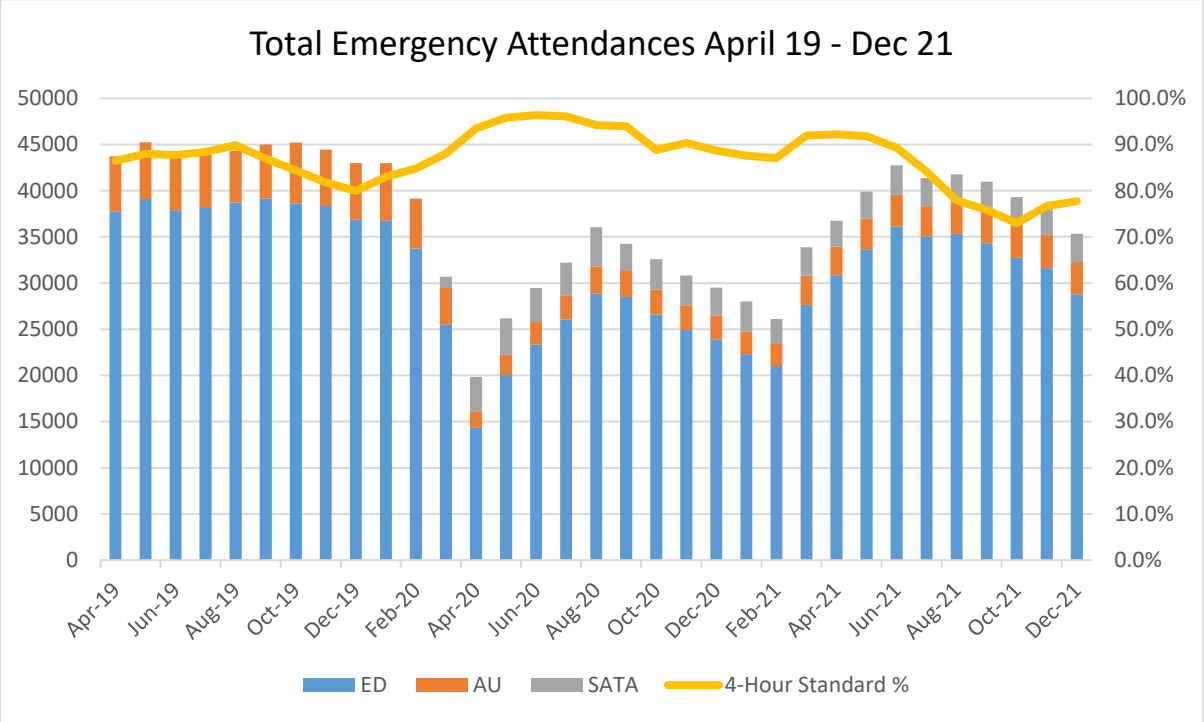


Acute Hospital Attendances

ED attendances dropped substantially during the initial months of the pandemic. Whilst increasing during 2021, the weekly rates have yet to return to pre-pandemic levels.

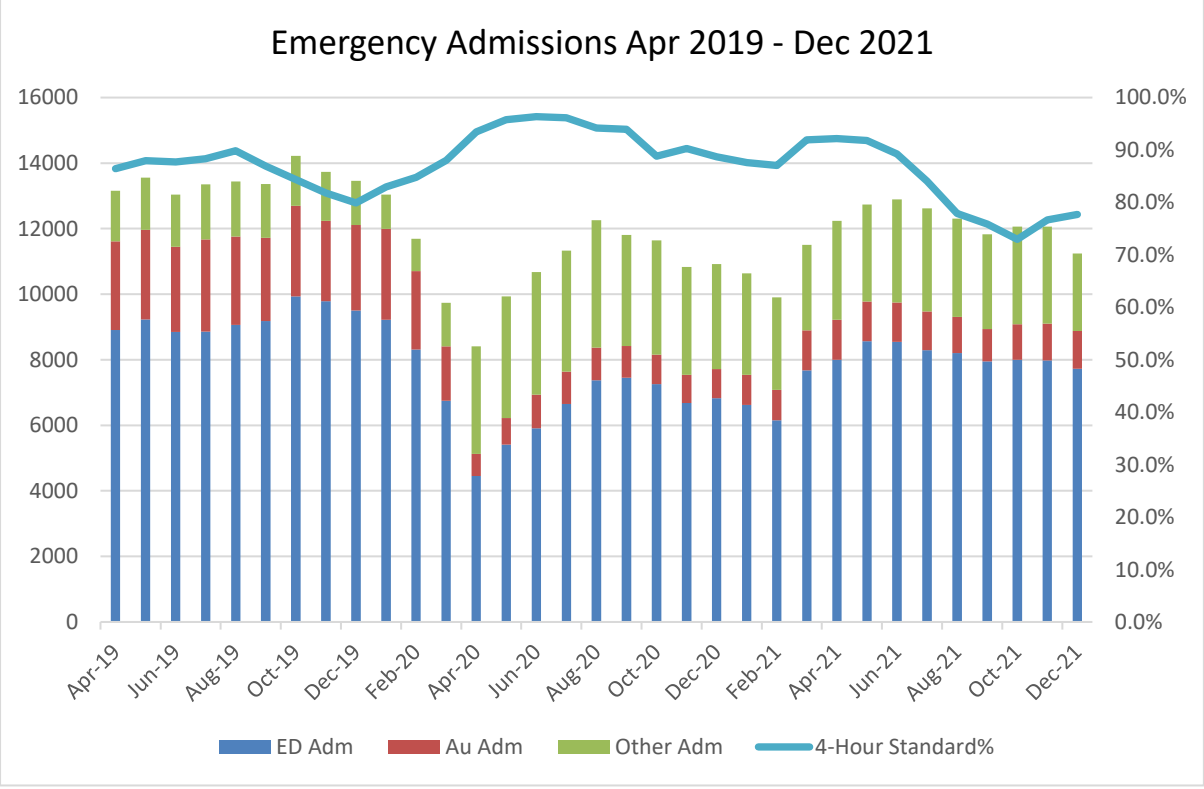


Further comparison - including SATA and Admission Unit attendances, which also contribute to the 4-hour target - clearly describes the profile of activity, which continues to be broadly 10% down on 2019/20 levels.

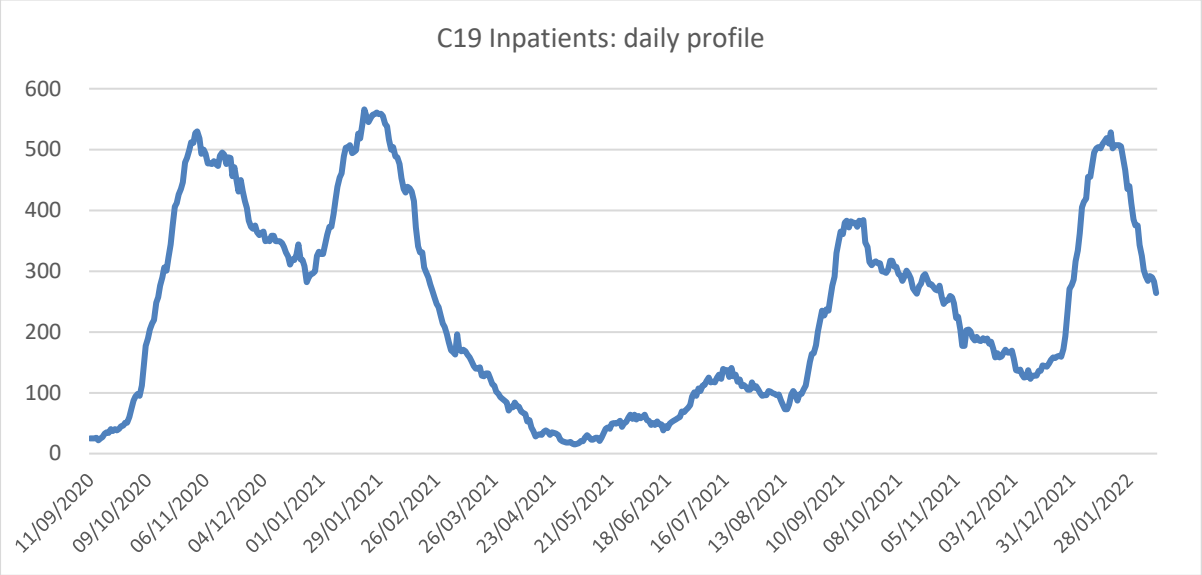


Hospital Admissions

Emergency Admissions mirror the above profile, with demand continuing throughout 2021 to be broadly 9% below pre-pandemic levels.



The necessity of maintaining ‘green’ and ‘red’ pathways to separate COVID-19 patients for infection control issues is one of the significant challenges in managing demand efficiently, particularly with continuing high rates of bed occupancy for COVID-19 positive patients which have consistently accounted for 10% or more of bed capacity for unscheduled care admissions.



Conclusion

The pandemic has continued to disrupt trends in demand throughout 2021. The development of new services has contributed to a further understanding of pathways, but not yet in a manner that can be used to project ongoing and future profiles.

ANNEX C

Design & Delivery Action Plan

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
Communications			
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services	2 & 3	SG Comms campaign on-going re Right Person, Right Place. Opportunities to develop GGC wide comms and engagement strategy in development liaising with the Corporate Comms Team and Public Engagement Team. A number of awareness campaigns have taken place including Falls Week, ACP, and POA etc. HSCP local signposting materials are being reviewed in a number of HSCPs to ensure they are fully reflective of changes
Prevention & Early Intervention			

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions	2 & 3	Via Falls & Frailty Programme Work stream 2: GGC ACP Design & Implementation Group well established with GGC Action Plan developed HSCP ACP Implementation Groups established with implementation plans developed. ACP Standard Operating Procedure developed due to be implemented Jan 2022. Approval routes via Clinical Advisory Group and Quality Outcomes Group. Number of ACPs on Clinical Portal has increased (working with eHealth to develop monthly reporting Staff trained increased significantly in the last 12 months: since Aug 2020 till Dec 2021 818 completed emodule and 475 completed virtual training ACP Champions across GGC has improved over the last 12 months with 35 across GG&C Quality Assurance approach to be developed to ensure the information within the ACP is of a standard to support decision making
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department	2 & 3	Work on-going with SAS to ensure all pathways are considered for patients who have had a fall but may not need conveyed to A&E. This is being progressed via the Falls & Frailty Work stream and RUC FNC.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
4	We will develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions	2 & 3	Approved MDT Interface model development with enhanced roles including Advanced Practice Frailty Practitioner and other roles operating within a hub and spoke model to support prevention of conveyance to front door, supporting individuals at home or their homely setting and early turnaround of those individuals to the community for those who do not require clinical care within the hospital setting. Frailty Pathway and Operating Model being developed to support the implementation of the enhanced MDT teams for RAH and QEUH. This will include the identification of frailty within the population and pathways to community supports (volunteers and managed services)
5	We will increase support to carers as part of implementation of the Carer's Act	2 & 3	Being monitored locally by each HSCP via their Carer's Plan. Connections and opportunities are considered across all the Falls & Frailty Work streams.
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc.	2 & 3	Community capacity building will be tracked within this programme via Work Stream 5 Sub Group 1A.
7	We will develop integrated pathways for the top six conditions most associated with admission to hospital with the aim of better supporting patients in the community	2 & 3	Community Respiratory Pathway ToC with SAS - North Glasgow Pilot for COPD patients already known to the CRT.
8	We will develop a range of alternatives to admission for GPs such as access to consultant advice, access to diagnostics and "hot clinics" e.g. community respiratory team advice for COPD and promote consultant connect - that enable unscheduled care to be converted into urgent planned care wherever possible	2 & 3	Activity on-going to extend the range of alternatives. Performance updates provided via RMP process. OOHs pathways for Palliative and Care Homes in development

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission	2 & 3	HSCP models being monitored. Work Stream 5 Sub Groups considering alternatives pathways to support individuals within the community to minimise the risk of an admission to hospital
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes	2 & 3	Nursing/Care Home Falls Pathway via Flow Navigation Centre test phase OOHs pathway being developed
11	We will explore extending the care home local enhanced service to provide more GP support to care homes	2 & 3	Led by Primary Care
Primary Care & Secondary Care Interface			
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time	2 & 3	NHSGGC representatives have collaborated with Scottish Government colleagues to produce a National Redirection Policy guidance document that was launched on 02/12/2021 This updated guidance supports a 'Once for Scotland' approach. NHS Boards, Health and Social Care Partnerships, (H&SCPs), Primary Care (PC) and the Royal College of Emergency Medicine (RCEM) have worked collaboratively with the Scottish Government to review and amalgamate best practice examples from across the country and translate them into implementable guidance. GGC have developed local procedures in line with the policy and a standard technical solution to recording activity and providing automated feedback to GP's is now being explored.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service	2 & 3	As part of the Redesign of Urgent Care programme aligned to the Right Care in the Right Place at the Right Time, NHSGGC designed and implemented a Flow Navigation Centre (FNC) to provide a new planned urgent care service in partnership with NHS24. The FNC directly receives clinical referrals through the NHS111 service providing rapid access to an appropriate clinical decision maker within the multidisciplinary team, optimising digital health through a telephone or video consultation where possible, minimising the need to attend A&E. The service has developed multiple specialty outflow pathways designed to provide an urgent but planned appointment that enables patients to be seen by the most appropriate clinician avoiding attendance at the ED, MIU and/or Assessment Units. This work continues with focus on further pathway development and interconnections between other health and social care service providers.
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites	√	NHSGGC has three designated MIU's at Stobhill, Victoria and Vale of Leven. During the pandemic both GRI and QEUH established designated MIU areas adjacent to the ED. Within RAH and IRH site configuration and resources have facilitated designated areas for minor injury patients to enable patients to be streamed accordingly, these are not adjacent units but areas within the existing units.
15	We will incentivise patients to attend MIUs rather than A&E with non-emergencies through the testing of a tow hour treatment target.	3	The Redesign of Urgent Care has included the introduction of planned urgent care services through the FNC and appointment based attendance at MIU's. This action has been aligned to phase 3 of the programme as it is anticipated that the changes made in the service provision to accommodate appointments within the MIU's may supersede the previous thinking around this specific action.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
16	We will explore extending MIU hours of operation to better match demand	3	The Redesign of Urgent Care work continues to review and align hours of operation to meet service demands. This action has been aligned to phase 3 of the programme as it is anticipated that the FNC pathway development and the virtual appointment based system now in place may provide alternative options to extending MIU opening times that might achieve extended access for non-urgent minor injuries.
17	We will improve urgent access to mental health services	2 & 3	Mental Health Assessment Units (MHAU) were established as part of the immediate response to Covid-19. NHSGGC's MHAU provides access for patients through the NHS111 service where further specialist assessment is required and in addition now provides direct access routes for ED's, SAS, and the Police and in addition we have established in hours and out of hours GP access. The service is now also enhanced through a professional to professional advice service where clinicians can discuss and refer patients of concern and rapid action taken to provide specialist input.
18	We will reduce the number of A&E attendances accounted for by people who have attended more than five times in the previous twelve months equivalent to 2% of total attendances.	2 & 3	During the pandemic ED's have introduced the signposting and redirection policy and in addition at a local level a number of bespoke approaches developed to ensure appropriate treatment plans are in place for individuals with high attendances. We have not progressed any whole systems change and therefore this action will be reviewed at a later date to agree how to progress.
19	We will reduce the number of people discharged on the same day from GP assessment units through the implementation of care pathways for high volume conditions such as deep vein thrombosis and abdominal pain. To enable this we will review same day discharges and signpost GPs to non-hospital alternatives that can be accessed on a planned basis	3	This is a phase 3 action, work has however commenced on specialty pathways aligned to the FNC with a test of change completed at the QEUH relative to developing a planned response for GP referrals. This work will continue through the Redesign of Urgent Care and future updates provided accordingly.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY)	2 & 3	H@H pilot to launch February 2022. A significant programme of work has been undertaken to design the concept of a 'virtual ward' with technical and clinical processes developed to support the delivery of NHSGGC's H@H model. We will be in a position to report progress following the Feb 2022 launch.
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E	2 & 3	Programme underway and to be reported vis routine performance reports to Health Board meetings
Improving Discharge		□	
21	We will work with acute services to increase by 10% the number of discharges occurring before 12:00 noon and at weekends and during peak holiday seasons, including public holidays	2 & 3	A number of actions underway: - Discharge to Assess Policy implementation (review of implementation required) - Hospital @ Home Pilot - MDT Interface Model
22	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.	2 & 3	Discharge to Assess Policy Implementation of the MDT Interface Hub and Spoke Model
23	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance	2 & 3	Being developed within Work Stream 5 of the Falls & Frailty Programme

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
24	We will reduce delayed discharges so that the level of delays accounts for approximately 2.5-3.0% of total acute beds, and bed days lost to delays is maintained within the range of 37,00-40,000 per year	3	All of the above actions will support this ambition

ANNEX D

UNSCHEDULED CARE FINANCIAL FRAMEWORK

Unscheduled Care : Financial Framework		Glasgow City IA					Inverclyde IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1											
Communications											
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	N/R	£74,000	£0	£0	£74,000	R	£10,000	£10,000	£0	£20,000
Prevention & Early Intervention											
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	R	£52,460	£10,287	£0	£62,747	R	£66,200	£22,067	£0	£88,267
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.	R	£52,060	£17,353	£0	£69,414		£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.	R	£791,231	£71,744	£0	£862,974	R	£11,000	£0	£0	£11,000
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0	£0	£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.		£0	£0	£0	£0		£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.		£0	£0	£0	£0		£0	£0	£0	£0
Primary Care & Secondary Care Interface											
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0		£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0	N/R	£5,000	£0	£0	£5,000
17	We will improve urgent access to mental health services.	R	£683,694	£0	£0	£683,694	R	£93,453	£0	£0	£93,453
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).	N/R	£1,353,000	£0	£0	£1,353,000		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge											
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.	N/R	£210,000	£200,000	£0	£410,000		£0	£0	£0	£0
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.	N/R and R	£210,000	£0	£0	£210,000	N/R	£10,000	£0	£0	£10,000
Total			**£3,426,445**	**£299,384**	**£0**	**£3,725,829**		**£195,653**	**£32,067**	**£0**	**£227,720**

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£1,679,445	£99,384	£0	£1,778,829	£180,653	£32,067	£0	£212,720
Non Recurring	£1,747,000	£200,000	£0	£1,947,000	£15,000	£0	£0	£15,000
Total	**£3,426,445**	**£299,384**	**£0**	**£3,725,829**	**£195,653**	**£32,067**	**£0**	**£227,720**

Funding : Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Scottish Government Funding	£676,000	£0	£0	£676,000	£11,000	£0	£0	£11,000
Scottish Government Funding : COVID	£0	£0	£0	£0	£0	£0	£0	£0
IJB Budget	£319,751	£99,384	£0	£419,135	£10,000	£10,000	£0	£20,000
Total Funding Recurring	**£995,751**	**£99,384**	**£0**	**£1,095,135**	**£21,000**	**£10,000**	**£0**	**£31,000**
Funding Gap	**£683,694**	**£0**	**£0**	**£683,694**	**£159,653**	**£22,067**	**£0**	**£181,720**

Funding : Non Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£0	£0	£0	£0	£15,000	£0	£0	£15,000
Manage within HSCP Budget	£284,000	£200,000	£0	£484,000	£0	£0	£0	£0
Scottish Government Funding	£1,463,000	£0	£0	£1,463,000	£0	£0	£0	£0
Total Funding Non Recurring	**£1,747,000**	**£200,000**	**£0**	**£1,947,000**	**£15,000**	**£0**	**£0**	**£15,000**
Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

Unscheduled Care : Financial Framework		East Renfrewshire IA					West Dunbartonshire IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1											
Communications											
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	R	£10,000	£0	£0	£10,000	R	£10,000	£0	£0	£10,000
Prevention & Early Intervention											
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	R	£21,652	£7,217	£0	£28,869	R	£8,482	£0	£0	£8,482
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0		£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.		£77,508	£25,836	£0	£103,344	R	£126,268	£0	£0	£126,268
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0		£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.	R	£85,696	£28,565	£0	£114,262		£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	R	£93,194	£31,065	£0	£124,259	R	£61,876	£0	£0	£61,876
Primary Care & Secondary Care Interface											
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0		£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0		£0	£0	£0	£0
17	We will improve urgent access to mental health services.	R	£91,161	£0	£0	£91,161	R	£103,638	£0	£0	£103,638
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge											
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.		£0	£0	£0	£0	R	£617,925	£0	£0	£617,925
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.		£0	£0	£0	£0	R	£599,109	£0	£0	£599,109
Total			**£379,211**	**£92,683**	**£0**	**£471,895**		**£1,527,298**	**£0**	**£0**	**£1,527,298**

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£379,211	£92,683	£0	£471,895	£1,527,298	£0	£0	£1,527,298
Non Recurring	£0	£0	£0	£0	£0	£0	£0	£0
Total	**£379,211**	**£92,683**	**£0**	**£471,895**	**£1,527,298**	**£0**	**£0**	**£1,527,298**

Funding : Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Scottish Government Funding	£203,204	£54,401	£0	£257,605	£1,405,178	£0	£0	£1,405,178
Scottish Government Funding : COVID	£0	£0	£0	£0	£0	£0	£0	£0
IJB Budget	£84,846	-£84,846	£0	£0	£18,482	£0	£0	£18,482
Total Funding Recurring	**£288,050**	**-£30,445**	**£0**	**£257,605**	**£1,423,660**	**£0**	**£0**	**£1,423,660**
Funding Gap	**£91,161**	**£123,128**	**£0**	**£214,290**	**£103,638**	**£0**	**£0**	**£103,638**

Funding : Non Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£0	£0	£0	£0	£0	£0	£0	£0
Manage within HSCP Budget	£0	£0	£0	£0	£0	£0	£0	£0
Scottish Government Funding	£0	£0	£0	£0	£0	£0	£0	£0
Total Funding Non Recurring	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**
Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

Unscheduled Care : Financial Framework		East Dunbartonshire IA					Renfrewshire IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1											
Communications											
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	R	£10,000	£0	£0	£10,000		£0	£0	£0	£0
Prevention & Early Intervention											
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.		£0	£0	£0	£0	N/R	£20,000	£0	£0	£20,000
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0	R	£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.	R	£393,679	£139,634	£0	£533,313	R	£2,367,365	£0	£0	£2,367,365
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0		£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.	R	£400,648	£13,125	£0	£413,773	R	£620,000	£0	£0	£620,000
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	R	£326,991	£0	£0	£326,991	R and N/R	£0	£0	£0	£0
Primary Care & Secondary Care Interface											
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0	N/R	£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0		£0	£0	£0	£0
17	We will improve urgent access to mental health services.	R	£106,312	£0	£0	£106,312	R	£194,672	£0	£0	£194,672
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge											
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.		£182,007	£0	£0	£182,007		£530,112	£0	£0	£530,112
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.	R	£1,072,745	£0	£0	£1,072,745	N/R	£20,000	£0	£0	£20,000
Total			**£2,492,382**	**£152,759**	**£0**	**£2,645,141**		**£3,752,149**	**£0**	**£0**	**£3,752,149**

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£2,492,382	£152,759	£0	£2,645,141	£3,712,149	£0	£0	£3,712,149
Non Recurring	£0	£0	£0	£0	£40,000	£0	£0	£40,000
Total	**£2,492,382**	**£152,759**	**£0**	**£2,645,141**	**£3,752,149**	**£0**	**£0**	**£3,752,149**

Funding : Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Scottish Government Funding	£2,059,079	£152,759	£0	£2,211,838	£3,517,477	£0	£0	£3,517,477
Scottish Government Funding : COVID	£0	£0	£0	£0	£0	£0	£0	£0
IJB Budget	£326,991	£0	£0	£326,991	£0	£0	£0	£0
Total Funding Recurring	**£2,386,070**	**£152,759**	**£0**	**£2,538,829**	**£3,517,477**	**£0**	**£0**	**£3,517,477**
Funding Gap	**£106,312**	**£0**	**£0**	**£106,312**	**£194,672**	**£0**	**£0**	**£194,672**

Funding : Non Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£0	£0	£0	£0	£40,000	£0	£0	£40,000
Manage within HSCP Budget	£0	£0	£0	£0	£0	£0	£0	£0
Scottish Government Funding	£0	£0	£0	£0	£0	£0	£0	£0
Total Funding Non Recurring	**£0**	**£0**	**£0**	**£0**	**£40,000**	**£0**	**£0**	**£40,000**
Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

Unscheduled Care : Financial Framework		Greater Glasgow and Clyde Health Board				Total			
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1										
Communications										
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.		£0	£0	£0	£0	£114,000	£10,000	£0	£124,000
Prevention & Early Intervention										
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.		£0	£0	£0	£0	£168,794	£39,571	£0	£208,365
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0	£52,060	£17,353	£0	£69,414
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.		£0	£0	£0	£0	£3,767,051	£237,214	£0	£4,004,265
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0	£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0	£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.		£0	£0	£0	£0	£1,106,344	£41,690	£0	£1,148,035
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.		£0	£0	£0	£0	£482,061	£31,065	£0	£513,126
Primary Care & Secondary Care Interface										
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.	R	£1,200,000	£0	£0	£1,200,000	£1,200,000	£0	£0	£1,200,000
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.	R	£2,546,221	£0	£0	£2,546,221	£2,546,221	£0	£0	£2,546,221
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.	R	£728,000	£0	£0	£728,000	£733,000	£0	£0	£733,000
17	We will improve urgent access to mental health services.		£0	£0	£0	£0	£1,272,930	£0	£0	£1,272,930
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0	£1,353,000	£0	£0	£1,353,000
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E	N/R	£20,000,000	£0	£0	£20,000,000	£20,000,000	£0	£0	£20,000,000
Improving Discharge										
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.		£0	£0	£0	£0	£1,540,044	£200,000	£0	£1,740,044
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.		£0	£0	£0	£0	£1,911,854	£0	£0	£1,911,854
Total			**£24,474,221**	**£0**	**£0**	**£24,474,221**	**£16,247,359**	**£576,893**	**£0**	**£36,824,252**

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£4,474,221	£0	£0	£4,474,221	£14,445,359	£376,893	£0	£14,822,252
Non Recurring	£20,000,000	£0	£0	£20,000,000	£21,802,000	£200,000	£0	£22,002,000
Total	**£24,474,221**	**£0**	**£0**	**£24,474,221**	**£36,247,359**	**£576,893**	**£0**	**£36,824,252**

Funding : Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Scottish Government Funding	£2,840,252	-£2,840,252	£0	£0	£10,712,190	-£2,633,092	£0	£8,079,098
Scottish Government Funding : COVID	£581,000	-£581,000	£0	£0	£581,000	-£581,000	£0	£0
IJB Budget	£0	£0	£0	£0	£760,070	£24,538	£0	£784,608
Total Funding Recurring	**£3,421,252**	**-£3,421,252**	**£0**	**£0**	**£12,053,260**	**-£3,189,554**	**£0**	**£8,863,706**
Funding Gap	**£1,052,969**	**£3,421,252**	**£0**	**£4,474,221**	**£2,392,099**	**£3,566,447**	**£0**	**£5,958,546**

Funding : Non Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£20,000,000	£0	£0	£20,000,000	£20,055,000	£0	£0	£20,055,000
Manage within HSCP Budget	£0	£0	£0	£0	£284,000	£200,000	£0	£484,000
Scottish Government Funding	£0	£0	£0	£0	£1,463,000	£0	£0	£1,463,000
Total Funding Non Recurring	**£20,000,000**	**£0**	**£0**	**£20,000,000**	**£21,802,000**	**£200,000**	**£0**	**£22,002,000**
Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

Unscheduled Care : Financial Framework		Renfrewshire IA						East Dunbartonshire IA						Glasgow City IA					
		Recurring (R)/ Non Recurring (N/R)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 2 and 3																			
Prevention & Early Intervention																			
7	We will develop integrated pathways for the top six conditions most associated with admission to hospital with the aim of better supporting patients in the community	N/R	£103,357	£212,916	£122,526	£0	£438,799	R	£43,384	£14,461	£0	£57,845		£0	£0	£0	£0
11	We will explore extending the care home local enhanced service to provide more GP support to care homes		£0	£0	£0	£0	£0	R	£103,267	£0	£0	£103,267		£0	£0	£0	£0
Primary Care & Secondary Care Interface																			
18	We will reduce the number of A&E attendances accounted for by people who have attended more than five times in the previous twelve months equivalent to 2% of total attendances.	R	£0	£0	£0	£0	£0		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge																			
22	We will work with acute services to increase by 10% the number of discharges occurring before 12:00 noon and at weekends and during peak holiday seasons, including public holidays	R	£0	£82,032	£14,011	£0	£96,043	R	£63,649	£21,216	£0	£84,866	N/R	£10,000	£0	£0	£10,000
25	We will reduce delayed discharges so that the level of delays accounts for approximately 2.5-3.0% of total acute beds, and bed days lost to delays is maintained within the range of 37,00-40,000 per	R	£0	£159,268	£0	£0	£159,268	R	£380,244	£162,846	£0	£543,090	R and N/R	£220,000	£0	£0	£220,000
Total			**£103,357**	**£454,216**	**£136,537**	**£0**	**£694,111**		**£590,544**	**£198,524**	**£0**	**£789,068**		**£230,000**	**£0**	**£0**	**£230,000**

	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£0	£241,300	£14,011	£0	£255,311	£590,544	£198,524	£0	£789,068	£210,000	£0	£0	£210,000
Non Recurring	£103,357	£212,916	£122,526	£0	£438,799	£0	£0	£0	£0	£20,000	£0	£0	£20,000
Total	**£103,357**	**£454,216**	**£136,537**	**£0**	**£694,111**	**£590,544**	**£198,524**	**£0**	**£789,068**	**£230,000**	**£0**	**£0**	**£230,000**

Funding	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£103,357	£212,916	£122,526	£0	£438,799	£0	£0	£0	£0	£0	£0	£0	£0
Scottish Government Funding	£0	£241,300	£14,011	£0	£255,311	£590,544	£198,524	£0	£789,068	£230,000	£0	£0	£230,000
Total Funding Non Recurring	**£103,357**	**£454,216**	**£136,537**	**£0**	**£694,111**	**£590,544**	**£198,524**	**£0**	**£789,068**	**£230,000**	**£0**	**£0**	**£230,000**

Funding Gap	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

ANNEX E

Unscheduled Care Performance Management Framework

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

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

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

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

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

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

- **mental health assessment unit activity**
  - attendances by age, sex and deprivation
  - admissions and discharges

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

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

- **acute delays**:

- total number of daily delays (by age, AWI, non AWI etc.) over the reporting period (not the census figure)
- as above for AMH, LD and OPMH
- monthly average delay duration (in days) for AWI and non AWI over 65 and under for the reporting period
- D2A indicators

ANNEX F

EMERGENCY ADMISSIONS (65+) PROJECTIONS

2022/23-2024/25

Design and Delivery Plan Projections

NHSGGC Emergency Admissions Projections (Ages 65+)

3 December 2021 (update to RMP4)

Gary King
Local Intelligence Support Team (LIST)

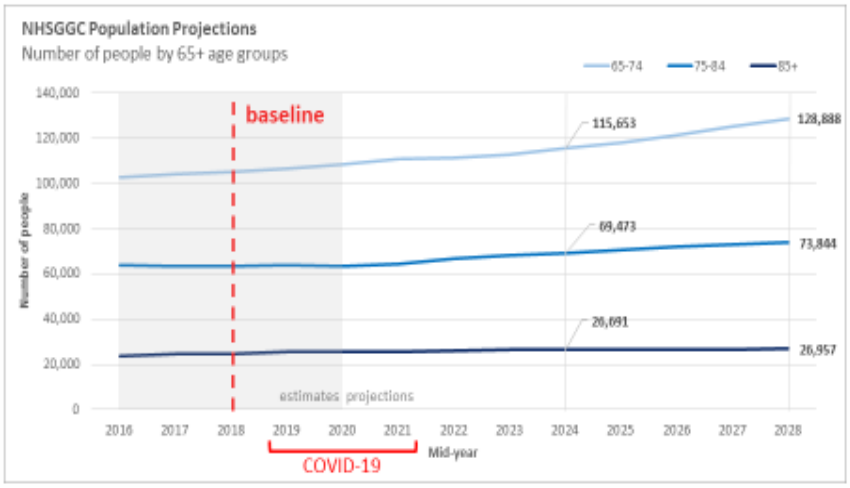
Public Health Scotland

Summary

- Population Projections 2018 to 2028 — NRS data
  - Age groups 65-74, 75-84 & 85+
  - Age group 65+ alone
- Emergency Admissions Projections (Age 65+) — NHS GGC data
  - Actual numbers 2017/18 to 2020/21
  - Use rates per 1,000 population
  - Take into account increase in 65+ population
  - 2018/19 baseline (pre-COVID-19)
  - Use rates to propose 3 scenarios for 2021/22 to 2024/25
  - Taking into consideration RMP4 target for 2021/22

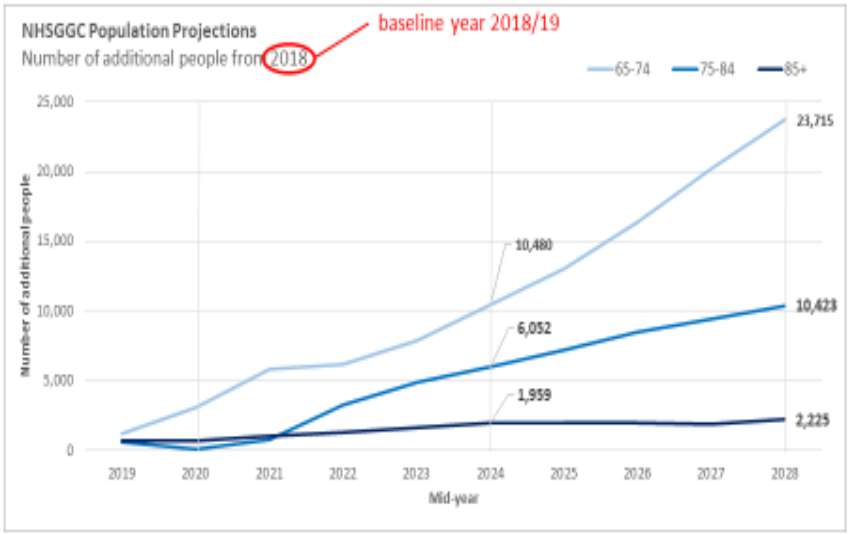
Population Projections

Number of people (aged 65+ groups)



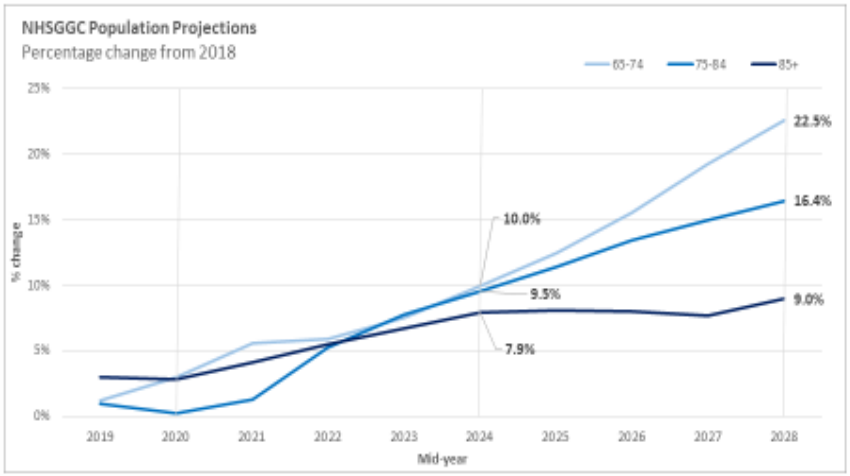
Population Projections

Number of additional people (aged 65+ groups)



Population Projections

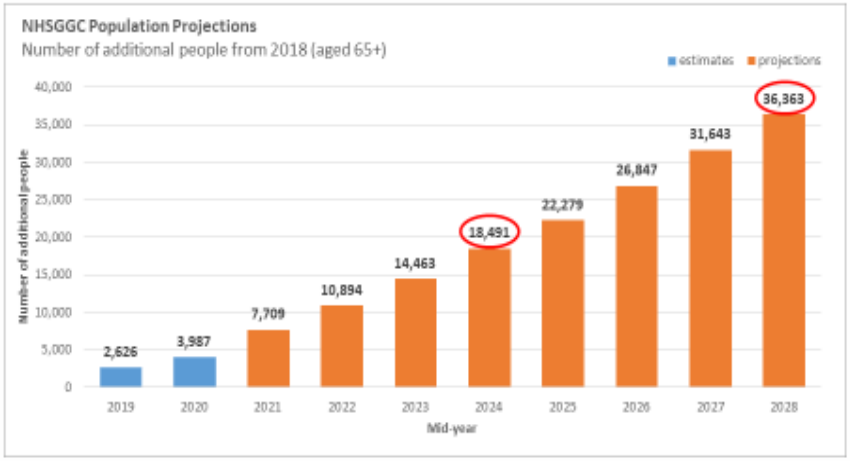
Percentage change from 2018 (aged 65+ groups)



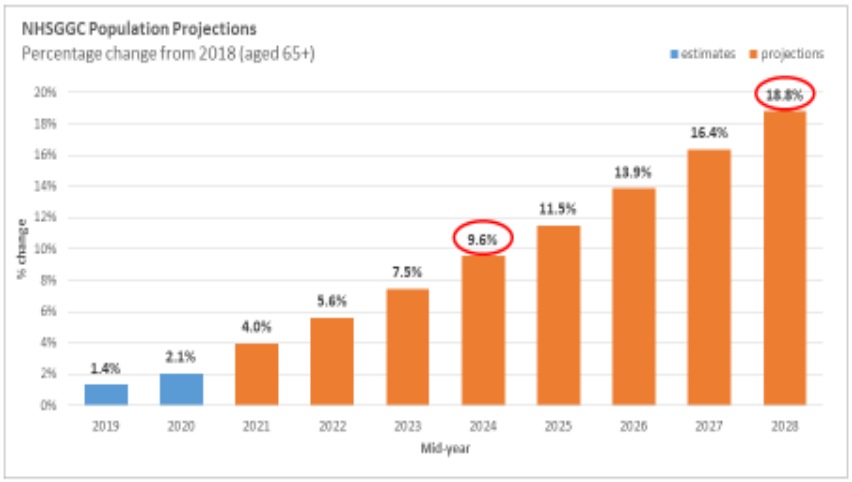
Population Projections

Number of people (aged 65+)

Population Projections
Additional people from 2018 (aged 65+)

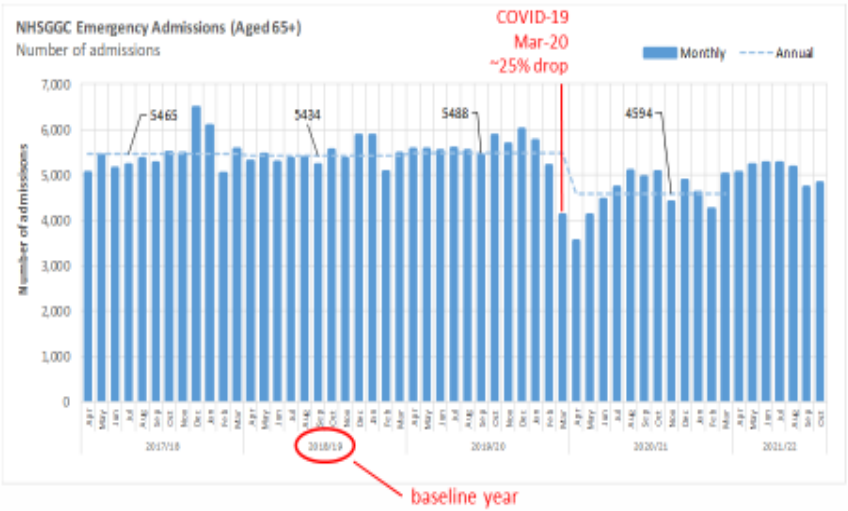


Population Projections
Change from 2018 (aged 65+)



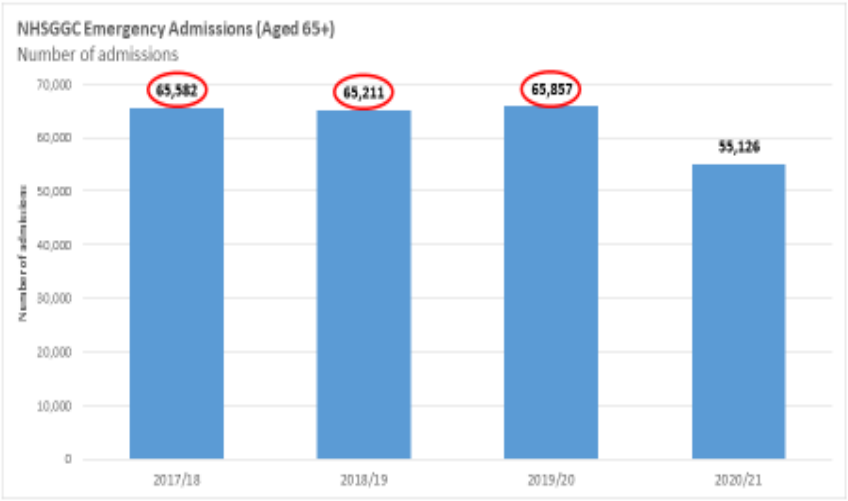
Emergency Admissions (Ages 65+)

Number of admissions



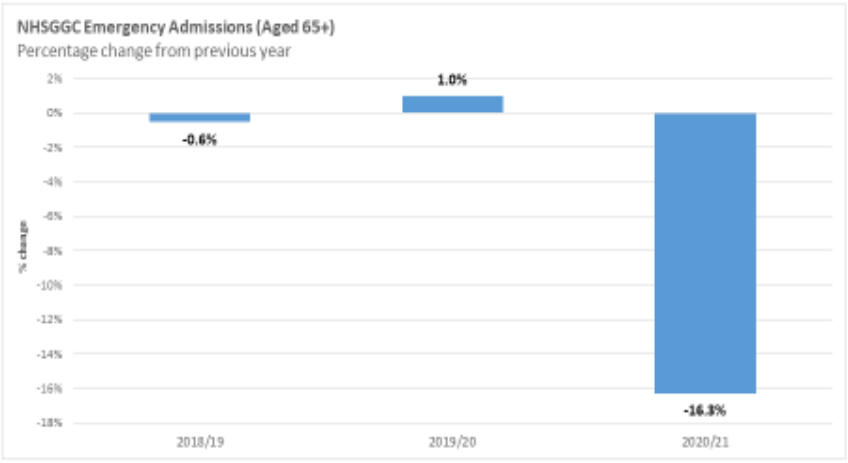
Emergency Admissions Ages 65+

Number of admissions



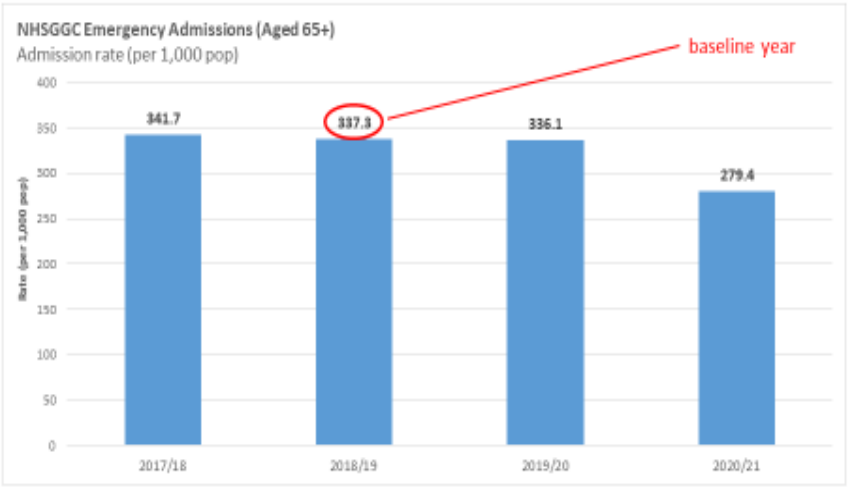
Emergency Admissions Ages 65+

% change from previous year



Emergency Admissions Ages 65+

Admission rates (per 1,000 population)



Emergency Admissions Ages 65+
Projections Theory

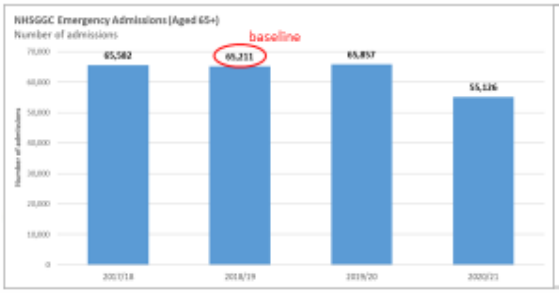
- Use baseline admission rate with population projections to estimate future number of admissions

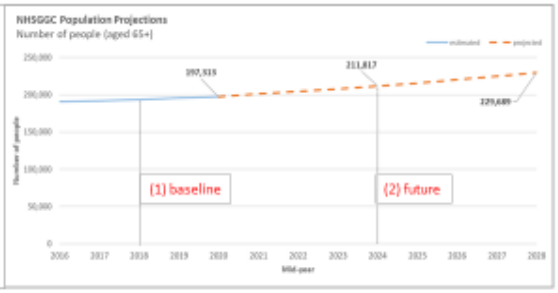
(1) $\text{Admission rate (per 1,000 pop)} = \frac{\text{Number of admissions}}{\text{Population}}$ ⇨ $\text{Admission rate (2018/19 baseline)} = \frac{65{,}211}{193{,}326} \times 1{,}000 = 337.3$

(2) $\text{Number of admissions} = \text{Population} \times \frac{\text{Admission rate (per 1,000 pop)}}{}$ ⇨ $\text{Number of admissions (2024/25)} = 211{,}817 \times \frac{337.3}{1{,}000} = \mathbf{71{,}448}$

9.6% increase from baseline

⇨ Admission rate stays the same but number of admissions increase due to increase in 65+ population





Emergency Admissions Ages 65+
Projection Scenarios

Scenario 1

No implementation ⇨ No reduction in 2018/19 baseline admission rate

Scenario 2

Partial implementation ⇨ 5% reduction

Scenario 3

Full implementation ⇨ 10% reduction

RMP4 is a 7.5% reduction from 2018/19 baseline

⇨ While factoring in RMP4 targets for 2021/22

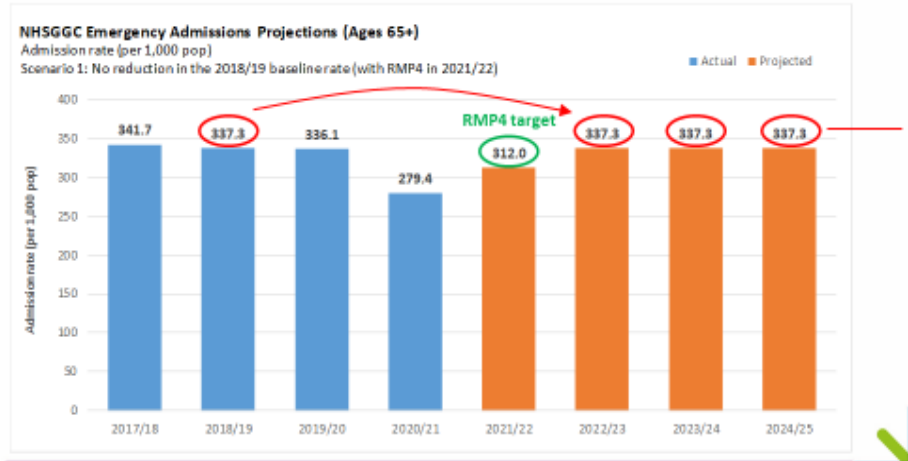
RMP4 target 2021/22:
149,333 (All ages)

Estimate for ages 65+:
149,333 x 42%
= 62,720

Ratio of EAs: Age 65+ / All ages

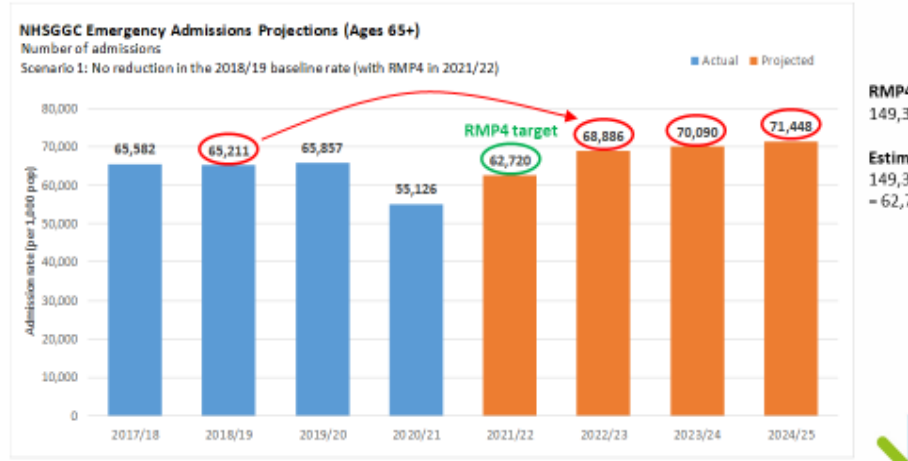
Scenario 1: No reduction in 2018/19 baseline (no implementation)

Admission rates (per 1,000 population)



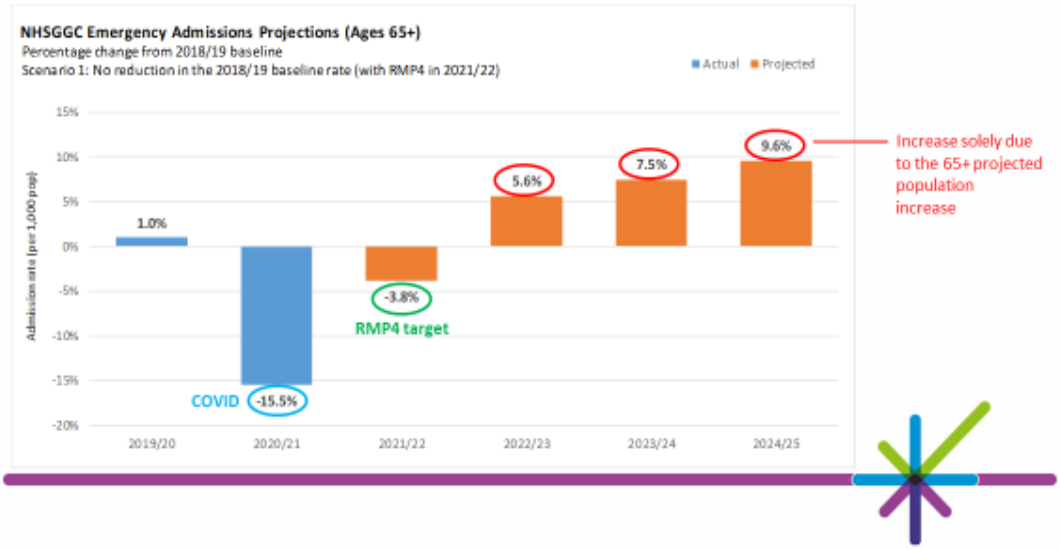
Scenario 1 No reduction in 2018/19 baseline (no implementation)

Number of Admissions



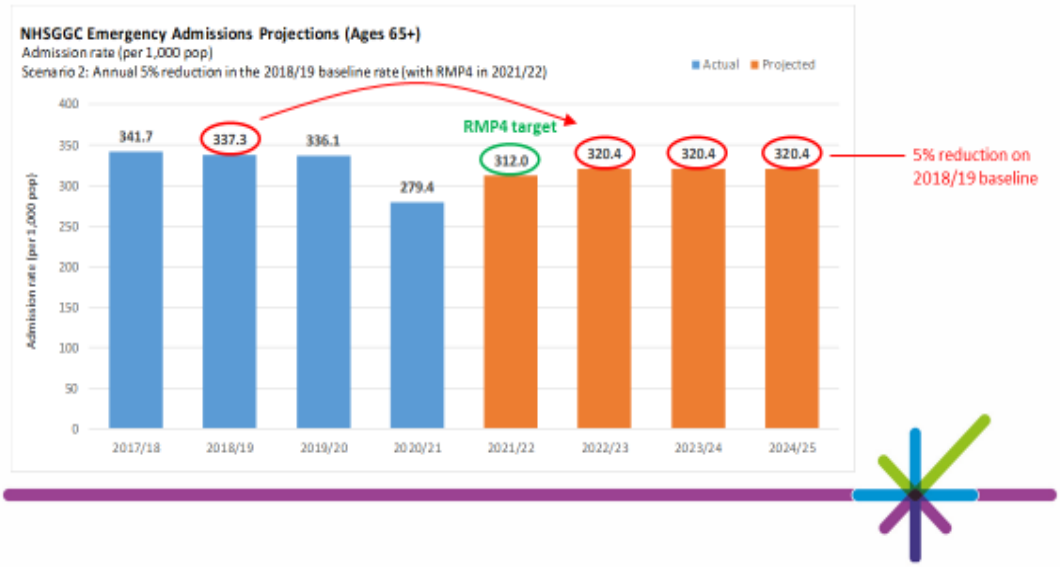
Scenario 1: No reduction in 2018/19 baseline (no implementation)

Percentage change from 2018/19 baseline



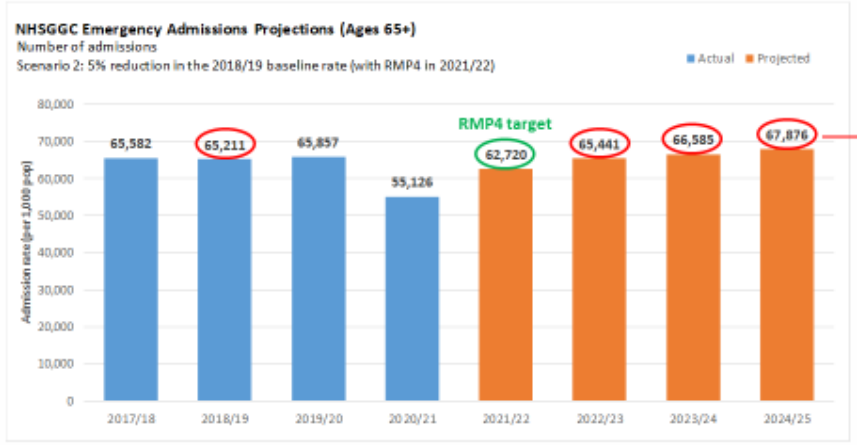
Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Admission rates (per 1,000 population)



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

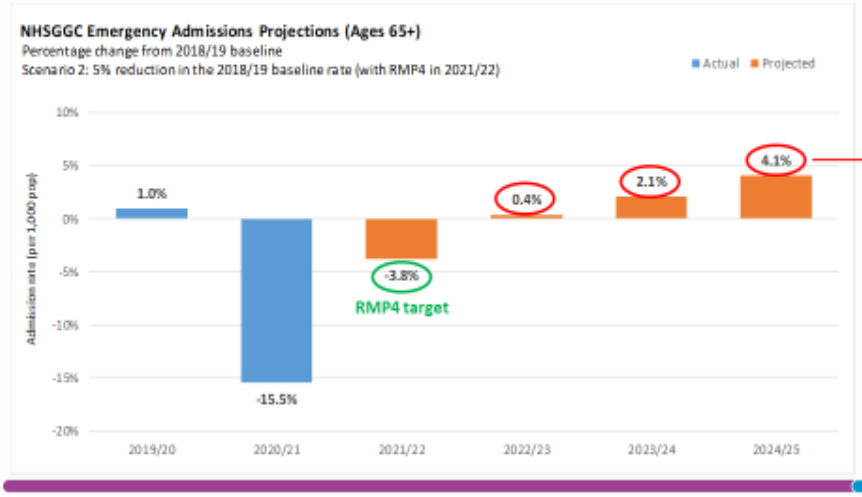
Number of Admissions



Similar numbers to baseline in 2022/23 but increasing in later years

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

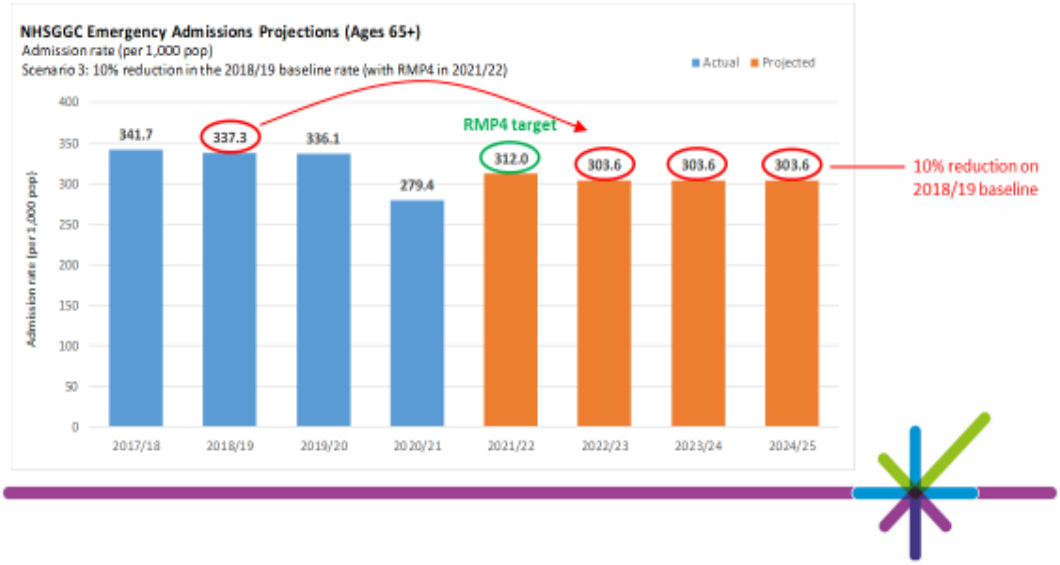
Percentage change from 2018/19 baseline



Increasing above baseline

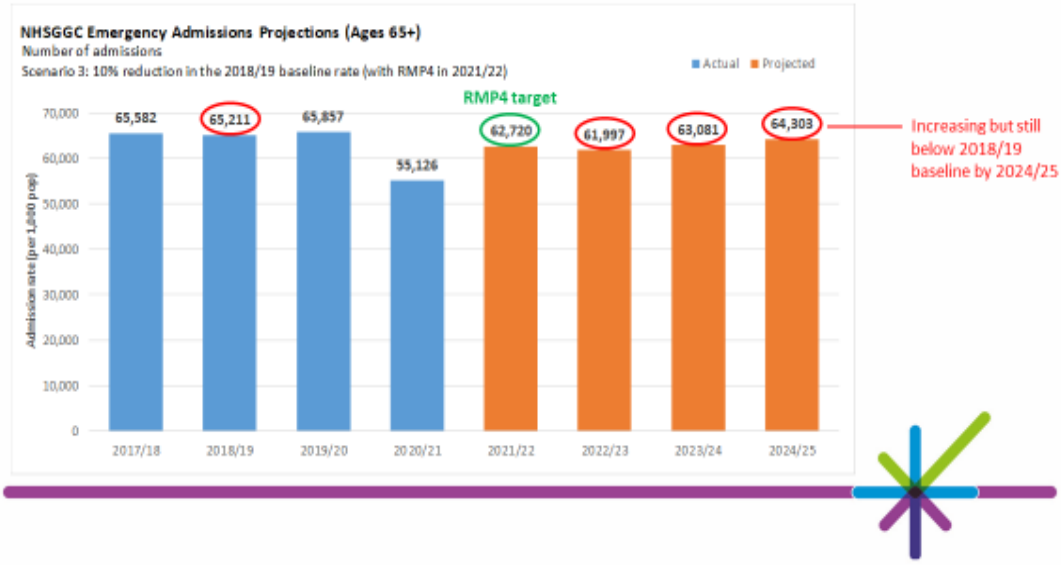
Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Admission rates (per 1,000 population)



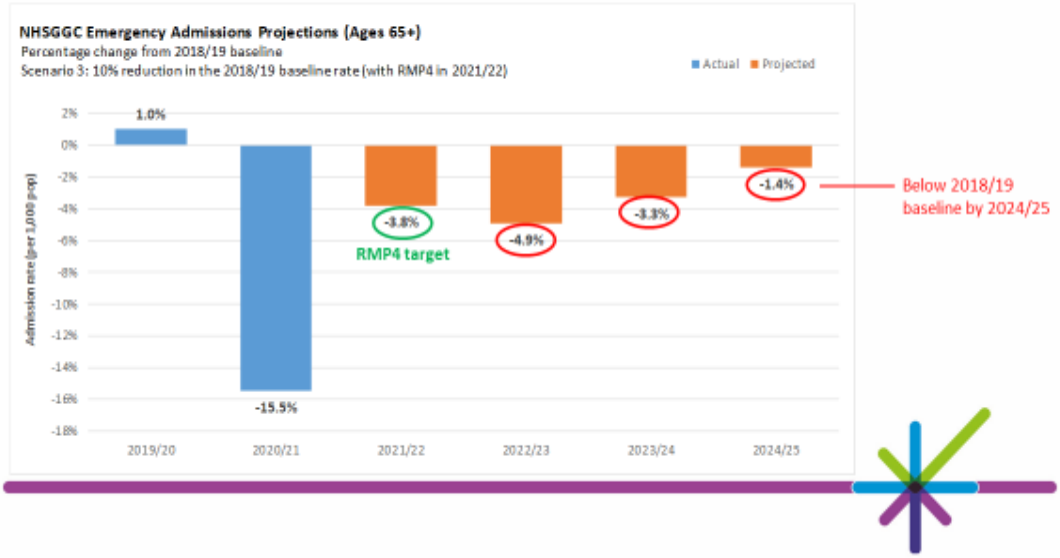
Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Number of Admissions



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

Percentage change from 2018/19 baseline



Appendix D: Direction from Health and Social Care Partnership Board

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

From: Beth Culshaw, Chief Officer, West Dunbartonshire HSCP
To: Jane Grant, Chief Executive, NHS Greater Glasgow and Clyde
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: Unscheduled Care Commissioning Plan Direction(s) from West Dunbartonshire HSCP Board 21 March 2022 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	HSCPB000023FT21032022
2	Date direction issued by Integration Joint Board	21 March 2022
3	Report Author	Fiona Taylor Interim Head of Health and Community Care
4	Direction to:	NHS Greater Glasgow and Clyde only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	This direction relates to all functions pertaining to the delivery of services related to the unscheduled care commissioning plan, these are outlined with the appendices attached to this report.
7	Full text and detail of direction	NHS Greater Glasgow and Clyde is directed to design and deliver the integrated system of care for health and social care services in line with the financial framework, as outlined within the attached report and its appendices.
8	Specification of those impacted by the change	Due to its nature and breadth this work positively impacts on a wide range of staff including those in primary care, secondary care and with our independent commissioning partners.

9	Budget allocated by Integration Joint Board to carry out direction	The financial resources required to delivery this plan are in place and can be found in the financial framework appended to this report.	
10	Desired outcomes detail of what the direction is intended to achieve	The implementation of this plan with enable the HSCP Board to deliver against its 5 key strategic priorities: early intervention; access; resilience; assets and inequalities. Due to the breadth of the work implementation will also touch on all 9 of the National Health and Wellbeing Outcomes.	
11	Strategic Milestones	*See below*	
12	Overall Delivery timescales	The West Dunbartonshire HSCP have already started to implement the unscheduled care delivery plan, this is a three year plan and the programme of work outlined in this document will be in place by the 31 March 2025.	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year. The wider unscheduled care delivery plan is monitored locally via the unscheduled care delivery plan monitoring group and ultimately the HSCP Board. At an NHS GGC level this plan is monitored by the GGC design and delivery implementation steering group.	
14	Date direction will be reviewed	30 September 2022	