

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Monday, 27 June 2022

Time: 15:00

Format: Hybrid Meeting

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

Dear Member

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

The Convener has directed that the powers contained in Section 43 of the Local Government in Scotland Act 2003 will be used and Members will have the option to attend the meeting remotely or in person at the Civic Space, Church Street, Dumbarton.

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

**Chief Officer
Health and Social Care Partnership**

Distribution:-

Voting Members

Michelle McGinty (Chair)
Rona Sweeney (Vice Chair)
Martin Rooney
Lesley Rousselet
Clare Steel
Michelle Wailes

Non-Voting Members

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

Senior Management Team – Health and Social Care Partnership
Chief Executive – West Dunbartonshire Council

Date of issue: 17 June 2022

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

MONDAY, 27 JUNE 2022

1 APOLOGIES

2 DECLARATIONS OF INTEREST

3 (a) MINUTES OF PREVIOUS MEETING 7 - 14

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

(b) ROLLING ACTION LIST 15 - 16

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

4 RECORDING OF VOTES

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

5 VERBAL UPDATE FROM CHIEF OFFICER

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

6 MEMBERSHIP OF THE HSCP BOARD 17 - 22

Submit report by the Head of Strategy and Transformation providing an update on issues pertaining to Board Membership and requesting the Board to make decisions in order to ensure compliance with the Public Bodies (Joint Working) (Membership and Procedures of Integration Joint Boards) (Scotland) Order 2014 ("the Order"). The Order sets out requirements about the membership of an Integration Joint Board. This includes minimum required membership, and provision for additional members to be appointed.

7/

- 7 FUTURE MEETING SCHEDULE OF HSCP BOARD AND HSCP AUDIT AND PERFORMANCE COMMITTEE 23 - 28**
- Submit report by Head of Strategy and Transformation providing a proposed meeting schedule for meetings of both the HSCP Board and the HSCP Audit and Performance Committee from the period August 2022 until August 2024.
- 8 2021-2022 FINANCIAL OUTTURN REPORT To Follow**
- Submit report by Chief Financial Officer.
- 9 INTEGRATED WORKFORCE PLAN 29 - 65**
- Submit report by Head of Human Resources providing a draft three year workforce plan for approval.
- 10 MENTAL HEALTH RECOVERY AND RENEWAL FUND UPDATE 67 - 73**
- Submit report by Head of Mental Health, Learning Disabilities and Addiction providing an update on the investment of the Mental Health Recovery and Renewal Fund.
- 11 EQUALITIES MAINSTREAMING REPORT 2022 75 - 110**
- Submit report Head of Strategy and Transformation providing the biennial update on the HSCP Equality Outcomes and Mainstreaming Report 2020-2024 required as part of the HSCP duties in relation to the Equality Act 2010.
- 12 WEST DUNBARTONSHIRE INTEGRATION JOINT BOARDS RECORDS MANAGEMENT PLAN 111 - 138**
- Submit report by the Head of Strategy and Transformation providing a Records Management Plan to the Keeper of the Records of Scotland. The Records Management Plan sets out how West Dunbartonshire Integration Joint Board's records will be created and managed in line with national policy. This is a responsibility which all public bodies must fulfil.
- 13 MINUTES OF MEETING FOR NOTING 139 - 158**
- Submit for information the undernoted Minutes of Meeting for:-
- (a) Joint Staff Forum held on 17 March 2022;

- (b) Joint Staff Forum held on 21 April 2022; and
- (c) Joint Staff Forum held on 19 May 2022.

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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

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

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

Non-Voting Beth Culshaw, Chief Officer; Julie Slavin – Chief Financial Officer; Val Tierney – Chief Nurse; Diana McCrone – Staff Representative (NHS Greater Glasgow and Clyde); Selina Ross – Chief Officer, West Dunbartonshire CVS; Barbara Barnes - Chair of the Locality Engagement Network, Alexandria and Dumbarton; Kim McNab - Service Manager, Carers of West Dunbartonshire; John Kerr – Housing Development and Homelessness Manager and Helen Little, Lead Allied Health Professional.

Attending: Margaret-Jane Cardno, Head of Strategy and Transformation; Lesley James, Head of Children's Health, Care and Justice (also Chief Social Work Officer); Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction, Audrey Slater, Head of People and Change; Joyce White, Chief Executive – West Dunbartonshire Council; Peter Hessett, Chief Officer – Regulatory and Regeneration; Jennifer Ogilvie, HSCP Finance Manager; Fiona Taylor, Senior Nurse and Acting Head of Health and Community Care; Jack Kerr and Chris Gardner, Auditors – Audit Scotland; Dr Saied Pourghazi – Clinical Director; Nigel Ettles, Principal Solicitor; Lynn Straker and Nicola Moorcroft, Committee Officers.

Apologies: Apologies for absence were intimated on behalf of Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum and Anne MacDougall - Chair of the Locality Engagement Network, Clydebank.

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 21 February 2022 were submitted and approved as a correct record.

ROLLING ACTION LIST

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

VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer – HSCP provided a verbal update on the recent business of the Health and Social Care Partnership and the position was noted in relation to the undernoted main points:-

- that Item 13 – Quality Improvement Policy and Item 14 – Service Design Policy on the agenda for the meeting would be continued to a future meeting in order to allow report authors an opportunity to have further conversations with colleagues and Board members regarding these reports;
- that the HSCP was continuing to face big challenges in relation to Covid-19 since the last meeting in terms of delivery of services and their staffing. It has been anticipated that what we are currently seeing are perhaps the most challenging weeks of the pandemic in terms of continuing to deliver services;
- that the agenda presented today was almost a microcosm of what HSCP faces this year in terms of challenges and outcomes, and that Board members would today discuss: (i) money, which is a key factor in how we continue to deliver services; (ii) the risks in relation to those services; (iii) Mental Health, specifically in relation to young people and also the anticipated increase in requirement of Mental Health support and how we will deliver this to those most in need; (iv) how HSCP continues to support Carers; (v) Unscheduled Care services; and (vi) Performance and Delivery outcomes.

VARIATION IN ORDER OF BUSINESS

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

2021-2022 FINANCIAL PERFORMANCE REPORT AS AT 31 JANUARY 2022

A report was submitted by the Chief Financial Officer providing an update on the financial performance as at period 10 to 31 January 2022 and a projected outturn position to the 31 March 2022, and advising that the financial impact of the Covid-19 pandemic on Health and Social Care services continued to be refined as services

adapt and renew, and that therefore the outturn projection to the end of 31 March 2022 would be subject to change.

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

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

2022 - 2023 REVENUE BUDGET SETTING

A report was submitted by the Chief Financial Officer seeking members' approval to set an indicative 2022/2023 revenue budget based on budget offers from our funding partners and note the progress on the refresh of the draft Medium Term Financial Plan 2022/2023 and 2026/2027, and advising of 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.

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

- (1) to accept the flat cash offer of the roll forward of the 2021/22 recurring base allocation from West Dunbartonshire Council of £72.428m;
- (2) to accept the full pass through the allocated share of the £554m and other Scottish Government funding streams for Integration Authorities of £9.288m;

- (3) to accept the additional funding of £0.061m to cover the freeze to Non-Residential Charges levels in 2022/23;
- (4) to note the total 2022/23 allocation from WDC based on (a) to (c) above is £81.777m;
- (5) to note the analysis of the reserves position and the projected balances as at 31 March 2022;
- (6) to 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;
- (7) to note that a further report will come back to the HSCP Board in May 2022 regarding the outcome of the review; and will also clarify in more detail the split within the budget and what reserves are available moving forward if the cost pressure remains;
- (8) to 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;
- (9) to accept the indicative set aside budget of £33.620m, based on the 2021/22 projected activity and actual costs with a 2% uplift;
- (10) to approve an overall budget of £185.117m, excluding set aside for the delivery of delegated health and social care services for 2022/23;
- (11) to 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;
- (12) to 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
- (13) to note the draft Medium Term Financial Plan 2022/23 to 2026/27.

STRATEGIC RISK REGISTER 6 MONTH REVIEW

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

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

- (1) the recommendations of the HSCP Audit and Performance Committee which were reported verbally to them by the Head of Strategy and Transformation; and
- (2) to approve the updated Strategic Risk Register.

UNSCHEDULED CARE DESIGN AND DELIVERY PLAN

A report was submitted 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.

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

- (1) to approve the Design and Delivery Plan 2022/23 - 2024/25 (Appendix 1 of the report) as the updated and refreshed Board-wide Unscheduled Care Improvement Programme;
- (2) to note that the programme is iterative and will evolve and further develop over time;
- (3) to approve the financial framework outlined in section 7 of the Plan;
- (4) to note the performance management arrangements to report on and monitor progress towards delivery of the Plan;
- (5) to note that members will receive a further update on the delivery of the programme towards the end of 2022/23; and
- (6) 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.

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

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

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

- (1) to note the content of the report;

- (2) to note progress since the previous mid-year report to HSCP Board on 19th August 2021 primarily the launch of a new associate distress brief intervention service for children and young people;
- (3) to note the need to report to Scottish Government at prescribed time intervals; and
- (4) to seek an update and a subsequent half year report in September 2022.

APPROACH TO SELF DIRECTED SUPPORT (SDS) POLICY

A report was submitted by the Head of Strategy and Transformation providing an update on progress in relation to the SDS improvement plan which was agreed following the 2019 Care Inspectorate Thematic Review of Self Directed Support in West Dunbartonshire and secondly, to seek HSCP Board approval for the Self-Directed Support Policy

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

- (1) to note the progress in respect of the SDS improvement plan which was agreed following the 2019 Care Inspectorate Thematic Review of Self Directed Support in West Dunbartonshire; and
- (2) to agree West Dunbartonshire HSCPs Self-Directed Support Policy.

PILOT TO STREAMLINE SELF-DIRECTED SUPPORT (DIRECT PAYMENT / OPTION 1) FOR UNPAID CARER SHORT BREAKS

A report was submitted by the Chief Nurse detailing the intended pilot approach to the use of nonrecurring Carers Act funding for short breaks for carers via Self Directed Support Option 1 (Direct Payment) and detailing a new process for undertaking of Adult Carer Support Plans.

After discussion and having heard the Service Improvement Lead in further explanation, the Board agreed:-

- (1) to approve for implementation the described approach;
- (2) to receive an update on the implementation of the approach 6 months post-implementation;
- (3) to approve the earmarked reserve of £0.266m be used for the purpose described;
- (4) to note the new process proposed for undertaking Adult Carer Support Plans; and

- (5) to approve earmarking £0.003m (three thousand pounds) for Carers of West Dunbartonshire for contingency management of new approach.

SERVICE DELIVERY PLANS 2022-2023

A report was submitted by Head of Strategy and Transformation providing an update on the operational Service Delivery Plans for the year 2022/23.

After discussion and having heard the Head of Strategy and Transformation in further explanation, the Board agreed:-

- (1) to note the contents of the Service Delivery Plans contained in Appendices I to IV of the report; and
- (2) to instruct Officers to provide Service Delivery progress reports for the period 1 April 2022 – 30 September 2022 to the first appropriate HSCP Board after this six month period.

QUALITY IMPROVEMENT POLICY

A report was submitted by Head of Strategy and Transformation providing an update on the proposed approach to embedding continuous quality improvement within the Health and Social Care Partnership (HSCP) and to present the draft Quality Improvement Plan for consideration, discussion and approval.

Having heard Mr Agnew, Chair, the Board agreed to continue consideration of this item to a future meeting of the HSCP Board.

SERVICE DESIGN POLICY

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

Having heard Mr Agnew, Chair, the Board agreed to continue consideration of this item to a future meeting of the HSCP Board.

MINUTES OF MEETING FOR NOTING

The Minutes of Meeting for the undernoted were submitted and noted by the Board:-

- (1) Joint Staff Forum held on 20 January 2022;
- (2) Joint Staff Forum held on 3 February 2022; and

(3) Joint Staff Forum held on 17 February 2022.

DATES OF NEXT MEETINGS

Members noted the following dates of the next meetings of the Health and Social Care Partnership Board:-

- (1) Monday 23 May 2022 at 10.00 a.m.
- (2) Monday 27 June 2022 at 10.00 a.m.

The meeting closed at 11.19 a.m.

DRAFT

**WEST DUNBARTONSHIRE HSCP BOARD
ROLLING ACTION LIST**

Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status
<p>Unison Ethical Care Charter September 2021</p>	<p>The Board agreed that, in relation to the Ethical Charter Improvement Action Plan, officers would: (i) review the level of Trade Union involvement that would be appropriate, and also look at having this involvement through the Practice and Development Group; and (ii) look at a more appropriate review period for a collaborative review of less than 24 months which was considered to be overly long.</p>	<p>Margaret-Jane Cardno Head of Strategy and Transformation</p>	<p>March 2022</p>	<p>To be discussed with Trade Unions. UPDATE 24/06/21: On discussion it was agreed the review should be every 6 months and not every 24 months.</p>	<p>Open</p>
<p>2022-2023 Revenue Budget Setting March 2022</p>	<p>Further report to come back to the HSCP Board in June 2022 regarding the outcome of the Budget Setting review; and will also clarify in more detail the split within the budget and what reserves are available moving forward if the cost pressure remains.</p>	<p>Julie Slavin Chief Financial Officer</p>	<p>June 2022</p>		<p>Open</p>
<p>Unscheduled Care Design and Delivery Plan March 2022</p>	<p>Provide a regular update report back to the HSCP Board allowing us to monitor progress towards delivery of the Plan;</p>	<p>Fiona Taylor Interim Head of Health and Community Care</p>	<p>Autumn 2022</p>		<p>Open</p>

<p>Scottish Government Funding for Children and Young People's Community Mental Health Supports and Services</p> <p>March 2022</p>	<p>Provide an update and a subsequent half year report back to the HSCP Board in September 2022.</p>	<p>Lesley James</p> <p>Head of Children's Health, Care and Justice</p> <p>Chief Social Work Officer</p>	<p>September 2022</p>		<p>Open</p>
<p>Pilot to Streamline Self-Directed Support for Unpaid Carer Short Breaks</p> <p>March 2022</p>	<p>Provide an update on the implementation of the approach 6 months post implementation.</p>	<p>Val Tierney</p> <p>Chief Nurse</p>	<p>Autumn 2022</p>		<p>Open</p>
<p>Service Delivery Plans 2022-2023</p> <p>March 2022</p>	<p>Request to instruct Officers to provide Service Delivery progress reports for the period 1 April 2022 – 30 September 2022 to the first appropriate HSCP Board after this six month period.</p>	<p>Margaret-Jane Cardno</p> <p>Head of Strategy and Transformation</p>	<p>April 2023</p>		<p>Open</p>

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

27 June 2022

Subject: Membership of the HSCP Board

1. Purpose

- 1.1** This purpose of this report is to update the HSCP Board on issues pertaining to Board Membership and requires the Board to make decisions in order to ensure compliance with the Public Bodies (Joint Working) (Membership and Procedures of Integration Joint Boards) (Scotland) Order 2014 (“the Order”). The Order sets out requirements about the membership of an Integration Joint Board. This includes minimum required membership, and provision for additional members to be appointed.

2. Recommendations

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

- (a) Note that in line with section 5.4.1 of the Scheme of Integration West Dunbartonshire Council has identified three representatives, post Local Government Elections, to be voting members on the HSCP Board, to serve for a period of three years. Namely: Cllr Michelle McGinty; Cllr Clare Steel and Cllr Martin Rooney.
- (b) Instruct Officers to establish a process to identify four alternative service user representative as a non-voting members; two representing communities of geography and two representing relevant communities of interest;
- (c) Agree, on the basis of long term lack of attendance, that the Chairs of the Locality Groups be removed from the HSCP Board as non-voting members;
- (d) Agree, that as the Local Engagement Networks are in abeyance, that the Chairs of the Local Engagement Networks be invited to remain non-voting members of the HSCP Board, pending the conclusion of recommendation 2.1.2;
- (e) Instruct Officers to review the profile and tenure of non-voting members as part of the review of the Scheme of Integration;
- (f) Instruct Officers to review the HSCP Board Standing Orders and Scheme of Officer Delegation to ensure compliance with The Order and consistency with the Scheme of Integration.

3. Background

- 3.1 Section 5.4.1 of the Scheme of Integration states “the Council will formally identify three representatives to be voting members on the Integration Joint Board, to serve for a period of three years. The Council retains the discretion to replace its nominated members on the Integration Joint Board.”
- 3.2 As a result of the Local Government Election, West Dunbartonshire Council have identified the following three Elected Members to serve on the HSCP Board for a period of three years: Cllr Michelle McGinty; Cllr Clare Steel and Cllr Martin Rooney.
- 3.3 On the 19 August 2021 the HCPB Board considered a paper entitled “Membership of the Health and Social Care Partnership (HSCP) Board”.
- 3.4 In reference to non-voting members, the Board noted that in respect of the Chairs of the Locality Groups, these posts had been vacant for some time and when in place the Chairs had not attended the Board on a regular basis, it was therefore proposed that these posts be reviewed as part of the next review of the Integration Scheme.
- 3.4 Section Five of the Integration Scheme (2015) is explicit in terms of voting members, including their period of tenure. It is less clear on the role of non-voting members, other than the following in section 5.4.5 of the Scheme:
- 3.4.1 *“The Parties acknowledge that the Integration Joint Board will include additional non-voting members as specified by the Integration Joint Board Order, the individuals to be formally determined by the Integration Joint Board’s voting members.”*
- 3.5 The Public Bodies (Joint Working) (Membership and Procedures of Integration Joint Boards) (Scotland) Order 2014 (“the Order”) sets out requirements about the membership of an Integration Joint Board. This includes minimum required membership, and provision for additional members to be appointed.
- 3.6 The Order sets out a minimum membership, but allows local flexibility to add additional nominations as Integration Joint Boards see fit. In addition to Health Board and Local Authority representatives, the Integration Joint Board membership **must** also include:
- The Chief Social Work Officer of the constituent Local Authority
 - A General Practitioner representative, appointed by the Health Board
 - A Secondary Medical care Practitioner representative, employed by the Health Board
 - A Nurse representative, employed by the Health Board
 - A staff-side representative

- A third sector representative
- A carer representative
- A service user representative
- The Chief Officer of the Integration Joint Board
- The Section 95 Officer of the Integration Joint Board

3.7 The Order requires a minimum **professional membership** on the Integration Joint Board as follows:

- Appointment of a GP
- Appointment of a Nurse
- Appointment of a Secondary Care representative
- The Chief Officer of the Integration Joint Board
- The Section 95 Officer of the Integration Joint Board
- The Chief Social Work Officer of the constituent Local Authority

3.8 In addition to the professional membership, the Order also requires **stakeholder members** be appointed to the Integration Joint Board as follows:

- A staff side member
- A third sector member
- A carer member
- A service user member

3.9 The ways in which stakeholder members will be identified and appointed to these positions on the Integration Joint Board will vary due to the local circumstances of each Integration Joint Board, such as type and number of the representative groups working within their area. However, stakeholder members must be empowered to reflect the views of the groups they represent on the Integration Joint Board; naturally the individuals that comprise these stakeholder groups will be diverse. As such, the appointed person must be able to demonstrate the appropriate experience and skill to reflect the breadth and diversity of views and situations of the individuals or groups that they represent.

4. Main Issues

4.1 In terms of The Order, the HSCP Board is compliant with its requirements in respect of professional membership. It should be noted there are slight anomalies in respect of the HSCP Boards Standing Orders (July 2015) which would warrant further consideration. The Head of Strategy and Transformation and the Chief Finance Officer have met with the HSCP Boards Monitoring Officer and it is recommended that in parallel with the ongoing review of the Scheme of Integration the HSCP Board Standing Orders and the Scheme of Officer Delegation also be reviewed to ensure all these important governance documents are modernised, aligned and compliant with The Order.

- 4.2** On the 5 April 2022 the Head of Strategy and Transformation wrote to four stakeholder members seeking clarification on: (a) which organisation they represented; (b) The process by which they were nominated to represent that organisation and (c) the date on which they were appointed to the HSCP Board. At the time of writing only two stakeholder members have responded, the Carers Member and one of the Service User Members.
- 4.3** In terms of stakeholder members, although compliant in terms of the profile of members, there is a degree of ambiguity in respect of the ability of some non-voting members to “demonstrate the appropriate experience and skill to reflect the breadth and diversity of views and situations of the individuals or groups that they represent” in compliance with Scottish Government Guidance.
- 4.4** This applies in particular to the Chairs of the Local Engagement Networks. These networks have not functioned effectively during the pandemic and there is a requirement for these structures to be reviewed alongside the HSCPs Participation and Engagement Policy. Although very knowledgeable in terms of lived experience, it is not clear at the current time, that these representatives have a clear mandate in terms of representing a specific group.
- 4.5** It is recommended that this be reviewed and the HSCP Board seek to identify four service user representative through different means, through communities of interest as well as communities of geography, although it should be noted that the above is a minimum and the Board, should it so wish, could broaden representation beyond the statutory minimum.
- 4.6** The forthcoming review of the Scheme of Integration, does present an opportunity to strengthen the narrative in respect of non-voting members. In the meantime it is clear that it is the role of the HSCP Board voting members to determine the profile and tenure of the non-voting members and should the Board wish to review the role of the Chairs of the Locality Groups and the Local Engagement Networks are empowered to do so.

5. Options Appraisal

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

6. People Implications

- 6.1** There are no direct people implications arising from the recommendations within this report. The Board should note that the HSCP continues to lack capacity in respect of Service User Participation and work is ongoing to address this through the normal recruitment channels.

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 There are a number of risks associated with this report:

8.1.1 Currently there is ambiguity in respect of compliance with The Order and Scottish Government Guidelines. Should the Board fail to act this exposes the Board to reputational risk, albeit it is unlikely that this is a significant risk.

8.1.2 There is a risk that no service user representatives can be identified and the Board operates without the legitimate voice of service users. In order to mitigate against this risk it is recommended that the current non-voting members are invited to remain on the HSCP Board until the process of identifying replacement service user representatives is concluded (ref recommendation 2.1.4).

9. Equalities Impact Assessment (EIA)

9.1 As the process for identifying additional non-voting members is developed an Equalities Impact Assessment will be undertaken to ensure those with protected characteristics are not adversely impacted.

10. Environmental Sustainability

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

11. Consultation

11.1 The Senior Management Team, Chief Financial Officer, Monitoring Solicitor and the Chief Executive of the TSI have been consulted on the preparation of this report.

12. Strategic Assessment

12.1 The recommendations within this report supports the establishment of robust governance and decision making structures which therefore impacts on all of the HSCP Boards strategic priorities.

13 Directions

13.1 No Directions are required in respect of this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
Date: 2 June 2022

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

Telephone: 07786 747 952

Email: Margaret-jane.cardno@west-dunbarton.gov.uk

Appendices: None

Background Papers: None

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

Report by: Head of Service Strategy and Transformation

27 June 2022

Subject: Future Meeting Schedule HSCP Board and Audit and Performance Committee

1. Purpose

- 1.1** The purpose of this report is to present the Health and Social Care Partnership (HSCP) Board with a meeting schedule for meetings of both the Board and the Audit and Performance Committee from the period August 2022 until August 2024.

2. Recommendations

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

2.1.1 Approve the meeting schedule as noted in Appendix I of this report.

2.1.2 Approve that future meetings of both the HSCP Board and Audit and Performance Committee be audio-cast.

3. Background

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

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

- 3.3** On the 5 August 2020 the HSCP Board agreed a schedule of meetings for the period ending June 2022. This was altered on the instruction of the Chair of the HSCP Board, all informal sessions were removed from the schedule and whereby the Board and the Audit and Performance Committee had previously run concurrently they were separated and subsequently met on different dates.

4. Main Issues

- 4.1** The meeting schedule, as outlined in Appendix I of this report, has been developed to align financial reporting requirements and provide officers with a planned schedule to report on performance, service

delivery and programs of work, enabling the HSCP Board and the Audit and Performance Committee to effectively fulfil its monitoring and scrutiny role.

- 4.2** There is a close correlation between the Audit and Performance Committee and the HSCP Board with many reports requiring scrutiny by the Audit and Performance Committee prior to their approval by the HSCP Board. An alignment of meeting dates with statutory reporting timescales ensures that: (a) Members receive the highest quality information in a timely manner; and (b) that the Board meet regulatory timeframes in terms of the scrutiny and subsequent submission of statutory reports. This is particularly important in June and September in order to agree the unaudited accounts, budget and final accounts.
- 4.3** The schedule reintroduces three informal Members development sessions per year in January, April and October. These planned sessions will be complimented with additional informal briefings to guide and support members through emerging issues and complex topics as required.

Meeting Format and Location

- 4.4** On the 24 June 2021, West Dunbartonshire HSCP Board considered a report entitled “COVID-19 Recovery and Renewal Plan – Keep Building Better: A Journey of Continuous Improvement”, agreeing its Focus For The Future Improvement Action Plan. This plan was developed in response to the Boards self-evaluation activity, which helped to capture important learning from the pandemic.
- 4.5** Although meetings are currently being held remotely, as part of the aforementioned Improvement Action Plan the Board have agreed to introduce a hybrid approach to future HSCP Board meetings, incorporating both online and face to face meeting into the future schedule. The reintroduction of informal sessions will support the Boards ambition to “incorporate video/online conferencing opportunities to support future IJB meetings, providing a platform for a wide range of subject matter experts to support IJB decision making, where appropriate.”
- 4.6** In order to facilitate the delivery of hybrid meetings all future meetings of the HSCP Board and Audit and Performance Committee will be held in Civic Space, Church Street, Dumbarton. This is the only venue which currently hosts the technology required to enable this very positive development.
- 4.7** The technology allows for hybrid meetings however this does not mean the live streaming of images to the public. The HSCP Board is therefore asked to approve that meetings of the HSCP Board and the Audit and Performance Committee be audio-cast, which is live-

streaming audio to the public. See recommendation 2.1.2.

4.8 Section 10.1 of the HSCP Board Standing Orders states “No sound, film, video tape, digital or photographic recording of the proceedings of any meeting shall be made without the prior written approval of the Integration Joint Board.” It is therefore important that, should the HSCP Board wish to progress with this development, recommendation 2.1.2 is formally approved.

4.9 Further work is required to modernise Standing Orders in line with hybrid Board and Committee Meetings, this work is being undertaken by Officers in line with a review of the Scheme of Integration and The Scheme of Officer Delegation, and will be reported to the HSCP Board at an appropriate time.

5. Options Appraisal

5.1 An options appraisal is not required for this report.

6. People Implications

6.1 There are no people implications arising as a result of the recommendation within this report. West Dunbartonshire Council have already agreed to have an additional committee clerk for one year ending March 2023.

7. Financial and Procurement Implications

7.1 There are no financial and procurement implications arising as a result of the recommendation within this report. The required equipment for hybrid meetings and audio-casting is already in place and there are no licensing implications.

8. Risk Analysis

8.1 There are no risks associated with the recommendation within this report.

9. Equalities Impact Assessment (EIA)

9.1 An EIA is not required as the recommendations within this report do not impact on those with protected characteristics.

10. Environmental Sustainability

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

11. Consultation

11.1 The Senior Management Team, Chief Financial Officer, Monitoring Solicitor, Head of HR, West Dunbartonshire Councils Manager of Democratic and Registration Services and the Chairs of both the Audit and Performance Committee and the HSCP Board have been consulted in the preparation of this report.

12. Strategic Assessment

- 12.1** The recommendation within this report supports the Access priority within the HSCP Strategic Plan.

13. Directions

- 13.1** The HSCP Board are not required to issue a Direction in relation to the recommendations within this report.

Margaret –Jane Cardno

Head of Strategy and Transformation

2 June 2022

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

Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk

Phone: 07786 747 952

Appendices: Appendix I: Future Meeting Schedule HSCP Board and Audit and Performance Committee

Item 7 Appendix 1

Appendix I: Future Meeting Schedule HSCP Board and Audit and Performance Committee

2022					
Proposed Meeting Date		Pre-Agenda Issue	Pre-Agenda Date	Final Reports	Issue of Papers
09 August 2022	Audit	19 July 2022	26 July 2022	01 August 2022	02 August 2022
16 August 2022	IJB	19 July 2022	26 July 2022	08 August 2022	09 August 2022
20 September 2022	Audit & IJB	30 August 2022	06 September 2022	12 September 2022	13 September 2022
11 October 2022	Informal				04 October 2022
08 November 2022	Audit	18 October 2022	25 October 2022	31 October 2022	01 November 2022
15 November 2022	IJB	18 October 2022	25 October 2022	07 November 2022	08 November 2022
2023					
Proposed Meeting Date		Pre-Agenda Issue	Pre-Agenda Date	Final Reports	Issue of Papers
17 January 2023	Informal				10 January 2023
14 February 2023	Audit	24 January 2023	31 January 2023	06 February 2023	07 February 2023
21 February 2023	IJB	24 January 2023	31 January 2023	13 February 2023	14 February 2023
21 March 2023	IJB	28 February 2023	07 March 2023	13 March 2023	14 March 2023
18 April 2023	Informal				11 April 2023
09 May 2023	Audit	18 April 2023	25 April 2023	01 May 2023	02 May 2023
16 May 2023	IJB	18 April 2023	25 April 2023	08 May 2023	09 May 2023
20 June 2023	Audit & IJB	30 May 2023	06 June 2023	12 June 2023	13 June 2023
15 August 2023	IJB	25 July 2023	01 August 2023	07 August 2023	08 August 2023
19 September 2023	Audit & IJB	29 August 2023	05 September 2023	11 September 2023	12 September 2023
17 October 2023	Informal			09 October 2023	10 October 2023

14 November 2023	Audit	24 October 2023	31 October 2023	06 November 2023	07 November 2023
21 November 2023	IJB	24 October 2023	31 October 2023	13 November 2023	14 November 2023
2024					
Proposed Meeting Date		Pre-Agenda Issue	Pre-Agenda Date	Final Reports	Issue of Papers
16 January 2024	Informal				09 January 2024
13 February 2024	Audit	23 January 2024	30 January 2024	05 February 2024	06 February 2024
20 February 2024	IJB	23 January 2024	30 January 2024	12 February 2024	13 February 2024
19 March 2024	IJB	27 February 2024	05 March 2024	11 March 2024	12 March 2024
16 April 2024	Informal				09 April 2024
14 May 2024	Audit	23 April 2024	30 April 2024	06 May 2024	07 May 2024
21 May 2024	IJB	23 April 2024	30 April 2024	13 May 2024	14 May 2024
18 June 2024	Audit & IJB	28 May 2024	04 June 2024	10 June 2024	11 June 2024
20 August 2024	IJB	30 July 2024	06 August 2024	12 August 2024	13 August 2024

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Human Resources

Monday, 27 June 2022

Subject: Integrated Workforce Plan

1. Purpose

- 1.1** To provide the HSCP Board with a draft three year integrated workforce plan which will be submitted to NHS GG&C and Scottish Government for review and feedback. Following this, the final workforce Plan will be brought back to a future HSCP for approval

2. Recommendations

- 2.1** The HSCP Board is asked to note and review the Draft version of this plan to allow submission to NHSGGC and Scottish Government at the end of July 2022. Following feedback from Scottish Government the Workforce Plan will be brought back to a future IJB for final approval prior to publication at the end of October 2022.
- 2.2** The HSCP Board are also asked to note the requirement for annual reviews to be submitted to the Scottish Government. These reviews will be presented to the HSCP Board for their approval annually prior to submission.

3. Background

- 3.1** In line with section 10.2 of the [Integration Scheme](#) The Parties, through the Chief Officer, will develop a joint Workforce Development and Support Plan and Organisational Development strategy in relation to staff delivering integrated services (except for NHS acute hospitals services), taking account of existing workforce development policies and procedures of both Parties, and rationalising these in partnership with other integration authorities within the same the Health Board area
- 3.2** This has been further reinforced following publication of the National Workforce Strategy in March 202 whereby, NHS Boards and HSCP's are required to submit Three Year Workforce Plans. The Plans are required to provide workforce planning information aligning local activity with the Strategy. Using the "5 Pillars" identified in the Strategy (Plan, Attract, Train, Employ, Nurture) they should clearly outline actions to address these objectives at a local level.
- 3.2** Effective planning of staffing and resources is critical to maintaining service delivery. Services have had to change the way they work and capacity has

been flexed and expanded in key areas. Our staff continue to respond flexibly, undertaking new roles and adopting to new ways of working in extremely challenging circumstances.

This plan provides an overview of the predicted workforce planning challenges during the period to March 2025 and a description of the activity being undertaken to mitigate the challenges.

4. Main Issues

- 4.1** Three Year Workforce Plans will inform Scottish Ministers' decisions on:
- planned future models of care for health and social care services;
 - aggregating local workforce needs into a national picture of workforce demand and supply requirements; and national approaches supporting the recruitment training, and retention of a skilled and sustainable workforce.
- 4.2** NHS Boards and HSCPs are required to review and update their Workforce Plans annually in the years between publication of full Three Year Plans. This will not require full new Workforce Plans and should reflect progress on actions and workforce planning assumptions. Annual revisions to Workforce Plans should be submitted to the Scottish Government

5. Options Appraisal

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

6. People Implications

- 6.1** The Health and Social Care Partnership is committed to effective, integrated work force planning across both health and social care services. We are committed to working in partnership with our Trades Union colleagues. There are implications across all staff groups with regard to ensuring all staff are appropriately trained, involved and engaged, creating an appropriately skilled and flexible workforce able to respond to the evolving needs of our citizens.

7. Financial and Procurement Implications

- 7.1** There are Financial Implications associated with this plan. Although the plan sets out the predicted increase in demand for the services we provide it has not been possible to predict skill mix of the workforce that will be required. This is because we do not yet fully know the longer term impact of Covid, two years of restrictions and the Long Covid conditions. Detailed work on the cost of implementing this plan will be undertaken in due course. Any additional costs will have to be funded from existing resources and/or new funding streams from Scottish Government.

8. Risk Analysis

8.1 There is a risk that there could be further Covid variants, high infection surges or further social distancing restrictions. If this were to happen we would revert to response phase and follow national guidance in place at the time. If this were to happen it could change the workforce planning landscape further

9. Equalities Impact Assessment (EIA)

9.1 An Equalities Impact Assessment will be carried out in due course

10. Environmental Sustainability

10.1 N/A

11. Consultation

11.1 The HSCP Senior Management team; workforce planning group which includes WDC, NHS GG&C and Trades Union representatives have been consulted in the preparation of this plan

12. Strategic Assessment

12.1 This plan links to the HSCP key strategic priorities and will be interlinked with the development of the HSCP Strategic Plan

13. Directions

13.1 N/A

Name

Audrey Slater

Designation

Head of Human Resources

Date

16 June 2022

Appendices

Appendix 1: Workforce Plan 2022 – 2025

Background Papers

N/A

West Dunbartonshire
Health & Social Care Partnership
Improving Lives with the People of West Dunbartonshire

West Dunbartonshire
Health and Social Care Partnership

Workforce Plan 2022/25

Contents

- 1 Background
 - 1.2 West Dunbartonshire Council Demographics
 - 1.3 Key Strategic Priorities
- 2 Stakeholder Engagement
- 3 West Dunbartonshire HSCP Workforce Demographics
 - 3.1 Workforce Split
 - 3.2 Workforce Age Profile
 - 3.3 Workforce Gender Profile
 - 3.4 Staff Turnover
- 4 Nurture – Supporting Staff Wellbeing
 - 4.1 Approach to Staff Health and Wellbeing
 - 4.2 National and Partner Organisation Wellbeing Initiatives
 - 4.3 Long Covid
 - 4.4 Measuring the Effectiveness of Support Mechanisms
 - 4.5 In Work Poverty
 - 4.6 National Living Wage
 - 4.7 Fair Work Framework
- 5 Attract and Employ – Workforce Supply Considerations
- 6 Train – Developing the Workforce
- 7 Short Term Drivers
 - 7.1 Staffing Considerations
 - 7.2 Staff Availability
 - 7.3 Staff Turnover
 - 7.4 Succession Planning and Retirement Risk
 - 7.5 Pensions
 - 7.6 Brexit
 - 7.7 Immediate Remobilisation Plan
 - 7.7.1 Delayed Discharges
 - 7.7.2 Reablement Team
 - 7.7.3 MSK
 - 7.7.4 Nursing
 - 7.7.5 Social Work
 - 7.7.6 Primary Care
 - 7.7.7 Mental Health
 - 7.7.8 Digitally Enabled Workforce
 - 7.8 Service Areas
 - 7.8.1 Health and Community Care
 - 7.8.1.1 Care Homes and Day Services
 - 7.8.1.2 Care at Home
 - 7.8.1.3 District Nursing
 - 7.8.1.3 Diabetic Retinal Screening
 - 7.8.1.4 Pharmacy
 - 7.8.2 Mental Health, Learning Disabilities and Addictions
 - 7.8.2.1 Learning Disabilities
 - 7.8.2.2 Mental Health
 - 7.8.2.3 Addictions
 - 7.8.3 Children’s Health Care and Justice
 - 7.8.3.1 Children’s Health
 - 7.8.3.2 Child and Adolescent Mental Health Services

7.8.3.3 Children and Families

7.8.3.4 Justice

7.8.4 MSK

7.8.5 Finance, HR, Strategy and Transformation

8 Medium Term Drivers

8.1 Challenges

8.2 Service Delivery

8.3 National Care Service

9 Conclusion

10 Action Plan

DRAFT

1. Background and Development of the Workforce Plan

1.1 Introduction

West Dunbartonshire Health and Social Care Partnership Board was established on 1st July 2015 as the Integration Authority for West Dunbartonshire.

It 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 Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership.

The Health and Social Care Partnership Board is responsible for allocating the integrated revenue budget for health and social care in accordance with the policy priorities set out in the Strategic Plan.

The Partnership Board includes representatives from the Third Sector, staff representatives and others representing the interests of patients, service users and carers. This ensures that the Partnership Board is fully engaging strategic partners in the preparation, publication and review of each Strategic Plan.

The HSCP has recently undertaken development work to further strengthen its Strategic Planning Group and in June 2022 will publish its Strategic Needs Assessment. This Assessment will form the basis of the next Strategic Commissioning Plan due to be published 1 April 2023.

The Health and Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health and Social Care Partnership. It is responsible for planning and overseeing the delivery of the full range of community health and social care services. Within West Dunbartonshire this is undertaken in a meaningful co-productive way with all partners. With a continued emphasis on joining up services and focussing on anticipatory and preventative care, our approach to integration aims to improve care and support for people who use services, their carers and their families.

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

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

Within West Dunbartonshire HSCP our vision is "**Improving lives with the people of West Dunbartonshire**". Our vision and our desire is to ensure that our citizens have access to the right care, at the right time and in the right place. It involves a range of activities, centred

on a continuous cycle of “analyse, plan, do and review” and is iterative and dynamic to support collaborative system change across health and social care and all partners working in our communities.

We aim to deliver our Strategic Outcomes through our commitment to:

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

In order to support the delivery of the HSCP vision of “Improving Lives With the People of West Dunbartonshire” the ambition of the Integrated Workforce Plan is to ensure we have the right people, with the right skills, in the right roles, at the right time at the right cost.

1.2 West Dunbartonshire Council Demographics

Overall life expectancy in West Dunbartonshire is poor in comparison with Scotland as a whole. Female life expectancy is the third lowest in Scotland behind Glasgow City and Inverclyde at 78.8 years and male life expectancy is third lowest behind Glasgow City and Dundee City at 74.1 years. In terms of Healthy Life Expectancy, for West Dunbartonshire this is lower in comparison to Scotland and is eighth lowest for males and fifth lowest for females. Male Healthy Life Expectancy is 58.1 years compared to 60.9 years for Scotland. Female Healthy Life Expectancy is 58.5 years compared to 61.8 years for Scotland.

West Dunbartonshire is one of Scotland’s smallest local authorities and accounts for 1.6% of the Scottish population. Although the population estimate for Scotland reached its highest ever in June 2020 - at 5,466,000 - the population for West Dunbartonshire has been in decline. The population mid-year estimates for 2020 was 88,340. This is a decline of 590 people or 0.7% on the previous year (88,930 in June 2019). This is the third greatest percentage population decline of all Scottish local authorities. In fact, the picture of declining population in West Dunbartonshire has been a consistent trend over the previous 10 years (a 2.7% decline from 2010-2020) and 20 years (a 6% decline from 2000-2020). Additionally in 2020, there were more females (52.2%) than males (47.8%) living in West Dunbartonshire.

West Dunbartonshire's population 88,340 (June 2020), which accounts for 1.6% of the Scottish population.

In contrast to Scotland as a whole, the population of West Dunbartonshire has been declining steadily (6% since 2000). This is due to fewer babies being born each year and more people moving out of the area than moving in.

Like most council areas in Scotland, West Dunbartonshire saw a fall in birth rate between 2019 and 2020. There were 770 births, with slightly more boys than girls being born. This is a decrease of 8.9% from 845 births in 2019. 2021 continued the trend with interim figures showing that 769 births were registered.

In the period 2019-20, net migration in West Dunbartonshire was higher for females (-66) than for males (-139). The age groups with the highest level of total net migration were 55 to 59, 85 to 89. In contrast, the age group with the lowest level of net migration was 25 to 29 (-36).

In 2020, the most common age group of mothers in West Dunbartonshire was 25 to 29 years. Between 2000 and 2020, the 0-19 age group has seen the largest percentage decrease in births (-63.5%) and the 40+ age group has seen the largest percentage increase in births (+21.1%).

West Dunbartonshire has an ageing population. In terms of overall size, the 45-64 age group was the largest in 2020, with a population of 25,646 (29%).

In keeping with the Scottish picture, there are more females (52.2%) than males (47.8%) living in West Dunbartonshire. The gender split begins to widen with increasing age from the 25-44 age group onwards.

Between 1998 and 2020, the 25-44 age group saw the largest percentage decrease (-23.2%). The 45-64 age group saw the largest percentage increase (+18.9%).

There is a very small minority ethnic population in West Dunbartonshire. In the 2011 Census, the majority of residents (93%) of West Dunbartonshire identified as being white Scottish, and 1.5% identified as being Asian, Asian Scottish or Asian British, or 'other ethnicity'. This is lower than Scotland which is 4%.

In terms of nationality, an estimated 3.4% of the local population are non-British, compared to 8% in Scotland.

The impact of this data, which features in the 2022 Strategic Needs Assessment, leads the HSCP and its Strategic Planning Partners to consider the delivery of services in the face of reduced national and local funding, as this is intrinsically linked to the continuing decline in the number of people living in West Dunbartonshire. The ageing population will mean more demand for health and social care services as usage increases with age. This, combined with fewer resources, will lead to significant pressure on the system.

1.3 Key Strategic Priorities

Our Key Strategic Priorities are:

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

West Dunbartonshire has two localities: Alexandria/Dumbarton and Clydebank.

West Dunbartonshire Health and Social Care Partnership hosts the Musculoskeletal (MSK) Physiotherapy Service for the NHS Greater Glasgow and Clyde area. Work is ongoing within this service to ensure the delivery of high-quality outcomes for patients whilst striving to meet national waiting time targets. West Dunbartonshire Health and Social Care Partnership also hosts a programme of retinal screening on behalf of NHS Greater Glasgow and Clyde. The

Health and Social Care Partnership leads West Dunbartonshire Alcohol and Drugs Partnership.

West Dunbartonshire HSCP is one of six HSCPs within the NHS Greater Glasgow and Clyde boundaries and has established clinical care pathways with the acute sector through Queen Elizabeth University Hospital and Royal Alexandra Hospital for both unscheduled and elective care, whilst utilising Vale of Leven Hospital for outpatient, day cases, inpatient and Mental Health Services. The Partnership has 2364 staff directly employed in the delivery of services within and across the various care groups.

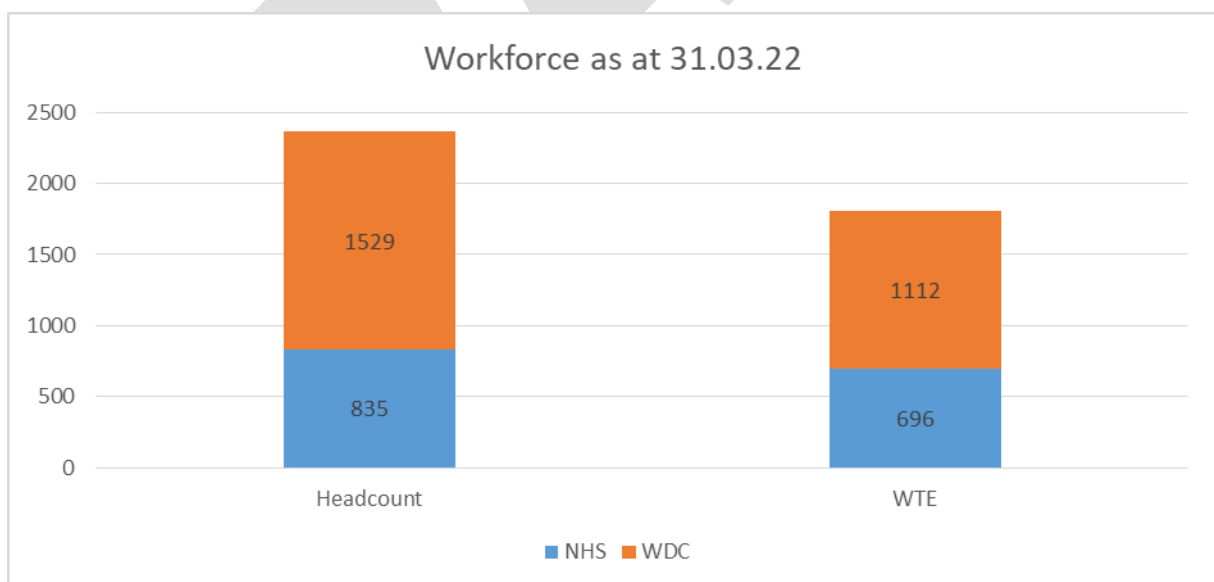
2. Stakeholder Engagement

The West Dunbartonshire HSCP Workforce Planning Group was re-established comprising of a wide range of internal and Third and Independent sector partners. Membership of the Workforce Planning Group also included nominated staff side representatives, West Dunbartonshire CVS, Finance colleagues, Strategy and Transformation colleagues and representatives from across the service areas.

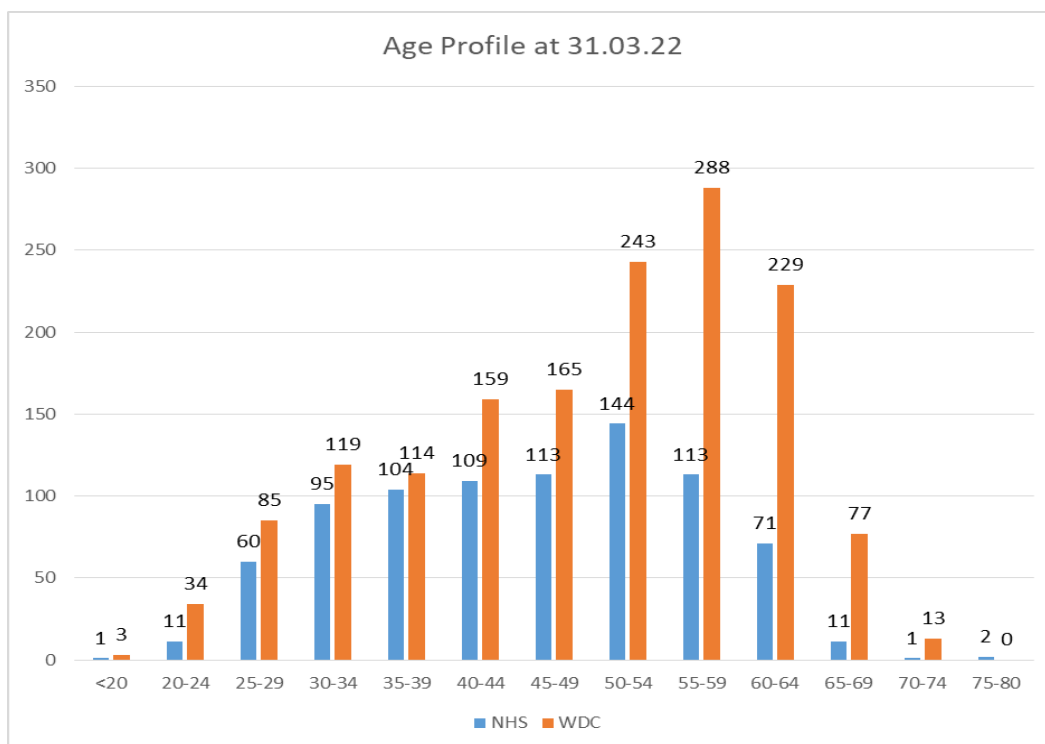
Given the pressures that the Omicron variant of Covid placed on the service it was difficult for workforce planning meetings to continue, therefore, in order to assist the services provide the information required for the plan a template was developed to gather short-, medium- and long-term driver information from services. Information was provided by the services in the template which was then considered and incorporated into the Workforce Plan.

3. HSCP Workforce – Demographics

3.1 Workforce Split



3.2 Workforce Age Profile

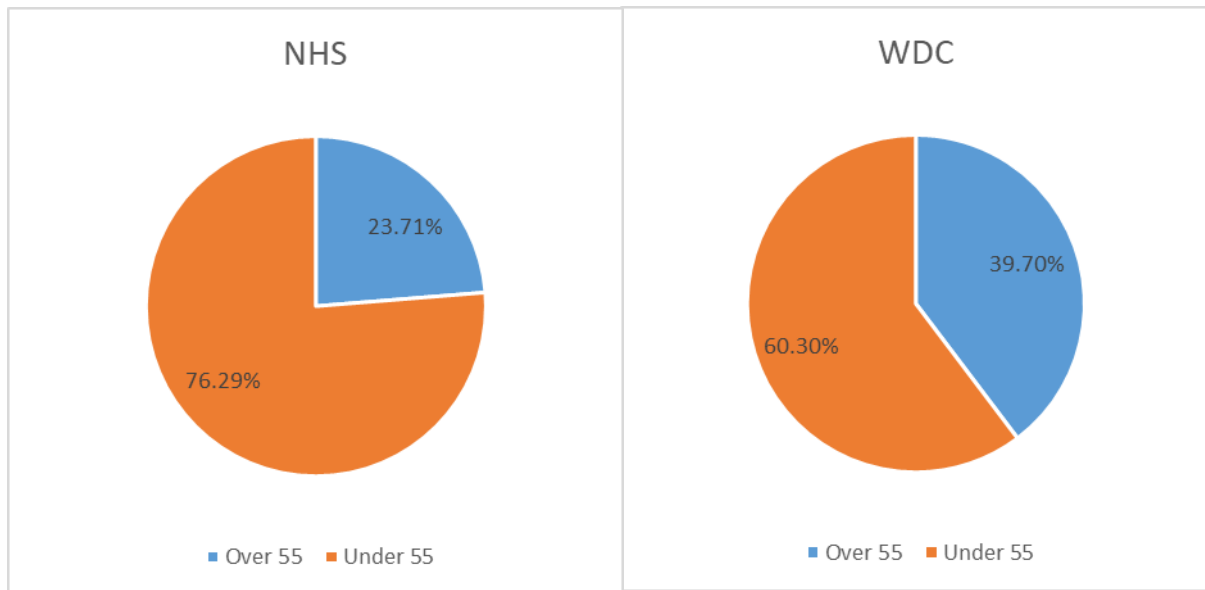


The age profile for staff in West Dunbartonshire HSCP indicates that the majority of our workforce are over the age of 45. Whilst this does not present an immediate risk, we do need to be mindful of the importance of succession planning and the implications of an ageing workforce in coming years.

Age Band	NHS	WDC	Total
<20	1	3	4
20-24	11	34	45
25-29	60	85	145
30-34	95	119	214
35-39	104	114	218
40-44	109	159	268
45-49	113	165	278
50-54	144	243	387
55-59	113	288	401
60-64	71	229	300
65-69	11	77	88
70-74	1	13	14
75-80	2	0	2
TOTAL	835	1529	2364

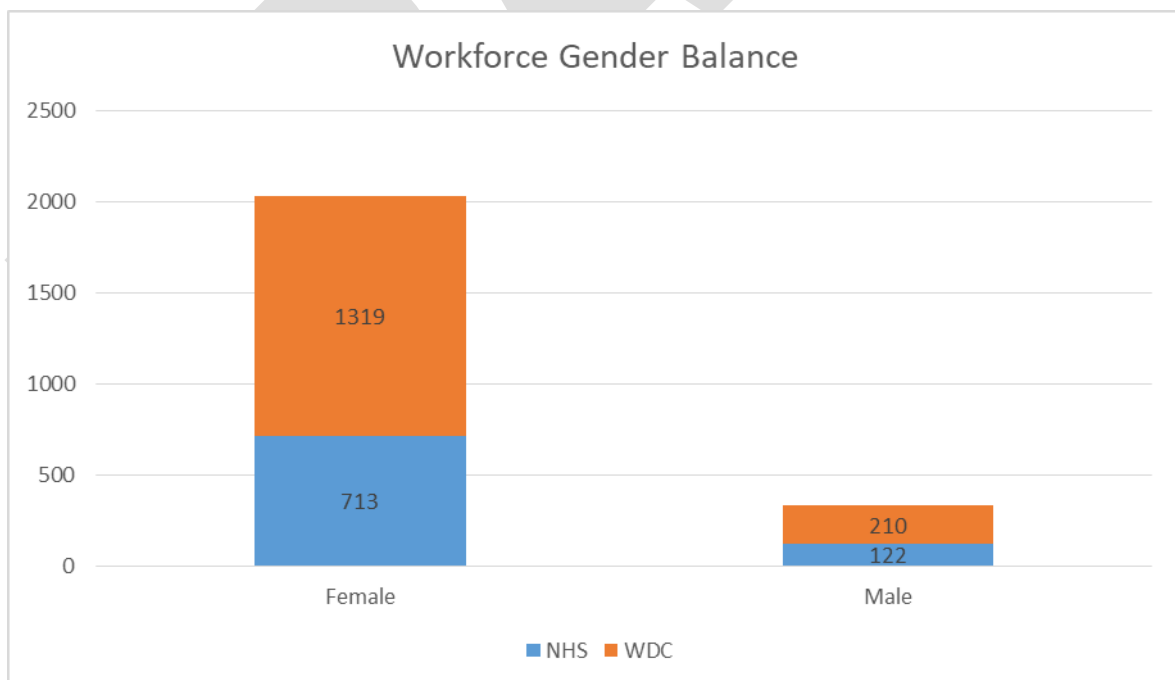
More than a third of the workforce (34.05%) of the workforce are aged 55 years and over. This presents a significant risk in terms of retirement of a sizeable proportion of the workforce within in the next 5 to 10 years. This is a significantly higher risk with West Dunbartonshire Council staff as 39.70% of their workforce is aged 55 or over while 23.71% the NHS HSCP workforce are aged 55 or over.

The pie charts below show the split of the workforce of those over 55 and those under 55 years.



3.3 Workforce Gender Balance

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



3.4 Staff Turnover

The turnover rate for WDC staff within the HSCP is 15.2% per annum. This is higher than the whole of WDC rate which is currently 13.2% per annum. For NHS staff within the HSCP

the turnover rate is 8.3% compared to the GGC wide figure of 10.2%. This is not forecast to increase significantly in the period to March 2023, however some changes to behaviour have been observed and after a period of suppressed turnover where staff were perhaps not looking for career opportunities or delaying their retirement due to the pandemic, those staff are now looking at career development and opportunities and similarly those staff who have delayed retirement are now actively pursuing this and some staff

4. Nurture – Supporting Staff Wellbeing

4.1 West Dunbartonshire HSCP Approach to Staff Health and Wellbeing

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

Occupational Health services in both employing organisations will continue to be utilised for their prospective staff.

Mental health check-in - all health and social care staff have also been encouraged to take part in all of NHS Greater Glasgow and Clyde's mental health check in's which took place in August 2020, February 2021, August 2021 and February 2022. Another check in is scheduled for August 2022 and this will be heavily promoted to staff.

Leadership development programmes continued throughout the pandemic however, understandably due to service pressures; uptake was been lower. Staff are being encouraged to uptake appropriate opportunities available to them with Learning and Education publishing a document summarising all the training and opportunities available to staff.

NHS GGC Peer Support Framework

The NHSGGC Mental Health and Wellbeing Group established the need for a single Peer Support Framework for **all** staff working in health and social care across the Board and the six health and social care partnerships. This forms part of the wider strategy to prevent work-related emotional distress from developing into more significant mental health problems. The Peer Support Framework outlines an overarching system for all peer support interventions offered across NHSGGC. It is based on a set of core principles and sits within a single governance structure. All existing and new peer support interventions will align with the Peer Support Framework.

Core principles of peer support within NHSGGC are based on the 'Psychological First Aid' (PFA) model and this forms the conceptual basis of the Framework. This is an evidence-informed approach recommended by international and national experts.

The NHSGGC Mental Health & Wellbeing Action Plan 2020-22 considers the longer-term staff mental health and wellbeing needs in response to the COVID-19 pandemic and outlines the planned approaches to support and intervene. The tiered model is aligned to all key principles and wider strategies of NHS GGC.

Key priorities for 2021 – 22 have been agreed and the provision of a Peer Support Framework is highlighted for this year. The proposed model, competency framework, training programme and organisational support will result in all staff within Greater Glasgow and Clyde having access to peer support. This sustainable programme forms a significant part of the Board's staff support strategy reflecting cultural and organisational support for staffs' health and wellbeing.

The first phase of the Peer Support Framework is the publication of an online module "[Introduction to Psychological Wellbeing](#)". All staff are encouraged to undertake this module. The module is available on Learnpro.

West Dunbartonshire Council also ran a series of **wellbeing webinars** which were available to all HSCP staff. These covered a number of topics including Supporting a Remote Workforce, Mindfulness, Yoga and The Importance of Sleep. Wellbeing Roundups are shared on a monthly basis and contain details of supports available and upcoming initiatives available to all staff. Human Resources and Organisational Development in the Council are working on a programme of short training sessions to continue to support employees and managers.

Staff have been and continue to be encouraged to use their Annual Leave Allowance and managers have been reminded of the importance of encouraging staff to fully utilise their leave in order to maintain a healthy work life balance and rest sufficiently.

Whilst the Scottish Government directed all Boards to offer NHS staff the opportunity to be paid for unused leave, there were only a small number of staff who asked for this. This means that those staff who carried over leave will have a backlog of unused leave to take. We will continue to support and encourage staff to utilise their full leave entitlement. Future wellbeing initiatives will focus on supporting staff through the recovery phase and for some services the remobilisation phase, ensuring psychological support services in particular are promoted to all staff.

Non COVID-19 Absence levels within the HSCP have on the whole remained lower than when compared to the same period before the pandemic for both NHS and WDC staff, however in the last year WDC absence particularly in our Care at Home Service has risen. Whilst this is not entirely unexpected, work is ongoing to provide targeted HR interventions at appropriate times to ensure staff and managers receive appropriate levels of support.

4.2 National and Partner Organisation Wellbeing Initiatives

The National Wellbeing Hub which can be found at <https://www.promis.scot> has been heavily promoted within the HSCP via Chief Officer Updates, Joint Staff Forums etc. Promotion of this service will continue.

In particular, staff have been and will continue to be encouraged to contact **The National Wellbeing Helpline (0800 111 4191)**. This is available 24 hours a day, seven days a week and is resourced by trained practitioners at NHS 24. This helpline offers callers a compassionate and empathic listening service based on the principles of psychological first aid, as well as advice, signposting and onward referral to local services if required.

Coaching for Wellbeing has also been heavily promoted to staff and will continue to be promoted. This is a service designed to support staff with any of the issues they may be facing during these challenging times. Staff are offered 2 hours of individual online coaching which includes support in building resilience and helping individuals to take action to improve their wellbeing. Where appropriate, staff can also explore how to lead and support others who may be struggling. Further information can be found at

Trades Union Colleagues have been helpful in promoting these services to their members and suggesting ideas and initiatives to consider.

4.3 Long Covid

The longer-term impact of COVID upon staff wellbeing over the next 3 years is recognised but relatively unknown. At the height of the pandemic NHS Greater Glasgow and Clyde established a Covid Team within the HR Support and Advice Unit to ensure managers and employees were supported in dealing with Covid related issues and absences. Work has been undertaken in conjunction with Occupational Health Services in both NHS GG&C and WDC to ensure that on an ongoing basis there is an appropriate and detailed management referral process and a specialist team of occupational therapists, physiotherapy, psychology and occupational health nursing available.

The full nature of Long Covid condition is not yet fully understood, particularly as there does not appear to be a direct correlation between the severity and/or direction of the initial infection and that of Long COVID.

4.4 Measuring the Effectiveness of Support Mechanisms

Whilst we do not have the information available to us to directly measure the effectiveness of these support mechanisms, we do have other information that can be analysed to assess how supported staff feel. Below is a comparison of the results from the pulse survey from 2020 and the iMatter Survey from 2021 which demonstrates that staff feel that they are cared about, are treated with dignity and respect and are appreciated.

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

4.5 In work poverty

Employment remains the best route out of poverty. However, we know that some people in poverty live in households where someone is in paid employment and the proportion of people in poverty who are living in working households has increased over time. Working parents' ability to increase working hours is often dependent on the availability of flexible working and childcare, the affordability of which can often be constrained by the conditions of Universal Credit.

Around two thirds of working adults living in poverty are paid below the real living wage. This has been addressed within NHS GGC who are an accredited Living Wage employer and West Dunbartonshire Council who are not accredited but pay above the national living wage which is currently £9.50 per hour.

The impact of rising living costs from Spring 2022 has negatively impacted on the prevalence of in-work poverty. West Dunbartonshire HSCP recognises the impact of increased fuel prices in particular roles, for example care at home staff and community nurses using their own vehicles for transport. We are working to ensure the availability and usage of pool cars is maximised, whilst ensuring that any expenses, overtime and bank shifts are promptly paid.

4.6 National Living Wage

NHS GG&C is an accredited Living Wage Employer. Whilst WDC is not accredited they do not employ anyone below the national living wage. This means that all staff within West Dunbartonshire HSCP receive at least the minimum hourly wage which will rise each year to match future rises.

Benefits of the National Living Wage include staff feeling more valued and with less chance of them having to juggle multiple jobs and reduced attrition and lower recruitment costs as staff who are fairly compensated are less likely to leave. Lower turnover means lower recruitment, training and admin costs.

In previous generations, employees would stay with an employer for decades whereas the incoming workforce increasingly recognise the power of choice and consider how an organisation can help them grow personally and professionally. Paying the National Living Wage has a positive impact on employee relations and an organisations credibility.

4.7 Fair Work Framework

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

- **Effective Voice** – we foster an environment of open and ongoing dialogue with our workforce and Trades Union colleagues and seek out and listen to their views and ideas. In addition to this our HSCP workforce invited on an annual basis to take part anonymously in the iMatter survey. Sixty seven percent of the HSCP workforce participated in this last year and the survey will be rolled out again in June this year. On receipt of the report we will analyse the results and each team will develop their own action plan.
- **Opportunity** – Equal Opportunity is at the heart of both our NHS and WDC policies. We support access to opportunity for all through our recruitment and selections

processes, modern apprenticeships, internships etc. We support our workforce to progress in their careers and everyone has access to a wide range of training and development opportunities.

- Security – There are collective arrangements in place for pay and terms and conditions of employment. Occupational Sick Pay and Pension arrangements are in place for our workforce and we have an established range of flexible working and family friendly policies in place to support staff who have caring and family commitments.
- Fulfilment – Learning and development opportunities are available throughout the organisation and we try to effectively utilise individual skill sets in the most effective way. We recognise that fulfilment is a key part in ensuring that we have a happy and engaged workforce and encourage creativity and innovation in our workforce and Trades Union colleagues.
- Respect – Mutual respect is an important aspect of our relationships with our workforce and Trades Union Colleagues. This is supported through established policies and procedures. We strive to ensure that our workforce feel valued in ways other than through pay or position. Engagement with employees at all levels in the organisation and with our Trades Union colleagues is high on our agenda.

Whilst it can be difficult to measure our progress on each of the above dimensions West Dunbartonshire HSCP are proactive in their desire to develop and maintain a positive employment culture and continually seek opportunities to improve in this aspect. An example of this can be found with West Dunbartonshire Council actively considering only offering new roles on a minimum of 16 hours per week contracts. This would ensure better opportunity for career development and would support succession planning.

5. Attract and Employ

West Dunbartonshire HSCP is facing the same challenges as other HSCP's, and the wider Health and Care sector, in relation to hard to fill roles. Work in the care sector is no longer an attractive option for jobseekers. This can be partly attributed to what happened during the pandemic and partly due to market rates of pay. In a lot of cases individuals can earn comparable if not more lucrative salaries in other roles (e.g. supermarkets) with a lot less responsibility.

My Job Scotland currently has over twenty live adverts for care staff throughout Scotland. All adverts are for multiple staff and have closing dates months in advance indicating that Local Authorities have rolling recruitment as standard. The effect of this is that neighbouring Local Authorities are competing from the same pool of job seekers with different rates of pay across Local Authorities sometimes being the deciding factor.

Work is ongoing within West Dunbartonshire HSCP to ensure that not only do we offer an attractive employment proposition but that we also have opportunities available to develop staff to ensure they remain with us. An example of this is in our social work teams where we employ social work assistants who we may then support to qualify as social workers. This includes help with the cost of the course, time off to undertake placements and a willingness to offer placements to other individuals on the course. This will backfill our staff who are out on placement and may attract those individuals to come and work with West Dunbartonshire in the future.

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

We have strong links to local colleges and our vision is to continue to work closely with them to enhance the existing programme to prepare job seekers for work in the care sector and support their development to progress their careers further should they wish to do so.

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

West Dunbartonshire HSCP continues to build on the success of modern apprenticeships and the Kickstart Programme and are working closely with West Dunbartonshire Council Working 4 U team on this aspect of attracting and developing the younger workforce, providing opportunities for career development and more structured pathways to grow professionally in the care sector

West Dunbartonshire HSCP offer a variety of flexible working packages and continue to promote this as part of our recruitment process.

A recruitment and retention working group has been established jointly with the HSCP and WDC colleagues. This group will work on how we can stand out from other employers as an employer of choice and how we promote the benefits of working for West Dunbartonshire HSCP

6. Train – developing the workforce

Our professional leads work in partnership with professional bodies, NHS Education Scotland, FE and HE institutions to develop workforce capabilities with engagement in curriculum development, support at point of entry into employment and delivery of in-career skill development and support. This approach is designed to not only develop and ensure we have a well trained workforce but also to prepare for changes to the work environment brought by advances in technology or innovations in health and social care delivery.

Structures are in place to support development pathways for registered and non-registered staff across our clinical and non-clinical workforce, such as:

- Pharmacy
- HCSW roles (nursing and allied health professionals)
- Nursing (mental health, district nursing, older people)
- Allied Health Professionals
- Apprenticeships

We continue to develop opportunities to utilise and test new roles and new ways of working that can transform workforce capacity in current structures to meet demands from service planning and predicted challenges to workforce supply. An example of this is the establishment of our Reablement Team. We are also undergoing a service review of our Care at Home Service.

Our aim is to develop a flexible workforce which is appropriately trained, skilled and developed to be able to respond to the evolving needs of the citizens of West Dunbartonshire.

Some of the benefits of this are:-

- Greater continuity of patient and client care
- Flexible roles which can take on wide and varied roles within services, working across multiple areas
- Variety within role which adds interest and improves retention
- A structured career path to develop a career within Health and Social Care

7. Short Term Workforce Drivers

7.1 Staffing Considerations

Effective planning of staffing and resources is critical to maintaining service delivery. Services have had to change the way they work and capacity has been flexed and expanded in key areas. Our staff continue to respond flexibly, undertaking new roles and adopting to new ways of working in extremely challenging circumstances.

This section provides an overview of the predicted workforce planning challenges during the period to March 2023 and a description of the activity being undertaken to mitigate the challenges.

7.2 Staff Availability

Staff availability is considered to be the percentage of staff available for work after taking into consideration all annual leave, sickness absence, maternity, paternity, parental, study and all types of special leave (which includes COVID-related absence).

The importance of staff having the opportunity to fully utilise their annual leave allowance is recognised and encouraged. In general, the majority of job families across all areas of the organisation are currently using leave at pre-pandemic levels. This is encouraging and suggests staff are getting the rest they require.

Sickness rates are anticipated to reduce further throughout the summer, however it can be reasonably expected that sickness rates will increase again during Winter 2022/23 as levels of social interaction and exposure to common infections and illnesses return to pre-pandemic levels. HR teams within both NHS GG&C and WDC are available to support managers and staff, putting in place plans to support people back to work when appropriate.

COVID-related absences are expected to sharply decline over the summer months. While the emergence of new variants cannot be discounted, there is no public health guidance suggesting an imminent surge wave.

The predicted level of staff availability will continue to present an operational challenge, which will only worsen over winter. It is crucial that all staff absence is accurately recorded, using the correct reason and in a timely manner, ensuring that detailed absence analysis can be provided to every team within the HSCP.

7.3 Staff Turnover

As previously stated this is not forecast to increase significantly in the period to March 2023, although some changes to behaviour have been observed which may result in a small increase in turnover in the coming months. Turnover rates are expected to return to pre pandemic levels this year.

7.4 Succession Planning and Retirement Risk

Regular workforce information provides insight into the demographics of everyone within service areas, showing the spread of staff, age and their time within the organisation. This is designed to highlight the percentage of staff aged 55 and above, an element of whom will be considering retirement. Reporting also allows senior managers to identify individual key roles or elevated risk roles where succession planning is required to ensure that there is someone within the organisation who can fulfil the crucial elements of the role when people move on. The retirement risk for the period to March 2023 may be slightly elevated as a result of those who delayed retirement during the pandemic now actively pursuing either partial or full retirement. The pandemic also made people re-evaluate their lifestyle and consider what is important and may have prompted some staff to consider retiring earlier than they had planned. It is impossible at this stage to predict if this will actually translate into an increase in retirement applications.

7.5 Pensions

Both the NHS Scotland Pension and Local Government pension scheme changed in April 2022. Benefits accrued in previous schemes are protected and remain unchanged. However, the planned changes, specifically changes to contribution rates and the move from final salary linked to a career average revalued earnings (CARE) model, are seen as a catalyst for some considering retirement.

Staff with higher salaries and/or longer service are at risk of increased tax demands if they breach annual or lifetime tax allowance limits. Anecdotally, this limits the amount of additional work high earners (i.e. medical consultants) are willing or able to deliver. The lifetime allowance also has a direct bearing upon retirement age as people choose to retire rather than risk breaching the limits.

Access to robust and practical pension advice may help allay staff fears and enable them to make well informed decisions.

7.6 Brexit

The reduction in the visa minimum salary requirement to £25,600 (£20,480 for healthcare-specific roles), means workers from the European Union can be sponsored for a points-based visa by NHS GGC for roles at Agenda for Change Band 3 and above.

This is a better outcome than first expected when initial minimum salaries were set and means that NHS GGC remains a viable option for people wishing to move from the European Union for work.

Historically West Dunbartonshire HSCP has not attracted high numbers of European Nationals and as such the impact of the EU Exit referendum has had little impact on our workforce. Whilst we do not have data specifically for European Nationals the table below shows pre and post Brexit data.

2019/20			2020/21		
% BAME	% White	% Not known	% BAME	% White	% Not Known
0.27%	46.04	53.65	0.34	46.85	52.78

Within West Dunbartonshire HSCP we do not anticipate that the end of free movement will have a major impact on recruitment and staffing in the medium and long term.

7.7 Immediate Remobilisation Plan

Whilst we move towards longer term operational planning, there are several elements of recovery and remobilisation which will continue to affect staffing levels and workforce planning decisions in the short term.

7.7.1 Delayed Discharges

Our performance is improving slowly and we are constantly reviewing efficient and effective care pathways across the hospital discharge team. It is hoped that this will improve patient flow and support implementation of the Discharge Without Delay Policy. We will continue to focus on new approaches and services (e.g. reablement team) to ensure care home places and care packages are available. This has the potential to shorten hospital stays and improve the patient pathway but will require additional staff across a range of roles. Our review of care at home services will take this into account in the appropriate work streams.

7.7.2 Reablement Team

Across Scotland and elsewhere, a number of providers of Care at Home Services have developed a reablement approach to the delivery of care at home services. In line with strategic objectives around maximising independence and resilience, reablement is principally about offering an intense service to support an individual to regain their abilities, and so relearn the skills they need to care for themselves. This approach aims to help individuals achieve their goals over a 4–6-week period following referral, and then reduce or cease support as appropriate. The Social Care Institute for Excellence (SCIE) states that 'the reablement approach supports people to do things for themselves. It is a 'doing with' model, in contrast to traditional home care which tends to be a 'doing for' model.

This will be a significant change for the population of West Dunbartonshire who have come to assume, as is similar in many parts of Scotland, through how care at home service has been delivered in the past, that once a client is in receipt of the service, that will continue for life.

7.7.3 MSK

This is a hosted service. The post COVID-19 impact on demand is unknown. However, it is known that MSK conditions are prevalent post COVID-19, and this may place further demand in service provision in the forthcoming year. The service is introducing electronic self-referral which will be available to the public on the MSK website. It is unknown if this innovation will further increase demand (it is predicted that referral rates may increase if there is unknown unmet need).

It is anticipated that changes within other service areas e.g., ED/Flow Navigation hubs/ACRT within Orthopaedics may also further increase MSK service demand. Additional resource may be required if demand for service increases and patients are to be seen timeously

7.7.4 Nursing

We remain cognisant of NHS Greater Glasgow and Clyde wide policies and reviews e.g. Transforming Nursing Roles (TNR) which covers all aspects of nursing led care, this will include ensuring that we have appropriate staffing levels within District Nursing to meet any expansion of the nursing role. We have three mental health inpatient wards (Glenam, Fruin and Katrine) and already rely on bank nurses to supplement our rotas. It has proved to be difficult to recruit mental health nurses to West Dunbartonshire HSCP as the bigger mental health units are based in Glasgow and there is a perception that West Dunbartonshire is too far from the centre. We try to address this in our recruitment processes but with the increasing fuel and travel costs we anticipate greater difficulty to fill any vacancies which may arise. We continue to monitor resource requirement and work closely with NHS GG&C staff bank to ensure safe staffing levels are in place.

7.7.5 Social Work

We face the same issues as other HSCP's in relation to the availability of professionally qualified Social workers to fill vacancies. Increased demand due to the pandemic is impacting on the types of clients that are being referred with many of whom presenting with increasing complexities. The impact of the pandemic and lockdown is starting to be felt however is not yet fully understood and is not the sole cause of demand on the service. The cost of living crisis coupled with historic austerity measures is a perfect storm for vulnerable families leading to increased demand for services. The impact of 2 years of restrictions is also placing a strain on mental health services. There are limited numbers of available qualified social workers meaning that we are competing with other employers and agencies who offer more flexibility and enhanced rates of pay.

7.7.6 Primary Care

Primary Care are under considerable pressure to meet the increasing demands of our populations.

Through the delivery of the New General Medical Services Contract 2018, we have embarked on an ambitious programme to support and build primary and community care. The HSCP has developed a Primary Care Improvement Plan to build a Multidisciplinary Team to support General Practice to address the needs of their patients, providing additional capacity within General Practice for GPs to focus on complex presentations and provide clinical leadership to the expanding team. The Multidisciplinary Team approach will maximise workforce competencies and capabilities, and ensure people see the right person, at the right time and in the right place. Further workforce development is required to support this as there are a number of areas where the HSCP has experienced delays in recruitment and retention of this workforce.

Scottish Government have committed to recruiting 800 additional GPs by 2028, Practices within the HSCP are currently experiencing difficulty in recruiting to local vacancies and this is also reflected nationally.

In 2022, Scottish Government have provided funding for HSCPs to develop a Primary Care Mental Health and Wellbeing Service, either embedded or aligned to GP Practices and Clusters/localities. This additional investment will see an increase in workforce to support patients with their Primary Care Mental Health Needs. The Scottish Government guidance sets the aim to increase the Mental Health Workforce within Primary Care by an additional 1,000 staff across Scotland. This service will develop further over the next 2-3 years.

Collaborative working with 3rd sector Partners, Stepping Stones and The Alliance will see some of the roles, developed as part of the PCIP and MHWPC service, be delivered by our 3rd Sector Partners, to date this has included Community Link Workers, Distress Service Worker, Person Centred Therapist and Guided Self Help Support Worker. Where this approach is the right model for patients this will be developed further.

Community Optometry Services are provided locally with the service being the first port of call for people with eye problems. Optometrists are being developed with additional professional qualifications to expand the role and are supporting some services currently provided within hospitals/ out patients departments being delivered within Community Optometry Services. Historically, the number of optometrists in Scotland has increased on average by approximately three per cent per annum.

7.7.7 Mental Health

Due to the anticipated surge in people with disparate health needs we will need to ensure that we have sufficient capacity within our Mental Health Teams to support this. We have the same recruitment challenges as other HSCP's as there is only a finite number of available staff and every HSCP is actively recruiting. There is a shortage of Old Age Psychiatrist across the whole of Scotland. We work closely with colleagues in NHS GG&C and in terms of medical staff have plans in place if we do not have sufficient medical cover for our wards, including new patients being accommodated elsewhere within NHS GG&C. We recognise that this is not ideal and have only had to resort to this occasionally however patient safety remains our number one priority.

7.7.8 Digitally Enabled Workforce

We will review on an ongoing basis the need for investment in new technology to support both staff who will be working in a different way and to support service delivery going forward and will continue to work on the application of remote and digital services where appropriate e.g. attend anywhere appointments with clinical services.

7.8 Service Areas

7.8.1 Health and Community Care

Key services that were paused throughout the Pandemic, such as anti-coagulation clinics, vaccination programmes, Advanced Practice physiotherapy within GP practice and x-ray in primary care have now been reinstated ensuring appropriate risk assessments are in place and approved by NHS or Council remobilisation processes.

The Transforming Roles programme has set out a nationally consistent approach to advanced nursing and AHP practice. Transforming Roles focuses on nursing roles and involves developing integrated community nursing teams. These will be central to shifting the

balance of care from hospital to community and primary care settings at or near people's homes and the aim of improving population health. We have invested in the development of advanced nursing roles via our PCIP to ensure we have a nursing workforce competent to work at an advanced level as part of multidisciplinary teams across a range of clinical settings.

In line with strategic objectives around maximising independence and resilience, reablement is principally about offering an intense service to support an individual to regain their abilities, and so relearn the skills they need to care for themselves. This approach aims to help individuals achieve their goals over a 4-6 week period following referral, and then reduce or cease support as appropriate. The Social Care Institute for Excellence (SCIE) states that 'the reablement approach supports people to do things for themselves. It is a 'doing with' model, in contrast to traditional home care which tends to be a 'doing for' model.

This will be a significant change for the population of West Dunbartonshire who have come to assume, as is similar in many parts of Scotland, through how care at home service has been delivered in the past, that once a client is in receipt of the service, that will continue for life.

The introduction of a Reablement Team, alongside the current Care at Home Service will allow us to work in a new way to assess and support people, in a more intense way but for a much shorter period, allowing greater through-put and becoming more cost-effective

Additional posts will be required to resource the reablement team and are detailed below:-

Team Leader	1
Organisers	2
Admin Support	1
Home Carers	14
Occupational Therapist	1
Rehabilitation Support Workers	4

Recruitment underway to appoint the team leader of the reablement team and remaining posts will be advertised in due course. It is hoped that the reablement team will be operational ahead of winter 2022

7.8.1.1 Care Homes and Day Care Services

Work in the care sector is no longer an attractive option for jobseekers. This can be partly attributed to what happened during the pandemic and partly due to market rates of pay. In a lot of cases individuals can earn comparable if not more lucrative salaries in other roles (e.g. supermarkets) with a lot less responsibility. We are also losing staff to agencies as they now offer greater flexibility.

My Job Scotland currently has over twenty live adverts for care staff throughout Scotland. All adverts are for multiple staff and have closing dates months in advance indicating that Local Authorities have rolling recruitment as standard. The effect of this is that neighbouring Local Authorities are competing from the same pool of job seekers with different rates of pay across Local Authorities sometimes being the deciding factor. West Dunbartonshire HSCP currently has 34 care home vacancies which we are actively recruiting to. Any vacancies not filled will be readvertised.

We continue to look at innovative methods to attract staff, including in reach to schools and colleges to encourage visibility of the care sector as an attractive career option. We are also working closely with Working 4 U team who have developed SVQ's and have agreed to provide training and support to all new members of staff and development for existing staff to introduce and enhance a more structured career pathway. In addition to this we are in the process of recruiting modern apprentices which will enable individuals to work whilst undertaking SVQ's and will have the opportunity to apply for permanent posts as they arise whilst they are still undertaking the SVQ. We also work closely with local colleges and currently provide placements for students undertaking social care courses.

It is important that we continue to offer mutual aid to support Care Homes who may be in difficulty. We require to build on the successful collaboration developed during the pandemic to support oversight and provide quality assurance in order to sustain and support further quality improvement within care homes. In relation to this Chief Nurse capacity was enhanced at the start of the pandemic, reflecting the variation made to the role and additional responsibilities and accountabilities in relation to care homes delegated by the Board nurse Director with respect to the provision of, nursing leadership, support and guidance within the care home and care at home sector.

7.8.1.2 Care at Home

The Health and Social care system is widely acknowledged to be under severe pressure, with the integrated nature of care meaning direct impact can be seen between pressures in acute hospitals, demand for Care at Home support and admission to residential care. Keeping people as independent as possible for as long as possible has long been a shared strategic priority between WDHSCP and WD Community Planning Partnership. As a result, performance analysis indicates that people are being supported at home for longer, through intervention from Care at Home, District Nursing and our Focused Intervention Team. This means that fewer people are being admitted to residential care, and, for those that are, their average length of time in residential care is reducing; creating better outcomes for the individual and reducing HSCP/ Local Authority spend on Care Homes.

West Dunbartonshire's Care at Home service, a workforce of approximately 433 FTE, 688 Headcount (including sheltered housing), delivering 27,800 visits per week to the most vulnerable adults living at home in our communities.

In line with national strategy, there has been significant success in West Dunbartonshire, in supporting older people to remain at home for as long as possible. As a result, the caseload that Care at Home now manage has increased, not significantly in total numbers needing support, but in the complexity and acuity of the client group, with significantly more clients now requiring the maximum of 4 visits per day, and needing the support of 2 home carers to assist them in moving, dressing etc.

The pandemic has seen additional pressure on this team, as they continued to deliver this essential service, 365 days a year, while managing sickness absence and shielding relating to the virus. In addition, as external providers have struggled to deliver service due to staff shortages, the in-house Care at Home Service has needed to absorb this additional work. Two new funding announcements were made by the Scottish Government on 5 October 2021 and 26 October 2021 respectively, detailing specific areas to be invested in to help protect health and social care services over the winter period and provide longer term

improvement in service capacity, and to meet costs of the pandemic and remobilising health services respectively.

The opportunity of the Winter Monies, ring-fenced to support Care at Home, allows for us to:-

- Introduce a Reablement Team, alongside the current Care at Home Service to work in a new way to assess and support people, in a more intense way but for a much shorter period, allowing greater through-put and becoming more cost-effective
- Provide support at all levels of the current Care at Home Service to increase capacity and resilience during this challenging period
- Drive the service review forward by investing on a fixed term basis in some of the functions needed to support this work.

Our Care at Home service is currently undergoing a service review to ensure we are able to meet the evolving needs of our clients. The initial stages of this service review are now in progress with 4 work streams looking at:-

- Use of Agency Staffing
- Client Assessment
- Use of Overtime
- Effectiveness of visit scheduling

The outcome of the review will determine resourcing levels and staffing models however it is too early in the process to predict what this may be.

7.8.1.3 District Nursing

District Nursing services have been central to our pandemic response. We have invested in the workforce by recruiting three new Band 3 Healthcare Support Workers into permanent posts to support care delivery in our Out of Hours service. This has provided some additional resilience within that service and we continue to monitor staffing levels however as the longer term impact of Covid remains largely unknown we are unable to predict demand and resource requirements at this stage.

7.8.1.4 Diabetic Retinal Screening

This is a hosted service within West Dunbartonshire HSCP. This service was paused throughout lockdown to reduce risk for this vulnerable group of service users. This service has now been re-established under national guidelines, to ensure outreach to those most at risk in the first instance. Current modelling suggests the waiting list should be cleared by Autumn.

7.8.1.5 Pharmacy

Our immediate workforce pressure relates long term to three members of the team absent on long term sickness (non-work related) and three staff recently commencing maternity leave. Recruitment is ongoing within pharmacy and there is hope that this situation will improve by the end of the year as staff return to work. Recruitment into current vacancies is a recognised challenge as there is a national shortage of pharmacists and pharmacy technicians. We do continue to adapt and evolve the ways we work to be as efficient as possible. There is a new career pathway in place for pre-registered technicians to help

improve the pipeline for registered pharmacy professional and for primary care pharmacy to 'grow their own' workforce. This is a 2 year course and we currently have three staff undergoing this training. We also have a career pathway for pre-registered pharmacists and have two staffs who working within the HSCP on placement this year. NHS GG&C is working with NES to expand on training of both pre-registration pharmacists and pharmacy technicians which would enable us to retain staff locally longer term.

7.8.2 Mental Health, Learning Disabilities & Addictions

7.8.2.1 Learning Disability Service

Whilst most services continued to be provided during lock down to varying degrees, depending on the part of the service, the focus of services continues to be the management of the risk to the most vulnerable service users and families, as well as prioritising those whose needs are most complex.

The pandemic did impact on the statutory function and restricted staff having the same level of engagement and input as pre March 2020, however staff have been able to find digital solutions to facilitate their input with complex individuals. The staff continued to prioritise critical and substantial cases however this has left a backlog of review activity which requires to be progressed. Consideration is required around the need for additional staff to facilitate this work.

7.8.2.2 Mental Health

Services focussed on engaging with people at risk of hospital admission, those vulnerable to harm and those that required ongoing treatment: particularly pharmacological therapies. To assist with this focus, Primary Care Mental Health was repurposed to provide a virtual Wellbeing service to all GP practices during the response phase: minimising inappropriate referrals to secondary care and offering assessment, support and signposting to those with mild to moderate mental health issues.

The impact of COVID-19 on statutory services continues. Key working approach is being carried out by a hybrid model including telephone or virtual consultations via the NHS Near Me service with face to face consultations increasing.

Our Mental Health Inpatient Service within the Vale of Leven Hospital has faced recruitment challenges in respect of Old Age Psychiatry consultants and specialty doctors; however we continue to work with NHS Greater Glasgow and Clyde recruitment teams and medical staff bank on an ongoing basis

Whilst most services continued to be provided during lock down to varying degrees, depending on the part of the service, the focus of services continues to be the management of the risk to the most vulnerable service users and families, as well as prioritising those whose needs are most complex or subject to regular change.

There has been an impact on statutory functions alongside a number of staff moving to new posts, which has left the mental health team in a position of recruiting at the same time as trying to stabilise the service post pandemic.

Although our figures are relatively stable at present we will not know the impact of the pandemic for a while and it is anticipated that the demand on our mental health services will increase heavily. The primary care mental health and wellbeing hub will be instrumental in helping to address additional capacity requirements. In relation to the physical wellbeing of mental health patients in secondary care services it is anticipated that there will be

requirement for additional Band 6 nurses, pharmacists and ANPs however it is too early to predict the additional resource required.

7.8.2.3 Addictions

Services focussed on engaging with people at high risk of harm, those vulnerable to harm and those that require ongoing treatment. Although there is not a backlog of referrals we face ongoing recruitment challenges to meet the Scottish Government Drugs Death Task Force. Although we received additional monies from Scottish Government to implement the Medical Assisted Treatment Standards (MAT Standards).

7.8.3 Children's Health, Care and Justice

7.8.3.1 Child Care

The Health Visiting Team and Family Nurses have maintained their service provision throughout the pandemic in line with Scottish Government guidance and continued to undertake essential child health reviews while remaining responsive to parents to promote, support and safeguard the wellbeing of children and young people.

We continue to develop the school nurse contribution within integrated community nursing teams to support early identification and intervention, and promote health, wellbeing and attainment for the most vulnerable children and families who are at risk of significant harm. Through the Transforming Nursing Roles Programme we are in the process of enhancing the School Nursing Service across NHS Greater Glasgow and Clyde (NHSGGC) in line with commitments made in the Programme for Government to increase the number of qualified School Nurses across Scotland by an additional 250 by the end of 2022. NHS Scotland Resource Allocation Committee (NRAC) will enable overall increase of 4.8 WTE Band 6 school nurse posts in West Dunbartonshire by the end of 2023 to progress this agenda.

7.8.3.2 Child and Adolescent Mental Health Services

The service has a significant waiting list and backlog of referrals. The Scottish Government provided monies for additional resource and this has added some resilience to the team however based on current modelling the backlog will remain in the coming years.

The service is receiving an increasing number of referrals neurodevelopmental conditions. Although a pathway is being developed for this the cases can be very complex. National shortages of Clinical Psychologists and Psychiatrists make recruitment a challenge. There is also a shortage of non-medical prescribers. Training for this can take between six and eight months and courses only run twice a year. The next course is due to start September 2022 and we have two staff nominated for this, however due to the widespread shortage and coupled with vacancies throughout the Greater Glasgow and Clyde area once staff have qualified they are then able to apply for vacancies elsewhere.

Because of funding streams we are only able to offer some posts on a fixed term basis as the funding can be non-recurring. This causes difficulties with both recruitment and retention as staff are increasingly looking for job security.

7.8.3.3 Children and Families

Throughout the pandemic our primary focus was on the most vulnerable however we have now up scaled to providing a full service. We are in the process of recruiting additional experienced staff from Scottish Government monies to deliver and support the implementation of Government priorities such as The Promise. Although we have not seen an increase in demand for our services we have seen an increase in the complexity of children who are at significant risk of harm. We have signed up to the National Referral mechanism for trafficked young people. This has increased the pressure on our services and is a statutory obligation to ensure these young people are looked after. Although the Home office provides an allowance for each child we look after this does not cover all the costs associated with this. Numbers of trafficked children are expected to increase and this will place additional pressure on our services.

The demand on our Domestic Abuse services has increased as a result of the increasing prevalence of domestic abuse in West Dunbartonshire. There is national recognition that lockdown created a context for domestic abuse to be perpetrated and remain largely unseen. We have plans in place to enable us to respond to this and recruitment is ongoing for suitable experience staff to build further resilience into the system. We face the same recruitment challenges for Social Workers as other HSCPs

7.8.3.4 Justice

The impact on statutory services continues to be significant, where staff were largely reliant on remote means of contact with children, young people, families and individuals subject to criminal justice supervision. Direct contact was, however maintained e.g.: weekly visits to children on the child protection register and Justice services face-to-face supervision with individuals assessed as high risk within multiagency public protection arrangements (MAPPAs). The service will require increased capacity in order to work to national and government priorities. In line with national policy additional court services will need to be met in the next 12 months. In addition to this Domestic Abuse prevalence in West Dunbartonshire requires specialist training and additional staffing may be required. Additional paraprofessional and Qualified Social Worker posts are likely to be required over the next 12 months.

7.1.4 Musculoskeletal Physiotherapy Services (MSK)

MSK Physiotherapy Service provision focussed on those patients with an urgent need for assessment and treatment as approximately 80% MSK workforce were redeployed to support the pandemic effort within Acute. In line with Scottish Government guidance the huge majority of patients with an urgent requirement were managed remotely. The need for face-to-face consultation was based on the clinical decision that the MSK condition may be “life altering”

Face to face consultations took place in a small number of Physiotherapy departments within health centres across GGC. This was to reduce footfall within Acute sites and to aggregate staff who remained within the MSK service.

Waiting times for MSK Physiotherapy were detrimentally affected due to suspension of routine appointments, resulting in a significant backlog of patients requiring attention. The majority of staff returned from redeployment in July 2020. All routine appointments were re-established when staff returned from redeployment. Demand for MSK service provision remained lower than pre-COVID-19 levels until March 2021. This allowed the service to work towards and achieve the Scottish Government waiting times target of 90% of patients being

seen within 4 weeks. Current demand is back to pre Covid levels (at approximately 5.5k referrals per month); however MSK capacity was further impacted by 3 waves of further redeployment to support Acute colleagues. As a result waiting times have risen again. The service continues to see all urgent patients within the 4 week target but routine waits have risen to >20 weeks.

The post COVID-19 impact on demand is unknown. However, it is known that MSK conditions are prevalent post COVID-19, and this may place further demand in service provision in the forthcoming year. The service is introducing electronic self-referral which will be available to the public on the MSK website. It is unknown if this innovation will further increase demand (it is predicted that referral rates may increase if there is unknown unmet need).

It is anticipated that changes within other service areas e.g., ED/Flow Navigation hubs/ACRT within Orthopaedics may also further increase MSK service demand. Additional resource may be required if demand for service increases and patients are to be seen timeously. Other service changes also have the ability to impact on the availability of MSK workforce (e.g. PCIP; RUC nationally and any increased Orthopaedic workforce/recruitment due to waiting list backlog). Over the last 3 years PCIP has impacted on the MSK service. 30wte Advanced Practice Physiotherapists have been recruited into GP practice posts. The large majority of this workforce has been appointed from internal MSK service workforce. The impact of this recruitment has been 2 fold: there has been significant turnover and vacancies within the MSK service as a result of this PCIP development and the existing MSK workforce is less experience due to the loss of experienced Band 6 staff into these new roles within GP practice. If similar posts were to arise from the national RUC work then the MSK workforce could be further impacted. There is a national recruitment issue within Physiotherapy and MSK Physiotherapy services within all Scottish health boards have high levels of vacancy. This is likely to be the largest professional issue for physiotherapy in the forthcoming years. The MSK Physiotherapy service is a GGC wide service Hosted Service within West Dunbartonshire. As such this large service is developing a GGC wide workforce plan

7.8.5 Finance, Human Resources, Strategy & Transformation

West Dunbartonshire HSCP manages a number of key support services providing discrete although complementary services. This includes:

Finance: providing high quality financial management information, accounting and business planning input and advice to all services within the HSCP including advice to the HSCP Board;

Human Resource: The HR team provides timely, responsive and effective Human Resource advice and support on both strategic and complex operational issues to Senior Managers; and

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

8 Medium Term Drivers

The period from March 2023 to 2025 will require focus on the emerging impact of COVID-19, Long Covid, and emerging data and trends from the planning and development of West Dunbartonshire HSCP Strategic Plan 2022 – 2025.

At this stage in our recovery it is too early to provide accurate predictions on the impact of the pandemic on our services. Much is unknown about the long term effects of Covid and prolonged periods of lockdown that have occurred. As this becomes clearer in the coming months and years the impact and requirements on our services will become much clearer. Over the years, West Dunbartonshire Health and Social Care Partnership have recognised that there is a requirement to redesign our services to ensure that we continue to meet the needs of our local population and respond to increasing demands due to changes in need and demography whilst also addressing workforce challenges and financial pressures.

The next Strategic Commissioning Plan will set out the vision for the Integration Joint Board taking account of these pressures. The challenges facing West Dunbartonshire are not unique to this region as current pressures are mirrored elsewhere in Scotland. We are continuing to work with our National Networks to ensure we are capturing lessons learned and to ensure we are working together and sharing learning across the Partnerships. That being said, West Dunbartonshire is one of the smallest HSCPs in Scotland, and the challenges faced by our local communities will undoubtedly realise a surge in demand for health and social care services which will require a whole system response and will therefore place additional demands on all services, including those traditionally thought of as back office functions.

In order to respond to these demands the HSCP will have to maximise its capacity in respect of support services, through investment in new staffing, resources and facilities. Key areas of pressure include:

- Ensuring staff wellbeing: ensuring that staff can continue to work safely and effectively with appropriate training, guidance and line management and access to timely physical, practical and emotional wellbeing support.
- Ensuring system flow: through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible. This is already a significant focus for Service Improvement Leads but further capacity is required in order to effectively review and redesign services in a timely manner improving outcomes for service users.
- Discrete projects: The HSCP is frequently required to deliver bespoke projects in response to Scottish Government policy requirements. These work streams often require responses in quick time and usually impact on commissioning, HR, finance, improvement, data and evaluation teams.
- National Care Service: The creation of a National Care Service for Scotland is a potentially a significant transformational change for HSCPs across Scotland. It is expected this will place additional pressure on data/information teams and planning functions.

8.1 Challenges

Some of the challenges we face in the medium term are

• Figures from Scottish Social Services Council (SSSC) 2019 note that there has been in the last 5 years a 12% reduction in social work degree completions (SSSC, 2019) from 94% to 72% from the period 2012-2017. With every HSCP within the NHS GG&C area recruiting for Social workers we are all competing for the same pool of available staff. We need to develop better pipelines of social workers and develop structured career pathways to develop Social Work Assistants to enable them to progress to a qualified social worker. The average career length of a social worker nationally is 7 years.

- Reducing levels of turnover within services with high rates i.e. care at home and care homes. As people leave, the organisation loses critical experience and expertise and invokes costs. The average costs of a leaver is £30,000 (*incl. lost output, recruitment cost, management time, ref. Oxford Economies Report 2014). We want to have those who work here to want to stay. All staff who leave the organisation have the opportunity for an exit interview however as this is not mandatory it cannot be relied on to produce robust data. Working collaboratively with TU colleagues we are forming a recruitment and retention working group to consider what improvements can be made to ensure we maximise the retention of staff.
- We have a number of difficult to fill roles in most job families. We will work to improve pathways from schools and higher Education establishments to improve our pipeline of available resource. Work experience opportunities were ceased during the pandemic, however we will work to re-establish this. We will work collaboratively with wider NHS GG&C and other HSCPs as our difficult to fill roles are not unique to West Dunbartonshire and are common across all partnerships.
- Care worker recruitment continues to be a huge challenge nationally. The health and social care system depends on care workers to deliver services to those most vulnerable in society and to ensure that care packages are in place to allow early discharge from hospitals.
- Recruitment will remain an ongoing challenge in the medium term with a number of national shortages of job families. We need more innovative and tailored recruitment solutions to ensure that we do not lose candidates to other organisations.

8.2 Service Delivery

A continuing focus will be required on the way we deliver services. This will include

- Redesigns of services building on new ways of working and new technology
- Consideration of the impact of Long COVID and its implications on Rehabilitation Services
- Implementation of the outcomes from the ongoing Care at Home Review
- Management development to support integration and build leadership capacity at all levels
- Workforce modelling to inform ICT needs, balanced against blend of office-based and home working.
- Improved virtual patient/service user management. Consultation, triage and assessment can be done via virtual management tools where appropriate
- In services where substantial backlogs continue to exist in the next 12 months additional resource may be required if the backlogs are to be addressed, which could have recruitment and retention and financial implications.

- The requirement for the provision of care for Older People continues to grow and, in particular, medical staffing levels within old age psychiatry continue to be challenging. We are striving to achieve long term stability in terms of medical staff resourcing and continue to work closely with recruitment and medical bank colleagues within NHS Greater Glasgow and Clyde however it is known that this specialty is particularly hard to obtain across all HSCP's within NHS Greater Glasgow and Clyde and in other Health Boards.
- Further development of NHS Greater Glasgow and Clyde Safe Staffing and Workload Tools will require us to review staffing models for community services.

8.3 National Care Service

The proposals set out for the NCS are based on the ambition to improve integration and therefore care pathways and outcomes.

The creation of the NCS will be a fundamental change for the workforce and will have an impact across all HSCP's and health settings in general. As such we view as vital that staff are supported through this significant change programme as part of its implementation.

In our response to the consultation which was completed in Nov 2021, West Dunbartonshire HSCP noted that it gave rise to a range of questions about the proposed scope of the NCS and the need to fully understand the potentially significant implications for the delivery of social care moving forward.

Further detail is required to understand the extent of any structural change and the implications of this for our workforce and service users

9 Conclusion

As we move forward effective workforce planning and development is required in the context of an organisation with new models of care being developed and evolving. We need a flexible workforce model that takes account of the potential of another period of lockdown, the shape and timing of which is unpredictable.

Existing services will change or may be delivered in a different way and some new services may be introduced. This will undoubtedly have implications for staff however this will be done in partnership with our Trades Union colleagues and in accordance with staff governance standards and existing organisational change policies.

Recruitment and retention of staff will be an ongoing challenge as there will be an increased demand for staff across all health boards and HSCP's as we continue to address backlogs and develop new ways of working. We will continue to work with our recruitment colleagues in both NHS GG&C and WDC to ensure vacancies are processed as quickly as possible and to discuss recruitment campaigns and the potential for more innovative ways to promote West Dunbartonshire HSCP as an employer of choice.

10 Action Plan

Issue	Action	Lead	Further Information
Plan	Submission of Draft Workforce Plan to	Head of HR	

	IJB		
Plan	Develop Strategic Plan	Head of Strategy and Transformation	
Attract	Form working group to consider recruitment and retention issues	Head of HR	Group established date of first meeting to be confirmed
Attract	Develop existing links to schools, and other educational establishments	Head of HR	
Attract	Develop young person's engagement plan to consider modern apprentice, kick-start etc.	Head of HR	
Attract	Identify difficult to fill posts and work collegiately with NHS GG&C and other HSCP's to consider wider approach to recruitment	Head of HR	
Train	Explore development of Health and Social Care Training Passport	Head of HR	
Train	Ensure all staff complete statutory and mandatory training within timescales	All Heads of Service	
Train	Develop cross service shadowing programme	Head of HR All Heads of Service	
Train	Introduce digital champions within the partnership to encourage and demonstrate new digital ways of working	Head of HR Head of Strategy and Transformation	
Train	Development of a digital roadmap to ensure staff are digitally enabled to adapt to new digital ways of working and technologies		
Train	Ensure staff are appropriately trained	All Heads of Service	

	to promote self-management to individuals that they work with		
Train	Development of I.T guidance to support and encourage the use of technology for all staff in particular staff working the workforce working in the community	Head of HR, ICT, Heads of Service	
Employ	Develop Plan for services to "Grow our own" to meet our future workforce needs	Head of HR All Heads of Service	
Employ	Recognise and celebrate achievement of staff and partners	All Heads of Service	
Employ	Promote the culture and environment of the dimensions of the Fair Work Framework	Head of HR All Heads of Service	
Employ	Increase approachability visibility an engagement with leadership and management eg Chief Officer road show	Head of HR Chief Officer	
Employ	Use iMatter results to develop service specific and meaningful action plans	Heads of Service	
Nurture	Develop Post Pandemic Health and Wellbeing Plan	Head of HR	
Nurture	Improve staff's health, mental health & support well-being via health & well-being programme	Head of HR	
Nurture	Promote and encourage participation of existing leadership development programmes both NHSGG&C and WDC	Head of HR All Heads of Service	

Nurture	Celebrate Success and promote ongoing consideration of nominations for employee awards	Head of HR All Heads of Service	
Nurture	Increase staff use of appreciative enquiry, action learning sets and open space to promote constructive & innovative discussions	All Heads of Service	
Nurture	Identify key roles and develop appropriate succession plans in place to ensure our workforce are developed and have career opportunities	All heads of Service	

DRAFT

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

Report by Head of Mental Health, Learning Disability and Addictions

27 June 2022

Subject: Mental Health Recovery and Renewal Fund Update

1. Purpose

- 1.1 The purpose of this paper is to update the HSCP Board on progress in relation to the investment of the Mental Health Recovery and Renewal Fund.

2. Recommendations

- 2.1 That HSCP Board note progress on the investment of the Mental Health Recovery and Renewal Fund and in particular, to note the following:
- 2.1.1 A screen and signpost service model will be developed in response to the mental health needs of patients hospitalised due to COVID-19.
- 2.1.2 Child and Adolescent Mental Health Services (CAMHS) have a detailed workforce plan to fully allocate funding and deliver against implementation of the CAMHS specification, expansion of transition timescales and clearance of the CAMHS waiting list backlog.
- 2.1.3 Recruitment to support the psychological therapies workforce plan has had mixed success. Proposals for reconfiguration will be made if/where posts remain unfilled.
- 2.1.4 Capacity is being increased across child and adolescent and adult services eating disorder services to address the significant increase in COVID-19 related demand.
- 2.1.5 Existing Dementia post-diagnostic support service is to be extended via additional staffing through commissioned service in West Dunbartonshire HSCP.
- 2.1.6 Subject to approval, Pharmacy will progress recruitment, develop the mental health pharmacy services infrastructure, and identify priorities for pilots / tests of change in collaboration with the mental health leadership.
- 2.1.7 West Dunbartonshire HSCP are creating a plan for the establishment of 'mental health and wellbeing in primary care' services and are developing this in collaboration with a range of partners to ensure a consistent whole-system approach.

3. Background

- 3.1 The Scottish Government announced the Recovery and Renewal Fund for Mental Health on 16 February 2021 and identified a number of key areas which Boards and Integration Authorities were to concentrate on as part of this renewal programme and focused on 4 broad overarching themes:

- a) Promoting and supporting the conditions for good mental health and wellbeing at a population level.
- b) Providing accessible signposting to help, advice and support.
- c) Providing a rapid and easily accessible response to those in distress.
- d) Ensuring safe, effective treatment and care of people living with mental illness.

3.2 Subsequent letters were sent by the Scottish Government setting out further detail indicating the areas against which the fund is to be used:

Date	Theme	Purpose
24 March 2021	Mental Health after COVID-19 Hospitalisation (Cossette)	a) To assess the mental health needs of those who have been hospitalised with COVID-19 and implement a stepped care model to inform care and treatment.
6 May 2021	Phase One CAMHS and Psychological Therapies	a) Full implementation of the Child and Adolescent Mental Health Service (CAMHS) Specification b) Expansion of community CAMHS from age 18 up to the age of 25 years old for targeted groups and those who wish it c) Clearance of any backlogs on waiting lists for CAMHS d) Clearance of any backlogs on waiting lists for Psychological Therapies
10 September 2021	Eating Disorder Services	a) Emergency funding to meet the urgent needs of eating disorder patients and services as a direct result of an increase in the number and severity of eating disorder presentations related to the COVID-19-19 pandemic
14 September 2021	Mental Health Recovery and Renewal Fund: Phase Two - Child and Adolescent Mental Health Services Improvement	a) CAMHS Neurodevelopment Standards and Specification b) CAMHS Intensive Psychiatric Care Units (IPCU) c) Intensive Home Treatment Teams d) Learning Disabilities, Forensic and Secure CAMHS e) Out of Hours Unscheduled Care f) Data gathering, research and evaluation g) CAMHS Liaison Teams
16 September 2021	Mental Health Recovery and Renewal Fund: Phase Two Access to Specialist Neurodevelopmental Specialists	a) To provide access to specialist neurodevelopmental professionals
1 October 2021	Mental Health Recovery and Renewal Fund: Phase Two Psychological Therapies	a) To increase access to Psychological Therapies to ensure there is a continued reduction in Psychological Therapies waiting times

3 November 2021	Dementia Post-Diagnostic Services	a) To increase the percentage of people newly diagnosed with dementia who are referred into post-diagnostic services
22 November 2021	Mental Health Recovery and Renewal Fund: Phase Two Allocations Mental Health Pharmacist and Technician Recruitment	a) To help address the current short fall in mental health pharmacy services; and provide community mental health pharmacy support to improve medication use and prescribing practices in areas where there is predicted to be an increasing mental health support need as well as support non-pharmacological interventions.
13 December 2021	Recovery and Renewal Fund: Mental Health and Wellbeing in Primary Care Services	a) To commence planning for the establishment of Mental Health and Wellbeing in Primary Care Services (MHWPCS)

3.3 Funding was initially offered on a non-recurring basis however the Scottish Government have subsequently committed to making the majority of this recurring subject to the national annual budgeting process.

4. Main Issues

4.1 Mental Health after COVID-19 Hospitalisation (Cossette Report)

4.1.1 In October 2020, the Scottish Government published a report by Dr Nadine Cossette on the mental health needs of patients hospitalised due to COVID-19. The funding is intended to support NHS GGC in contacting all people who have been hospitalised due to COVID-19 within the Board area and assess their mental health needs.

4.1.2 In March 2022 NHS GGC Corporate Management Team (CMT) approved proposals for a screen and signpost service model which was identified as the most appropriate option which can be delivered within the budget available.

4.2 CAMHS

4.2.1 A report was tabled at the March 2022 to NHS GGC Corporate Management Team (CMT) detailing the workforce plan to fully allocate the funding in Phase 1 and to update on the planning for Phase 2 funding. CAMHS are working to support planning in relation to the Pharmacy and Primary care and wellbeing funding.

4.2.2 A regional network is being developed to support the planning in relation to the Phase 2 funding and the delivery of a new Regional Intensive Psychiatry Care Unit for adolescents to cover the West of Scotland region. A Programme Lead has been appointed to support the delivery of the IPCU and the Regional pathways for FCAMS, Secure CAMHS and Learning Disability CAMHS.

4.3 Psychological Therapies

4.3.1 Recruitment related to Phase 1 monies has been progressed in line with the workforce plan approved by CMT. Appointments have been made and start dates agreed, but post-holders are not yet in post. Recruitment to some posts was unsuccessful, however, and posts have been re-advertised. Recruitment to the

Phase 2 funded posts is also underway, but it is anticipated that not all will be filled due to limited availability of potential applicants. Proposals to reconfigure workforce plans if posts remain unfilled are being considered.

- 4.3.2 A peripatetic team of psychology staff was set up to be able to provide short term boosts in capacity to teams with particular long wait pressures. The team resource had depleted due to staff moving on or taking maternity leave but will be re-built when the new posts allocated from Phase 1 funding are filled. The first new staff to join the team will be based at Trauma Services which is currently the main performance improvement focus for this service.

4.4 Eating Disorder

- 4.4.1 NHSGGC received a direction from Glasgow City IJB from December 2021 to implement proposals in relation to Eating Disorder Services, hosted by Glasgow City Health and Social Care Partnership. These proposed utilisation of the non-recurring funding 2021/2022 allocation of the mental health recovery and renewal fund with indicative expenditure quarter four, January – March 2022 of £246,000 and equal split of the funding resource between Child and Adolescent and Adult Eating disorder services.

- 4.4.2 For Child and Adolescent Eating Disorder this funding supports:

- a) Expanding meal time management capacity
- b) Extending physical monitoring capacity (inc. bloods, blood pressure, height and weight)
- c) Maintaining young people in communities
- d) Preventing admission
- e) Increasing supports available to young people after a period of hospitalisation to return home
- f) Physical health monitoring and the creation of a weekly clinic to manage the demand and training materials and equipment and supply of assessment tools
- g) Acute physical inpatient stabilisation pathway for Young People 16 years plus
- h) Expanding numbers of trained and supervised staff to deliver Family Based Treatment and CBT-ED

- 4.4.3 For the Adult Eating Disorder (AED) Service this supports:

- a) Expanding overall AED service capacity, minimising need for extra supervision and training, and medical monitoring clinics, non-medical professional medical monitoring and venepuncture
- b) Extending low intensity psychological therapies support for anxiety management, meal supports and psychological groups
- c) Improving data, audit, information activity production and options for evidence based manualised approaches
- d) Developing a MARSIPAN (Management of Really Sick Patients with Anorexia Nervosa) physical acute site pathway
- e) Increasing support for groups and supported meals and new psychoeducational group for people waiting for treatment
- f) Prioritising patient focused transitions from CAMHS from age 18 -25 using transition care planning guidance
- g) Peer worker support in the community and in-reach to people in hospital
- h) Additional training, supervision, training materials, educational and medical equipment, manuals for service users, standardised test and outcome measures

4.5 Dementia Post-diagnostic Support

- 4.5.1 This allocation is in line with the Scottish Government's on-going national commitment and supports IJB Chief Officers' identification of service capacity and resource shortfall as one of the main barriers to expanding these services.
- 4.5.2 West Dunbartonshire HSCP are fully utilising the funding to extend and expand our existing post diagnostic support service in the form of commissioned services.

4.6 Mental Health Pharmacist and Technician Recruitment

- 4.6.1 A separate specific report is being submitted to NHS GGC Chief Officers. This identifies the key priorities for investment of this funding:
 - a) Test transformational models of pharmaceutical care across a number of different community mental health services
 - b) Introduce and develop clinical pharmacy technicians into mental health practice
 - c) Further develop the infrastructure that supports experiential learning to enable the capability to 'grow our own' workforce
 - d) Create the environment to support emerging pharmacy career frameworks
 - e) The report seeks approval to progress recruitment of generic pharmacist and pharmacy technician posts with responsibilities across inpatients and community and develop the appropriate organisational support structure while agreeing the priorities with clinical leadership across Adults, Older People, CAMHS, Addictions, Forensics and Learning Disability for implementation of pilot projects / tests of change on appointment of the new staff.

4.7 Mental Health and Wellbeing in Primary Care Services

- 4.7.1 This allocation supports the delivery of Action 16.11 of the plan to "work with Primary Care partners to improve capacity for mental health assessment, care and support within Primary and Community Care settings". The 2021-22 funding is to support the establishment of local planning groups and the development of plans for the MHWPCS. This includes:
 - a) Developing and agreeing a detailed plan to April 2026 outlining evidence on what is already in place and what is required to incrementally develop MHWPC Services
 - b) Developing and agreeing a detailed and costed plan for year 1 of implementation in 2022/23 which was submitted June 2022
 - c) Equality Impact Assessing local plans
 - d) Identifying funding requirements
 - e) Local engagement and communication, including securing lived experience to inform local planning
 - f) Liaising with the National Oversight Group
- 4.7.2 West Dunbartonshire HSCP developed, in collaboration, a plan to ensure a consistent whole-system approach to the strategic planning of Adult Mental Health Services as agreed under the Five-Year Adult Mental Health Strategy. This allows for variation in delivery to reflect local context and infrastructure. Common themes identified are:
 - a) The need for strategic coordination

- b) Identification of related resources and funding. Understanding how and where this may be directed to best effect. Potential sources include Action 15, third sector community funding, children's framework, and PCIP
- c) Consider collective approaches across HSCPs for economies of scale and synergy
- d) Consider the relationship with the Primary Care Mental Health Teams and delivery of psychological therapies
- e) Build on the work of GP links workers and consider additional dedicated roles. This might include focus on children and adolescents or families, for example
- f) Consider the inclusion of alcohol and drugs recovery and commissioned services and including distress response services
- g) Expand lived experience work and ensure positive equalities impact

4.7.3 Within West Dunbartonshire a Local Planning Group was formed in March 2022 with representatives from across services. The new service will work with Primary Care partners to improve capacity for mental health assessment, care and support within Primary and Community Care settings. It is building on good practice already implemented through the Primary Care Improvement Plan (Community Link Workers) and Action 15 of the Mental Health Strategy (Wellbeing Nurses). The service will include the interface with specialist services to ensure that people receive the right care in the right place supported by clear pathways to mental health services for those who need them.

4.7.4 An initial plan was submitted to Scottish Government on 1 June 2022 with funding being released upon Scottish Government agreement. In year one the recommendations within the HSCP plan include investment in:

- a) Team Leader (to support coordination and management of the Team)
- b) Wellbeing Nurse (x1)
- c) Occupational Therapist (x2)
- d) Distress Service Worker (x2)
- e) Person Centred Therapist (x1)
- f) Guided Self Help Worker (x1)

5. Options Appraisal

5.1 On options appraisal is not required for this report.

6 People Implications

6.1 Staff partners will be involved in shaping these workforce developments.

7. Financial and Procurement Implications

7.1 The proposals have been developed to fit within the allocation from Scottish Government.

8. Risk Analysis

8.1 The currently non-recurring nature of the funding has implications for longer term sustainability. This will be monitored under the mental health strategy.

9. Equalities Impact Assessment (EIA)

9.1 Individual EQIAs will be completed as part of the strategy.

10. Environmental Sustainability

10.1 None

11. Consultation

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

12. Strategic Assessment

12.1 This new funding will support the five strategic priorities of the HSCP Board, namely: Early Intervention; Access; Resilience; Assets and Inequalities.

13. Directions

13.1 The HSCP Board are not required to issue a direction in relation to the recommendations within this report.

Name: Sylvia Chatfield

Designation: Head of Mental Health, Learning Disability and Addictions

Date: 1 June 2022

Person to Contact: Sylvia Chatfield, Head of Mental Health, Learning Disability and Addiction
07973792397
Sylvia.Chatfield@ggc.scot.nhs.uk

Appendices: None

Background Papers: None

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

Report by: Head of Strategy and Transformation

27 June 2022

Subject: Equalities Mainstreaming Report 2022

1 Purpose

- 1.1 To provide the HSCP Board with the biennial update on the HSCP Equality Outcomes and Mainstreaming Report 2020-2024 required as part of the HSCP duties in relation to the Equality Act 2010.

2 Recommendations

It is recommended that the HSCP Board:

- 2.1 Note the update on equality mainstreaming and equality outcomes;
- 2.2 Agree the report for publication in line with the duty placed on the HSCP by the Equality and Human Rights Commission (EHRC) to publish a mainstreaming report;
- 2.3 Agree to refresh the current equalities outcomes and integrate reporting directly as part of the new three-year strategic plan in line with the proposed revised mainstreaming approach outlined in the [Scottish Government Public Sector Equality Duty review \(2022\)](#) and the enhanced local approach to Equalities through the Improvement Action Plan and the HSCP Equalities group.

3 Background

- 3.1 The HSCP Board has a statutory duty to report on equality issues and to ensure it is meeting the public sector equality duties under the Equality Act 2010.
- 3.2 The HSCP Board is required to give due regard to the three key requirements of the general equality duty as defined in Equality Act 2010 throughout day-to-day business by:
- a) Eliminating discrimination, harassment and victimisation;
 - b) Advancing equality of opportunity between people who share a protected characteristic and those who do not;
 - c) Fostering good relations between people who share a protected characteristic and those who do not.

3.3 The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015, means the HSCP Board has had additional specific equalities duties since 2016. These are to:

- a) Develop and report on a set of Equality Outcomes;
- b) To report on how the HSCP is mainstreaming equality into its day-to-day business;
- c) To carry out equality impact assessments on health and social care policies and practices which have been delegated to the HSCP.

3.4 The last Equalities Outcomes and Mainstreaming Report was approved by the Audit and Performance committee on the 1 April 2020 with the recognition that going forward the approach to equalities may be subject to change due to the impact of the pandemic. The HSCP is committed to ensuring these duties are consistently embedded within the partnership and provided an update to the HSCP Board in November 2021 on the improved and reinforced approach to equalities and the equalities improvement plan.

3.5 The Scottish Government is currently reviewing the Public Sector Equalities Duties and is particularly considering:

- a) Changing the frequency of reporting to every four years via a strategic plan that sets out implementation over the previous 4 years; and proposed actions;
- b) Reporting on usage of lived experience, or the organisations representing people with lived experience, throughout their implementation of the duties;
- c) Reinforcing the flexibility of reporting requirements to encourage authorities to report on their duties as part of their own operational reporting cycles to emphasise embedding in everyday business.

4 Main Issues

4.1 The HSCP continues to ensure that particular needs characteristics and circumstances are considered through interlinked approaches which include:

- a) Clinical and Care Governance
- b) Implementation of the Health & Social Care Standards
- c) Person Centred Services ensuring the needs of particular groups are included in line with service development
- d) Strategic commissioning and planning
- e) Performance management
- f) Workforce development including training & awareness raising
- g) Leadership,
- h) Data and access
- i) Communications
- j) Best practice

4.2 Mainstreaming Activity

The mainstreaming report outlines examples of person-centred services where consideration is given to the particular needs, characteristics and circumstances of different service users. This includes:

- a) The HSCP has worked on modernising the health and social care buildings which provide services to our population with two new state of the art buildings opened in the last eighteen months. Importantly the West Dunbartonshire Access Panel alongside a number of community groups have been involved from the start of the design process to ensure the buildings are accessible to all.
- b) Clydebank is one of only four places in Scotland to work on the Shaping Places for Wellbeing partnership programme. The partnership between the Improvement Service, Public Health Scotland, NHSGGC and West Dunbartonshire Council will support system change to ensure policies and interventions that impact on the social determinants of health promote good health and minimise the detrimental aspects.
- c) The HSCP providing leadership to Community Planning partners in raising awareness of and preventing domestic abuse with a focus on changing behaviour, building the knowledge and skills of individuals and delivering a shift in the structural, cultural and societal contexts in which abuse occurs including:
 - i. understanding the lived experience of women who had experienced domestic abuse including where they have accessed support and information and the visibility of local specialist services available to them.
 - ii. Participation in the Equally Safe in Practice Framework to strengthen gender-based violence training at local, regional and national level.
 - iii. Implementation of the Caledonian System behaviour programme for men convicted of domestic abuse offences and support services for their partners and children.
- d) The HSCP has worked with Housing colleagues to collaborate on developments for Supported, Specialist and Particular Needs housing. This includes:
 - i. contributing to the development of the 2022-2027 Local Housing Strategy
 - ii. supporting the carrying out of a housing and health needs assessment and a health inequalities impact assessment
 - iii. Collaborating on the dementia friendly design within the West Dunbartonshire Affordable Housing Design Standard with New dementia friendly housing in Alexandria opened.

4.3 In line with the Equality and Human Rights Commission (EHRC) best practice; the HSCP has focused on ensuring that equality outcomes are clear, measurable and

have a strong rationale for selection, align with local priorities, and are integrated into the standard HSCP performance reporting framework. A number of changes in relation to availability of data sources and local service developments alongside the need to consider more up to date information mean that the equality outcomes should be refreshed.

4.4 A substantial part of the adult and older people's strategic needs assessment, which is being finalised for the HSCP strategic planning group, includes information on the make-up of the population as a whole including the differing impacts of the pandemic on people with protected characteristics as well as the socio-economic challenges. This detailed information can be used to refresh the existing Equalities outcomes and ensure that the new strategic plan directly contributes to reducing the inequalities of outcome.

4.5 Equality Outcome Update

Equality Outcome	Update
All people with learning disabilities known to the HSCP are enabled to access employment where appropriate (Disability)	The % of adults over the age of 16 years who have employment or training opportunities remains low. The HSCP supported employability programme Work Connect has built new relationships over the course of the pandemic in particular at transitional stages with a new Realising Ambitions programme part of the Young Persons guarantee which guarantees all 16- to 24-year-olds in Scotland a job,
All IJBs have a duty to prepare an adult care and support plan (ACSP) or young carer statement (YCS) for anyone they identify as a carer, or for any carer who requests one (Age)	The HSCP has continued to focus on ensuring that all carers have the support that they require using the new and continuing resources for this. The HSCP has worked closely with Y Sort it and Carers of West Dunbartonshire to support carers with a number of developments including: a) Enhanced HSCP senior leadership b) Revising the ACSP to become more strengths and human rights based and outcome focused. c) Development of Eligibility criteria
All Looked after children are cared for in the most homely setting (Race)	The numbers of black and minority ethnic children and young people who are looked after continues to be very small however is increasing and the proportion of black and minority ethnic children and young people who are looked after in a homely setting is being sustained.

All Older People are supported to live in their community (Sex)	The re-ablement service is being redesigned and resourced to meet the needs of this population.
All adults supported by District Nursing teams are asked about their religion /beliefs with the intention to further scope out in by 2022	This connects to the ambition of the district nursing service to provide a holistic and personalised service which takes account of spiritual care, palliative care and bereavement in line with the values of the Realistic medicine programme.

5 Options Appraisal

5.1 None required for this report

6 People Implications

6.1 The employer related public sector duties for equalities remain under the responsibility of the Health Board and Council. However, the Health and Social Care Partnership remains committed to effective, joined up work force planning across both health and social care services.

6.2 There are implications across all staff groups with regard to ensuring all staff are appropriately trained, involved and engaged, creating an environment of inclusion.

7 Financial and Procurement Implications

7.1 This work is being resourced from existing staff resources from within the Strategy and Transformation section. However, as equalities are a cross cutting theme and affect all services in the HSCP there continues to be opportunities which may impact on the corporate approach to embedding equalities and financial resources may be required.

7.2 There are no procurement implications for the HSCP as it does not directly procure goods and services. However, the HSCP should continue to work in partnership with NHS GGC and WDC to maximise equalities benefits during any procurement processes.

8 Risk Analysis

8.1 There is a risk to the reputation of the HSCP if the equalities duties are not met with the Equality and Human Rights Commission acting as the overarching regulator.

9 Equalities Impact Assessment (EIA)

9.1 An initial screening has been carried out on the plan with a commitment made to equality impact assess individual programmes as appropriate.

10 Environmental Sustainability

10.1 N/A

11 Consultation

11.1 Consultation has taken place with the HSCP Equalities Group and the West Dunbartonshire Equalities Forum

11.2 Further consultation is planned as part of the engagement on the planning for the new HSCP Strategic Plan

12 Strategic Assessment

12.1 This work clearly links to the HSCP strategic priority of inequalities as written in the current HSCP Strategic Plan 2019-22

13 Directions

13.1 No directions are required

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 2 June 2022

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

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

Appendices: West Dunbartonshire HSCP Performance Report 2021/22:
Quarter Four January – March 2022

Appendices: 1. Equalities Mainstreaming Report 2022

Background Papers: HSCP Equalities Mainstreaming Report 2020 available at <http://www.wdhscp.org.uk/media/2307/hscp-equality-and-mainstreaming-report-april-2020.pdf>
[Scottish Government Public Sector Equality Duty review consultation April 2022](#)
[Equality Improvement Update to IJB - 22nd November 2021](#)



Equalities Mainstreaming Report 2022

DRAFT 000322

Foreword

Welcome to the 2022 update on West Dunbartonshire Health and Social Care Partnership Equality Mainstreaming Update Report 2020 - 2024.

The last report was approved on the 1st of April 2020 with the recognition that the approach to equalities may be subject to change due to the impact of the pandemic.

The ongoing impact of inequalities has been starkly seen in West Dunbartonshire with the average healthy life expectancy National Records of Scotland 2022 for men between 2018 and 2020 decreasing to 58.1 years and women living an average of 58.5 years in good health which has reduced by two years since the previous report in 2021.

In addition, the emerging information on the unequal impacts of the pandemic on people with protected characteristics have reinforced the commitment and focus on improving implementation of the equalities' agenda as an integral part of HSCP Recovery plans.

This report provides an update on the HSCP Equality Outcomes as well as a flavour of the mainstreaming activity taking place by our services as they restart.

Health and Social Care services remain under pressure due to COVID recovery and demographic change, however it is critically important to focus on fairness and equity of services as they are redesigned with the people of West Dunbartonshire.

1 Context

The vision of West Dunbartonshire Health and Social Care Partnership (WDHSCP) is
improving lives with the people of West Dunbartonshire

Our vision and our desire are to ensure our citizens have access to

The right care, at the right time and in the right place.

WDHSCP strategic outcomes:

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

West Dunbartonshire Health and Social Care Partnership Board was established on 1st July 2015 as the Integration Authority for West Dunbartonshire.

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) which is currently under review with a new Scheme expected soon.

The Equality Act 2010 (the Act) harmonises and replaces previous equalities legislation and includes a public sector equality duty which replace separate duties in relation to race, disability and gender equality.

West Dunbartonshire Health and Social Care Partnership remains committed to integrating our obligations in respect of the equalities' duties into our approach to strategic planning, performance management and into the day-to-day operational activities of the organisation.

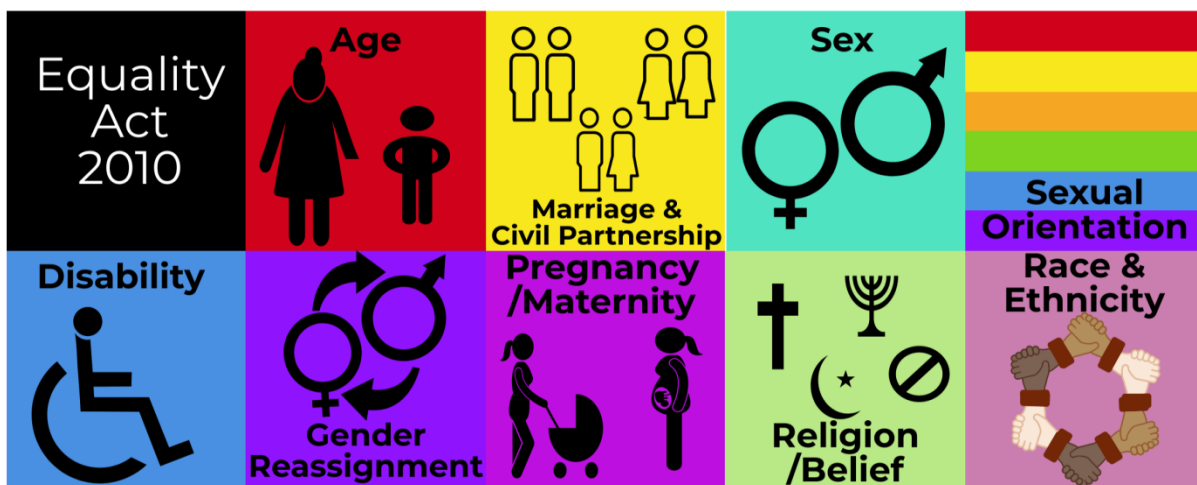
Section 149 of the Equality Act 2010 (the public sector equality duty) referred to as the General Equality Duty ensures public authorities and those carrying out a public function

consider how they can positively contribute to a more equal society through advancing equality and good relations in their day-to-day business, to:

- take effective action on equality
- make the right decisions, first time around
- develop better policies and practices, based on evidence
- be more transparent, accessible and accountable
- deliver improved outcomes for all.

To achieve this the HSCP is committed to giving due regard to the three key needs of the general equality duty across all protected characteristics as defined in the Equality Act 2010 by:

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



1.1 Approach to the Fairer Scotland Duty

In April 2018 Scottish Government enacted the Fairer Scotland Duty which placed a legal responsibility on the HSCP to actively consider ('pay due regard' to) how to reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. The pandemic has more clearly drawn out the effect of deprivation as focus for multiple inequalities and poor outcomes and the revised Scottish Government statutory guidance for the Fairer Scotland Duty is welcomed to reinforce the major impact of the

inequality or disadvantage experienced by people with protected characteristics because of socio-economic disadvantage.

The Scottish Index of Multiple Deprivation (SIMD) 2020 measures deprivation across current income, employment, health and education, skills and training, housing, geographic access and crime and confirms West Dunbartonshire has the joint third highest proportion of data zones 48 (40%) in the 20% most deprived. This means a large proportion of people living in West Dunbartonshire are more likely to experience conditions which can limit their life opportunities.

1.2 National Performance Framework



The National Performance Framework 2018 is for everyone in Scotland and aims to create a more successful country, give opportunities to all people living in Scotland, and create sustainable and inclusive growth. The framework aims to increase the wellbeing of people living in Scotland and reduce inequalities and give equal importance to economic, environmental and social progress. The framework clearly references human rights while recognising and protecting the intrinsic value of all people and supports our work with community planning partners to build a society founded on fairness, dignity, equality and respect.

1.3 Local Strategic Planning Developments

The HSCP approved a two year Covid-19 Recovery and Renewal Plan – Keep Building Better, A Journey of Continuous Improvement in September 2020. This framework for the approach to recovery and renewal included two strategic principles which reinforce the commitment to equalities.

There are

- Adoption of People Centred Service Design Principles

- Reduce Inequalities

Key actions which connected with this included

- Development of new HSCP policy development tool which includes equalities as early as possible in the policy development process and ultimately make better policy for people. A number of policies and action plans including dementia, autism, and self-directed support are currently being refreshed and using equalities data in the action planning process.
- Adoption of the online West Dunbartonshire Equality Impact Assessment tool to make it easier to complete equality assessments at an earlier stage and also more easily involve community and third sector representatives.
- Completion of an enhanced strategic needs assessment for adult and older people with an expanded population view section covering demographics, socio-economic issues, equalities and housing, to ensure that a strong data informed approach to address equality considerations and ensure equality mainstreaming in the development of the forthcoming strategic plan.

2 Health and Social Care Standards

The HSCP continues to use the Health and Social Care Standards (2018) to make health and social care services better for everyone so every person is treated with respect and dignity, and their human rights are upheld. They build upon five principles which reflect the way that everyone should expect to be treated.

The HSCP Audit and Performance Committee, supports the HSCP's responsibilities for issues of risk, control and governance and associated assurance. The

Committee receive, scrutinise and comment upon the formal submission of reports, findings and recommendations by the range of Audit and Inspectorate Bodies which use



the standards as a framework to inspect the range of commissioned and directly delivered health and social care services.

This enables the HSCP to respond to any concerns raised promptly and appropriately complementing the best practice to ensure high quality care and continuous improvement.

2.1 Standards in Practice in relation to Age and Disability

As part of the response to COVID in Care Homes multi-disciplinary assurance processes were developed and care assurance visits undertaken by a senior nurse and a senior social worker with the intention of working with care home managers and staff to support scrutiny of processes and procedures and benchmark them against current guidance.

This assured that processes are in place or identified areas where support may be required to strengthen actions to achieve the aim that homes are able to continue to provide safe, effective, person-centred care for their residents.

Visits used the principles of appreciative enquiry to document and celebrate good practice and identify areas of improvement where support might be required to secure improvements. This involved discussions with the care home managers, staff and residents alongside observation of the units and interactions with staff and residents. Assurance visits focussed on infection prevention and control; resident health and care needs and workforce, leadership & culture.

In addition, care home staff received training from the Community Psychiatric Liaison Nurse on Stress/Distress behaviour which enabled staff to support residents in crisis, avoiding admissions to hospital.

3 Development of Strengthened Equality Approach

WDHSCP continues to ensure the particular needs, characteristics and circumstances of different service users are considered and in 2020/21 embarked on an equalities' improvement work programme.

This included

- the creation of a refreshed Equalities Working Group with new Terms of Reference
- established regular pattern of meetings to drive forward the work of the Equalities Working Group

- reviewed of best practice to embed a consistent approach to mainstreaming equalities issues across the HSCP
- creation of an Equalities Improvement Action Plan with the following key priorities identified
 - leadership
 - training,
 - data and access
 - communications
 - best practice
 - awareness raising,

These priorities align well with a number of the areas for development identified in the Scottish Government Review of Public Sector Equality Duty 2021 specifically, the strengthening leadership and resourcing and making better use of evidence and data.

3.1 Progress on Strengthened Approach

In November 2021 an Update to IJB highlighted that progress has been made in relation to

- Awareness raising and training by promoting the existing NHSGGC and WDC suite of Equalities Training
- Development of training statistics across HSCP workforce
- Creation of bespoke training sessions for Equality Impact Assessments specific to HSCP situations
- Reviewing Equalities information on the HSCP website
- Building the Leadership responsibility and capacity for equalities across the HSCP through an extended management team session

4 Hearing Lived Experience

The HSCP reviewed the participation and engagement strategy-2020-23 early in 2020. Whilst there was always a focus on ensuring that all relevant equality groups are included, the pandemic highlighted that there are additional opportunities and challenges with the primarily digital ways of engaging which were carried out during the pandemic.

As part of the commitment to ensure that the views of children and young people continue to inform service developments, a new online opportunity was developed in partnership with Viewpoint, the online engagement tool to include the latest wellbeing self-assessment questionnaires as well as a version for children with communication difficulties.

In line with the review of the HSCP strategic plan by 2023 there is an additional commitment to review the participation and engagement strategy as part of that

Work has commenced with enabling staff lived experience in relation to trans issues to be heard in fora including the HSCP extended management team with powerful feedback on the short session.

One word to describe how you feel today at the conclusion of this EMT meeting?

Curious
Emotional enlightened
openminded
informed and inspired
Informed

Importantly this has spurred on other teams to actively involve their team members in sharing their lived experience of particular equalities issues to support sharing knowledge and information.

4.1 West Dunbartonshire Champions Board

The West Dunbartonshire Champions Board was created in 2018 and is a forum to enable care experienced children and young people to help improve services and ensure their voices are heard. The board helps support and fund care experienced young people to participate in local classes and activity groups, to access HSCP services, money advice, addiction services, and housing services.

5 Responding to the Pandemic –

5.1 Prioritising Older People and Maintaining Independence

The HSCP responded rapidly to ensure that there was equity of access to the COVID vaccine for those who were housebound and likely to be older and more likely to have a disability. At the peak of the vaccination programme all 'housebound' over 80's were vaccinated within a 2-week window.

The Older Peoples team speech and language therapists implemented secure video conferencing "Attend Anywhere " rapidly in March 2020 prioritising Care Homes to reassure Care Homes that they would still be able to provide a service to their residents and meet their communication needs.

In particular they tested out an aphasia assessment tool, online therapy and are also exploring group therapy sessions with this patient group to maximise independence and support social support.

5.2 Immediate response to COVID and socio-economic issues

As part of the immediate response to COVID, there were a number of examples where the HSCP used the additional resources available to minimise the extra costs children, young people and families were facing e.g.

- by the provision of 48 devices and data packages to digitally excluded young people via Connecting Scotland for Throughcare Services
- Financial support for children with additional needs to engage in safe activities at home, as well as exercise and respite.
- Support for children who are looked after, in kinship placements and other vulnerable families including outdoor activities, IT equipment for diversionary and leisure activities or which enhanced the home environment for families.

6 Person Centred Services

6.1 Transitions from Children to Adult Services in Disability

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

6.2 Supporting Unaccompanied Asylum-Seeking Young People

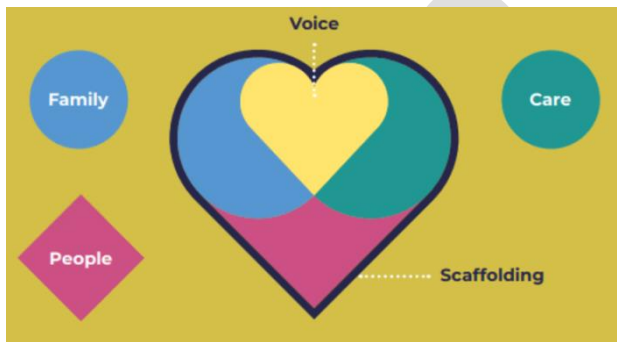
The throughcare team has been working with partners in the public and third sector to develop a joint Asylum, Migration and Integration fund (AMIF) bid for two support workers to provide dedicated support to unaccompanied asylum-seeking young people and to help them to engage in their local communities

7 The Promise Care Review

The Promise is at the centre of the vision for redesigning children's social work services recognising that established models for services do not always work effectively for everyone and reflecting the commitment to making services better, using a whole

community approach to support those most in need., funding from the Promise Partnership Fund supplemented by the HSCP has secured a fixed term dedicated lead officer post.to support corporate parents and other stakeholders to understand and develop changes to practice and other developments that uphold The Promise at a local level and support staff, partners, children and young people, to assist with the developments around the first Promise Plan for 2021-2024

The HSCP is committed to prioritising our children and families by supporting vulnerable young people and by providing a range of parenting opportunities for all parents in our community. Children and Young people who become looked after are among the most disadvantaged in society with cared for children more likely to live in areas of socioeconomic deprivation. The HSCP strives to ensure children are looked after in the most homely setting and this remains a specific equality outcome for children from black and ethnic minority (BME) communities.



8 Mainstreaming Progress 2020-2022

The following outlines some examples of HSCP services and collaborations which consider particular needs, characteristics and circumstances of different service users framed under the HSCP strategic priorities:

- Early Intervention – to support independence and focus on prevention
- Access – services designed, planned and provided along with those that use them making and ensure services are available to those who need them
- Resilience – across the community and the life course
- Assets – recognise and collaborate with local assets
- Inequalities – continue to address and focus where there is greatest need.

9 Early Intervention

9.1 Gold Baby Friendly Service

WDHSCP Health Visiting team continue to be accredited as a Gold Baby Friendly Service for excellence in the support of infant feeding and parent infant relationships. The team continue to contribute to the national and regional Infant Feeding Collaborative which aims to reduce the drop off rate of mothers' breast feeding at 6-8 weeks after birth by 10% by 2025. The focus for this work is with mothers who live in SIMD 1 (most deprived) areas. With local Breastfeeding rates for 2020/21 showing an increase which is supported by an additional Breastfeeding Support Worker to provide early support to breastfeeding women as well as a breastfeeding friendly programme which supports cultural change around breastfeeding.

The impact of this enhanced programme is also seen via one local mum's breastfeeding positive journey to breastfeeding her daughter, despite a rocky start when she was born which was featured in a NHSGGC article

9.2 Specialist and Supported Accommodation Particularly for Older People and People with disabilities

The joint work with colleagues in housing services to provide specialist and supported accommodation for people with particular health and social care needs continued via the Local Housing Strategy 2017-22 .

As part of the commitment to provide more purpose built and modern supported housing accommodation a number of people with learning disabilities moved to new build accommodation within the Dumbarton harbour area and the St Andrews School Site New dementia friendly housing in Alexandria was designed as a result of the dementia friendly design within the West Dunbartonshire Affordable Housing Design Standard with a commitment to delivering more dementia- friendly homes in the future.

The HSCP worked with Housing colleagues to contribute to the development of the 2022-2027 Local Housing Strategy and supported the carrying out of a housing and health needs assessment and a health inequalities impact assessment.

The HSCP continues to work with housing colleagues to

- provide a housing support service enabling long term clients to be supported within West Dunbartonshire

- develop plans for new and refurbished housing
- develop Services at Points of Transition
- provide preventative interventions and supports
- ensure rapid access to assessment, and provision of aids and adaptations
- Seek to develop supported housing solutions for younger adults with complex needs.

10 Access

10.1 New Health and Social Care Buildings

The HSCP has worked on modernising the buildings which provide services to our population with two new state of the art buildings opened in the last eighteen months. Importantly the West Dunbartonshire Access Panel alongside a number of community groups have been involved from the start of the design process to ensure the buildings are accessible to all.

10.2 Queens Quay House



The modern care home with 84 en-suite bedrooms, cinema, bistro, art room and accessible gardens and outdoor space opened in December 2020. All of the flats have been designed with supportive colour schemes to assist those with dementia in helping identify with their home and in creating a warm and homely feel.

10.3 Clydebank Health and Care Centre



Clydebank Health and Care Centre provides access to a wide range of health and social care services under one roof for the first time. The design was influenced by a community led art strategy. This new centre which opened in February 2022 provides space for Third Sector and community groups to offer support and information to local people.

11 Resilience

11.1 Person Centred Care

Older people's Residential & Day Services introduced person centred care plans for all residents, these outline all aspects of their care and how residents wish to be supported. These include likes/dislikes/anticipatory care planning medical and clinical input, and dietary requirements. These plans are compiled with the resident, power of attorney and / or family members and are reviewed and updated on a monthly basis or as situations change. Several methods were used to engage with residents and families including six monthly reviews of their service, monthly residents' forum meetings, relatives' meetings, menu planning meetings, medication reviews, newsletters, and feedback questionnaires for residents, relatives and other professionals.

11.2 Support for Carers

Over the last 18 months West Dunbartonshire HSCP has undertaken a significant volume of work in relation to unpaid carers, particularly but not exclusively from a strategic perspective which, in the near future, will facilitate more effective operational delivery of the HSCP's commitment to supporting carers. Examples of activity that will drive forward the agenda include:

- Appointing a Senior Manager to provide strategic leadership to the agenda
- Refreshing the terms of reference of Carers Development Group
- Refreshing the Local Carers Strategy
- Refreshing the performance framework

- Introducing eligibility criteria for carers
- Revising the Adult Carer Support Plan
- Piloting access to Short Breaks via Self-Directed Support Option 1

With Val Tierney, Chief Nurse, providing strategic leadership, the Carers Development Group with its revised terms of reference now has a clear remit for overseeing the implementation and delivery of the Local Carers Strategy (LCS) which itself has been revised to better reflect local needs. The LCS has a more outcome focused performance framework which will help evidence where the HSCP and partners are performing well and so too areas for development. When available, this data will help ensure future decision-making is data informed and can be used to help take action(s) on tackling inequalities.

The work overseen by the Carers Development Group regarding eligibility criteria will help ensure that carers are helped to identify proportionate support at the right time to meet their needs. An Adult Carer Support Plan (ACSP) is the critical vehicle to implementing the eligibility criteria and ensuring carers can access the services appropriate and commensurate with their needs. A commitment within the LCS is to revise the ACSP to become more strengths and human rights based and outcome focused. This will also support the HSCP in delivering Self-Directed Support for carers to access in their own right. Work has been undertaken which involves HSCP staff, Carers of West Dunbartonshire staff and carers themselves to help co-produce an effective ACSP which will be launched alongside the eligibility criteria. At the same time, a new approach to how carers access support in West Dunbartonshire will also be launched with Carers of West Dunbartonshire effectively becoming the 'front door' for all carer services. From there, early intervention and preventative support can be delivered timeously and, where appropriate, Carers of West Dunbartonshire will support carers to access HSCP support which will see effective collaboration between Carers of West Dunbartonshire, the HSCP and the carer themselves.

The work outlined above helps deliver the HSCP's five strategic priorities of access, assets, early intervention, resilience and inequalities and, in terms of the latter, it does so from a preventing and mitigating perspective; access to resources will be expedited, commensurate with needs and strengths and aimed towards achieving personal outcomes. In turn, this will help achieve organisational and locality-wide outcomes and contribute towards the national health and wellbeing outcome, "*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.”

11.3 Rights Based Awareness

To support implementation of the [Medication Assisted Treatment \(MAT\) standards](#) the Alcohol and Drug Partnership is the first area in Scotland to take forward system wide human rights-based awareness training. Around 300 staff in 2021/22 across partner agencies have participated in the one day training provided by Reach Advocacy. This system wide approach has been viewed very positively by colleagues in the Drug Death Taskforce, Public Health Scotland and Scottish Government.

12 Assets

12.1 Dementia Friendly West Dunbartonshire

The HSCP works as a key partner in the Dementia Friendly West Dunbartonshire (DFWD) initiative. This initiative brings together partners from a range of services across the statutory, voluntary and independent sector to increase day-to-day community support for people with dementia and their carers. Born from community feedback received as part of a Change Fund survey, DFWD takes a community development approach to promoting awareness and active citizenship and offers free awareness training to individuals, community groups, businesses and agencies in return for a pledge of commitment to help now or in the future. To date over 6,000 individuals have participated with almost 75% making good on their pledge within 3 months of attending a session. Ongoing work will feature on integrating the Alzheimer Scotland Purple Alert and Herbert Protocol initiatives into local practice, further strengthening community engagement

12.2 Shaping Places for Wellbeing

In recognition of the impact of ‘place’ where people live on how long they live but also on enabling individuals and communities to live free from illness during that longer life, Clydebank has been selected as one of only four places in Scotland to work on the Shaping Places for Wellbeing programme. The partnership between the Improvement Service, Public Health Scotland, NHSGGC and West Dunbartonshire Council with the HSCP will support system change to ensure policies and interventions that impact on our lives (the social determinants of health) can include the work we do, our education,

income, where we live and the physical environment nurture and promote good health and minimise the detrimental aspects.

More information on this programme is available from this [video clip](#) and below



Shaping Places for Wellbeing Programme

Unique PHS & IS support offer

- Data led
- Citizen centred
- Place Collaboration(s)
- System Change

Mobilise to Dec 21:

- Inequality data
- Current ambitions
- Staff resource
- Outcome evaluation
- Communication

Place and wellbeing outcomes



The principles of equality, net-zero emissions and sustainability underpin all of these themes, and all themes should be embedded in policy and action

Activities

Local project towns

- Clydebank, Alloa, Ayr & Dunoon

Local Learning Cohort

- Local project towns
- Local mentor towns
- Local learning towns

National Leadership Cohort

- SG and COSLA reps

12.3 Support for an inclusive West Dunbartonshire

The HSCP continues to participate in WDC and NHSGGC campaigns through involvement in wider equality networks. E.g.



- By Attending International women's day flag raising events
- By pledging support for LGBTQ+ people via the [NHS Scotland Pride Badge](#)



13 Inequalities

13.1 Addressing Domestic Abuse

The HSCP continues to provide leadership to Community Planning partners in raising awareness of and preventing domestic abuse. [West Dunbartonshire Integrated Children's Service Strategic Needs Assessment 2018](#) and recent domestic abuse data from Scottish Government [2020/21](#) highlights the continued high levels of domestic abuse that exist in

West Dunbartonshire. Collaborative working continues in schools, workplaces, organisations and communities across West Dunbartonshire where the emphasis is on preventing abuse before it occurs and recognising the significant impact on women and girls. The work focuses on changing behaviour, building the knowledge and skills of individuals and delivering a progressive shift in the structural, cultural and societal contexts in which abuse occurs.

A refresh of the Violence against Women Partnership which the HSCP co-chairs with closer links made between Community Justice Services and wider community supports

Key activities carried out by the Violence against Women partnership include

- The development of a new housing policy widening the access to the housing options, accommodation and support services available through No Home for Domestic Abuse to all residents of West Dunbartonshire in council and social rented properties.
- As part of the 16 days of action against domestic abuse there was a widely publicised survey carried out to understand the lived experience of women who had experienced domestic abuse including where they have accessed support and information and the visibility of local specialist services available to them.
- Participation in the Equally Safe in Practice Framework which aims to strengthen and scale-up high-quality gender competent gender-based violence training at local, regional and national level
- Implementation of the Caledonian System behaviour programme for men convicted of domestic abuse offences and support services for their partners and children.

13.2 My Life Assessment

In April 2021 the HSCP replaced its Single Shared Assessment document with the My Life Assessment (MLA). The MLA was informed by collaboration with representatives from teams across the HSCP as well as third sector partners and people with lived experience. As the key vehicle to implementing Self-Directed Support, it's crucial that the assessment and accompanying guidance encourages the adoption of a strengths and rights-based approach. Over 100 staff attended briefing sessions and a new mandatory online training module is due to be published. Encouraging staff to collaborate with citizens during assessment, to 'assess to understand' the person and to explicitly seek out what the person can do by themselves and where support might be needed to achieve their

outcomes, combine to ensure a strengths-based approach is taken. By adopting the PANEL Principles and ensuring protected characteristics are considered in every assessment, the HSCP is ensuring human rights are at the centre of our approach to assessment; this can inform decisions about care as well as allow the HSCP to monitor MLA implementation. To support accessibility, the HSCP published an easy read document and this animation explaining assessment and will continue to monitor and evaluate the implementation of the MLA.

13.3 HSCP Work Connect Specialist Supported Employment

The HSCP continues to develop the Specialist Supported Employment Service Work Connect programme which supports people with Mental Ill Health, in Recovery from Substance Misuse, Learning Disabilities, Autistic Spectrum Disorder or Acquired Brain Injury,

The service has continued to build new relationships with wider employability providers including Working 4 U with a new Realising Ambitions programme part of the Young Persons guarantee which guarantees all 16- to 24-year-olds in Scotland a job, apprenticeship, further or higher education, training or volunteering to ensure a wider range of opportunities available. Work continues on part of the Keys to Life learning disability action plan as well as contributing to positive mental health such as via the Scottish Mental Health Arts Festival .



14 Addressing Socio- Economic Issues

The HSCP continues to use SIMD data to consider the socioeconomic impact of its decision in its strategic planning processes. An updated adult and older people strategic needs assessment is currently being finalised in preparation for the development of a new strategic plan in 2023. The needs assessment has expanded on the life circumstances and equalities data and information included to support thinking and decisions around wider demographics and subsequent strategic direction required.

In view of the complexity and interlinked needs in West Dunbartonshire the HSCP has used primary care development resources to commission an expanded Community Link worker GP linked service which uses social prescribing to take a holistic approach to people's health and wellbeing and focus on 'what matters to them'.

In addition, the HSCP works in partnership to enable Working 4U welfare advice workers to be based within four of our GP practices to provide more support to address socio economic and issues to do with life circumstances in health and social services via the Improvement Service coordinated Welfare Advice and Health Partnerships



The HSCP continues to support both WDC and NHSGGC Period poverty programmes with free period products available in the majority of HSCP sites as shown in the Scottish Government Pick up my period App to access free period products alongside focused work with health visitors,

midwives and family nurses.

14.1 Child Poverty

The first national Child Poverty Delivery Plan and the recently published Tackling Child Poverty Delivery Plan 2022-26 set out the actions required to meet the ambitious targets set out in the Child Poverty Act 2017. The delivery plan priority groups each relate to one or more protected characteristics: •

Households with a disabled parent or child

Larger families (many of which are minority ethnic families)

Minority ethnic households

Lone parents (90% of whom are women).

Mothers aged under 25

Families with a child under one year of age

West Dunbartonshire Council Working 4U leads the local work to tackle child poverty detailed in the Child Poverty Action Plan 2020-2021 with the HSCP connecting this with the public health arrangements in NHS GGC as well as contributing to this work as part of Nurtured Delivery and Improvement Group, the local sub group of Community Planning Partners which focuses on integrated children's services.

The HSCP continues to focus efforts to address child poverty on the national priority groups and have additionally emphasised to support; families and children with experience of the care system, children with caring responsibilities and those living in areas of high material deprivation as outlined in the Chief Social Work Officers Report 2020/21

The HSCP Health Visiting Team continue to support young families to access the range of grants and payments available from Social Security Scotland with £1.8m accessed in the three years of Best Start Grants and £1m in the first year of Scottish Child Payment

15 Workforce

The employer related public sector duties for equalities remain under the responsibility of the Health Board and Council. However, the Health and Social Care Partnership remains committed to effective, joined up work force planning across both health and social care services. The HSCP is developing a workforce strategy and will include connected activity related to equalities in terms of ensuring that staff continue to contribute to and benefit from the workplace equality plans, staff forums and working practices, cultures and behaviours offered by both parent organisations. In addition, the strengthened HSCP equalities approach includes developing baseline equalities data from both NHS GGC and WDC HR systems

This is coupled with a clear commitment to the principles of staff Governance where staff are well informed; appropriately trained; involved in decisions which affect them; treated fairly and consistently and provided with a safe working environment.

15.1 Clinical and Care Governance & Public Protection

The Health and Social Care Partnership has established clinical and care governance structures and processes by which accountability for the quality of health and social care is

monitored and assured. The structures support staff in continuously improving the quality and safety of care, and identify and address poor performance wherever possible.

Effective clinical and care governance arrangements are in place to support the delivery of safe, effective and person-centred health and social care services within integrated services. These local arrangements and the local leadership structures continuously consider the requirements of the Equalities Act to ensure quality improvement of services involving staff, service users and the public.

Through the wider Public Protection agenda, the Health and Social Care Partnership will work to ensure that people, particularly at risk, are kept safe from harm and risks to individuals or groups are identified and managed appropriately.

A range of measures are in place including multi agency strategic planning and operational services providing protection to children, young people and adults at risk. They also include the robust management of High-risk offenders through Multi Agency Public Protection Arrangements provide protection to the wider community.

The key priorities for the HSCP and wider partners

- Work to ensure the people, particularly the most vulnerable, are kept safe from harm and risks to individual groups are identified and managed appropriately
- Continue to ensure services and processes work to protect all vulnerable and at-risk individuals irrespective of age as agreed by the Public Protection Chief Officers Group and our Child Protection and Adult Protection Improvement Plans
- Continue to implement the revised National Child Protection Guidance (2021) including early intervention and prevention.
- Within adult support and protection develop a response to specific areas of harm initially addressing financial harm and hate crime
- Ensure knowledge, skills and awareness across public protection continues to be promoted through multi agency training programmes.

16 Performance Reporting

The HSCP currently has five previously agreed equality outcomes that will be measured in 2020-2024. These outcomes are integrated into the standard HSCP performance

reporting framework which means they continue to be included in the annual and public performance reports which are scrutinised by the Audit and Performance Committee.

To ensure a mainstreaming approach, equality outcomes are aligned with the national outcome measures for integration as well as corresponding national outcomes for children and young people as well as community justice as defined by the Scottish Government.

16.1 Equality Outcome Measures

Equality Outcome	Question to be answered	Performance Measure	Information Source	Protected Characteristic	Link Health and Social Care Standards headline outcome	Link to HSCP Health And Wellbeing Outcomes or National Outcomes for Children and Criminal Justice	Link to Wider Theme	Link to General Equality Duty
2020/21 All adults supported by District Nursing teams have their religious/beliefs considered by the service in relation to their ongoing care.	1a All adults supported by District Nursing teams are asked about their religion /beliefs 1b Scope out options for further development of service considerations of patient's religious/beliefs for their care	The percentage of patients who require District Nurse support who have their Religious/belief preferences recorded and planned for where appropriate	Community Nursing Information System CNIS	Religion/Belief	I experience high quality care and support that is right for me	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	NHSGGC Faith and Belief Communities Manual	Advance equality of opportunity
2018/19 All appropriate IJB have a duty to prepare an adult care and support plan (ACSP) or young carer statement (YCS) for anyone they identify as a carer, or for any carer who requests one	Is there a difference in uptake by age of adult care and support plan or young carer statement for eligible people in West Dunbartonshire?	Percentage of people who have been identified as a carer who have a support plan in place/ Young Carer Statement	CareFirst	Age	I experience high quality care and support that is right for me	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.	Carers Support (WDHSCP Adult commissioning priorities)	Advance equality of opportunity
2017/18 All people with learning disabilities known to the HSCP are enabled to access employment where appropriate	Are all appropriate learning disabilities clients able to access open and non-open employment opportunities?	Percentage of adults over the age of 16 who are known to specialist HSCP learning disability services who have employment opportunities	Collected by HSCP Learning Disability Services for central publication by Scottish Commission	Disability	I experience high quality care and support that is right for me	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Support independent living (WDHSCP Adult commissioning priorities) Keys to Life Strategy	Advance equality of opportunity

			for Learning Disability https://www.scld.org.uk/population-statistics/					
2016/17 All Looked after children are cared for in the most homely setting	Is there a difference between the percentage of BME Looked after children who are looked after in the community and the wider looked after children population?	Percentage of children being looked after in the community	CareFirst	Race	I experience high quality care and support that is right for me.	Our children have the best possible start in life and are ready to succeed or We have improved the life chances for children, young people and families at risk.	Shifting the Balance of Care (NHSGGC) Improve life chances for children and young people. (WDC)	Advance equality of opportunity
2016/17 All Older People are supported to live in their community	Is there a difference between the percentage of men and women who have assessed care at home needs and a reablement package who have reached their agreed personal outcomes	Percentage of adults with assessed care at home needs and a reablement package who have reached their agreed personal outcomes	CareFirst	Sex	I experience high quality care and support that is right for me	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Reshaping care for older people (NHSGGC). Improve care for and promote independence with older people. (WDC)	Advance equality of opportunity

Rationale for not specifying equality outcomes for the other protected characteristics at this stage are summarised below

Sexual orientation

A specific equality outcome concerning sexual orientation has not been included at this stage due to sparseness of the data collected in relation to this protected characteristic. The intention is that a specific “sexual orientation” related outcome measure would be identified for equality monitoring by using the Public Health Scotland Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-Binary People in Scotland due to be published in Spring 2022. The findings from this research will help inform work at HSCP level in relation to this protected characteristic.

Gender reassignment

The HSCP will use the data collected from the Census 2022 once available in considering future equality outcomes. The HSCP continues to promote and implement the NHSGGC Gender Reassignment Policy and raise awareness of Police Scotland third party reporting for hate crime.

Maternity and Pregnancy

Supporting pregnant employees working within the HSCP remain the responsibility of the Health Board and the Council. WDHSCP will continue to support local staff by implementing the relevant organisational policies and procedures as appropriate. The HSCP has a leading role on behalf of Community Planning partners in the local implementation of the national Pregnancy and Parenthood in Young People Strategy 2016-2026.

16.2 Equality Outcomes Reporting

16.2.1 Religion/Belief

All adults supported by District Nursing teams have religious/belief considered (where appropriate) in relation to ongoing care.

Protected Characteristic Religion/ Belief	Baseline 2021/22
Number of adults supported by District Nursing team	Data still being scoped
Number of adults who have recorded Religious Belief	
Percentage of adults who have recorded Religious Belief	

16.2.2 Age

All Adult care and support plan (ACSP) or young carer statement (YCS) are prepared for anyone they identify as a carer, or for any carer who requests one.

Protected Characteristic Age	2020/21
Number of Young Carers and Young adult carers supported by Y Sort it	145
Number of young carers known to HSCP eligible for a young Carers Statement	
Number of young carers who have a young carer statement in place (reviews Undertaken)	
% of eligible young carers known to HSCP who have a young carer statement in place	
Number of Carers Supported by Carers of West Dunbartonshire	1,250 carers 263 new carers identified and supported

Number of adult carers known to the HSCP eligible for adult care and support plan	
Number of adult carers known to HSCP have an adult care and support plan	
% of eligible adult carers known to the HSCP who have an adult care support plan in place	

The HSCP has continued to focus on ensuring that all carers have the support that they require. The HSCP has worked closely with Y Sort it and Carers of West Dunbartonshire to promote access to carer support for all ages via the Carers Development Group.

Source Carers of West Dunbartonshire Annual Report 2021/22 available at <https://www.carerswd.org/wp-content/uploads/2021/12/Annual-Report-2021.pdf>

16.2.3 Disability

All appropriate learning disabilities clients able to access open and non-open employment opportunities

Protected Characteristic Disability	Baseline 2016/17	2017/18	2018/19	2021/22
Number of adults over the age of 16 years who are known to specialist HSCP learning disability services	530	460	467	435
% of adults over the age of 16 years who are known to specialist HSCP learning disability services who have employment or training opportunities	3.2%	2.8%	2.8%	numbers known to HSCP work connect services <ul style="list-style-type: none"> • Transitions 6 • Transitions /Young Persons Guarantee programme12 • Learning Disability =4

				Total 22.
--	--	--	--	-----------

Previously information gathered nationally for people with a learning disability related to people who have had contact with the HSCP in the previous 3 years. From 2017/18 this has been changed to contact within the previous year, hence the drop in number. The source of this information is Learning Disability Statistics Scotland which is being transferred to publication by Public Health Scotland and not yet available.

16.2.4 Race

All looked after children are cared for in the most homely setting

Protected Characteristic Race	Baseline Q3 2015/16	2017/18	2018/19	2019/20	Q 2 2021/22
Number of looked after children	376	407	492	500	
Number of looked after children who are from BME communities	5	8	14	19	
Balance of care for looked after children: % of children looked after in the community	90.4%	90.3%	85.7%	91.11%	89.7%
% of children being looked after in the community who are from BME communities	80%	75%	91.5%	73.68%	78.9%

The numbers of BME children and young people who are looked after in West Dunbartonshire continues to be very small however is increasing and the proportion of BME children and young people who are looked after in a homely setting is being sustained. The continued focus of the Permanence and Care Programme on permanent homes and the local work of the champions board and the Promise on love, respect and opportunities for all care experienced young people in West Dunbartonshire appear to being implemented equitably for children and young people of all ethnicities.

16.2.5 Sex

All older people are supported to live in their community (difference in sex accessing care at home needs and an enablement package)

Protected Characteristic Sex	Baseline Q4 2015/16	Q4 2017/18	2018/19	
Number of men with assessed care at home needs and a reablement package who have reached their agreed personal outcomes	23	26	84	No data currently available Reablement service being re-established and enhanced
Number of women with assessed care at home needs and a reablement package who have reached their agreed personal outcomes	32	54	175	
Percentage of men with assessed care at home needs and a reablement package who have reached their agreed personal outcomes	78%	46.8%	57.9%	
Percentage of women with assessed care at home needs and a reablement package who have reached their agreed personal outcomes	44%	68.4%	57.4%	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

27 June 2022

Subject: West Dunbartonshire Integration Joint Board Records Management Plan

1. Purpose

- 1.1 Integration Joint Boards are required to submit a Records Management Plan to the Keeper of the Records of Scotland. The Records Management Plan sets out how West Dunbartonshire Integration Joint Board's records will be created and managed in line with national policy. This is a responsibility which all public bodies must fulfil.

2. Recommendations

- 2.1 The HSCP Board is asked to:

- 2.1.1 Approve and implement the Records Management Plan to fully meet our obligations under the Public Records (Scotland) Act 2011.
- 2.1.2 Delegate responsibility to the Chief Officer, to review the West Dunbartonshire Integration Joint Board's Records Management Plan in collaboration with the Keeper of the Records of Scotland.

3. Background

Legislation

- 3.1 The Integration Joint Board is obliged to submit and maintain a Records Management Plan as defined in and in accordance with Part 1 of the Public Records (Scotland) Act 2011. The Act requires named public authorities to submit a RMP to be agreed by the Keeper of the Records of Scotland.

Every authority to which this Part applies must:

- a) Prepare a plan (a "records management plan") setting out proper arrangements for the management of the authority's public records;
- b) submit the plan to the Keeper for agreement, and
- c) ensure that its public records are managed in accordance with the plan as agreed with the Keeper.
- 3.2 An authority's records management plan must:

- a) identify the individual who is responsible for management of the authority's public records, and
- b) (if different) identify the individual who is responsible for ensuring compliance with the plan;
- c) Include provision about the procedures to be followed in managing the authority's public records, maintaining the security of information contained in the authority's public records, and the archiving and destruction or other disposal of the authority's public records.

Content of the Records Management Plan and Memorandum of Understanding

- 3.3 NHS Greater Glasgow and Clyde and West Dunbartonshire Council already have agreed Record Management Plans in place. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.4 The Integration Joint Board approved a draft Records Management Plan on 20 February 2019. This was submitted to the Keeper of the Records of Scotland on 5 March 2019 along with a Memorandum of Understanding between West Dunbartonshire HSCP and West Dunbartonshire Council and West Dunbartonshire Council's Records Management Plan.
- 3.5 Initial thoughts of the Keeper of the Records were that a model plan may be suitable for Integration Joint Boards. This was based on the understanding that Integration Joint Boards would be similarly organised to deliver similar functions under the same legislation however it became obvious that things were more complex than it was initially thought and they opted to follow a case-by-case approach to assessing Integration Joint Boards' Records Management Plan.
- 3.6 In light of this a further invitation to submit a draft plan was extended by the Keeper of the Records on 31 March 2020 outlining a period of dialogue between the Keeper of the Records and Integration Joint Boards to ensure Records Management Plans are compliant with all elements of the Act. Following this period of dialogue the plan was resubmitted to the Keeper on 24 March 2022.
- 3.7 West Dunbartonshire Integration Joint Board's Records Management Plan and its supporting evidence have been reviewed and assessed by the Keeper of the Records who agreed on 8 April 2022 that they set out proper arrangements for the management of the Integration Joint Board's public records. Their assessment report will be published on the National Records of Scotland website.
- 3.8 The Records Management Plan has been agreed on certain conditions with certain elements termed an 'improvement plan'. These conditions are, business classification and archiving and transfer.
- 3.9 Both of these elements fall under West Dunbartonshire Council's Records

Management Plan and we will work closely with West Dunbartonshire Council to ensure Integration Joint Board records are included within the Council's plan.

- 3.10 The attached Records Management Plan sets out the arrangements for the management of the Integration Joint Board's records and the relationship with West Dunbartonshire Council's Records Management Plan.
- 3.11 As the Integration Joint Board does not hold any personal information about either patients/clients or staff, the Record Management Plan relates to the Integration Joint Board committees (Integration Joint Board, Audit and Performance Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the Strategic Plan. All of this information is already in the public domain via the Health and Social Care Partnership area on West Dunbartonshire Council's website:

<http://www.wdhscp.org.uk/about-us/>

<http://www.wdhscp.org.uk/about-us/public-reporting/>

- 3.12 West Dunbartonshire Council's Business Classification Scheme is used to organise the Integration Joint Board's records, as all Integration Joint Board records are currently managed and stored by West Dunbartonshire Council. In terms of evidence that the Integration Joint Board meets the requirements of each element of the Record Management Plan, the link to West Dunbartonshire Council's Records Management Plans are used where appropriate. This follows the advice given by National Records of Scotland, who provided guidance and support throughout the drafting of the Record Management Plan.

4. Main issues

- 4.1 Information underpins the Integration Joint Board's over-arching strategic objective and helps it meet its strategic outcomes.

Its information supports it to:

- a) Demonstrate accountability.
- b) Provide evidence of actions and decisions.
- c) Assist with the smooth running of business.
- d) Help build organisational knowledge.

- 4.2 Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB with:

- a) Better decisions based on complete information.
- b) Smarter and smoother work practices.
- c) Consistent and collaborative workgroup practices.
- d) Better resource management.

- e) Support for research and development.
- f) Preservation of vital and historical records.

5. Options Appraisal

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

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

- 8.1 Statutory Agencies are more accountable to the public than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Integration Joint Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally. As such, the Integration Joint Board must comply with the Public Records (Scotland) Act 2011. Breach of this could incur penalties.

9. Equality Impact Assessment (EIA)

- 9.1 An EIA is not required as the recommendations within this report do not impact on those with protected characteristics.

10. Environmental Sustainability

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

11. Consultation

- 11.1 The HSCP Senior Management Team and the HSCP Board Monitoring Solicitor have been consulted in the preparation of this report. Strategic Assessment

12. Strategic Assessment

- 12.1 The recommendation within this report supports the Access priority within the HSCP Strategic Plan.

13. Directions

13.1 The HSCP Board are not required to issue a direction in respect of the recommendation within this report.

Margaret –Jane Cardno
Head of Strategy and Transformation
2 June 2022

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

Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk

Phone: 07786 747 952

Appendices: West Dunbartonshire Integration Joint Board's
Records Management Plan

West Dunbartonshire Integration
Joint Board
Records Management Plan

Submitted in accordance with the Public Records (Scotland) Act 2011

This plan is fully endorsed by the Chief Officer of West Dunbartonshire Integration Joint Board who will ensure compliance with the Public Records (Scotland) Act 2011 through the corporate implementation of this Records Management Plan.

Signed by:

Beth Culshaw

Beth Culshaw, Chief Officer, West Dunbartonshire Integration Joint Board

West Dunbartonshire Integration Joint Board Records
Management Plan Version 1.0

This document is subject to change control

Document Control Information

Revision	Date	Revision Description
1.0	20/02/2019	Submitted to West Dunbartonshire Integration Joint Board
2.0	27/06/2022	Reviewed and submitted to West Dunbartonshire Integration Joint Board

Table of Contents

Records Management Plan.....	1
Summary.....	1
About the Public Records (Scotland) Act 2011	3
About the Integration Joint Boards.....	3
Review	4
RMP Principles	5
Element 1: Senior management responsibility	7
Element 2: Records manager responsibility	8
Element 3: Records management policy statement	9
Element 4: Business classification	10
Element 5: Retention schedules.....	11
Element 6: Destruction arrangements	12
Element 7: Archiving and transfer arrangements	13
Element 8: Information Security	14
Element 9: Data protection	15
Element 10: Business continuity and vital records	16
Element 11: Audit trail.....	17
Element 12: Competency framework for records management staff	18
Element 13: Assessment and review	19
Element 14: Shared Information.....	20

Records Management Plan

Summary

This Records Management Plan (RMP) conforms to the model Records Management Plan as set out by the Keeper of the Records of Scotland, in accordance with the provisions of the Public Records (Scotland) Act 2011. This RMP covers West Dunbartonshire Integration Joint Board, referred to as 'the IJB' throughout.

The RMP outlines and evidences the IJB's policies and procedures regarding the creation, use, management and disposal of the public records it creates and uses in pursuance of its statutory functions.

In line with the model plan, the IJB's RMP addresses 14 elements:

Element 1: Senior management responsibility

Element 2: Records manager responsibility

Element 3: Records management policy statement

Element 4: Business classification

Element 5: Retention schedule

Element 6: Destruction arrangements

Element 7: Archiving and transfer arrangements

Element 8: Information security

Element 9: Data protection

Element 10: Business continuity and vital records

Element 11: Audit trail

Element 12: Competency framework for records management staff

Element 13: Assessment and review

Element 14: Shared Information

In relation to the model Records Management Plan's new Element 15, the IJB Board does not commission any third parties to process or store records for any board functions. The IJB is fully committed to compliance with the requirements of the Public Records (Scotland) Act, 2014 which came into force on the 1st January 2016. The IJB will therefore follow procedures that aim to ensure that all of its officers, employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the authority, or manage public records held by the authority, are fully aware of and abide by this plan's arrangements.

About the Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the act) came fully into force in January 2013. The Act requires names public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014. This document is the Records Management Plan of West Dunbartonshire Integration Joint Board.

This RMP sets out and evidences proper arrangements for the management of the IJB's public records and is submitted for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011. It will be reviewed by the IJB annually.

<http://www.nas.gov.uk/recordKeeping/publicRecordsActIntroduction.asp>

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/22476.aspx>

About Integration Joint Boards

The integration of health and social care is part of the Scottish Government's programme of reform to improve care and support for those who use health and social care services. It is one of the Scottish Government's top priorities.

The Public Bodies (Joint Working) (Scotland) Act provides the legislative framework for the integration of health and social care services in Scotland.

It will put in place:

- Nationally agreed outcomes, which will apply across health and social care, in service planning by Integration Joint Boards and service delivery by NHS Boards and Local Authorities.
- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets.
- A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

About West Dunbartonshire Integration Joint Board

The West Dunbartonshire Integration Joint Board was established under the Public Bodies (Joint Working) Scotland Act 2014. From 1st July 2015 West Dunbartonshire IJB became formally responsible for the planning and oversight of delivery of health and social care functions delegated to it by Greater Glasgow and Clyde NHS Board (the Board) and West Dunbartonshire Council (the Council).

These include adult health and social care services, children's health and social care services and criminal justice services. The area covered by West Dunbartonshire IJB is coterminous with the West Dunbartonshire Local Authority.

The IJB operates as a body corporate (a separate legal entity), acting independently of the Board and the Council. The IJB consists of six voting members appointed in equal number by the Board and the Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The IJB is advised by a number of professionals including the Chief Officer, Medical Director, Nurse Director and Chief Social Work Officer.

The IJB's key functions are to:

- Prepare a Plan for integrated functions that is in accordance with national and local outcomes and integration principles
- Allocate the integrated budget in accordance with the Plan
- Oversee the delivery of services that are within the scope of the Partnership.

Information underpins the IJB's over-arching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB make:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

In addition we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.

Review

Section 5 (1) of the Act requires authorities to keep their plans under review to ensure its arrangements remain fit for purpose.

RMP Principles

What does the Records Management Plan cover?

Records management covers records of all formats and media. This includes paper and computer records; cassette, video and CD records. Records management is needed throughout the lifecycle of a record, and the process begins when the decision to create the record is taken.

Why is records management important?

Records are vital for the effective functioning of the IJB: they support the decision-making; document its aims, policies and activities; and ensure that legal, administrative and audit requirements are met.

For records to perform their various functions, some form of management is needed. Management includes control over what is created, development of effective and efficient filing systems to store records, and procedures for retention of records.

Records management principles

Security – Records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required.

Accountability – Adequate records are maintained to account fully and transparently for all actions and decisions in particular:

- To protect legal and other rights of staff or those affected by those actions
- To facilitate audit or examination
- To provide credible and authoritative evidence

Quality – Records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed.

Accessibility – Records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation.

Retention and disposal – There are consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records.

Training – that all staff are informed of their record-keeping responsibilities through appropriate training and guidance and if required further support as necessary.

West Dunbartonshire IJB Records Management Plan


The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed in the parent body organisations, i.e. the Council and the Board and as such will be covered by their respective record management plans.



As such, this RMP relates to the IJB committees (Integration Joint Board, Audit and Performance Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the Strategic Plan. All of this information is already in the public domain via the IJB and Health and Social Care Partnership pages on the Council's website.

<http://www.wdhscp.org.uk/about-us/>

<http://www.wdhscp.org.uk/about-us/health-and-social-partnership-board/health-and-social-care-partnership-board-meeting-papers/>


The West Dunbartonshire IJB Records Management Plan (RMP) is effective from 20th February 2019. The plan will be continuously reviewed and updated. Review of West Dunbartonshire Council's Records Management Plan will be submitted annually to Senior Council Management and as this Records Management Plan is in line with Council's, the IJB's Records Management Plan will be updated and submitted to the IJB for approval.

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 1:Senior management responsibility: Section 1(2)(a)(i) of the Act specifically requires a RMP to identify the individual responsible for the management of the authority's public records. An authority's RMP <u>must</u> name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.</p> <p>It is vital that the RMP submitted by an authority has the approval and support of that authority's senior management team. Where an authority has already appointed a Senior Information Risk Owner, or similar person, they should consider making that person responsible for the records management programme. It is essential that the authority identifies and seeks the agreement of a senior post-holder to take overall responsibility for records management. That person is unlikely to have a day-to-day role in implementing the RMP, although they are not prohibited from doing so.</p> <p>As evidence, the RMP could include, for example, a covering letter signed by the senior post-holder. In this letter the responsible person named should indicate that they endorse the authority's record management policy (See Element 3).</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-1</p>	<p>The Chief Officer, Beth Culshaw has senior responsibility for all aspects of the IJB's Records Management, and is the corporate owner of this document.</p> <p>The Chief Officer is also the IJB's Senior Information Risk Owner (SIRO).</p> <p>The Chief Officer Chairs the Joint Management Team, which has strategic responsibility for the Health and Social Care Partnership.</p>	<p>Job profile and objectives of Chief Officer.</p> <p>Roles and responsibilities of the SIRO</p>  <p>CHIEF OFFICER WEST DUNBARTONSHIRE</p>	<p>Not applicable at this point but will continue to be reviewed.</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 2: Records manager responsibility: Section 1(2) (a)(ii) of the Act specifically requires a RMP to identify the individual responsible for ensuring the authority complies with its plan. An authority's RMP must name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP. This person should be the Keeper's initial point of contact for records management issues. It is essential that an individual has overall day-to-day responsibility for the implementation of an authority's RMP. There may already be a designated person who carries out this role. If not, the authority will need to make an appointment. As with element 1 above, the RMP must name an individual rather than simply a job title. It should be noted that staff changes will not invalidate any submitted plan provided that the all records management responsibilities are transferred to the incoming post holder and relevant training is undertaken. This individual might not work directly for the scheduled authority. It is possible that an authority may contract out their records management service. If this is the case an authority may not be in a position to provide the name of those responsible for the day-to-day operation of this element. The authority must give details of the arrangements in place and name the body appointed to carry out the records management function on its behalf. It may be the case that an authority's records management programme has been developed by a third party. It is the person operating the programme on a day-to-day basis whose name should be submitted.</p> <p>Read further explanation and guidance about element 2 – https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-2</p>	<p>The Operational Officer s responsible for records management are:</p> <p>Michael Butler , Records Management Officer, West Dunbartonshire Council</p> <p>Vacant Post, System, Digital and Information Governance Manager, West Dunbartonshire Health and Social Care Partnership</p>	<p>The MoU accompanying this document nominates this role to West Dunbartonshire Council, as the lead with operational responsibility.</p> <p>Job descriptions for the role are included as evidence to demonstrate that the named individuals have the skills required and can access all IJB records.</p> <p>The MoU sets out that the IJB's records are created and managed by the partner body, West Dunbartonshire Council. It indicates that the CO is satisfied that the partner body has appropriate records management arrangements in place.</p> <p>The MoU confirms that the partner authority, West Dunbartonshire Council creates, holds and manages into disposal all the IJB's records</p> <p> Systems Digital and Information Governai</p> <p> Records Management Officer .</p>	<p>Not applicable at this point but will continued to be reviewed.</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 3: Records management policy statement: The Keeper expects each authority's plan to include a records management policy statement. The policy statement should describe how the authority creates and manages authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required. The policy statement should be made available to all staff, at all levels in the authority. The statement will properly reflect the business functions of the public authority. The Keeper will expect authorities with a wide range of functions operating in a complex legislative environment to develop a fuller statement than a smaller authority. The records management statement should define the legislative, regulatory and best practice framework, within which the authority operates and give an overview of the records management processes and systems within the authority and describe how these support the authority in carrying out its business effectively. For electronic records the statement should describe how metadata is created and maintained. It should be clear that the authority understands what is required to operate an effective records management system which embraces records in all formats.</p> <p>The records management statement should include a description of the mechanism for records management issues being disseminated through the authority and confirmation that regular reporting on these issues is made to the main governance bodies. The statement should have senior management approval and evidence, such as a minute of the management board recording its approval, submitted to the Keeper. The other elements in the RMP, listed below, will help provide the Keeper with evidence that the authority is fulfilling its policy.</p> <p>Read further explanation and guidance about element 3 – https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-3</p>	<p>West Dunbartonshire Council and NHS GG&C work in partnership, governed by the West Dunbartonshire Integration Joint Board (IJB).</p> <p>West Dunbartonshire IJB is responsible for planning health and care services for the West Dunbartonshire population.</p> <p>The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed in the parent body organisations, i.e. West Dunbartonshire Council and NHS GG&C and as such will be covered by their respective record management plans.</p> <p>The records covered by this plan constitute IJB business in terms of:</p> <ul style="list-style-type: none"> • IJB Meetings- agendas and papers, including Directions • IJB Strategies and Policies, including the Annual Report and Strategic Plan <p>All of this information is already in the public domain via the IJB's pages on West Dunbartonshire HSCP website</p> <p>http://www.wdhscp.org.uk/about-us/</p> <p>http://www.wdhscp.org.uk/about-us/health-and-social-partnership-board/health-and-social-care-partnership-board-meeting-papers/</p>	<p>West Dunbartonshire Council RMP See attached</p>	<p>Not applicable at this point but will continued to be reviewed.</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 4: Business classification</p> <p>The Keeper expects an authority to have properly considered business classification mechanisms and its RMP should therefore reflect the functions of the authority by means of a business classification scheme or similar.</p> <p>A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the informational assets the business creates and maintains, and in which function or service area they are held. As authorities change the scheme should be regularly reviewed and updated.</p> <p>A business classification scheme allows an authority to map its functions and provides a structure for operating a disposal schedule effectively.</p> <p>Some authorities will have completed this exercise already, but others may not. Creating the first business classification scheme can be a time-consuming process, particularly if an authority is complex, as it involves an information audit to be undertaken. It will necessarily involve the cooperation and collaboration of several colleagues and management within the authority, but without it the authority cannot show that it has a full understanding or effective control of the information it keeps.</p> <p>Although each authority is managed uniquely there is an opportunity for colleagues, particularly within the same sector, to share knowledge and experience to prevent duplication of effort.</p> <p>All of the records an authority creates should be managed within a single business classification scheme, even if it is using more than one record system to manage its records. An authority will need to demonstrate that its business classification scheme can be applied to the record systems which it operates.</p> <p>Read further explanation and guidance about element 4 - https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-4</p>	<p>As the IJB has only been in operation since 1st July 2015, the type and volume of record keeping specific to the IJB is evolving rapidly.</p> <p>The IJB will follow the corporate Business Classification Scheme (BCS) adopted by West Dunbartonshire Council which identifies its high-level functions and activities. These functions cut across the divisional structures of the Council, enabling the BCS to remain relevant in the event of structural changes to the organisation. West Dunbartonshire Council's BCS will be updated to include IJB records. This has been discussed and agreed as a sensible approach by West Dunbartonshire Council.</p>	<p>West Dunbartonshire Council are currently commissioning and implementing Microsoft 365 across the corporate estate and this project includes Records Management / Information Governance of which Business Classification will be a part. The project is on-going and a Records Management Consultant has been very recently appointed. We will be happy to provide evidence of this when it is in place.</p>	

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 5: Retention schedules</p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction or other disposal of the authority's public records. An authority's RMP must demonstrate the existence of and adherence to corporate records retention procedures. The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism (see element 6) at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme (See element 7). The principal reasons for creating retention schedules are:</p> <ul style="list-style-type: none"> • to ensure records are kept for as long as they are needed and then disposed of appropriately • to ensure all legitimate considerations and future uses are considered in reaching the final decision. • to provide clarity as to which records are still held by an authority and which have been deliberately destroyed. • <p>"Disposal" in this context does not necessarily mean destruction. It includes any action taken at the agreed disposal or review date including migration to another format and transfer to a permanent archive.</p> <p>A retention schedule is an important tool for proper records management. Authorities who do not yet have a full retention schedule in place should show evidence that the importance of such a schedule is acknowledged by the senior person responsible for records management in an authority (see element 1). This might be done as part of the policy document (element 3). It should also be made clear that the authority has a retention schedule in development.</p> <p>An authority's RMP must demonstrate the principle that retention rules are consistently applied across all of an authority's record systems.</p> <p>Read further explanation and guidance about element 5 – https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-5</p>	<p>A retention schedule is a list of records for which pre-determined disposal dates have been established.</p> <p>The IJB must, however, be able to demonstrate it remains responsible for its records under the partner body schedule. It must be able to demonstrate that disposal periods set against its records under the partner schedule were taken by the Board, in collaboration with the partner body. The partner body's retention policies and procedures (and records manager(s)) will assist the Board in making business-based disposal decisions against its records. These must take into consideration the IJB's statutory obligations.</p> <p>As the records will be created and managed by West Dunbartonshire Council, the IJB will follow what is agreed and in place in West Dunbartonshire Council</p> <p>The Council follows the Scottish Council Archivists Records Retention Scheme (SCARRS) and any IJB document sets will follow any retention periods noted or where none applies will make a retention period based on business need.</p>	 <p>West Dunbartonshire Council Retention Sch</p>	

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 6: Destruction arrangements Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP must demonstrate that proper destruction arrangements are in place.</p> <p>A retention schedule, on its own, will not be considered adequate proof of disposal for the Keeper to agree a RMP. It must be linked with details of an authority's destruction arrangements. These should demonstrate security precautions appropriate to the sensitivity of the records. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.</p> <p>Read further explanation and guidance about element 6 – https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-6</p>	<p>It is not always cost-effective or practical for an authority to securely destroy records in-house. Many authorities engage a contractor to destroy records and ensure the process is supervised and documented.</p> <p>As such, the destruction of IJB records, in all formats, will be undertaken by West Dunbartonshire Council.</p> <p>All IJB Records will be held electronically on West Dunbartonshire Council's system so no hard copies will require destruction.</p> <p>Electronic destruction policies will be determined at a later date. At this stage there is only a limited volume of records specific to the IJB.</p>	<p>West Dunbartonshire Council's Record Management Plan:</p> <p>See attached</p>	<p>WDC destruction arrangements to take account of IJB requirements</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 7: Archiving and transfer arrangements</p> <p>Section 1(2)(b)(iii) of the Act specifically requires a RMP to make provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP must detail its archiving and transfer arrangements and ensure that records of enduring value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive, if that facility exists, or another suitable repository, which must be named. The person responsible for the archive should also be cited.</p> <p>Some records continue to have value beyond their active business use and may be selected for permanent preservation. The authority's RMP must show that it has a mechanism in place for dealing with records identified as being suitable for permanent preservation. This mechanism will be informed by the authority's retention schedule which should identify records of enduring corporate and legal value.</p> <p>An authority should also consider how records of historical, cultural and research value will be identified if this has not already been done in the retention schedule. The format/media in which they are to be permanently maintained should be noted as this will determine the appropriate management regime.</p> <p>Read further explanation and guidance about element 7-</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-7</p>	<p>All IJB Records will be held electronically on West Dunbartonshire Council's system so no hard copies will be archived.</p> <p>Electronic archiving policies will be determined at a later date. At this stage there is only a limited volume of records specific to the IJB.</p> <p>In terms of a procedure, the IJB will follow the Council's plans. The Council uses its own in-house Archive Service which sits within the Communications, Culture, Communities and Facilities (CCCF) Service.</p>	<p>West Dunbartonshire Council's Record Management Plan: see attached</p>	<p>The agreed arrangement for the IJB's records to be included in the archiving and transferring arrangements established by West Dunbartonshire Council.</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 8: Information Security</p> <p>Section 1(2) (b)(ii) of the Act specifically requires a RMP to make provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP must make provision for the proper level of security for its public records.</p> <p>All public authorities produce records that are sensitive. An authority's RMP must therefore include evidence that the authority has procedures in place to adequately Protect its records. Information security procedures would normally acknowledge data protection and freedom of information obligations as well as any specific legislation or regulatory framework that may apply to the retention and security of records.</p> <p>The security procedures must put in place adequate controls to prevent unauthorised access, destruction, alteration or removal of records.</p> <p>The procedures will allocate information security responsibilities within the authority to ensure organisational accountability and will also outline the mechanism by which appropriate security classifications are linked to its business classification scheme.</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-8</p>	<p>Information security is the process by which an authority protects its records and ensures they remain available. It is the means by which an authority guards against unauthorised access and provides for the integrity of the records. Robust information security measures are an acknowledgement that records represent a risk as well as an asset. A public authority should have procedures in place to assess and contain that risk.</p> <p>The IJB will rely on West Dunbartonshire Council arrangements in terms of systems, devices, information sharing platforms etc.</p> <p>All staff will remain employees of either the Council or the Board. As such they will be subject to the policies and procedures of their employer, i.e. Council and Board Security Policies.</p>	<p>West Dunbartonshire Council CICTA and Security Policy http://intranet.west-dunbarton.gov.uk/media/5393/aup-policy-review-2015_new.doc</p> <p>NHS GGC Security Policy http://www.nhsggc.org.uk/media/236731/it-security-policy.pdf</p>	<p>Not applicable at this point but will continue to be reviewed.</p>


RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 9: Data protection</p> <p>The Keeper will expect an authority's RMP to indicate compliance with its data protection obligations. This might be a high level statement of public responsibility and fair processing.</p> <p>If an authority holds and process information about stakeholders, clients, employees or suppliers, it is legally obliged to protect that information. Under the Data Protection Act, an authority must only collect information needed for a specific business purpose, it must keep it secure and ensure it remains relevant and up to date. The authority must also only hold as much information as is needed for business purposes and only for as long as it is needed. The person who is the subject of the information must be afforded access to it on request.</p> <p>Read further explanation and guidance about element 9 – https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-9</p>	<p>The Information Commissioner has confirmed that the IJB can be a data controller albeit that it will not hold any personal records of service users/patients.</p> <p>The IJB is a public body which is subject to the Freedom of Information (Scotland) Act 2002 and has its own Publication Scheme and FOI policy. Most requests will be addressed directly by the parent bodies.</p> <p>Legislation changed on 25/05/18 which will increase rights of individuals and increase fines for data breaches.</p> <p>IJB records are properly managed for the purposes of Data Protection.</p>	<p>West Dunbartonshire IJB is not registered as a Data Controller on the ICO website.</p> <p>IJB Privacy Notice updated to reflect changes.</p>	

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 10: Business continuity and vital records The Keeper will expect an authority's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by authorities are vital to their function. These might include insurance details, current contract information, master personnel files, case files, etc. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems.</p> <p>Authorities should therefore have appropriate business continuity plans ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.</p> <p>Read further explanation and guidance about element 10 – https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-10</p>	<p>A business continuity and vital records plan serves as the main resource for the preparation for, response to, and recovery from, an emergency that might affect any number of crucial functions in an authority.</p> <p>The IJB's records will be subject to the policies and procedures of the partner body in relation to business continuity.</p> <p>The MoU sets out that the IJB's records are managed in accordance with West Dunbartonshire Council's Business Continuity and vital records arrangements.</p> <p>All services will continue to be provided or commissioned directly by Council or Board. As such there is no direct requirement for the IJB to have its own arrangements for business continuity of vital records.</p> <p>West Dunbartonshire Council have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has overall responsibility.</p>	<p>West Dunbartonshire Council- Business Continuity:</p> <p>http://intranet.west-dunbarton.gov.uk/transformati on/people-technology/health-and-safety/civil-contingencies/</p>	<p>Not applicable at this point but will continue to be reviewed.</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 11: Audit trail</p> <p>The Keeper will expect an authority's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. For the purpose of this plan 'changes' can be taken to include movement of a record even if the information content is unaffected. Audit trail information must be kept for at least as long as the record to which it relates. This audit trail can be held separately from or as an integral part of the record. It may be generated automatically, or it may be created manually.</p> <p>Read further explanation and guidance about element 11 –</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-11</p>	<p>An audit trail is a sequence of steps documenting the movement and/or editing of a record resulting from activities by individuals, systems or other entities.</p> <p>All the public records of the IJB are held digitally on the systems operated by West Dunbartonshire Council. As such the audit trail, tracking and identification process applied to those records are those of the Council. This arrangement is supported by a Memorandum of Understanding between the IJB and the Council.</p>	<p>West Dunbartonshire Council's RMP See attached</p> <p>Already submitted</p>	<p>Not applicable at this point but will continue to be reviewed.</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 12: Competency framework for records management staff</p> <p>The Keeper will expect an authority's RMP to detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills. A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system. If the authority appoints an existing non- records professional member of staff to undertake this task, the framework will provide the beginnings of a training programme for that person.</p> <p>The individual carrying out day-to-day records management for an authority might not work for that authority directly. It is possible that the records management function is undertaken by a separate legal entity set up to provide functions on behalf of the authority, for example an arm's length body or a contractor. Under these circumstances the authority must satisfy itself that the supplier supports and continues to provide a robust records management service to the authority.</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-12</p>	<p>A competency framework lists the core competencies and the key knowledge and skills required by a records manager. It can be used as a basis for developing job specifications, identifying training needs, and assessing performance.</p> <p>The IJB will rely upon the records manager of the partner body for compliance under this element.</p> <p>Training for records management staff will remain the responsibility of the employing bodies West Dunbartonshire Council and NHS GG&C.</p>	<p>As outlined in WDC and NHS GG&C respective Records Management Plans and training records from eLearn or LearnPro systems</p>	<p>Not applicable at this point but will continue to be reviewed.</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 13: Assessment and review Section 1(5) (i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>An authority's RMP must describe the procedures in place to regularly review it in the future.</p> <p>It is important that an authority's RMP is regularly reviewed to ensure that it remains fit for purpose. It is therefore vital that a mechanism exists for this to happen automatically as part of an authority's internal records management processes.</p> <p>A statement to support the authority's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.</p> <p>Read further explanation and guidance about element 13 – https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-13</p>	<p>The IJB relies on the partner authority to ensure that the systems, policies and procedures that govern its records are being regularly assessed.</p> <p>This record management plan will be reviewed annually in line with West Dunbartonshire Council's review of its RMP'</p>		

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 14: Shared Information</p> <p>The Keeper will expect an authority's RMP to reflect its procedures for sharing information. Authorities who share, or are planning to share, information must provide evidence that they have considered the implications of information sharing on good records management.</p> <p>Information sharing protocols act as high level statements of principles on sharing and associated issues, and provide general guidance to staff on sharing information or disclosing it to another party. It may therefore be necessary for an authority's RMP to include reference to information sharing protocols that govern how the authority will exchange information with others and make provision for appropriate governance procedures.</p> <p>Specifically the Keeper will expect assurances that an authority's information sharing procedures are clear about the purpose of record sharing which will normally be based on professional obligations. The Keeper will also expect to see a statement regarding the security of transfer of information, or records, between authorities whatever the format.</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-14</p>	<p>Information is held by the Council, Health Board and IJB.</p> <p>The information sharing protocol was updated in December 2019 to reflect these arrangements.</p>	<p>Greater Glasgow and Clyde Information Sharing Protocol revised December 2019.</p> <p>https://www.nhsggc.org.uk/media/236748/124-nhsggc-protocol-for-sharing-information.pdf</p>  <p>Greater Glasgow and Clyde Information Sh</p>	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Monthly Covid-19 Meeting of Joint Staff Forum

Date: Thursday 17th March 2022, 2 p.m.

Venue: Microsoft Teams

MINUTE

Present: Beth Culshaw (chair); Aileen O’Gorman; Audrey Slater; David Scott; David Smith; Diana McCrone; Euan McLean; Fiona Taylor; Ian Stevenson; Julie Slavin; Leeanne Galasso; Lesley James; Margaret Wood; Margaret-Jane Cardno; Michelle McAloon; Moira Wilson; Richy Kennedy; Samantha Stirling; Simon McFarlane; Susan Walker; Sylvia Chatfield; Val Jennings.

Apologies: Allan Wallace; Andrew McCreedy; Bernadette Smith; Helen Little; Margaret McCarthy; Peter O’Neill; Paul Carey; Shirley Furie.

In Attendance: Hazel Slattery (minutes).

Item	Description	Action
1.	Welcome, Introductions, Apologies Chair welcomed everyone to the meeting.	
2.	Standing Agenda Items a) Minutes of Last Meeting Change page two to state communication email list is being developed. Minutes agreed as an accurate record. b) Rolling Action List	
	<ul style="list-style-type: none"> • Communication - on going remain on rolling action list. • Report vacancies Recruitment colleagues in WDC are going to run a list of current vacancies. A Slater is looking at how we can capture vacancies that are not advertised, on way to advertisement or not filled. • Budget Update Budget paper uploaded to CMIS, delivers a balanced budget for 2022/23 on the assumption that all funding for new commitments are received from Scottish Government and spend on specified projects. Council decision on 9th March 2022, Council 1 now proposing that around £2million of additional costs will be coming across to the HSCP. Full paper 	

is available. Comments are welcome through D McCrone and P O'Neill. Action will now be closed.

- Return to WDC Offices

Last JSF noted that WDC intranet had a return to the work hub, link was shared, in essence council offices are all back open, different procedures for each building, limit on numbers in buildings due to social distancing. Action will also be closed off.

D Scott raised concerns over the number of people with positive cases, this time last year we had 32, now we have 1162 positive cases. D Smith feels that the 5/7 day isolation will have an impact on services.

c) Chief Officer Update

B Culshaw joined the meeting, Covid positive numbers are increasing dramatically, there is pressure in some services in the system. Delayed discharge numbers have increased. Very concerning time, First Minister gave the way forward announcement on Tuesday, guidance will continue to be followed. We will continue to monitor closely and urge everyone to work together, and think about where we should be working. We recognise the risk and worry our frontline colleagues are facing.

Since our last meeting we have had Council and Health Board staff awards, it has been great to recognise the work of individuals and teams. Very proud and humbled by the effort that teams who won the awards have put in.

Integrated Joint Board takes place on Monday morning, budget will be proposed. New strategic plan is being developed, meeting taking place on Monday.

Action: J Slavin will be asked to provide a full update following this meeting at the next JSF.

d) Guest Speaker

No guest speaker.

e) Premises and Return to Offices

Covered in item 3.

f) HR Report

HR report circulated prior to the meeting. NHS absences has increased from 4.80% to 5.44 %, WDC absence has decreased from 13.54% to 9.76%.

In both areas it is predominately long term absences that are causing concern. Work continues with managers and staff to ensure support is in place.

Covid statistics today show that 26 NHS staff are Covid positive, 1 is isolating and 3 are absent with Long Covid. WDC have 40 absent Covid positive and 9 are isolating and 7 are absent with Long covid.

D McCrone queried why WDC had minor illness as its main reason for absence, when generally you might expect anxiety/stress etc. as the main reasons, as noted in the NHS reasons.

- KSF
Managers are reminded of the importance of carry out reviews. Work is being undertaken to ensure reports are up to date and reflect recent staff changes.

- Statutory and Mandatory Training
February data not yet available. An update will be provided at the next meeting.

- Leavers
In February 9 leavers from NHS, 19 leavers from WDC. Reasons and areas are provided within the report.

D McCrone queried WDC minor illness data, personal stress seems to be the top reason rather than anxiety and depression. Coding is different between WDC and NHS.

S Walker asked if the report picks up carers or special leave relating to Covid, A Slater can provide this from NHS but it is not available from the Council.

g) Service Updates

i. Mental Health, Addictions and Learning Disabilities
S Chatfield advised that in Learning Disabilities there are pressures with staffing, adverts are going out and interviews have been planned. Day Services are continuing. Those with high need continue to be supported on an outreach basis. In relation to the Community Change fund – “Coming Home” – support is in place for those people who moved from their birth area and are requesting to come back home now that they are in the later stages of life. Continuing to support hospital discharges.

Addiction staffing is ok. Assertive outreach is being promoted. Mobile outreach unit is now in place targeting those who are hard to reach.

Staffing concerns across Mental Health wards, working alongside Board to negate this. There are a number of wards

closed across the Board area, wards in West Dunbartonshire remain open. CMHT staffing is ok.

In relation to the Adult Support and Protection Improvement plan training and support has been provided to staff.

II. Health and Community Care

F Taylor provided update from Health and Community Care. Number of covid case are increasing across Care at Home and Residential Care and F Taylor acknowledged the good work being undertaken by managers and stated that staff are responding amazingly. Contingency plans are in place as per previous Covid-19 outbreaks. Moving into Care at Home redesign staff engagement process, a successful and ambitious digital launch took place at the beginning of March with over 200 staff taking part. F Taylor thanked convenors for their feedback. Feedback has been taken on board. Specific issues were also raised at the convenors meeting, F Taylor reassured trade unions that the frequently asked questions document is a live document and will be continually updated. Partnership with trade unions and staff will continue to take place.

M Wood highlighted that none of the home carers are aware of what is going on, they are working double shifts and do not have time to read the FAQ documents. A clear communication needs to be shared with home care workers being extremely clear of why this review is taking place and what the aims are. F Taylor recognised that front line staff must be informed, a project board meeting is taking place next week at which the communications plan will be reviewed.

D Scott highlighted that mileage is an issue for care at home staff and advised that some staff are struggling with the increase of fuel prices. D Scott asked for this to be raised at the appropriate forum. B Culshaw advised that she noted concern, however rates are agreed through CoSLA.

D McCrone asked if the new health centre was continuing to run smoothly. F Taylor advised that the issues staff were experiencing accessing the centre have hopefully now been resolved and emails have been resent. Community Assessment Testing Centres are being closed. Letter of thanks will be sent to staff.

III. Children's, Health, Care and Criminal Justice

L James mentioned the termination of the lease of Bridge Street in 18 to 24 months and advised that she has been out meeting as many staff/teams as possible and will continue to do this over the next couple of months.

Hartfield Clinic on track for the summer. Clarification is being sought from Assets and ICT on the technical and ICT requirements for the building. More information is also being sought for Criminal Justice and Children's Services staff moving from Bridge Street.

ICT issues more broadly are being collated by Children's Services, still partial functionality around their ICT which we want to improve. The use of MST is still not at a place where we are having front facing service users, young people and families accessing MST for meeting.

Some pressure points across the service, number of staff testing positive, acknowledge the impact it is having on staffing.

Access to services – phase 1 is now complete, good detailed feedback received from staff and service users. There is sufficient area of focus that will be looked at in further detail to reduce waiting times for those waiting on services.

A discussion took place at the JCC Children & Families re the grievance, L James asked JSF members if they agree to updates being provided at the JCC. Unions agreed for updates to be provided at the JCC along with updates re Hartfield.

Concluded joint inspection of children's services, verbal feedback has been received. A finalised report is due late spring/early summer. L James is keen for communication to go to staff re the findings. Sessions will be arranged to feedback key messages to staff.

IV. Strategy & Transformation

MJ Cardno was pleased to advise that interviews are taking place next week for Commissioning Manager and SDS Lead. Remaining two managerial posts were at the NHS approval panel yesterday and the outcome is awaited. Remaining vacancies within the team are now going to recruitment. Main focus for the team is the development of the Strategic Plan. Meeting taking place on Monday.

V. MSK

A O'Gorman provided updated on MSK. Across the Health Board area, waiting times have increased to 20 weeks, urgent referrals are seen within 4 weeks. Staff capacity to see patients is currently reduced due to new staff rotation of staff just having taking place. Those who were redeployment are now back within the service. Social distancing and staff absence has impacted on capacity. There are vacancies

across the service, recruitment challenges are being faced both locally and nationally.

There are issues within some premises across the Board. D McCrone asked if these had been resolved. B Culshaw advised that we are continuing to look for solutions.

Electronic patient records is being rolled out across the service.

3. Trade Union Updates

D Smith welcomed WDC recent budget decision that a Children and Families area will be developed in the Alexandria area.

D McCrone highlighted that NHS pay rise is due to be paid on 1st April, but negotiations are ongoing, with no result in sight.

M Wood advised that the recent Council pay award has been rejected by Unite, GMB are balloting members.

S Walker advised that elective surgeries have been cancelled at RAH due to Covid absences. Essential visiting is now in place at the RAH and Glasgow Royal.

4. Documents to Note

No documents to note.

5. Any Other Business

a) Three key elements for Area Partnership Forum Suggestions:

- Ongoing concerns regarding the levels of infection.
- Staff awards and award winners.
- Children and Families, Alexandria space.

6. Date of Next Meeting

Thursday 21st April 2022

2 p.m.

MST

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Monthly Covid-19 Meeting of Joint Staff Forum

Date: Thursday 21st April 2022, 2 p.m. – 3.30 p.m.

Venue: Microsoft Teams

MINUTE

Present: Beth Culshaw (chair); Andrew McCready; Ann Cameron-Burns; Audrey Slater; David Scott; David Smith; Diana McCrone; Fiona Taylor; Helen Little; Julie Slavin; Leeanne Galasso; Lesley James; Margaret Wood; Margaret-Jane Cardno; Michelle McAloon; Moira Wilson; Morag Weir; Richy Kennedy; Samantha Stirling; Sean Davenport; Sylvia Chatfield; Val Tierney.

Apologies: Allan Wallace; Bernadette Smith; Margaret McCarthy; Peter O'Neill; Susan Walker; Val Jennings.

In Attendance: Hazel Slattery (minutes).

Item	Description	Action
1.	Welcome, Introductions, Apologies Chair welcomed everyone to the meeting.	
2.	Standing Agenda Items	
	a) Minutes of Last Meeting Minutes of the last meeting agreed as an accurate record.	
	b) Rolling Action List Vacancies A Slater will circulate round to members, members were asked to remember that the vacancy list continually changes. Recruitment and Retention short life working will be set up over the next few weeks and this will be considered at that group. Invitations to join the group will be extended.	
	c) Chief Officer Update Continue to see challenges and pressures around the system, although there has been an easing of restrictions NHS settings remain busy. Changes in regime of testing creates a moving picture in terms of statistics and service provision. Infection is in 2 local care homes. Stage 4 of vaccination programme is underway. New guidance for public on social distancing and wearing masks, working on further internal communication which reminds everyone of the need to remain vigilant and the continuation of wearing masks to mitigate risks.	

Local elections are taking place on 5th May 2022, the first meeting of the IJB will take place towards the end of June.

D McCrone asked with the closure of testing centres and testing kits not being free anymore how we are monitoring testing, B Culshaw advised that testing remains across the population and that testing is being measured based on waste water. B Culshaw is provided with a daily report on testing, this will continue to be monitored albeit not as accurately as before. A McCready advised that we are awaiting on Government advising when Track and Protect will be stopped. Currently there are 139 staff who are looking for employment with the NHS following the termination of Track and Trace.

Assuming new variants in the future, D McCrone asked if members thought we would revert to previous testing arrangements. B Culshaw advised that we will continue to monitor and continue to be guided by those who have the expertise.

d) Guest Speaker – Julie Slavin, Chief Financial Officer
J Slavin provided an update on the financial situation. Budget setting paper was presented to the board at the end of March. All recommendations were agreed except one, around a decision that Council made on Children’s Residential placements changing the cost method. A further report will be provided on this to the Board. Council did pass through the recurring 21/22 budget and full share of all new funding allocated across a number of headings including, winter planning, mental health and recovery. Members were encouraged to read the Report, which is available online.

The Board were not asked to agree any major savings options this year. Pay increases have not yet been agreed, these may cause pressures on budgets if they exceed the 2% assumed within the estimates. No new Covid funding will be provided for 2022/23, Covid pressures will be covered from Scottish Government non-recurring funding received in 2021/22 which will be held within an earmarked Covid reserve.

e) Premises and Return to Offices
Offices are now open. Staff who are anxious about returning to the office will be supported to do so and managers will work with them to address any concerns or issues they may have, D McCrone asked if offices were adhering to the NHS guidance of 2m social distancing and fluid resistant masks when dealing with patients.

f) HR Report

Absence for WDC and NHS have increased this month; less than a percent each. Compared to same period last year, absence is higher. HR are linking in with managers to support managers and individuals. Top reasons for absence in the NHS may have changed, however an updated report has not been available since January due to a problem with micro strategy. Personal stress now at bottom for top 5 reasons for absence, minor illnesses and acute medical conditions are playing a big part on WDC absences.

A Cameron-Burns asked how many absences are related to Covid, A Slater advised that in the NHS, 12 members of staff are absent due to Covid. WDC figures were not available as the system is down.

- KSF

Figures provided for KSF and PDP. Data cleanse is being undertaken as a number of staff are tagged to the wrong team heading making it difficult for managers to review staff whose reviews are out of date.

- Statutory and Mandatory Training

Performance has dipped a little since last month, modules are all above 80% completion.

- Leavers

Leavers data provided, reason for leaving WDC was not available, however this will be provided.

A number of HR updates are provided within the report. Both organisations are aware of the financial pressures that staff are facing, a range of support is available for employees. A Slater encouraged managers to process any payments as a priority. Well Being supports have been put in place.

A Cameron-Burns asked if data on Retire and Returns could be provided. A Slater will seek this data and provide at the next meeting.

D Smith highlighted that across both the organisations, Trade Unions are concerned that 23 people have left. B Culshaw advised that this is being discussed in a number of forums.

Mental Health First Aid training is available, neurodevelopmental training is also available. Members who are interested were encouraged to attend as places are limited.

- iMatter

M Wilson advised that preparatory work has been undertaken to ensure that everyone has access to the iMatter survey.

From 3rd-23rd May, the first official Team Confirmation stage will take place, managers will be asked to review team titles and update staff lists. Questionnaire will be sent out 30th May 2022. Communications are being developed via posters and online information on the intranet. M Wilson will be sending out information regularly. Information that comes from iMatter team has iMatter in the email address. Everyone was encouraged to take part in the iMatter process.

g) Service Updates

I. Mental Health, Addictions and Learning Disabilities
Within MH wards staffing remains challenging due to lack of ability to recruit to post and absences. CMHT have recruited new Social Workers to support hospital discharges. Additional challenges are that within NHS you can retire at 55 which has impacted on retention of staff. In Addictions the Nurse Team Leader has now retired, however a new Nurse Team Leader is in place. There are many new developments and funding for the Alcohol and Drug Partnership, very busy time for staff.

Learning Disabilities are facing staffing challenges, two new Band 5 staff have started. From next week a drive will be taking pace to ensure statutory and mandatory training is completed.

- Adult Support & Protection (ASP)

Since 14th April ASP duty has been centralised to Church Street, staff are on duty following a rota system as part of the improvement plan following the ASP inspection. There have been some teething issues; currently monitoring this new process and meeting with managers to iron out any issues. Additional training will be provided across the HSCP. It was agreed that an update on the new ASP Duty system would be brought to the next meeting.

II. Health and Community Care

Queens Quay visit took place this morning with the Chief Executive, F Taylor added that this was a great opportunity to see staff and residents. No infections across Care Homes. Within Care at Home, the re-design is underway, one of the asks from the convenors meeting was to seek representation from Trade Unions to join the four work streams. D Smith thanked F Taylor for her time and that Trade Unions representatives will be put forward. A Cameron-Burns advised that there is process to request Trade Union representation, representation from NHS Trade Unions should be directed through D McCrone so that each Trade Unions is represented.

The Day Services Review is underway across Mental Health and Older Day Services is now being refocused to separate

Mental Health, Older Adults and Learning Disabilities, Bernadette Smith will be joining next Trade Union meeting to work on next steps.

III. Children's, Health, Care and Criminal Justice
Sporadic short term absences are causing issues. There are 30 vacancies across Children and Justice Services, 21 vacancies are being actively progressed. L James is reviewing the 9 outstanding vacancies.

L James continues to spend time out and about with the teams. Phase 1 of the Access to Services review has now concluded, with staff and service users providing their experiences of the service, pressure on staff and high level of referrals have been highlighted. Two separate Duty systems operate in Aurora House and Bridge Street, which is taking up a lot of staff time.

Justice Services are over some of the worst of the absence levels they have experienced. Staff were commended for completing the new LSCMI risk assessments within timescales.

The Joint Inspection of Children' Service is now concluded. Care Inspectorate have agreed to work alongside ourselves and partners to provide support in developing and implementing an Improvement Plan.

Care Inspectorate have notified us that a follow up inspection will be taking place with Fostering and Adoption Team. Managers and staff are working hard to ensure that recommendations and activities are progressing.

D Smith added that through the JCC C&F; Joint Trade Unions and Managers are working well to address issues, L James added that good working relationships have been established and issues are being progressed.

IV. Strategy & Transformation
Number of vacancies across the service area, 2 managerial posts are out to advert. The preferred candidate for the Commissioning Manager post has regrettably withdrawn, MJ Cardno will be going back out to advert for the 3rd time. There are interest in the posts, it is hoped that she will be able to recruit soon.

B Culshaw advised that there has been an update to the Strategic Needs Assessment and Planning Group. MJ Cardno added that the next stage in the process is to refine the data, which will then be presented to the next meeting of the Strategic Planning Group, after the election and shared with members of the IJB.

D McCrone asked about a paper which was submitted to the IJB and then withdrawn, she queried whether Trade Unions should have been included as the paper was about a framework for policy review. MJ Cardno advised that the paper had been withdrawn from the meeting as it needs to go to the Strategic Planning Group for discussion.

D Scott advised that other local authorities are undertaking recruitment days. Managers are feeding back that the recruitment process is slow and labour some.

A Cameron-Burns asked how long the 4 vacancies been running, MJ Cardno advised that approval for the business plan was agreed in June 2021. A Cameron-Burns asked what risks there are on the organisation. MJ Cardno advised that these vacancies have been raised as a risk with the IJB. A Strategic Planning Manager is required to fulfil statutory functions alongside a Strategic Lead. Significant statutory activities fall under these roles, currently the team are working to fulfil the gaps.

D Smith added that Joint Trade Unions have raised for a considerable time the issues and challenges around recruitment, which are now becoming a high risk, we must focus on recruitment to reduce risk. D Smith asked who is doing the work of these 4 people, MJ Cardno advised that the roles have been absorbed within the Strategy and Transformation Team as much as they can. B Culshaw added that all HSCPs and nationally there has been a high turnover of staff during Covid. D Smith was keen to ensure that staff are being supported. MJ Cardno advised that she has had no turnover of staff, staff have left due to retirement and pregnancies. MJ Cardno added that herself and the team feel supported by HSCP colleagues.

L James added that across the CSWO network this is a much wider national issue, we are competing with other local authorities. Newly qualified Social Workers are coming in to the authority. L James is keen to support student recruitment.

V. MSK

Two new staff side colleagues have been identified in the MSK Team, monthly meetings will be reinstated. The 2 new staff side colleagues will join the planning meetings. MSK have higher than normal vacancies; 26 vacancies (18 WFE), 11 of those posts are being filled in April. We have a proactive staff member who provided a presentation to HEIs to encourage new members of staff.

Accommodation pressures are being felt in 3 areas. SATA continues to be needed, Minor Injuries Unit have moved into the MSK area in the Vale of Leven Hospital, H Little is working closely with colleagues to identify alternative suitable accommodation. Dermatology remain in the gym area used for MSK in Queen Elizabeth Hospital. There is a refurbishment of the Physio department in Ballieston, the MSK area will be reduced however will not reduce patient space.

Two metre social distancing is still being adhered to, staff are awaiting a decision on the reduction of social distancing which will help in waiting areas. Staff welcome the blended model of working however would prefer a face to face model.

3. Trade Union Updates

A Cameron-Burns advised that the Corporate Directorate now have a new colleague, Stewart Hosack who is now part of the secretariat.

D Smith asked if minutes can be provided within 1 week of the meeting concluding.

D McCrone added that on a national level still there is still no decision on pay or mileage rates.

4. Documents to Note

No documents to note.

5. Any Other Business

a) Three key elements for Area Partnership Forum

It was requested yesterday at the Area Partnership Forum that the agenda, minutes and 3 key messages from the same meeting are submitted. Specific detail on the 3 key messages should also be provided to help with context for the Area Partnership Forum. B Culshaw assured members that 3 key messages are being provided to the Area Partnership Forum.

MJ Cardno suggested that the dates of the JSF are reviewed and moved to meet two weeks before APF to allow for approved minutes to be provided to APF. Members agreed to the tight turnaround, M McAloon suggested that no response indicates that minutes are agreed.

3 Key Messages

- Joint commitment to work together with Trade Unions to address challenges of recruitment and retention.
- Challenge of the uncertainty of Covid, in our ability to react to Covid.
- Trade Unions commended management for the resolution of issues quickly – D Smith to provide an accurate sentence.

A Slater advised that V Tierney is working on a paper re Health Visiting recruitment, this will be brought to the next meeting of the JSF.

- 6. Date of Next Meeting**
Thursday 19th May 2022
2 p.m.
MST

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Monthly Covid-19 Meeting of Joint Staff Forum

Date: Thursday 19th May 2022, 2 p.m. – 3.30 p.m.

Venue: Microsoft Teams

DRAFT MINUTE

Present: Peter O'Neill (chair); Audrey Slater; Beth Culshaw; David Scott; David Smith; Debbie Duffy; Diana McCrone; Leeanne Galasso; Lesley James; Lynne McKnight; Margaret Wood; Margaret-Jane Cardno; Moira Wilson; Morag Weir; Richy Kennedy; Sylvia Chatfield.

Apologies: Allan Wallace; Andrew McCready; Margaret McCarthy; Sylvia Chatfield; Simon McFarlane; Julie Slavin; Paul Carey.

In Attendance: Hazel Slattery (minutes).

Item	Description	Action
1.	Welcome, Introductions, Apologies P O'Neill welcomed everyone to the meeting.	
2.	Standing Agenda Items	
	a) Minutes of Last Meeting B Culshaw proposed the minute, seconded by L James. Minutes of the last meeting agreed as an accurate record.	
	b) Rolling Action List Trade Unions volunteered A McCready, S Furie and D Smith to join the Recruitment and Retention Group.	
	<ul style="list-style-type: none"> Retired and Return Data Only 1 retired and return has been recorded, A Slater has asked for the data to be reviewed. D McCrone advised that numbers across NHS GGC has been circulated to the Area Partnership Forum. 	

c) Chief Officer Update

Local elections have now taken place, the first council meeting with new elected members took place yesterday. The new IJB board members are Cllr McGinty, Cllr Claire Steel and new Leader of the Council, Martin Rooney, Cllr McGinty will be the chair of the IJB. Dates of the IJB have yet to be agreed. New IJB member induction sessions are being set up.

In terms of the pandemic, we are now in the stage of living with Covid. Infection rates continue to be monitored, tests are provided to frontline workers and care home residents. The general public are no longer required to test.

The Head of Community Care post is now out for advert.

d) Guest Speaker – Val Tierney, Lead Nurse

V Tierney provided paper on Health Visiting Workforce. This paper came via the transforming nursing role children and families, safe staffing sub group. The paper has been prepared for chief officers, chief financial officers chief nurses staff and partners for the purpose of providing officers with information to support decisions around workforce planning in their respective HSCPs.

The paper includes data from workforce analytics the projected June 2022 output from the re-run of the caseload weighting tool. Due to the fall in birth rates in NHS GGC the tool has determined that we required 50 fewer health visitors across GG&C. V Tierney advised that caution is required with this projection and we require to take into account the impact of the pandemic on children and families which has still to fully express itself. The NHS GGC evaluation of the impact of Covid on children and young people and national evaluation of the universal pathway are further considerations that will inform future decision making.

HSCP's were asked to use the information in the paper alongside outputs from the Health Visiting e workforce tool run completed in March 2022 to triangulate data and determine how many student health visitors they required to recruit in September 2022 to maintain safe staffing levels. The numbers to be confirmed to V Tierney by the end of May 2022 to enable recruitment processes to start in June 2022.

There is a fiscal challenge for HSCPs, as there is no funding available to support student Health Visiting recruitment this year. In terms of West Dunbartonshire V Tierney advised that an encouraging discussion had taken place at the SMT meeting, and a proposal will be going forward to the IJB and will be shared. West Dunbartonshire are in a positive position. The workload tool indicating that current staffing levels required to be maintained. Discussion will also be

taking place at Scottish Government level on the CwT output and future expectations of Health Visitors staffing levels.

Families are facing challenges due to the pandemic, the last two years have been extremely challenging increasing the complexity of predicting staffing requirements to meet emerging needs.

e) HR Report

A Slater circulated the HR report prior to the meeting. There has been a slight decrease in absence figures. Both organisations continue to see challenges in long term absences. Managers and staff are being supported at the appropriate time.

NHS top 5 absences are not available, A Slater has asked if this data can start to be provided again. WDC not absences are notifiable disease, minor illness, multi-skeletal issues and personal stress.

With regards to Covid absences, NHS have 5 positive Covid and 1 long Covid. WDC have 2 positive cases, 2 staff in insolation and 8 long Covid absences.

- KSF and PDP

There has been a slight improvement in the number of reviews carried out. Considerable amount of work requires to be done to hit the NHS target of 80% of KSP's to be carried out. Live 60 minutes webinars are available. Dates and links are provided within the report.

D McCrone asked if she was correct in thinking that HR will be contacting those whose KSF are out of date, A Slater advised that managers will be provided with a list. Around 150 staff have been allocated to the wrong service, this list is being amended. A Slater was unaware of any directive from NHS contacting staff directly.

- Statutory and Mandatory Training

Figures have not particularly changed from last month. Staff who have not completed Fire Safety are being supported to complete.

- Leavers

Twelve staff have left in the NHS. Twenty one staff have left WDC. M Wood asked if leavers from WDC were from a particular service area. A Slater will provide a breakdown of numbers.

A Joint Staff Union meeting has been arranged to draft a proposal ahead of the Learning Committee which is taking place towards the end of the year. A Slater offered to speak to Trade Unions around the training available.

- iMatter

iMatter continues to be rolled out over across all services.

Seasons for Change sessions are available for all HSCP staff. Mental Health First Aid training is available for WDC members of staff.

There has been a temporary increase to NHS mileage rates; 5p per mile for cars, 3p per mile for motorcycles can be claimed from 1st April 2022, this will be reviewed on a regular basis.

D Smith added that Joint Trade Unions have noticed an increase in stress assessments being completed. Absences have been highlighted as an issue in some services with managers not keeping in touch with employees.

f) Service Updates

I. Mental Health, Addictions and Learning Disabilities

A relaunch of the supervision policy is now taking place. A survey has taken place with staff on the supervision policy. An audit of the survey will be taking place with staff. Feedback and survey results will be provided at a future meeting of the JSF. If staff are not receiving supervision, Trade Unions were encouraged to ask members to approach their line manager.

Absences have reduced within the Mental Health services. Vacant posts have been filled. Service is feeling stable within community teams. Posts have also been filled in Learning Disabilities.

Addictions continue to allocate ADP monies, this is reported back to Scottish Government on a regular basis. D McCrone asked S Chatfield to provide background on the additional posts from action 15 monies. Action 15 monies have been used to fund well-being nurses in each of our GP practices and is also being used to support projects across GG&C. The Primary Care Mental Health additional funding came out in December 2021, a development session is underway just with partners.

II. Health and Community Care

L McKnight confirmed that absence rates relating to Covid have reduced across the service, recruitment challenges continue. In relation to the supervision policy, it is essential Care at Home staff feel supported, ways of implementing the supervision policy are being discussed.

Baseline information has been collated in relation to the Care at Home Redesign. Working groups will be reduced to two, to reduce overlap between the current 4 working groups. Questionnaires have now been sent to front line workers. West Dunbartonshire CVS have agreed to help support the service gather views from service users and potential service users of the service. All information provided is anonymised. L McKnight encouraged as many people as possible to complete questionnaires. An email and text numbers has been provided to staff to ask questions about the Care at Home Redesign.

Further zoom sessions will be taking place with frontline workers to encourage as much engagement as possible.

III. Children's, Health, Care and Criminal Justice
L James thanked convenors for their support in relation to the additional posts which went through job evaluation yesterday to support the service with independent chairs for the Fostering and Adoption service following their recent inspection.

The inspection of Children at Risk of Harm continues, this has only partially been completed due to the impact of Covid-19. Draft report has been received, the report will be published on 24th May 2022. A number of development sessions are taking place between 24th May and 24th June to support the next of the improvement activity. L James provided an outline of the development session. Presentations will be provided to staff on the result of the inspection and actions going forward, development sessions will be arranged in the Autumn.

Supervision policy is key for staff, where possible we are trying to ensure that staff are supported, our supervision policy for children's services is out of date, a refresh has been completed. CELSIS have been asked to support our managers and staff re the purpose of supervision, accurate case recording and children's rights to access records.

National piece of work drawing to conclusion on case load waiting and looking at social work workforce. Copy of findings will be published. L James feels that this piece of work will help us shape work going forward.

IV. Strategy & Transformation
Vacancies are moving forward, key interviews for managers are taking place over the next 3 weeks. Recruitment of a Commissioning Manager remains a concern, discussions are underway on how fill this post. Development of the Strategic Plan is underway, workshops have been taking place based. Priorities for the Strategic Plan are being informed by the strategic needs assessment. Strategy Planning Groups will begin to take place.

V. MSK
Unfortunately no update was available.

3. Trade Union Updates

No decision yet on the pay settlement for NHS colleagues. D Duffy asked if the Queen's Jubilee is a public holiday for West Dunbartonshire staff as it is for East Dunbartonshire. A Slater advised that it is a public holiday for NHS staff, for West Dunbartonshire staff it is being classed as additional day off.

D Scott highlighted that as of next week a new reduced timetable for the trains is being introduced, this may have an impact on staff groups coming to and from work.

4. Any Other Business

a) Three key elements for Area Partnership Forum

- Learning Committee
- Supervision Policy
- Health Visiting and Social Work Case Load Weighting

5. Date of Next Meeting

Thursday 16th June 2022

2 p.m.

MST