

# Agenda

West Dunbartonshire  
Health & Social Care Partnership

## West Dunbartonshire Health and Social Care Partnership Board

**Date:** Tuesday, 16 August 2022

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**Time:** 14:00

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**Format:** Hybrid Meeting

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**Contact:** Lynn Straker, Committee Officer  
[lynn.straker@west-dunbarton.gov.uk](mailto: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: 5 August 2022

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# WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

TUESDAY, 16 AUGUST 2022

## 1 APOLOGIES

## 2 DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the items of business on this agenda and the reasons for such declarations.

## 3 (a) MINUTES OF PREVIOUS MEETING 5 - 11

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 27 June 2022.

## (b) ROLLING ACTION LIST 13 - 14

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 2022-2023 FINANCIAL PERFORMANCE UPDATE (To Follow)

Submit report by the Chief Financial Officer in relation to the above.

## 7 ANALYSIS OF RESERVES (To Follow)

Submit report by the Chief Financial Officer in relation to the above.

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**8      REQUEST FROM WEST DUNBARTONSHIRE COUNCIL                      (To Follow)**  
**IN RESPONSE TO URGENT NOTICE OF MOTION**

Submit report by the Chief Officer asking Members to consider a request from West Dunbartonshire Council that it use un-earmarked reserves to mitigate against the costs associated with the Council's ambition to abolish charges for non-residential services. This would technically equate to the acceptance of an in-year budget reduction in the region of £1.5 million in the financial year 2022/23.

**9      NATIONAL CARE SERVICE (NCS) (SCOTLAND) BILL                      15 - 22**

Submit report by the Head of Strategy and Transformation providing an update on progress in respect of the National Care Service (NCS) (Scotland) Bill.

**10     ALCOHOL AND DRUG PARTNERSHIP (ADP) UPDATE                      23 - 54**

Submit report by the Head of Mental Health, Addictions and Learning Disability providing an update on the progress in relation to the Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs in relation to the expectations of local governance arrangements for Alcohol and Drug Partnerships (ADPs).

**11     MENTAL HEALTH AND WELLBEING IN PRIMARY                      55 - 80**  
**CARE SERVICE**

Submit report by the Head of Mental Health, Addictions and Learning Disabilities providing an update on the development of the Mental Health & Wellbeing Primary Care Service across West Dunbartonshire Health & Social Care Partnership and the submission of plans in line with Scottish Government guidance.

**12     ADOPTION OF MODEL CODE OF CONDUCT                      (To Follow)**

Submit report by the Principal Solicitor in relation to the above.

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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](mailto:lynn.straker@west-dunbarton.gov.uk)

## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Monday, 27 June 2022 at 3.09 p.m.

**Present:** Michelle Wailes, Francis Shennan (for Rona Sweeney) and Emilia Crighton (for Lesley Rousselet), NHS Greater Glasgow and Clyde Health Authority and Michelle McGinty, Martin Rooney and Clare Steel, West Dunbartonshire Council.

**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; Clydebank; Barbara Barnes, Chair of the Locality Engagement Network, Alexandria and Dumbarton and John Kerr, Housing Development and Homelessness Manager.

**Attending:** Margaret-Jane Cardno, Head of Strategy and Transformation; Lesley James, Head of Children's Health Care and Criminal Justice and Chief Social Work Officer; Sylvia Chatfield, Head of Mental Health, Learning Disability and Addiction; Audrey Slater, Head of People and Change; Jennifer Ogilvie, HSCP Finance Manager; Fiona Taylor, Senior Nurse and Acting Head of Health and Community Care; Jack Kerr, Auditor – Audit Scotland; Laurence Slavin, Chief Officer – Resources; Nigel Ettles, Principal Solicitor; and Ashley MacIntyre and Lynn Straker, Committee Officers.

**Apologies:** Apologies for absence were intimated on behalf of Rona Sweeney and Lesley Rousselet, NHS Greater Glasgow and Clyde Health Authority; Anne MacDougall, Chair of the Locality Engagement Network; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum and Dr. Saied Pourghazi, Clinical Director.

**Michelle McGinty in the Chair**

### DECLARATIONS OF INTEREST

Michelle McGinty, Chair, and Clare Steel made declarations of interest by noting that they were Unpaid Carers for relatives and would not take part in any decisions relating to Unpaid Carers within the HSCP.

Martin Rooney made a declaration of interest noting that his wife was currently a Home Carer and accordingly he would not take part in any decision relating to Home Carers within the HSCP.

### **MINUTES OF PREVIOUS MEETING**

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

### **ROLLING ACTION LIST**

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

### **RECORDING OF VOTES**

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

### **VERBAL UPDATE FROM CHIEF OFFICER**

Beth Culshaw, Chief Officer, provided a verbal update on the recent business of the Health and Social Care Partnership. She welcomed the new Voting Members of the Board – Michelle McGinty, Martin Rooney and Clare Steel, West Dunbartonshire Council and also two representatives from NHS Greater Glasgow and Clyde Health Authority, Francis Shennan and Emilia Crichton, who were substituting for Rona Sweeney and Lesley Rousselet respectively.

Ms Culshaw noted the rates of infection for Covid-19 were difficult to manage now as testing and recording was not being performed in the same way however, it was important to stay vigilant and ensure the risk of infection was minimised. The uptake of Covid-19 vaccines in West Dunbartonshire continued to be high which was positive.

Ms Culshaw also advised Members that the new Queens Quay Care Home in Clydebank had now been formally opened and noted that it was an award winning building with fantastic facilities including a fully integrated digital system which would be of great benefit to both staff and patients.

### **VARIATION IN ORDER OF BUSINESS**

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

## **INTEGRATED WORKFORCE PLAN**

A report was submitted by the Head of Human Resources providing a draft three year workforce plan for approval.

After discussion and having heard from the Head of Human Resources, the Head of Children's Health Care and Criminal Justice and Chief Social Work Officer and the Head of Mental Health, Learning Disability and Addiction in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note and review the draft version of this plan to allow submission to NHSGGC and Scottish Government at the end of July 2022;
- (2) to note that following feedback from the Scottish Government the Workforce Plan would be brought back to a future IJB for final approval prior to publication at the end of October 2022; and
- (3) to note the requirement for annual reviews to be submitted to the Scottish Government, and that these reviews would be presented to the HSCP Board for approval annually prior to submission.

## **MEMBERSHIP OF THE HSCP BOARD**

A report was submitted 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.

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

- (1) to note that in line with section 5.4.1 of the Scheme of Integration that West Dunbartonshire Council had identified three representatives, post Local Government Elections, to be voting members on the HSCP Board, to serve for a period of three years, namely: Councillor Michelle McGinty; Councillor Clare Steel and Councillor Martin Rooney;
- (2) to instruct officers to establish a process to identify four alternative service user representatives as non-voting members; two representing communities of geography and two representing relevant communities of interest;
- (3) 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;

- (4) 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;
- (5) to instruct officers to review the profile and tenure of non-voting members as part of the review of the Scheme of Integration;
- (6) to 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; and
- (7) to add an additional requirement for an Unpaid Carer representative to sit as a non-voting member of the Board, one who is not currently a representative on any other category.

### **FUTURE MEETING SCHEDULE OF HSCP BOARD AND HSCP AUDIT AND PERFORMANCE COMMITTEE**

A report was submitted by the Head of Strategy and Transformation providing a proposed meeting schedule for meetings of both the HSCP Board and the HSCP Audit and Performance Committee for the period August 2022 until August 2024.

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

- (1) to approve the meeting schedule as noted as Appendix I to these minutes, with a request for the meetings to be held in the afternoon to avoid a clash with other Board meetings and for the dates to be confirmed with Rona Sweeney, Vice Chair; and
- (2) to approve that future meetings of both the HSCP Board and Audit and Performance Committee be Hybrid meetings which will also be live streamed by audio.

### **2021-2022 FINANCIAL OUTTURN REPORT**

A report was submitted by the Chief Financial Officer.

After discussion and having heard from the Chief Financial Officer and the Chief 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 West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and the final direction for 2021/22 back to our partners to deliver services to meet the HSCP Board's strategic priorities;



- (2) to note the reported revenue position for the period 1 April 2021 to 31 March 2022 was reporting a favourable (under spend) position of £12.753m (6.68%), including all planned transfers to earmarked reserves;
- (3) to note the main movements since last reported to the HSCP Board;
- (4) to note the reported Covid-19 full year position for the period 1 April 2021 to 31 March 2022 was £5.767m (including the costs of the £500 thank-you payments) resulting in a final earmarked reserve of £9.213m;
- (5) to note the update on the monitoring of savings agreed for 2021/22; and
- (6) to note the analysis of the reserves position and the draft balances as at 31 March 2022 and approve the earmarking of £0.714m to support the delivery of a range of initiatives arising from recent inspections of children and family services.

### **MENTAL HEALTH RECOVERY AND RENEWAL FUND UPDATE**

A report was submitted by the Head of Mental Health, Learning Disabilities and Addiction providing an update on the investment of the Mental Health Recovery and Renewal Fund.

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

- (1) that a screen and signpost service model would be developed in response to the mental health needs of patients hospitalised due to Covid-19.
- (2) to note that 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;
- (3) to note that recruitment to support the psychological therapies workforce plan has had mixed success. Proposals for reconfiguration will be made if/where posts remain unfilled;
- (4) to note that capacity was being increased across child and adolescent and adult services eating disorder services to address the significant increase in Covid-19 related demand;
- (5) that existing Dementia post-diagnostic support service would to be extended via additional staffing through commissioned service in West Dunbartonshire HSCP;
- (6) that subject to approval, Pharmacy would progress recruitment, develop the mental health pharmacy services infrastructure, and identify priorities for pilots /tests of change in collaboration with the mental health leadership; and

- (7) to note that West Dunbartonshire HSCP was creating a plan for the establishment of 'mental health and wellbeing in primary care' services and was developing this in collaboration with a range of partners to ensure a consistent whole-system approach.

### **EQUALITIES MAINSTREAMING REPORT 2022**

A report was submitted by the 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.

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

- (1) to note the update on equality mainstreaming and equality outcomes;
- (2) to publication in line with the duty placed on the HSCP by the Equality and Human Rights Commission (EHRC) to publish a mainstreaming report; and
- (3) 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.

### **WEST DUNBARTONSHIRE INTEGRATION JOINT BOARDS RECORDS MANAGEMENT PLAN**

A report was submitted 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 being a responsibility which all public bodies must fulfil.

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

- (1) to approve and implement the Records Management Plan to fully meet its obligations under the Public Records (Scotland) Act 2011; and
- (2) to 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.

## MINUTES OF MEETING FOR NOTING

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

- (1) Joint Staff Forum held on 17 March 2022;
- (2) Joint Staff Forum held on 21 April 2022; and
- (3) Joint Staff Forum held on 19 May 2022.

The meeting closed at 5.07 p.m.

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**WEST DUNBARTONSHIRE HSCP BOARD  
ROLLING ACTION LIST**

Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status
<p><b>Unison Ethical Care Charter – June 2020</b></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>Head of Strategy and Transformation, Margaret-Jane Cardno</p>	<p>August 2022</p>	<p>To be discussed with Trade Unions.</p> <p>UPDATE 24/06/21: On discussion it was agreed the review should be every 6 months and not every 24 months.</p> <p>UPDATE: 27/06/22 Diana McCrone and Margaret-Jane Cardno to provide update and details on how this is progressing at August 2022 meeting.</p>	<p>Open</p>

<b>2021-2022 Financial Performance Update – June 2022</b>	The Board asked for the 2 letters received from the Scottish Government detailing “Further Covid funding for 2021/22” be forwarded to them for reference. The first letter was dated 25 February 2022 and the second letter was dated 11 April 2022.	Chief Financial Officer	August 2022	Update: 14 July 2022 – letters sent to Members as requested with additional Briefing Note providing background and context.	Closed

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

Report by: Head of Strategy and Transformation

16 August 2022

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**Subject: National Care Service (NCS) (Scotland) Bill**

### 1. Purpose

1.1 The purpose of this report is to provide the HSCP Board with an update on progress in respect of the [National Care Service \(NCS\) \(Scotland\) Bill](#)

### 2. Recommendations

2.1 It is recommended that the HSCP Board note this update on the National Care Service (Scotland) Bill.

### 3. Background

3.1 Published in February 2021 The Independent Review into Adult Social Care (IRASC) recommended the establishment of a National Care Service.

3.2 Following these recommendations and after further consultation on the National Care Service in August 2021, the National Care Service (Scotland) Bill was introduced to Parliament on 20 June 2022.

### 4. Main Issues

4.1 The National Care Service (Scotland) Bill establishes the National Care Service.

4.2 The Bill allows Scottish Ministers to transfer social care responsibility from local authorities to a new, national service. This could include adult and children's services, as well as areas such as justice social work. Scottish Ministers will also be able to transfer healthcare functions from the NHS to the National Care Service.

4.3 The Bill provides a framework and details the powers needed to legislate for a National Care Service. The Bill, if successful, will give Scottish Ministers powers to:

- a) Establish the National Care Service and potentially bring in other services, such as children's and justice social services, in the future. The National Care Service is not a single legal entity but an umbrella term encompassing the care boards established under the Bill and the Scottish Ministers in so far as the Ministers are exercising powers or duties under the Bill.
- b) Create new institutions called 'local care boards' and 'special care boards'. The Scottish Ministers will identify in regulations the area that

each local care board is responsible for. A special care board need not be given a particular geographical area of responsibility. It might, for example, provide certain services throughout Scotland.

- c) Establish a complaints service and provide advocacy in connection with the National Care Service.
- d) Oversee, monitor and intervene in services provided by care boards, eg Scottish Ministers can remove care boards if they fail to carry out their function or transfer duties of care boards to the Scottish Government in an emergency.
- e) Make Health and Social Care records more consistent and better integrated.

And commits to:

- f) Produce and make publically available a National Care Service Charter of Rights and Responsibilities which must be reviewed every five years.
- g) Rights to breaks for Carers – making sure carers get the support they need to take sufficient breaks.
- h) Giving rights to people living in adult care homes to see the people important to them (commonly referred to as Anne’s Law).

**4.4** The Bill is currently at Stage One, in order for the Bill to become Law it will follow the stages as set out below:

#### **Stage One: General Principles**

**4.5** The Bill is given to a lead committee. The lead committee for this Bill is the Health, Social Care and Sport Committee. Other committees can also look at the Bill. These committees report to the lead committee.

**4.6** The lead committee is responsible for examining the Bill. It hears from experts, organisations and members of the public about what the Bill would do. It then writes a report about what it has heard and giving its own view of the Bill. This Stage One report usually makes a recommendation about whether the Parliament should support the main purpose of the Bill (the "general principles"). All of this may take a few months.

**4.7** The Parliament then debates the Bill and decides whether it should go on to Stage Two, or be rejected.

#### **Stage Two: Amendments**

**4.8** MSPs can propose changes to a Bill – these are called "amendments". Any MSP can suggest amendments. The amendments are debated and decided on at a meeting of a committee (usually the same committee that



was the lead committee at Stage One). Only the committee members can vote on amendments at this stage.

- 4.9** If any amendments are agreed to at Stage Two, a new (amended) version of the Bill is published. This is the version considered at Stage Three.

### **Stage Three: Amendments, Debate and Final Vote**

- 4.10** MSPs can propose further amendments to the Bill. These are debated and decided on in the Debating Chamber, and at this stage all MSPs can vote on them. There is then a debate and vote on whether to pass the Bill. If the Bill is not passed, it falls and can't become law.

### **Turning the Bill into an Act**

- 4.11** If the Bill is passed, it is normally sent for Royal Assent after about four weeks. Royal Assent is when the Bill gets formal agreement by the Queen and becomes an Act of the Scottish Parliament.
- 4.12** Some Acts become law straight after Royal Assent. Some only become law on a later date. Sometimes different bits of the same Act become law on different dates.

### **Principles of the National Care Service**

- 4.13** The Scottish Government consider the NCS to be an investment in Scotland's people and communities and the following principles are embedded throughout the work to establish the NCS:
- a) Embed human rights in care support.
  - b) Increase equality and enable people and communities to thrive.
  - c) Ensure that the NCS is an exemplar of Fair Work practices.
  - d) Effectively co-design services with people with lived and living experience.
  - e) Ensure that the care workforce is recognised and valued.
  - f) Improve outcomes through prevention and early intervention.
  - g) Provide financially sustainable care giving security and stability to people and their carers.
  - h) Ensure that the NCS communicates with people in an inclusive way.

### **Care Boards**

- 4.14** The Scottish Ministers and Care Boards will be required to reflect the principles outlined in paragraph 4.13 through the Ministers' general duty in Section Two of the Bill and through their ethical commissioning strategies.
- 4.15** Sections Four and Five of the Bill make provisions about Care Boards,

including their establishment and abolition. In broad terms:

- a) Scottish Ministers will have the power to establish and abolish local or special Care Boards.
- b) Care Boards will be statutory bodies (Body Corporate) with legal responsibilities to provide services to individuals and will replace Integrated Joint Boards.
- c) Membership of Care Boards will be defined by Ministers (this will include the removal of Members).
- d) Scottish Ministers will appoint Chairs, Chief Executives and “ordinary members”.
- e) Care Board Members may be remunerated for membership.
- f) Care Boards may appoint staff.

**4.16** Care Boards will:

- a) Have board members who will represent the local population, including people with lived and living experience, and carers, in addition to local elected members to preserve local democratic accountability.
- b) Employ their own Chief Executives and staff who plan, commission and procure care and support.
- c) Oversee the delivery of all community health and social care services and support within their local area, monitoring and improving impact.
- d) Be able to commission services from local authorities, the NHS and the third and independent sectors.
- e) Have a strategic plan. A care board must first consult other public sector organisations on a draft of its plan. It then must consult the public and after that seek approval from the Scottish Ministers. In the first phase of consultation, both types of care board must consult local authorities.

**4.17** Although The Bill sets out a framework for how the new bodies will be constituted, and how they will operate and deliver services. Further detail will be set out in secondary legislation and Ministerial directions following further consultation and co-design with key stakeholders, including those with lived experience, to determine more detailed policy in relation to:

- a) The number of Care Boards and the geographic areas they will cover.
- b) The membership of the boards and their relationship with the national NCS structures.
- c) The duties, functions and services they will provide, both directly and commissioned from other bodies.
- d) Workforce, employment and contractual arrangements (including transfer of staff from local authorities).
- e) maximising opportunities for collaboration and co-operation between

care boards and other bodies, including local authorities, NHS boards and independent and third sector bodies.

### **Transfer of Functions**

- 4.18** A core element of creating the NCS is that the Scottish Ministers will be ultimately accountable for social care support, as they are already accountable for health services. This is considered by the Scottish Government to be essential to achieve the aim of providing consistent, high quality support for everyone who needs it across Scotland, enabling integration, improvement and best practice to be shared on a national basis.
- 4.19** The Bill makes provision for the power of Scottish Ministers to transfer statutory functions to themselves or to a Care Board. This will provide the basis for the NCS to deliver services.
- 4.20** Section 27 of the Bill limits the functions that can be transferred from a local authority to functions under enactments listed in Schedule Three. This list is based on the local authority functions which are able to be delegated to Integration Authorities under the 2014 Act. The enactments cover functions relating to social work and social care for adults and children, including local authorities' role in mental health care, adult and child protection and justice social work.
- 4.21** Section 28 gives the Scottish Ministers power to designate or transfer health functions to the NCS, in order to continue and build on the integration of health and social care services, and Section 29 allows Ministers to reorganise functions within the NCS in future. Staff and property can be transferred alongside the functions they relate to.
- 4.22** The detailed transfer of functions will be set out in regulations when care bodies are established.

### **Children's Services and Justice Social Work**

- 4.23** The Bill enables children's services and justice social work to be brought into the NCS alongside adult social work and social care. Unlike West Dunbartonshire these functions have not been delegated to many Health and Social Care Partnerships across Scotland, therefore in some areas the creation of the NCS will be a significant change in the way that these services are organized.
- 4.24** Recognising that further evidence and consideration is needed before a transfer of children's services and justice social work, the Bill requires Scottish Ministers to carry out further consultation on a proposed transfer of a children's or justice service from local authorities. A summary of the consultation process and responses must be laid before the Parliament with the implementing regulations for parliamentary scrutiny before any

transfer takes place.

- 4.25** Homelessness services are not within the scope of the NCS. In West Dunbartonshire this function is already reserved with the Local Authority.

### **Implementation**

- 4.26** It is anticipated that the phasing of the transfer of functions will take place from 2025/26 and be based on delivery readiness assessments. The Scottish Government have provided an assurance that clear, transparent local transition plans will be developed with partners so that everyone affected is comfortable with what is happening, where and when.

- 4.27** The [Financial Memorandum](#) which supports The Bill outlines other planned reforms which includes commitments to:

- a) Increase pay and improve terms and conditions for adult social care staff in commissioned services, including establishing appropriate channels for workforce and trade union representation.
- b) To bring Free Personal Nursing Care rates in line with National Care Home Contract rates.
- c) To remove charging for non-residential care.
- d) To increase investment in social work services.
- e) To increase provision of services focusing on early intervention and prevention.
- f) To invest in data and digital solutions to improve social care support.

- 4.28** The Financial Memorandum estimates the establishment and running of NCS national organization together with the establishment and running of Care Boards to be as follows:

<b>Financial Year</b>	<b>£ Millions</b>
2022/23	£24 - £ 36 million
2023/24	£63 - £95 million
2024/25	£84 - £126 million
2025/26	£232 - £477 million
2026/27	£241 - £527 million

## **5. Options Appraisal**

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

## **6. People Implications**

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

## **7. Financial and Procurement Implications**

There are no financial and procurement implication arising from the recommendation within this report.

## **8. Risk Analysis**

8.1 There are no risks arising from the recommendation within this report.

## **9. Equalities Impact Assessment (EIA)**

9.1 An Equalities Impact Assessment is not required as the recommendation within this report does not impact on those with protected characteristics.

## **10. Environmental Sustainability**

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

## **11. Consultation**

11.1 The Senior Management Team, the Chief Financial Officer, the Head of HR and the Monitoring Solicitor have been consulted in the preparation of this report and comments incorporated accordingly.

## **12. Strategic Assessment**

12.1 The recommendation within this report has no impact on the HSCP Boards ability to deliver its strategic priorities.

## **13. Directions**

13.1 A Direction is not required in respect of the recommendation within this report.

**Name:** Margaret-Jane Cardno  
**Designation:** Head of Strategy and Transformation  
West Dunbartonshire Health and Social Care  
Partnership  
**Date:** 04 August 2022

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**Person to Contact:** Margaret-Jane Cardno  
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Partnership

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**Appendix:** None Page 21

**Background Papers:**      None

## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

### Report by Head of Mental Health, Addictions and Learning Disability

16 August 2022

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**Subject: Alcohol and Drug Partnership Update**

#### **1. Purpose**

- 1.1** The purpose of the report is to inform the Health and Social Care Partnership (HSCP) Board of the progress in relation to the Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs in relation to the expectations of local governance arrangements for Alcohol and Drug Partnerships (ADPs).

#### **2. Recommendations**

- 2.1** That the Health and Social Care Board note and approve spending proposals outlined in Section 4.

#### **3. Background**

- 3.1** The Alcohol and Drug Partnership is the framework where statutory and non-statutory service providers assess, plan and deliver services that are developed to prevent problem substance use and provide treatment services for people directly and indirectly affected by problematic substance use.
- 3.2** The national policy landscape in relation to alcohol and drug harms has changed significantly since January 2021. A national mission has been launched to reduce drug deaths with a recognition that drug harms and drug deaths are closely associated within socio economic inequality.

The Scottish Government has implemented Ministerial Direction under the Public Bodies (Scotland) Act 2014 in relation to the implementation of Medication Assisted Treatment Standards published in July 2021.

The local delivery of the national mission will result in increased scrutiny for Alcohol and Drug Partnerships, and Health and Social Care Partnerships to provide effective service delivery and improve outcomes for people experiencing severe and multiple disadvantage.

#### **4. Main Issues**

##### **4.1 Scottish Government Funding Allocation 2022/23**

The Scottish Government provided a letter with funding allocations to each ADP, and Integration Authorities, in June 2022, (Appendix 1). The letter

highlights that reserves will be netted off against the first allocation of funding for 2022/23 to avoid a build-up of reserves in future years, with final allocations tapered to match forecast spend.

#### **4.1.1. NHS Baseline Contribution**

The Scottish Government letter refers to Baseline Contribution. (Note this figure is inaccurate and a revised letter with correction will be issued). These funds form part of core recurring baseline budgets, delegated from Health Boards to Integration Authorities. These monies are for delivery of the Alcohol and Drug Partnership Strategy, inclusive of tier 2 and tier 3 services and for coordination of the strategy.

#### **4.1.2 Programme for Government Uplift**

The Scottish Government have allocated £307,641 from Programme for Government fund to the Alcohol and Drug Partnership. The Scottish Government have indicated that these additional monies will be allocated each year during the period of the national mission until 2026. These monies are to be used for specific purposes. These are inclusive of;

- Increased involvement of lived experience in service design,
- Supporting whole family approaches,
- Development of advocacy services,
- Improving treatment retention,
- Improving access to hospital inpatient treatment
- Reducing waiting times.

#### **4.1.3 National Mission to Reduce Drug Deaths**

The Scottish Government have allocated £198,946 from the National Mission of reducing drug deaths to the Alcohol and Drug Partnership. These monies are to be used for specific purposes. These include

- Improving access to treatment,
- Residential Rehabilitation,
- The creation of a more joined-up approach that supports people living with drug addiction to address all the underlying challenges that they face and which ensures better support after near-fatal overdoses,
- The role of front line services.

#### **4.1.4 Medication Assisted Treatment**

The Scottish Government have allocated £158,000 to the Alcohol and Drug Partnership to implement and embed the Medication Assisted Treatment (MAT) Standards within the local treatment. The Scottish Government have indicated that these additional monies will be allocated each year during the period of the national mission until 2026.



The Medication Assisted Treatment Standards were published in 2021. These new standards will ensure that people accessing alcohol and drug treatment services will be able to access timely support, have choice and dignity. These standards will be fully implemented in April 2024.

Scottish Government have taken ministerial direction under the Public Bodies (Scotland) Act 2014. This ensures that Chief Officers and Chief Executives are responsible and accountable for implementation of the Medication Assisted Treatment (MAT) Standards across each local area and within the timescales outlined above. Failure to fully implement and embed these standards could be an operational risk if they are not undertaken within the timescales put forward by Scottish Government.

West Dunbartonshire are the first in Scotland to adopt a system wide rights based awareness approach across the workforce and lived/living experience communities. Similarly, West Dunbartonshire are the first in Scotland to have a dedicated substance use rights based advocacy service to support the implementation of the Medication Assisted Treatment Standards. Both approaches has been adopted by colleagues in Public Health Scotland and other Alcohol and Drug Partnership areas.

#### **4.1.5 Whole Family Approach**

The Scottish Government have allocated £63,301 for the delivery of a Whole Family Approach within the local system. The monies are to ensure the local system adopts a family inclusive approach. This will ensure support is directed to family members who are indirectly affected by problematic substance use. The Scottish Government have indicated that these additional monies will be allocated each year during the period of the national mission until 2026

Initial work has been taken forward to identify possible service delivery models. A procurement strategy will be required to ensure any commissioned service provider meets the funding requirements.

#### **4.1.6 Lived/Living Experience Panel**

The Scottish Government have indicated a need for improving opportunities for people with lived/living experience of problematic substance use. £9,043 has been allocated to deliver this locally. There will be opportunities for this community of interest within and across the Alcohol and Drug Partnership governance and commissioning structures going forward.

The Lived/Living Experience Panel will also contribute to the newly established National Collaborative of Lived/Living Experience. The panel will also contribute to the Scottish Government Human Rights Framework which will result in the new legislation in 2025.

#### **4.1.7 Drug Death Taskforce Response Fund**

The Scottish Government have indicated that £57,561 will be allocated to the Alcohol and Drug Partnership in the autumn through the Drug Death Taskforce Fund. It is likely that funding criteria will be based on the recommendations contained within the Drug Death Taskforce Changing Lives final report that was published in July 2022.

The Drug Death Taskforce Changing Lives report was underpinned by two key principles. The report focuses on four key aspects. These are context, culture, care, and coordination.

The improvement actions and recommendations will provide direction on how all local services can better meet the needs of people, families, and communities within the local treatment system.

#### **4.1.8 Long Acting Buprenorphine**

The Scottish Government have indicated that additional funding to expand access to Long Acting Buprenorphine has been withdrawn in 2022/23. This medication is long acting opiate replacement therapy that people receive once a month. There is an expectation that costs will be funded from local prescribing budgets. The letter states that up to £2 million of reserves can be committed for the continuation of Long Acting Buprenorphine in 2022/23. Further clarification from Scottish Government is being sought regarding this.

#### **4.2 Current Reserves Position**

IJB Earmarked Reserves for ADP, as at 1<sup>st</sup> April 2022, are £872,000.

£836,206 of which relate to previous year underspends against the funding streams detailed in the Scottish Government letter.

#### **4.3 Financial Decision Making Processes**

There is a need to develop robust financial decision making processes within the Alcohol and Drug Partnership. It is critical that these processes adhere to legislative requirements under the Fairer Scotland and Best Value Duties.

#### **5. Options Appraisal**

**5.1** Not applicable.

#### **6. People Implications**

**6.1** The work to deliver on the priorities within the ADP is within existing staffing structures.

**6.2** There are proposals for recruitment of 8.9 FTE employees to support delivery of the Alcohol and Drug Partnership strategy. These are included in draft financial plan (Appendix 2).

## **7. Financial and Procurement Implications**

- 7.1** Financial plans will be required to be developed to ensure compliance with Scottish Government funding criteria. Financial decision making will also have to take cognisance of requirements of the Fairer Scotland Duty as well as Best Value.

## **8. Risk Analysis**

- 8.1** Scottish Government have indicated that reserves should be utilised in 2022/23 prior to drawdown of in year allocations, to avoid build-up of further reserves in future years. Similarly the improvements recommendations agreed by Scottish Government and COSLA ensured that monies allocated for Alcohol and Drug Partnership should be spent for the delivery of local strategies.

Recruitment challenges are being experienced in all Health Boards and Integration Authorities across many staff groups and disciplines, and ADP/ADRS Services are no exception. This has the potential to impact on delivery of priorities where additional staffing requirements have been identified. To mitigate this, some posts have been identified for permanent recruitment in areas where fixed term posts are particularly challenging to fill. This in turn presents a risk beyond the current guarantee of funding to 2026 which will need to be managed by the HSCP with appropriate planning and monitoring strategies and in continued communications with Scottish Government.

The draft financial framework forecast assumes that any slippage from 22/23 allocations due to utilisation of Reserves in place of in year draw down of Scottish Government funding, will be Earmarked by Scottish Government for drawdown in future years. Clarification will be sought and financial plans adjusted accordingly.

The rollout of Long Acting Buprenorphine is expected to gather pace during 2022/23 and associated costs will require to be monitored in order to plan and identify a recurring source of funding.

## **9. Equalities Impact Assessment (EIA)**

- 9.1** An equalities impact assessment is required for the West Dunbartonshire. ADP strategy in accordance with the Fairer Scotland Duty. This will be developed and published in accordance with legislation.

## **10. Environmental Sustainability**

- 10.1** Not applicable.

## **11. Consultation**

- 11.1** There is no consultation required for this report.

## 12. Strategic Assessment

- 12.1** The work of the Alcohol and Drugs Partnership contributes to the achieving the Health and Social Care Partnership (HSCP) strategic outcomes and priorities.
- 12.2** The Alcohol and Drug Partnership also coordinates the HSCP response alcohol and drugs inequalities in line with the Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs.

## 13. Directions

- 13.1** The recommendation(s) within this report require the HSCP Board to issue a Direction to NHS Greater Glasgow and Clyde and West Dunbartonshire Council. This is included within Appendix 3.

Name	Sylvia Chatfield
Designation	Head of Mental Health, Addictions & Learning Disability
Date	4 August 2022

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Person to Contact	Barry Sheridan Email <a href="mailto:barry.sheridan@ggc.nhs.scot.nhs.uk">barry.sheridan@ggc.nhs.scot.nhs.uk</a>
Appendices	Appendix 1 Scottish Government Funding Letter to ADP Chair/Integrated Authority Chief Officer  Appendix 2 ADP Draft Financial Plan  Appendix 3 ADP Draft Financial Plan (Breakdown of Expenditure)
Background Papers	Medically Assisted Treatment Standards  <a href="https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/">https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/</a>  Partnership Delivery Framework  <a href="https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/pages/2/">https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/pages/2/</a>



ADP Chair  
Integration Authority Chief Officer

Copies to:  
NHS Board Chief Executive  
Local Authority Chief Executive  
NHS Director of Finance  
Integration Authority Chief Finance Officer  
ADP Chairs and Co-ordinators

23 June 2022

Dear ADP Chair and Integration Authority Chief Officer

## **SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2022-23 FUNDING ALLOCATION, PROGRAMME FOR GOVERNMENT FUNDING AND MINISTERIAL PRIORITIES**

1. We are writing to provide detail about the funding arrangements, Ministerial priorities and planning and reporting arrangements for Alcohol and Drug Partnership (ADP) work for 2022-23. These arrangements will support the delivery of the National Mission to reduce drug related deaths and harms; Rights, Respect and Recovery<sup>1</sup> to improve access to alcohol treatment; and the Alcohol Framework 2018: Preventing Harm – *next steps in changing our relationship with alcohol*<sup>2</sup>.

### **Funding Allocations**

2. Following feedback from ADP Coordinators we have collated details of different funding streams into this one letter. The funding arrangements are summarised in the following table and explained in more detail below.

Table 1. ADP funding arrangements (local breakdowns can be found in appendices 2 and 3) .

<b>Funding stream</b>	<b>National 2022/23 budget</b>
NHS Board Baseline contribution*	£56,490,001
Additional PfG uplift	£17,000,000
Additional National Mission uplift	£11,000,000

<sup>1</sup> <https://www.gov.scot/publications/rights-respect-recovery/>

<sup>2</sup> <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>

<b>Specific programme funding</b>	
MAT Standards	£10,313,775
Residential Rehab	£5,000,000
Whole family Approach framework	£3,500,000
Lived and Living Experience	£500,000
Taskforce Response Fund	£3,000,000
<b>Total</b>	<b>£106,803,776</b>

\* Includes 5% uplift which Boards have been expected to implement locally on 2020/21 baseline funding for ADPs of £53.8 million. Expectation is that Boards investment in ADPs will be sustained at this increased level.

- Collectively this funding represents a national investment of over £106 million for ADPs and an increase on 2021-22 funding of 0.3%. Full details of this breakdown by ADP and Healthboard are available in the appendices (appendix 2 and 3).

### **Note on Reserves**

- The Scottish Government are aware of a significant accumulation of reserves held by Integration Authorities (IAs) on behalf of ADPs. The balance for 2021/22 is currently being collated but based on prior year is expected be in excess of £16 million nationally. Once confirmed, the level of reserves being held will be netted off against the first allocation of funding for 2022-23 in order to avoid a similar build up being carried forward into future financial years.
- We will monitor reserves on a twice-yearly basis through financial returns and it is our intention to taper the final allocation to match forecast spend, taking into account any in-year slippage that may arise.
- As noted in paragraph 31, the Scottish Government provide permission that £2 million from reserves can be allocated towards supporting the roll out of long acting buprenorphine.

### Baselined Contribution

- The Scottish Government's direct funding to support ADP projects in 2022-23 has been transferred to NHS Board via their baseline allocations for onward delegation to IAs to be invested through ADPs. Where there is more than one IA, the level of funding should be agreed jointly by the IAs within the Health Board area, however we have provided details of what the ADP allocation of this funding would be using the NRAC formula as an indication of funding at the ADP level. There is no requirement to allocate this funding by NRAC formula.

### Additional Programme for Government Uplift - £17million Nationally

- Since 2018-19 additional funding of £17 million per year has been delegated to IAs for onward use by ADPs as part of the Programme for Government to support improvement and innovation in the way alcohol and drug services are developed and delivered as part of the Rights, Respect and Recovery strategy and the Alcohol Framework 2018 Preventing Harm. This funding has been maintained and £17 million is allocated directly to ADPs through the Local Improvement Fund. This funding has been allocated via NRAC and the same amount is available for 2022-23.

### National Mission Uplift - £11 million

9. This funding has been allocated via NRAC and the same amount is available for 2022-23 as in 2021-22. It is expected that this funding will be directed towards programmes of work which deliver the outcomes set out in the National Mission Outcomes Framework (appendix 1). This funding stream combines three previously separate funding streams - the general uplift stream (£5m) and specific funding for non-fatal overdose pathways (£3m) and outreach (£3m) - to provide more flexibility at the local level. It is expected that both outreach and nonfatal overdose remain priorities as core parts of the national mission and MAT standards delivery.

### **Specific programme funding**

#### **Medication-Assisted Treatment Standards - £10.3 million**

10. The funding agreed with local services in each IA area for the implementation of the MAT Standards follows detailed, local discussion on additional resources required to embed the standards in 2022 to be followed by service improvements and sustaining these through the national mission and beyond. Embedding and improving the MAT Standards is a key priority for Ministers and delivery of these standards must also be key priority for Chief Officers and other leaders in IAs.
11. The PHS National benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards 2021/22 demonstrates that local delivery of this priority is not currently progressing at the pace required across Scotland to address this national challenge. The Minister for Drugs Policy is therefore writing to the Chief Executives of NHS Boards and Local Authorities, and the Chief Officers of IAs, requiring them to personally sign an improvement plan. One senior leader will be nominated locally to take responsibility for driving the necessary changes and areas will report on progress every three months. In areas of particular concern progress reports will be monthly to ensure delivery is on track.
12. Allocation of funding has been based on priority needs – taking into account what each area has already got in place and what each area requires. This has meant that allocation decisions have not been based only on NRAC. In addition, in four areas some funding has been allocated at health board level for programme management. Full details of the MAT funding allocation is in appendix 4
13. In most cases the funding identified is being targeted on employing or re-allocating workforce to meet the MAT Standards. Plans for doing this could see more than 100 new posts in local services.
14. Public Health Scotland, through the MAT Implementation Support Team will continue to help local areas monitor their progress in implementing the standards over the year and performance against standards will be captured in ADP annual reporting cycles.

#### **Residential Rehabilitation - £5 million**

15. Ministers have committed to increase the number of publicly funded placements by over 300%, so that in 2026 at least 1,000 people are funded for their residential rehabilitation. This is an ambitious target and to meet it we require the full support of the sector. This is the second year of this funding uplift to support residential treatment and services associated with preparation or aftercare.

16. While monitoring data from 2021-22 indicates a substantial increase in the number of people accessing treatment via public funding, more work needs to be done to deliver on this ambition.
17. We expect all ADPs to have at least a provisional pathway in place by summer 2022 and to continue to see an increase in the number of people being referred to residential rehab.
18. Healthcare Improvement Scotland will establish regional improvement hubs that will bring together groups of Alcohol and Drug Partnerships and other key parts of the local system to design and improve pathways into, through and from rehab.
19. Public Health Scotland will continue the quarterly monitoring of referrals and spend on residential rehab and ADPs are asked for their continued support of this data collection. Public Health Scotland have also been tasked with developing a comprehensive monitoring and evaluation framework to support the residential rehabilitation programme and further details of this work will be shared in due course.

Whole Family Approach/Family Inclusive Practice: £3.5 million

20. £3.5 million is committed to support the implementation of *'Drug and alcohol services – improving holistic family support: A framework for holistic whole family approaches and family inclusive practice'*<sup>3</sup> also known as the Whole Family Approach Framework. This was published in December 2021 and sets our expectations for local areas to put in place accessible, consistent, sustained and inclusive support for families.
21. Chapter 11 of the Framework sets out our expectations for implementation for ADPs. In summary, we ask ADPs to;
  - Audit existing family provision in terms of quantity, quality and reach
  - Work collaboratively to strengthen and expand service provision in their area
  - Ensure that the expertise, views and needs of families are included from the outset.
22. It is the expectation of Ministers that this £3.5 million investment is used to implement and strengthen holistic whole family approaches and family inclusive practice, in accordance with the Framework. Working collaboratively with local partners, and in particular Children's Service Planning Partnerships (CSPPs) will be vital to improving family support. In particular, we encourage ADPs and CSPPs to view this investment and the additional investment allocated to CSPPs through the Whole Family Wellbeing Fund as part of a programme of investment in families. ADPs and CSPPs should plan accordingly and pool resources to achieve the maximum impact for families.
23. At a minimum, we expect ADPs to be able to demonstrate that they have:
  - Undertaken an audit of family provision, including the quantity, quality and reach, taking account of support delivered by paid workers, volunteers and peers, including mutual aid/fellowships.
  - Utilised this funding to improve and expand the service provision for families in their area in partnership with relevant bodies.
  - Included the expertise, views and needs of families in this work from the outset and have established meaningful feedback loops that seek the views and experiences of families and use them to improve service provision.

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<sup>3</sup> [Supporting documents - Drug and alcohol services - improving holistic family support - gov.scot \(www.gov.scot\)](https://www.gov.scot/supporting-documents/drug-and-alcohol-services-improving-holistic-family-support)



24. In the coming months the Scottish Government, in partnership with the Whole Family Approach Implementation Working Group, will be in contact with ADPs to understand their current position in regards to the three expectations set out below and to audit the £3.5 million allocated in the previous financial year (2021-22). This will establish a baseline which we will ask ADPs to report on going forward.

Lived and Living Experience: £0.5 million

25. £0.5 million is being allocated to increase participation of people affected by problem substance use in all stages of prioritisation, planning, implementation and monitoring of services through Lived and Living Experience panels.

26. Ensuring the voices of people with lived and living experience are heard and acted upon is a key priority for the National Mission and is central to the rights based approach laid out in Rights, Respect, Recovery (2018).

27. The National Collaborative will bring forward a human rights-based approach as an integral part of the National Mission. Whilst this will be on a national level, the aim is that good practice at a local level can be identified and shared. The National Collaborative will offer an example for implementing a human rights-based approach at a local level.

28. ADPs are expected to use the Lived and Living Experience allocation across the following two priorities which are aligned to National Mission outcomes:

- **Networks and Community Groups:** Develop and support networks of people affected by substance use (this should include people with lived experience, people still using drugs and alcohol and their families and friends).
- **Lived and Living Experience Panels:** Set up Lived and Living Experience Panels in your areas to inform prioritisation, planning, implementation and monitoring of services. This includes responding to National Collaborative developments and guidance to develop innovative local approaches.

29. The measure of success for this work will be based on the impact it has on individuals' lives. The intended outcomes for the National Collaborative include measurable improvements in the following areas (to be determined through peer-led research):

- human rights indicators for people accessing drug and alcohol services
- wider recovery outcomes (e.g. improved physical and mental health; improved feelings of self-worth, confidence; sense of community etc.)
- human rights indicators for family and friends supporting somebody to access drug and alcohol services

New Taskforce response fund

30. Ministers have ringfenced **£3 million for a new Taskforce Response fund**. This funding replaces the taskforce allocation for ADPs of £3 million in the years 2020/21 and 2021/22. This funding is being allocated now and details of priorities for this funding and how it will be allocated will be communicated in writing in the autumn following

publication of the taskforce recommendations in July 2022. As in previous years this funding is allocated on the basis of the prevalence of problem drug use.

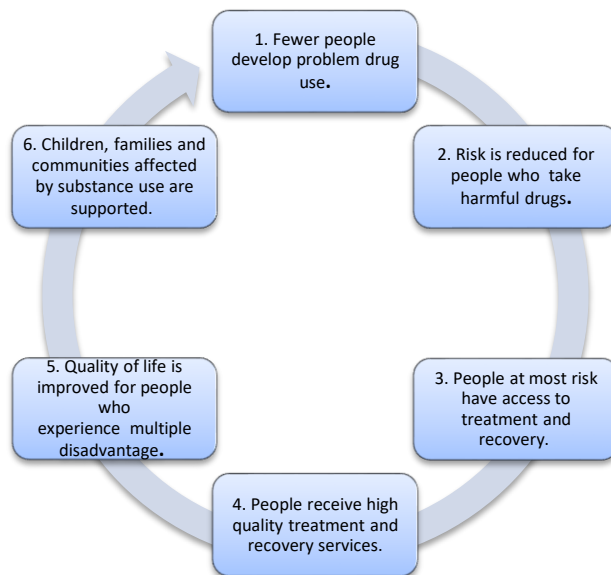
### Cessation of funding for Long Acting Buprenorphine

31. £4 million was allocated from the drugs policy division budget to expand access to Long Acting Buprenorphine in the financial year 2021-22 as many Boards did not yet have long-acting buprenorphine on formularies. Funding for this prescription medication will now, from 2022-23 come from local prescribing budgets rather than from budgets for drug treatment. However, as stated above, £2 million of the reserves funds can be committed to the continuation of Long Acting Buprenorphine in 2022-23

### **Context for Delivery**

#### **National Mission to Reduce Drug Related Deaths and Improve Lives**

32. This is the second year of the National Mission announced by the First Minister in January 2021 and supported by an additional £50 million funding per year for the lifetime of the parliament.
33. The aim of the national mission is reduce deaths and improves lives. To underpin this work, Scottish Government have developed an outcomes framework (appendix 1) and summarised below) which sets out the key outcomes required to achieve this aim.



34. This outcomes framework incorporates and builds on the priorities set out in Rights, Respect and Recovery and the Alcohol Framework which are still relevant. These cover both alcohol and drugs, with the exception of priority 5 which refers to alcohol only:

- A recovery orientated approach which reduces harms and prevents deaths
- A whole family approach
- A public health approach to justice
- Prevention, education and early intervention
- A reduction in the affordability, availability and attractiveness of alcohol

### **Treatment Target**

35. As communicated in a letter on 16 March, we have introduced a Substance Use Treatment Target. This target will ensure that by 2024 there will be at least 32,000 people with problem opioid drug use in community based Opioid Substitution Therapy (OST) treatment in Scotland which equates to an increase of approximately 9%. The intention is that by 2024 the target will be expanded to cover treatment for all drugs and also include alcohol treatment.
36. We are seeking reassurance around the delivery of the target and ask you to provide your projection on how you will achieve the target over the next two years. A format for this is attached at Appendix 5 for completion by your Integration Authority and should be returned to [alcoholanddrugsupport@gov.scot](mailto:alcoholanddrugsupport@gov.scot) by close of business on Friday 29<sup>th</sup> July 2022. This process will allow you to monitor progress and quickly identify when remedial action is required to remain on track, it will also help us to maintain a national oversight of delivery. Appendix 5 also provides an opportunity to provide comment and this will help us to better understand your plans for delivery and any challenges you foresee. The target for each IA area is attached at Appendix 6.
37. As you are aware there are clear links between the delivery of this target and the MAT Standards. The embedding and implementation of MAT standards is designed to improve the quality of services as well as to increase the number of people in treatment and to make sure they have access to these services for as long as they require them. The target will be a way of demonstrating that this is being put in place.

### **Drug and Alcohol Waiting Times**

38. The Local Delivery Plan (LDP) standard supports sustained performance in fast access to services and requires that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
39. Nobody will wait longer than 6 weeks to receive appropriate treatment. 100% compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland
40. Performance against the Standard will continue to be measured via the Drug and Alcohol Information System (DAISy) with national reports being published on a quarterly basis via Public Health Scotland.

### **Alcohol policy context**

41. Baseline funding and PfG funding is expected to cover both alcohol and drugs. In addition people with alcohol dependence can be supported to residential rehab via the dedicated funding. An update on alcohol policy work is in appendix 7.

### **Planning and Reporting Arrangements**

42. ADPs are our primary partner in the delivery of the National Mission and the Alcohol framework and key to their success. Therefore a clear commitment to monitoring and evaluation at the local level is vital.
43. In year two of the national mission we are stepping up our commitment to monitoring and evaluation not only to improve accountability but also to support the sharing of

what works in different areas and with different communities. We have begun work with Public Health Scotland and analysts within Scottish Government to develop a monitoring and evaluation framework which will be published later this year. It is important that ADPs are involved in developing a monitoring and evaluation process and further information about how to engage with this process will be shared in due course.

44. To improve monitoring and evaluation, and increase transparency, we also expect ADPs to return a quarterly financial report. These will be collected at the end of each financial quarter, and will contribute to the annual report.
45. It is our intention to introduce an annual progress report of the national mission with the year one report published in September 2022. This report will draw on data provided by ADPs and other sources and will set out plans for evaluation going forward. It is therefore important that accurate data recording reporting is prioritised by ADPs and the services they fund.
46. While there are specific reporting arrangements for specific funds detailed above we will also continue to expect ADPs to complete an annual report template. This template is currently being reviewed to ensure it reflects the outcomes framework and complements other reporting processes to reduce burden on ADPs.
47. Much of our ability to understand the impact of funding and progress towards our objectives is reliant on having quality and complete data within the Drug and Alcohol Information System (DAISy). We ask that ADPs work with service providers to ensure that completion of DAISy a condition of grant.

#### **Additional Funding Available**


48. Alongside the funding detailed within this letter there are a number of other funding routes which ADPs are either eligible to apply for or are available directly to services within their areas. These include
49. Heroin Assisted Treatment - £0.4m is being allocated to expand Heroin-Assisted Treatment in the financial year 2022-23. This is being allocated via ADPs by application to the Scottish Government
50. Corra National Drugs Mission funds – Corra will continue to deliver grant programmes on behalf of the national mission in 2022/23. The Scottish Government and Corra encourage all organisations to work closely with the relevant ADPs to ensure projects meet local need and fit in with local strategy. For some funds a letter of support from the relevant ADP chair or coordinator is required. Further information can be found here [www.corra.scot/grants/drugs-services-funds/](http://www.corra.scot/grants/drugs-services-funds/).
51. The Rehabilitation and Recovery Fund is administered via the Scottish Government and is for large projects to increase residential rehabilitation capacity. Further information can be found here <https://www.gov.scot/publications/national-drugsmision-funds-guidance/>.

#### **Living experience SDF support**

52. Funding has been allocated to SDF to ensure the voices of people with living experience influence service developments, service delivery, policy and strategy development in the financial year 2022-23. Part of this work includes developing networks of people with living experience both at service and strategic levels- e.g. ADP panels, surveys, national advisory groups and delivering training for people with living experience.

53. If you have any queries on the content of this letter, please contact Fiona Robertson at: [Drugmissiondeliveryteam@gov.scot](mailto:Drugmissiondeliveryteam@gov.scot).

Yours sincerely



Orlando Heijmer-Mason  
Deputy Director, Drug Policy Division  
Population Health Directorate



Karen MacNee  
Deputy Director, Health Improvement Division  
Population Health Directorate

## **List of Appendices**

**APPENDIX 1: National Mission Outcomes framework**

**APPENDIX 2: Funding breakdown by ADP**

**APPENDIX 3: Funding breakdown by Health Board**

**APPENDIX 4: MAT Standards funding breakdown (Both ADP and Health Board allocations)**

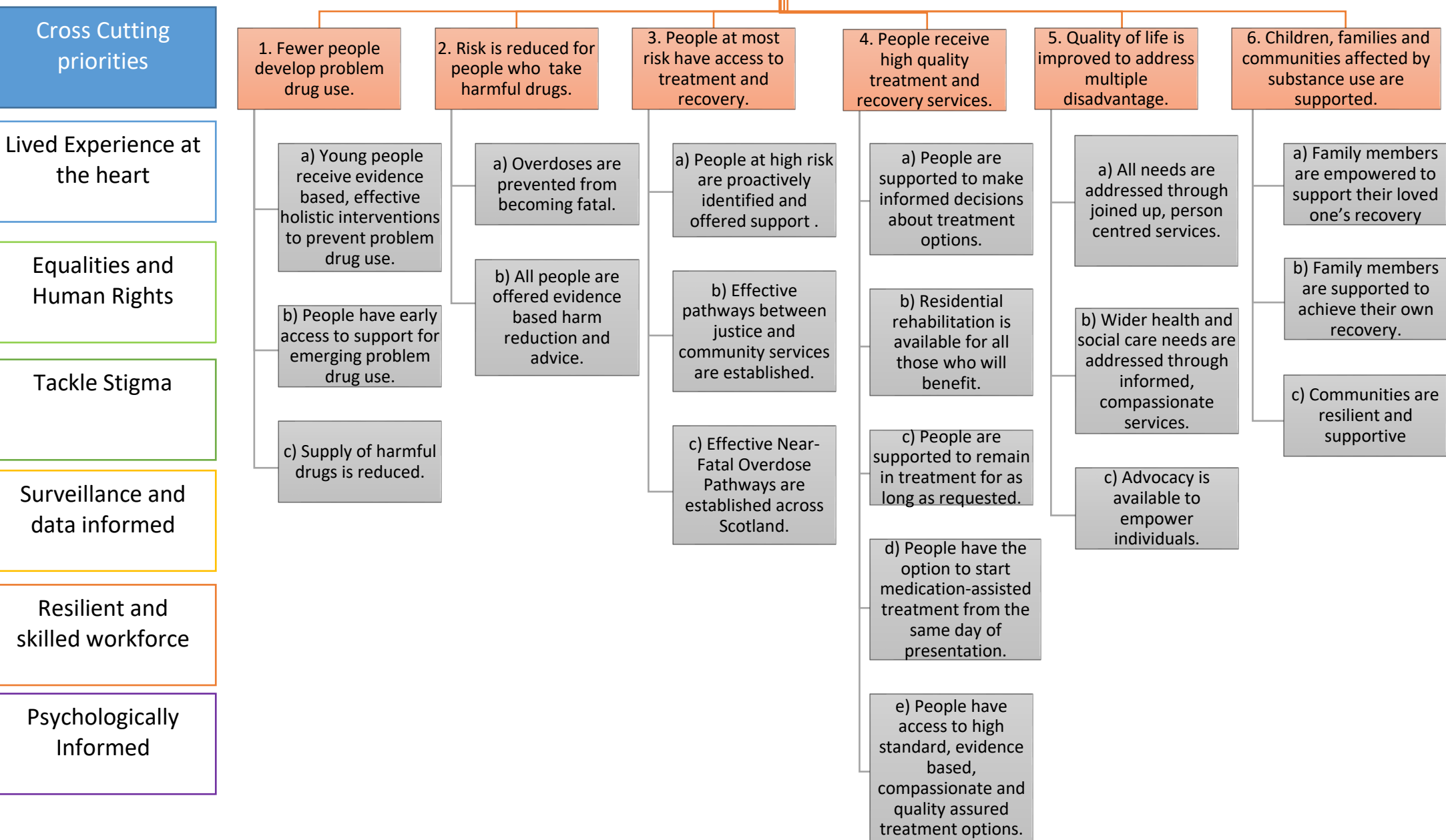
**APPENDIX 5: Treatment Target template**

**APPENDIX 6: Treatment target by ADP area**

**APPENDIX 7: Update on alcohol work**

# APPENDIX 1: National Mission Outcomes framework

## Reduce drug deaths and improve lives



## APPENDIX 2: Funding breakdown by ADP

		Funding stream	IA NRA C Share	NHS Board Baseline contribution*	Additional PfG uplift	Additional National Mission uplift	MAT Standards	Residential Rehab	Whole family Approach framework	Lived and Living Experience	Taskforce Response Fund	Total
NHS Board Name	NRAC Share	<b>National 2022/23 allocation</b>		£56,490, 001	£17,000, 000	£11,000, 000	£10,313,775	£5,000, 000	£3,500, 000	£500,00 0	£3,000, 000	<b>£106,803, 776</b>
Ayrshire & Arran	7.4%	East Ayrshire HSCP	2.39 %	£1,349,98 7	£406,263	£262,876	£215,080	£119,489	£83,642	£11,949	£83,726	<b>£2,533,011</b>
		North Ayrshire HSCP	2.71 %	£1,533,56 5	£461,508	£298,623	£250,360	£135,738	£95,016	£13,574	£83,726	<b>£2,872,110</b>
		South Ayrshire HSCP	2.27 %	£1,282,91 3	£386,078	£249,815	£340,000	£113,552	£79,487	£11,355	£49,189	<b>£2,512,389</b>
Borders	2.1%	Scottish Borders HSCP	2.13 %	£1,201,07 1	£361,448	£233,878	£200,154	£106,308	£74,416	£10,631	£26,688	<b>£2,214,595</b>
Dumfries & Galloway	3.0%	Dumfries and Galloway HSCP	2.99 %	£1,690,16 5	£508,635	£329,117	£269,206	£149,599	£104,719	£14,960	£57,561	<b>£3,123,962</b>
Fife	6.8%	Fife HSCP	6.81 %	£3,848,53 4	£1,158,17 1	£749,405	£613,148	£340,638	£238,447	£34,064	£146,520	<b>£7,128,927</b>
Forth Valley	5.4%	Clackmannanshire and Stirling HSCP	2.57 %	£1,449,27 1	£436,141	£282,209	£230,899	£128,277	£89,794	£12,828	£85,249	<b>£2,714,667</b>
		Falkirk HSCP	2.88 %	£1,626,85 8	£489,584	£316,790	£259,191	£143,995	£100,797	£14,400	£62,794	<b>£3,014,408</b>
Grampian	9.7%	Aberdeen City HSCP	3.81 %	£2,153,67 6	£648,124	£419,374	£462,000	£190,625	£133,437	£19,062	£125,589	<b>£4,151,887</b>
		Aberdeenshire HSCP	4.21 %	£2,378,72 1	£715,848	£463,196	£436,600	£210,544	£147,380	£21,054	£62,794	<b>£4,436,137</b>
		Moray HSCP	1.71 %	£968,613	£291,493	£188,613	£154,319	£85,733	£60,013	£8,573	£14,129	<b>£1,771,486</b>
Greater Glasgow & Clyde	22.2%	East Dunbartonshire HSCP	1.85 %	£1,047,41 8	£315,208	£203,958	£166,874	£92,708	£64,896	£9,271	£37,153	<b>£1,937,486</b>
		East Renfrewshire HSCP	1.59 %	£898,962	£270,532	£175,050	£172,622	£79,568	£55,698	£7,957	£41,863	<b>£1,702,252</b>
		Glasgow City HSCP	11.9 3%	£6,739,65 6	£2,028,22 0	£1,312,37 8	£1,066,000	£596,535	£417,575	£59,654	£622,711	<b>£12,842,72 8</b>
		Inverclyde HSCP	1.63 %	£921,201	£277,225	£179,381	£212,767	£81,537	£57,076	£8,154	£78,493	<b>£1,815,833</b>



		Renfrewshire HSCP	3.40 %	£1,918,939	£577,482	£373,665	£305,726	£169,848	£118,893	£16,985	£141,287	<b>£3,622,824</b>
		West Dunbartonshire HSCP	1.81 %	£1,021,676	£307,461	£198,946	£158,000	£90,430	£63,301	£9,043	£57,561	<b>£1,906,418</b>
Highland	6.6%	Argyll and Bute HSCP	1.90 %	£1,074,381	£323,322	£209,209	£171,171	£95,095	£66,566	£9,509	£29,304	<b>£1,978,558</b>
		Highland HSCP	4.69 %	£2,649,567	£797,356	£515,936	£422,129	£234,516	£164,162	£23,452	£73,260	<b>£4,880,378</b>
Lanarkshire	12.3%	North Lanarkshire HSCP	6.34 %	£3,583,140	£1,078,304	£697,726	£570,866	£317,148	£222,004	£31,715	£188,383	<b>£6,689,286</b>
		South Lanarkshire HSCP	5.92 %	£3,345,404	£1,006,760	£651,433	£532,991	£296,106	£207,274	£29,611	£209,314	<b>£6,278,892</b>
Lothian	15.0%	East Lothian HSCP	1.86 %	£1,050,084	£316,010	£204,477	£402,230	£92,944	£65,061	£9,294	£48,142	<b>£2,188,243</b>
		Edinburgh HSCP	8.37 %	£4,726,576	£1,422,407	£920,381	£753,003	£418,355	£292,849	£41,836	£313,972	<b>£8,889,378</b>
		Midlothian HSCP	1.61 %	£909,677	£273,757	£177,137	Included in East Lothian	£80,517	£56,362	£8,052	£39,770	<b>£1,545,270</b>
		West Lothian HSCP	3.14 %	£1,770,988	£532,958	£344,855	£250,000	£156,752	£109,727	£15,675	£68,027	<b>£3,248,983</b>
Orkney	0.5%	Orkney Islands HSCP	0.50 %	£283,193	£85,224	£55,145	£45,119	£25,066	£17,546	£2,507	£1,570	<b>£515,369</b>
Shetland	0.5%	Shetland Islands HSCP	0.49 %	£275,919	£83,035	£53,728	£43,960	£24,422	£17,095	£2,442	£8,896	<b>£509,497</b>
Tayside	7.8%	Angus HSCP	2.16 %	£1,220,457	£367,282	£237,653	£194,443	£108,024	£75,617	£10,802	£41,863	<b>£2,256,142</b>
		Dundee City HSCP	2.90 %	£1,636,913	£492,610	£318,747	£710,034	£144,885	£101,420	£14,489	£120,356	<b>£3,539,453</b>
		Perth and Kinross HSCP	2.75 %	£1,554,838	£467,910	£302,765	£247,718	£137,621	£96,334	£13,762	£78,493	<b>£2,899,441</b>
Western Isles	0.7%	Western Isles HSCP	0.67 %	£377,637	£113,645	£73,535	£60,165	£33,425	£23,398	£3,343	£2,616	<b>£687,763</b>

#### Notes

NHS Baseline Includes 5% uplift which Boards have been expected to implement locally on 2020/21 baseline funding for ADPs of £53.8 million since 2020/21.

Expectation is that Boards investment in ADPs will be sustained at this increased level.

Funding is indicative based on 2021/22 NRAC calculations and is subject to minor revisions.

All funding is distributed by NRAC with the exception of MAT Standards (Adjusted NRAC) and Drug Deaths Taskforce Response fund (based on prevalence of problem drug use)

MAT standards funding excludes £397k which is distributed direct to Health Boards for Board level project management in Ayrshire and Arran, Greater Glasgow and Clyde, Lothian and Tayside.

### APPENDIX 3: Funding breakdown by Health Board

Funding stream		NHS Board Baseline contribution*	Additional PfG uplift	Additional National Mission uplift	MAT Standards	Residential Rehab	Whole family Approach framework	Lived and Living Experience	Taskforce Response Fund	Total
<b>National 2022/23 allocation</b>	NRAC Share	£56,490,001	£17,000,000	£11,000,000	£10,313,775	£5,000,000	£3,500,000	£500,000	£3,000,000	<b>£106,803,776</b>
<b>Distribution formula</b>		NRAC	NRAC	NRAC	See separate appendix	NRAC	NRAC	NRAC	Drug Prevalence	
Ayrshire & Arran	7.4%	£4,166,465	£1,253,848	£811,314	£872,440	£368,779	£258,145	£36,878	£216,641	£7,984,510
Borders	2.1%	£1,201,071	£361,448	£233,878	£200,154	£106,308	£74,416	£10,631	£26,688	£2,214,595
Dumfries & Galloway	3.0%	£1,690,165	£508,635	£329,117	£269,206	£149,599	£104,719	£14,960	£57,561	£3,123,962
Fife	6.8%	£3,848,534	£1,158,171	£749,405	£613,148	£340,638	£238,447	£34,064	£146,520	£7,128,927
Forth Valley	5.4%	£3,076,129	£925,725	£598,998	£490,090	£272,272	£190,590	£27,227	£148,043	£5,729,075
Grampian	9.7%	£5,501,010	£1,655,464	£1,071,183	£1,052,319	£486,901	£340,831	£48,690	£202,512	£10,358,911
Greater Glasgow & Clyde	22.2%	£12,547,852	£3,776,128	£2,443,377	£2,213,989	£1,110,626	£777,438	£111,063	£979,068	£23,959,541
Highland	6.6%	£3,723,948	£1,120,678	£725,145	£593,300	£329,611	£230,728	£32,961	£102,564	£6,858,936
Lanarkshire	12.3%	£6,928,544	£2,085,064	£1,349,159	£1,103,857	£613,254	£429,278	£61,325	£397,697	£12,968,177
Lothian	15.0%	£8,457,325	£2,545,132	£1,646,850	£1,537,233	£748,568	£523,998	£74,857	£469,911	£16,003,875
Orkney	0.5%	£283,193	£85,224	£55,145	£45,119	£25,066	£17,546	£2,507	£1,570	£515,369
Shetland	0.5%	£275,919	£83,035	£53,728	£43,960	£24,422	£17,095	£2,442	£8,896	£509,497
Tayside	7.8%	£4,412,207	£1,327,802	£859,166	£1,218,195	£390,530	£273,371	£39,053	£240,712	£8,761,036
Western Isles	0.7%	£377,637	£113,645	£73,535	£60,165	£33,425	£23,398	£3,343	£2,616	£687,763

#### Notes

Funding is indicative based on 2021/22 NRAC calculations and is subject to minor revisions.

NHS Baseline Includes 5% uplift which Boards have been expected to implement locally on 2020/21 baseline funding for ADPs of £53.8 million since 2020/21.

Expectation is that Boards investment in ADPs will be sustained at this increased level.

All funding is distributed by NRAC with the exception of MAT Standards (Adjusted NRAC) and Drug Deaths Taskforce Response fund (based on prevalence of problem drug use)

## APPENDIX 4: MAT FUNDING

<b>MAT Area</b>	<b>Allocation (£)</b>
NHS Ayrshire & Arran (programme management)	67,000
East Ayrshire	215,080
North Ayrshire	250,360
South Ayrshire	340,000
Borders	200,154
Dumfries & Galloway	269,206
Fife	613,148
Stirling & Clacks	230,899
Falkirk	259,191
Aberdeen	462,000
Aberdeenshire	436,600
Moray	154,319
NHS Greater Glasgow & Clyde (programme management)	132,000
Glasgow	1,066,000
E Dun	166,874
E Ren	172,622
Inverclyde	212,767
Renfrew	305,726
W Dun	158,000
Argyll & Bute	171,171
Highland	422,129
North Lanarkshire	570,886
South Lanarkshire	532,991
NHS Lothian (Programme management)	132,000
Edinburgh	753,003
Mid/East Lothian	402,230
West Lothian	250,000
Orkney	45,119
Shetland	43,960
NHS Tayside (programme management)	66,000
Angus	194,443
Dundee	710,034
Perth & Kinross	247,718
Western Isles	60,165
<b>TOTAL</b>	<b>10,313,795</b>

**APPENDIX 5: Treatment Target template**

**SUBSTANCE USE TREATMENT TARGET INCREASE - PLANNED PROJECTION**

Integration Authority -

Contact Name -

Contact Email -

	Quarterly Period	Increase Figure	Comments
	Apr / Jun 2022		
	Jul / Sep 2022		
	Oct / Dec 2022		
	Jan / Mar 2023		
	Apr / Jun 2023		
	Jul / Sep 2023		
	Oct / Dec 2023		
	Jan / Mar 2024		
	Total 2 Year Increase Figure for IA		

Table Notes

1. Quarterly Period - self explanatory.

2. Increase Figure - the projected incremental increase for the quarter period to meet the 2 year target with the target figure entered at the bottom of the table.
3. Comments - to be completed. Especially if no increase figure for the quarter period to explain reason i.e. recruitment , service design, training etc.

## APPENDIX 6: Treatment target by ADP area

Annex XX2

Integration Authority (IA)	Local Integration Authority Baseline	Local Integration Authority Target By April 2024	Increase (count)	Increase (%)
Aberdeen City	1,727	1,879	152	9%
Aberdeenshire	823	895	72	9%
Angus	426	463	37	9%
Argyll and Bute	218	237	19	9%
City of Edinburgh	3,143	3,419	276	9%
Clackmannanshire & Stirling	660	718	58	9%
Dumfries & Galloway	773	841	68	9%
Dundee City	1,377	1,498	121	9%
East Ayrshire	946	1,029	83	9%
East Dunbartonshire	326	355	29	9%
East Lothian	478	520	42	9%
East Renfrewshire	162	176	14	9%
Falkirk	664	722	58	9%
Fife	1,756	1,910	154	9%
Glasgow City	5,993	6,519	526	9%
Highland	556	605	49	9%
Inverclyde	721	784	63	9%
Midlothian	426	463	37	9%
Moray	271	295	24	9%
Na h-Eileanan Siar	7	8	1	9%
North Ayrshire	882	959	77	9%
North Lanarkshire	1,286	1,399	113	9%
Orkney Islands	18	20	2	9%
Perth and Kinross	592	644	52	9%
Renfrewshire	1,061	1,154	93	9%
Scottish Borders	415	451	36	9%
Shetland Islands	105	114	9	9%
South Ayrshire	561	610	49	9%
South Lanarkshire	1,361	1,481	120	9%
West Dunbartonshire	669	728	59	9%
West Lothian	841	915	74	9%
<b>Scotland Total</b>	<b>29,416</b>	<b>32,000</b>	<b>2,584</b>	<b>9%</b>

## **APPENDIX 7: Update on alcohol work**

### **Alcohol Brief Interventions**

An Alcohol Brief Intervention (ABI) is classed as a short, evidence-based, structured conversation about alcohol consumption with a person that seeks (in a non-confrontational way) to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.

The Alcohol Framework makes a commitment to reviewing the evidence on current delivery of ABIs “to ensure they are being carried out in the most effective manner.” We are working with Public Health Scotland (PHS) to review the evidence on current delivery of ABIs to determine how the system could better meet the needs of individuals.

We are establishing a revised strategy group to review and discuss evidence on ABIs, with the purpose of developing recommendations on how to best take ABIs forward in Scotland. Terms of reference for the group are being finalised and PHS will provide the secretariat.

PHS is updating the work that had begun on the review prior to the COVID-19 pandemic, the update will reflect the impact of the pandemic on ABI delivery across Scotland. These actions are well underway and it is expected that the strategy group will be convened by Summer 2022.

We will be seeking your views on the current delivery of ABIs and how this can be improved moving forward.

### **UK Alcohol Treatment Guidelines**

We have been working with the UK Government and the other devolved administrations on reviewing and updating clinical guidelines for alcohol treatment (UKATG). The guidance will look to introduce new approaches to treatment and will apply to a broad range of settings including primary care, hospital and justice settings.

The main aim of the UKATG is to develop a clear consensus on good practice and help services to implement interventions for alcohol use disorders that are recommended by the National Institute for Health and Care Excellence (NICE). Successful implementation of the guidelines for alcohol treatment in Scotland will set a platform for our work around introducing treatment standards and targets.

The Office for Health Improvement and Disparities has been leading on the development of the UKATG and we expect the draft guidance to be published for consultation this year. We will share further information on timings and how to respond once this has been confirmed.





West Dunbartonshire ADP Funding - Draft Financial Plan 2022/23 - 2025/26

Due to timing of initial additional funding allocations and recruitment and commissioning challenges, slippage has occurred which has been transferred to IA Earmarked Reserves for drawdown in future years for the specific priorities set out by Scottish Government. The draft plan below sets out the proposed allocation of funding, including Reserves, for current financial year 2022/23 and future years up to and including 2025/26.

Description of Ring Fenced/Earmarked Funding	2022/23 Reserves			2022/23 SG in year Allocations			22/23 Consolidated Forecast Position	3 Year Annual Projections (2023/24 - 2025/26)			Comments	
	Earmarked Reserves Balances	22/23 Forecast Expenditure /Drawdown	Balance of Reserves/ Shortfall	22/23 SG Allocations	22/23 Forecast Expenditure (after Reserves utilised)	Over/Underspend (underspend will likely be retained by SG in year)	Combined Forecast Reserves balances + 22/23 unspent SG Allocations	Annual Indicative Allocation	Full Year Effect Forecast Expenditure	Annual Forecast Under/Over spend		
Additional PFG uplift	£325,500	£310,750	£14,750	£307,461	£0	£307,461	£322,211	£307,461	£607,900	-£300,439	Commitments will require some realignment between funding streams, with net shortfall funded from Earmarked Reserves balances + 22/23 SG unclaimed/slippage for 3 year period to 2025/26 to offset planned forecast overcommitments. Assuming Funding is extended/baselined to cover ongoing costs of permanent/recurring costs, approx £0.320m of fixed term and/or commissioned services would need to drop off or be funded from another source beyond 2026. (See breakdown of Permanent/Fixed Term/Commissioned Services below).	
Additional National Mission uplift (combines general uplift, non fatal overdose pathways + outreach)	£226,746	£61,867	£164,879	£198,946	£0	£198,946	£363,825	£198,946	£204,700	-£5,754		
MAT Standards	£108,516	£98,892	£9,624	£158,000	£0	£158,000	£167,624	£158,000	£200,700	-£42,700		
Residential Rehab	£59,500	£59,500	£0	£90,430	£90,430	£0	£0	£90,430	£90,430	£0		
Whole family Approach framework	£63,301	£8,750	£54,551	£63,301		£63,301	£117,852	£63,301	£35,000	£28,301		
Lived and Living Experience	£9,043	£9,043	£0	£9,043	£9,043	£0	£0	£9,043	£9,043	£0		
Taskforce Response Fund	£43,600	£43,600	£0	£57,561	TBC	TBC	TBC	£57,561	£57,561	£0		
<b>Total</b>	<b>£836,206</b>	<b>£592,402</b>	<b>£243,804</b>	<b>£884,742</b>	<b>£99,473</b>	<b>£785,269</b>	<b>£971,512</b>	<b>£884,742</b>	<b>£1,205,334</b>	<b>-£320,592</b>		
<p>(Year 1 &amp; 2). Total projected balance in Reserves and 22/23 Slippage in SG Allocations available. (Assumes SG reprovide 22/23 slippage for drawdown in subsequent years).</p>												£971,512
<p>(Year 3-5). Total overcommitted 2023/24 - 2025/26 to utilise year 1 and 2 balances.</p>												-£961,776
<p>Uncommitted balance</p>											£9,736	

	WTE	£
Total Permanent posts (approved/in post)	3.00	£200,700
Total Fixed Term posts (approved/in post)	4.00	£211,700
Total Permanent posts (for approval/recruitment)	2.60	£183,000
Total Fixed Term posts (for approval/recruitment)	6.30	£269,200
Total Commissioned + Non HSCP Pays Expenditure	1.00	£340,734 (includes estimated cost of staffing Mobile Harm Reduction Unit)
<b>Total Annual Expenditure (Approved/In post + Proposed)</b>	<b>16.90</b>	<b>£1,205,334</b>

Note - no account taken of potential Long Acting Buprenorphine cost pressure at this stage.



## Item 10 - Appendix 3

### Current Commitments/Approved Expenditure

	WTE	Funding Stream	22/23 Forecast	FYE Cost
ADP Strategy Officer NHS B7 - fixed term	1.00	PFG	£66,900	£66,900
Data Analyst NHS B5 - fixed term	1.00	PFG	£45,600	£45,600
Addiction Worker WDC G7 - fixed term	2.00	PFG	£99,200	£99,200
			<b>£211,700</b>	<b>£211,700</b>
CBT Therapist NHS B7 - permanent	1.00	MAT Standards	£59,300	£66,900
ANP NHS B7 - permanent	1.00	MAT Standards	£39,592	£66,900
ANP (Mental Health) NHS B7 - permanent	1.00	MAT Standards	£0	£66,900
			<b>£98,892</b>	<b>£200,700</b>
Harm Reduction Mobile Unit - lease costs (£26k over 3yrs)		National Mission	£8,700	£8,700
Staff costs for Harm Reduction Mobile Unit	TBC	National Mission	£30,000	£30,000 (Estimate - details TBC)
			<b>£38,700</b>	<b>£38,700</b>
Navigator and Arrest Referral pilots from 20.21 - 21.22 allocations		DDTF	<b>£43,600</b>	<b>£57,561</b> Balance of initial 2 year allocation to be paid 22/23 from Reserves. Plans for 22/23 TBC
Residential Rehab beds (Phoenix and Jerricho)		Residential Rehab	<b>£149,930</b>	<b>£90,430</b>
Family Support Worker - Procurement process underway	1.00	Whole Family Approach	<b>£8,750</b>	<b>£35,000</b>
<b>Total Current/Approved Expenditure</b>	<b>8.00</b>		<b>£551,572</b>	<b>£634,091</b>
<b><u>Proposals for review/approval</u></b>	<b>WTE</b>	<b>Funding Stream</b>	<b>22/23 Forecast</b>	<b>FYE Cost</b>
Advanced Prescribing Pharmacist NHS B8a - Permanent	1.00	PFG	£19,250	£77,000
Medical Officer NHS MO - Permanent	0.60	PFG	£12,500	£50,000
OT (Mental Health) NHS B6 - TBC (assumed fixed term?)	0.50	PFG	£7,100	£28,400
Addictions Nurse NHS B6 - fixed term	0.80	PFG	£11,350	£45,400
Health Care Support Worker NHS B3 - fixed term	1.00	PFG	£8,050	£32,200
Addiction Worker WDC G7 - fixed term	2.00	PFG	£24,800	£99,200
Senior Social Worker WDC G9 Secondment - fixed term	1.00	PFG	£2,000	£8,000
Social Worker WDC G8 - fixed term backfill re above	1.00	PFG	£14,000	£56,000
Senior Addiction Worker - Young People WDC G8 - Permanent	1.00	National Mission	£14,000	£56,000
ADP Independent Chair - TBC	TBC	TBC	TBC	TBC
Assertive Outreach/Near Fatal Overdose Pathways - Locally Commissioned Service required to replace current SG national set up (delivered by Turning Point Scotland - due to end Sept 2022, now extended to Feb 2023)		National Mission	£9,167.00	£110,000 (Indicative cost based on funding allocation - service spec/scoping underway via WDC Procurement)
Lived and Living Experience - TBC		Lived and Living Experien	£18,086	£9,043
<b>Total Proposals for review/approval</b>	<b>8.90</b>		<b>£140,303</b>	<b>£571,243</b>
<b>Overall Total Current and Proposed Expenditure</b>	<b>16.90</b>		<b>£691,875</b>	<b>£1,205,334</b>



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

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

**Item 10**  
**Appendix 4**

**From:** Chief Office HSCP  
**To:** Chief Executives WDC and NHSGCC  
**CC:** HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair  
**Subject:** For Action: Directions from HSCP Board 16 August 2022

**Attachment: Alcohol and Drug Partnership Update**

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000029SC160822.
2	Date direction issued by Integration Joint Board	16 August 2022
3	Report Author	Sylvia Chatfield, Head of Mental Health, Addictions & Learning Disability
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Delivery of Alcohol and Drug Services: 2022/23 Scottish Government Funding Allocation
7	Full text and detail of direction	The Scottish Government has provided ring-fenced funding for Alcohol and Drug Partnerships (ADP) to support the delivery of the National Mission to reduce drug related deaths and harms; Rights, Respect and Recovery to improve access to alcohol treatment; and the Alcohol Framework 2018: Preventing Harm. The funding will support the recruitment of a number of new posts across health and social care as well as funding to our 3 <sup>rd</sup> sector partners. Both NHSGGC and WDC will support recruitment, commissioning and procurement of services. Refer to Appendix 3a and 3b of the full report for details of funding and recruitment and commissioning plans.
8	Specification of those impacted by the change	The funding will support people with problem substance use, through treatment and support. There is a strong focus on prevention and a whole family approach.
9	Budget allocated by Integration Joint Board to carry out direction	There is a current earmarked reserve for the ADP brought forward from 2021/22 of £0.836m. This will be utilised in the first instance and will be supplemented by the

		Scottish Government's 2022/23 funding allocation of up to £0.885m – see Appendix 3a and 3b of the full report.	
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities of the HSCP Board, ADP and the National Mission to reduce drug related deaths and harms.	
11	Strategic Milestones	Reduce drug deaths – annual national reports	Ongoing
		Increase access to treatment – commissioning of rehabilitation beds	Reporting to Scottish Government on a quarterly basis
		Delivery of Medication Assisted Treatment (MAT Standards)	April 2023 Standards 1 to 5 April 2024 Standards 6 to 10
		Support Prevention and Early Intervention	Ongoing
12	Overall Delivery timescales	The National Mission extends until 2026.	
13	Performance monitoring arrangements	A performance monitoring approach is being developed in accordance with the requirement in Partnership Delivery Framework and Scottish Government requirements.	
14	Date direction will be reviewed	March 2023	

## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

### Report by Head of Mental Health, Addictions and Learning Disabilities

16 August 2022

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**Subject: Mental Health & Wellbeing in Primary Care Service**

#### **1. Purpose**

- 1.1** This report provides an update to the Health and Social Care Partnership Board on the development of the Mental Health & Wellbeing Primary Care Service across West Dunbartonshire Health & Social Care Partnership and the submission of plans in line with Scottish Government guidance.
- 1.2** The report also includes the West Dunbartonshire Mental Health & Wellbeing in Primary Care Local Plan and Planning Template which was provided to Scottish Government in June 2022 for approval and is included as appendices for information.

#### **2. Recommendations**

- 2.1** The West Dunbartonshire Health & Social Care Partnership Board is asked to:
  - Support the Year 1 plan
  - Note the progress and planned next steps for the development of the Mental Health & Wellbeing in Primary Care Service

#### **3. Background**

- 3.1** The Mental Health – Scotland’s Transition and Recovery Plan outlines the Scottish Government’s response to the mental health impacts of Covid-19. Providing a renewed focus on Scotland’s approach to the delivery of mental health services. Set out within the plan is action 16.11 “Work with primary care partners to improve capacity for mental health assessment, care and support within Primary and Community Care settings, building on examples of good practice and the interface with specialist services to ensure that people receive the right care in the right place”.
- 3.2** Delivery of this action is supported by the national Mental Health in Primary Care Developments group’s vision and guidance to support the planning and implementation of the Mental Health & Wellbeing Primary Care Service published in December 2021.

## **4. Main Issues**

- 4.1** Scottish Government Guidance clarified the Mental Health & Wellbeing in Primary Care Service expectations in December 2022 (as noted in point 5 of Local Plan) including;
- Development and agreement of plan
  - Health & Social Care priorities for year 1 & 2
  - Funding
  - IT & Data
- 4.2** The National Oversight Group and the Minister for Mental Wellbeing and Social Care considered the plan and on the 7<sup>th</sup> July 2022 requested additional information to clarify:
- The structures in place: how the hub, as well as the other supports and treatments, fit with the Primary Care MDT.
  - What additional support and treatment will be provided.
  - The role of the person-centred therapist and links to psychological therapies.
- 4.3** Subject to approval of the plan by the Scottish Government, which is anticipated late August, early September 2022, the Mental Health & Wellbeing in Primary Care Service will build on our existing Mental Health Teams which are established within our 2 localities reflecting our natural communities. By the end of the four year plan (2025/26), every citizen in West Dunbartonshire should be supported by an expanded multidisciplinary team providing early intervention to support their mental health and wellbeing.
- 4.4** The team will be aligned to our existing primary care and mental health network ensuring seamless support for patients. The current wellbeing nurses, embedded within GP Practices, will provide triage to ensure patients access the correct treatment and support from the new Mental Health and Wellbeing in Primary Care Team and our existing mental health network where appropriate.
- 4.5** In year 1, we will invest in existing service to improve access for our patients, reducing waiting times to treatment and support. We will build on the existing multidisciplinary team with the introduction of Occupational Therapists within Primary Care to support Mental Health & Wellbeing.

## **5. Options Appraisal**

- 5.1** Not applicable

## **6. People Implications**



- 6.1** The development of the new service provides funding to build on the existing workforce supporting mental health in a primary care setting, this includes the Wellbeing Nurses (funded through action 15) and the Community Link Workers (funded through PCIP).
- 6.2** The year 1 proposal includes the plan to develop new Occupational Therapy role within a primary Care setting to support patients Mental Health and Wellbeing, development of a Wellbeing Nurse role within the community out with the GP practice. Build on the Person Centred Care Therapist and Self Help Worker.
- 6.3** Following the introduction of the Distress Brief Intervention Service the HSCP will work with Stepping Stone to evaluate the impact and agree the future development and wider implementation of the Service.

Post title	Number of posts			Grade/ SCP
	Existing	New	Difference (+ and -)	
Team Leader		1 wte		Band 7
Business Support Worker		1 wte		Band 4
Occupational Therapist		2 wte		Band 6
Wellbeing Nurse		1 wte		Band 6
Person Centred Therapist		2 wte		3 <sup>rd</sup> sector
Guided Self Help Support Worker		1 wte		3 <sup>rd</sup> sector
Distress Service Worker		1wte		3 <sup>rd</sup> sector

These posts have been evaluated in accordance with the NHS Agenda for Change Scheme where applicable.

- 6.4** The HSCP is exploring the development of support for Children & Young People through the work undertaken for the Children & Young People Community Mental Health and Wellbeing supports and Services Framework. This work dovetails with the MHWPC Service. Additional time and planning are required to develop local response in this area. However both the local planning group and stakeholder event were clear that progress in Mental Health & Wellbeing supports for children & young people should be progressed in year 1.
- 6.5** The existing adult Mental Health & Wellbeing workforce have trained in the provision of care and treatment for adults. To extend the existing mental health & wellbeing roles in primary care (Stepping Stones and Wellbeing Nurses) to support Children & Young People is not possible. It is recognised that the current mental health workforce are normally skilled in either adult or children's service and that training and development are generally focused in this approach.

## 7. Financial and Procurement Implications

- 7.1 Scottish Government wrote to Health & Social Care Partnerships in December 2021 and in February 2022 and Government advised of significant investment reaching £40 million per year by 2024-25, to develop a Mental Health & Wellbeing Service within HSCPs across Scotland. West Dunbartonshire were notified in February 2022, subject to approval of the plan, there would be recurring funding as detailed in table 1.

**Table 1: indicative Funding**

	<b>2022-23 indicative (£)</b>	<b>2023-24 indicative (£)</b>	<b>2024-25 indicative (£)</b>	<b>2025-26 Indicative (£)</b>
<b>Expected Total National Levels of Investment</b>	£10 million	£20 million	£40 million	TBC
<b>West Dunbartonshire (indicative maximum allocation)</b>	£ 173,987.00	£ 347,431.43	£ 700,650.36	TBC

- 7.3 Scottish Government advised funding for 2025-26 onwards will be modelled on the basis of the plans that are submitted but anticipate that an increase will be required to fund 1,000 additional roles in the final year of implementation.
- 7.4 There are no legal issues with this report.

## 8. Risk Analysis

- 8.1 There are a number of risks associated with this report:
- 8.2 Recruitment and retentions to new posts is a challenge across a number of professions, where recruitment is successful it can leave a gap in other services.
- 8.3 The HSCP has taken an ambitious approach to developing the new service in year 1 & 2, if recruitment is successful this may result in an overspend in the service, however as delays in recruitment in a number of services have been experienced this is unlikely. The HSCP would propose to use any reserves / underspend from other services to offset this. If Year 1 recruitment is successful, full spend in year 2 would be achieved.
- 8.4 Due to the IT systems available within the HSCP and the ability for them to share information it is likely that information will be recorded on multiple system, this will be managed by ensuring clear standard operating procedure. It is likely that patient information may be recorded within GP EMIS, EMIS Web and spreadsheets to support the reporting requirements to the Scottish Government.

## **9. Equalities Impact Assessment (EIA)**

- 9.1** No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required during implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published.

## **10. Environmental Sustainability**

- 10.1** Not Applicable.

## **11. Consultation**

- 11.1** The wellbeing of communities is core to the aims and success of Community Planning. The Mental Health & Wellbeing Service, delivered as integral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda.
- 11.2** The HSCP will work with Key partners to engage with our communities and partner organisations. A subgroup has been developed to support a wider community engagement session in October 2022.
- 11.3** Engagement with community groups and service users will help to outline how the hubs are developed and inform our investment beyond years 1&2.

## **12. Strategic Assessment**

- 12.1** The West Dunbartonshire HSCP agreed that its five main strategic priorities for 2019 - 2023 are as follows:
- Early Intervention
  - Access
  - Resilience
  - Assets
  - Inequalities
- 12.2** The Mental Health & Wellbeing in Primary Care Service will contribute to a strong local economy and improved employment opportunities through the development of new roles.
- 12.3** The additional support and enhancement of local services should improve the efficiency and effectiveness of frontline services and provide patients with a additional services in a primary care setting supporting a preventative and early interventions and will improve the everyday lives of residents.

### 13. Directions

13.1 The recommendation(s) within this report require the HSCP Board to issue a Direction to NHS Greater Glasgow and Clyde. See Appendix 3.

**Name:** Sylvia Chatfield

**Designation:** Head of Mental Health, Addictions and Learning Disabilities

**Date:** 21/07/2022

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**Appendices:** Appendix 1: Mental Health & Wellbeing Update Report – August 2022.

Appendix 2: Mental Health & Wellbeing Template submission – June 2022.

Appendix 3: Directions from HSCP Board

**Background Papers:** Scottish Government, Mental Health – Scotland’s Transition and Recovery, October 2022 [Coronavirus \(COVID-19\): mental health - transition and recovery plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/mental-health-transition-and-recovery-plan/pages/2-introduction.aspx)

Planning Guidance For Mental Health And Wellbeing In Primary Care Services, December 2021

West Dunbartonshire  
Health & Social Care Partnership

# Transforming Primary Care in West Dunbartonshire

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West Dunbartonshire Mental Health and  
Wellbeing In Primary Care – Local Plan

## **West Dunbartonshire Health & Social Care Partnership Mental Health & Wellbeing Primary Care Service**

### **1. Background**

The Mental Health – Scotland’s Transition and Recovery Plan outlines the Scottish Government’s response to the mental health impacts of Covid-19. Providing a renewed focus on Scotland’s approach to the delivery of mental health services. Set out within the plan is action 16.11 “Work with primary care partners to improve capacity for mental health assessment, care and support within Primary and Community Care settings. This will build on examples of good practice already implemented through the Primary Care Improvement Plan, and through our work on Action 15 of the Mental Health Strategy. This will include the interface with specialist services to ensure that people receive the right care in the right place. This will ensure that there is a clear pathway to mental health services for those who need them.”

This action is supported by the Scottish Government, Mental Health & Wellbeing in Primary Care Guidance, December 2021 to inform the planning and development of a Mental Health & Wellbeing Primary Care Service in each HSCP. In February 2022 the Scottish Government wrote to HSCPs advising of HSCP funding allocations.

A proposed plan was submitted to Scottish Government in June 2022 utilising the template provided. The National Oversight Group and the Minister for Mental Wellbeing and Social Care considered the plan and on the 7<sup>th</sup> July 2022 requested additional information by Monday, 15<sup>th</sup> August 2022. The HSCP were asked to clarify:

- The structures in place: how the hub, as well as the other supports and treatments, fit with the Primary Care MDT.
- What additional support and treatment will be provided
- The role of the person-centred therapist and links to psychological therapies.

The Mental Health & Wellbeing Primary Care Service Plan will be updated and resubmitted to Scottish Government and will be kept under review and updated annually. Progress reports will be provided to Scottish Government 6 monthly in line with national guidance.

### **2. Aims and Priorities**

West Dunbartonshire HSCP aims to develop an integrated Primary Care Mental Health and Wellbeing service across the HSCP for all patients, ensuring alignment of activities progressed via the Children and Young People's Community Mental Health and Wellbeing Supports and Services Framework and the Community Mental Health and Wellbeing fund managed by West Dunbartonshire Community Volunteering Service. By the end of the four year plan, every citizen in West Dunbartonshire should be supported by an expanded team of NHS Greater Glasgow and Clyde and 3<sup>rd</sup> sector professionals providing care and support to patients.

Underpinning the redesign of local services are the key principles to; provide safe, effective and person centred care, ensuring we make best use of available resources

to deliver improvements in care and outcomes for all patients service users and carers. Our services should be equitable, sustainable, affordable and provide value for money.

### **3. Localities/ Cluster**

West Dunbartonshire has 2 locality areas which reflect our natural communities. These are Clydebank and Alexandria & Dumbarton. Our sixteen GP practices, structured around 3 clusters, provide a service to a population of 95,353 registered patients. GPs and the practice team provide a central role in delivering and co-ordinating care to local communities; and, by working more closely with their colleagues within wider community teams, NHS acute care, and the third and independent sector help to improve outcomes for local people.

### **4. Delivery of Mental Health and Wellbeing in Primary Care Service**

The Mental Health & Wellbeing in Primary Care Service will build on our existing Mental Health Teams which are established within our localities across the HSCP.

Our local population have access to a number of primary care treatment options provided within general practice, primary care mental health team and the 3<sup>rd</sup> sector. In year 1 we will invest in existing teams to improve access for our patients and we will build on the range of support from our multidisciplinary team within Primary Care with the introduction of Occupational Therapists.

The Children and Young People's Community Mental Health and Wellbeing Supports and Services Framework sets out a broad approach for the support that children and young people should be able to access for their mental health and emotional wellbeing within their community. The mental health and wellbeing in primary care plan is aligned to our local developments for children and young people, ensuring, that where required, pathways are developed across the different age groups and services.

### **5. Key Requirements Guidance**

The Mental Health & Wellbeing in Primary Care Guidance identifies the need to work with Primary Care partners to improve capacity for mental health assessment, care and support within primary and community care settings, and should build on examples of good practice already implemented through the Primary Care Improvement Plan, and through Action 15 of the Mental Health Strategy.

The service development will support the interface with specialist services to ensure that people receive the right care in the right place.

The 2021-22 funding was to support the establishment of local planning groups and the development of plans for the service. West Dunbartonshire HSCP developed its Local Planning Group which met weekly in March, April and May 2022 to develop the plan submitted to Scottish Government.

The service should include a multidisciplinary team providing assessment, advice support and some treatment for people who have mental health, and could include a number of professional roles. The service should be delivered by the end of the March 2025.

### **5.1 Embedded, Aligned or Hybrid Model**

The guidance suggested HSCPs should consider if the services is embedded or aligned to General Practice or if a hybrid model is more appropriate. Within West Dunbartonshire the HSCP is progressing a Hybrid Model with some services embedded within the GP Practice, such as our existing Wellbeing Nurses and Community Link Workers. The wider MDT will be structured around our locality / cluster and attached within our health centres or a local community venue.

Discussion on a hub approach is be taken forward with stakeholders to understand what such a service could look like in West Dunbartonshire, the service will be designed to meet the local population needs.

Accommodation within General Practice and our local Health Centres is a challenge, and the resource required to embed the service within general practice combined with the ambition not to over medicalise mental health and wellbeing presentations supports the delivery of a hybrid service model.

The service will provide an increase in the range of support available in Primary Care and will be supported by an effective triage system provided currently by GPs and wellbeing nurses, and will offer patients evidence based therapies and a range of other supports, if it meets their needs. The service will link patients to community assets and support patients through the use of social prescribing where appropriate.

## **6. Primary Care Mental Health Models in West Dunbartonshire**

### **6.1 Wellbeing Nurse (Action 15)**

The Wellbeing Nurses, funded via Action 15 of the Mental Health Strategy are based across all 16 GP practices in West Dunbartonshire and are embedded within the GP Practice Multidisciplinary Team. An evaluation of the Wellbeing Nurse role is underway and should report in summer 2022.

The HSCP will align the role of the Wellbeing Nurse as part of the Mental Health & Wellbeing in Primary Care Service and we will evaluate if:

- an increase in Wellbeing Nurse resource will improve access for patients to assessment, advice and support within the primary care setting
- explore if the current model for wellbeing nurse (50% practice / 50% CMHT based) is the best model
- Create a Wellbeing Nurse resource in the “hub” supporting patient self-referral

The Wellbeing Nurse is ideally placed to be the named individual (designated mental health practitioner) formally aligned to each GP Practice to provide continuity and develop clinical and MDT relations for the MHWPC service.

Patients can access the Wellbeing Nurse via the GP Practice receptionist, we are working with practices to ensure this is published within their Practice Leaflet and



website. Our plan includes an additional Wellbeing Nurse who will be aligned to the hub supporting access to triage out with the GP practice.

## **6.2 Community Link Worker**

The National Mental Health & Wellbeing in Primary Care Service Guidance indicates the Service should ensure that it provides access to a link worker to support wellbeing, within West Dunbartonshire HSCP, via the Primary Care Improvement Plan (PCIP) Fund the HSCP has invested £260k, increasing to £399,690 in 2022/23. This provides an embedded community link worker service, provided by The Alliance, in all West Dunbartonshire GP Practices by Quarter 2, 2022/23.

This funding is secured via PCIP until May 2024 where unless there is additional funding for the PCIP an alternative funding stream may be required.

The community link worker are based within the GP practices and work across the MDT to support patients with socio-economic needs. In May 2022 the scope of the service was extended to under 16s.

In addition, the Mental Health & Wellbeing Local Planning Group will engage with wider community services and assets to ensure robust pathways to local community services and assets; for example the Welfare Rights Advisors and employability colleagues within the Local Authority Working 4 U Team and to leisure services to support individuals holistic needs and social determinants of health.

## **6.3 Financial Advisors**

West Dunbartonshire Council Working 4 U service was established to improve the quality of lives of West Dunbartonshire residents by assisting them to overcome barriers to social and economic inclusion. Working 4 U help people to access a wide range of employment, training and learning opportunities designed to help them overcome barriers, develop their skills and assist them in their journey towards work. This service is identified as one of the core support to patients via the Mental Health & Wellbeing in Primary Care Service and we will work with partners to embed this within our local model.

## **7. Priorities for Year 1 & 2**

The plan for year 1 & 2 has been developed following a local survey, discussions at our Local Planning Group, a stakeholder event and engagement with professional leads and 3<sup>rd</sup> sector representatives.

It has been agreed that in year 1 and 2 we will build additional capacity to our existing primary care mental health support where patients are experience waiting times, ensuring patients received support quicker at the right time. We will also develop the introduction of the Occupational Therapy role within primary care.

Within the proposal to Scottish Government we will:

- Develop a Team Leader post to provide leadership, clinical supervision, development and management of the service

- Include a business support worker to provide administrative support in setting up and supporting the service going forward
- Build capacity within existing services by recruiting additional person centred therapist and guided self-help support workers to reduce waiting times currently being experienced by patients.
- Increase the capacity to deliver the Stepping Stone Distress Brief Intervention service beyond the initial 5 month pilot for 16+. (This is subject to successful evaluation of the pilot)
- Develop the role of occupational therapy providing an early preventative approach within the primary care setting.
- Recruit an additional Wellbeing Nurse to support gaps in provision due to absence and provide access to the service out with attendance at GP Practice.

The Wellbeing Nurses, and Occupational Therapists will provide triage, at first point of access, to the Mental Health & Wellbeing Service ensuring patients have a seamless journey, and if required have a straightforward and timely referral to secondary services.

We are keen to ensure that the practice and HSCP Multidisciplinary teams understand the Mental Health & Wellbeing in Primary Care Service and are aware of how to support patients to access the service.

## **7.2 Children & Young People**

The HSCP are exploring the wider development of support for Children & Young People through the work undertaken for the Children & Young People Community Mental Health and Wellbeing supports and Services Framework. This work dovetails with the Mental Health & Wellbeing in Primary Care Service. Additional time and planning are required to develop local response in this area. However both the local planning group and stakeholder event were clear that progress in Mental Health & Wellbeing supports for children & young people should be progressed in year 1.

The extension of existing roles (Stepping Stones and Wellbeing Nurses) to include triage, assessment and support for children & young people has been reviewed and it is recognised that the current workforce are skilled in either adult or children's service and that training and development are generally focused in this approach.

## **8. Funding**

The Minister for Mental Wellbeing and Social Care announced in the Scottish Parliament in January 2022 significant investment reaching £40million per year by 24-25.

West Dunbartonshire were notified in February 2022, subject to approval of the plan, the expected Mental Health & Wellbeing in Primary Care Service funding which is set out in table 1.

Table 1: Indicative Funding

	Year 1	Year 2	Year 3	Year 4
	2022-23 indicative (£)	2023-24 indicative (£)	2024-25 indicative (£)	2025-26 Indicative (£)
<b>Expected Total National Levels of Investment</b>	£10 million	£20 million	£40 million	TBC
<b>West Dunbartonshire (indicative maximum allocation)</b>	£ 173,987.00	£ 347,431.43	£ 700,650.36	TBC

Scottish Government advised funding for 2025-26 onwards will be modelled on the basis of the plans that are submitted but anticipate that an increase will be required to fund 1,000 additional roles in the final year of implementation. A small proportion of the overall funding may be retained to support national actions.

There are a number of existing initiatives within mental health that contribute to the delivery of the Mental Health & Wellbeing in Primary Care Services, these investments will continue to be funded by pre-existing arrangements (i.e. Action 15) however we will increase investment in these work streams to improve access for patients.

Our additional investment will be targeted and monitored to ensure it provides additionality.

### 8.1 Local Funding Proposal

Provided in table 2 is the anticipated costs associated with the year 1 and 2 Mental Health & Wellbeing in Primary Care Service development.

An overspend is projected in Year 1 and 2, however the plan is costed at top of scale with full oncosts and the recent workforce recruitment and retention challenges indicate it is unlikely to recruit immediately to the full workforce within the timescale specified. The HSCP has presented an ambitious plan for year 1 and 2 with the aim to achieve successful implementation and build on the service provision again in year 3.

Any overspend would be met via other HSCP underspends in the period specified. The HSCP recognise the importance of establishing the service and building on the developments already in place from Action 15 and PCIP Funding.

Table 2: Year 1 & 2 Service Development costs

Allocation	Band	WTE	Year 1 (6 months)	Year 2 (full year effect)	Year 3 (full year effect)	
Year			2022/23	2023/24	2024/25	
<b>Funding Allocation</b>			<b>£173,987</b>	<b>£347,431</b>	<b>£700,650</b>	
admin project support costs			£18,500	£18,500	£0	

Allocation	Band	WTE	Year 1 (6 months)	Year 2 (full year effect)	Year 3 (full year effect)	
Team Leader	Band 7	1	£31,600	£63,200	£63,200	
Business Support	Band 4	2	£16,976	£33,953	£33,953	
Wellbeing Nurse (Hub Based)	band 6	1	£26,826	£53,651	£53,651	1 WTE to be based virtually or within Hub to support self-referral pathways out with GP practice
Occupational Therapists	Band 6	2	£53,651	£107,302	£107,302	Option to increase resource in year 3
Distress Service Worker	N/A	2	£33,126	£66,251	£66,251	Subject to Evaluation
Person Centred Therapist	N/A	1	£17,977	£32,000	£35,954	provide additional capacity (Waiting Times)
Guided Self Help Support Worker	N/A	1	£16,809	£33,618	£33,618	provide additional capacity (Waiting Times)
Priority for Children & Young People			£70,000	£70,000	£70,000	
Forecast Funding Spend			£285,464	£478,475	£463,929	

## 9. IT & Data

With the development of the new service and the ambition to have the Multidisciplinary team based within GP Practices and a hub, IT solutions will present as a challenge. The Board Mental Health and Wellbeing Group are progressing discussion with eHealth colleagues and a data subgroup has been formed to look at how to progress this to support both appropriate recording of patient records and to support robust monitoring and reporting of the service development.

Information sharing will be a key consideration during the design of services to support delivery of the key requirements of the Mental Health & wellbeing in Primary Care Service guidance.

## 10. Inequalities

An Equality Impact Assessment of the Mental Health & Wellbeing in Primary Care Service is undertaken to ensure that the plan is fair, best value and meets the legal requirements and that we have considered relevant ethical issues. The Equality Impact Assessment process supported the HSCP to ensure that due regard has been taken where appropriate within the plan to eliminate discrimination, advance equality of opportunities and foster good relations for protected groups.

As the service is developed we will also undertake an EQUIA as appropriate, depending on the uptake of the service from across our population we will review our data to identify any gaps in engagement and look to address these specific needs.

In addition, the Community Link Worker and Wellbeing Nurse are designed to support socio-economically deprived communities where the social impacts of poor health can impact more on individuals.

## 11. Process and Time Scales

<b>Timescale</b>	<b>Action</b>
<b>December 2021</b>	<ul style="list-style-type: none"> <li>• Indication of funding and Guidance, template and implementation plan issued to IAs</li> </ul>
<b>February 2022</b>	<ul style="list-style-type: none"> <li>• Indication of funding for 2022 to 2025 received</li> <li>• Update provided from NHS GG&amp;C provided to the Primary Care Strategic Board (24/02/2022)</li> </ul>
<b>March – May 2022</b>	<ul style="list-style-type: none"> <li>• Initial meetings (10/03/2022) of West Dunbartonshire MHWPC Local Planning Group (Chair: Fiona Wilson, Clinical Director)</li> <li>• Initial meeting of NHS GG&amp;C wide MHWPC Oversight Group (16/03/2022)</li> <li>• Engagement with Cluster / Localities through existing groups</li> <li>• Engagement with 3rd Sector</li> <li>• Discussion and planning of local models commences.</li> <li>• Local plan &amp; Scottish Government Template drafted</li> <li>• Evidence gathering in local areas to identify need.</li> <li>• MHWPC Plan to be submitted to SMT (dates to be clarified)</li> </ul>
<b>May 2022</b>	<ul style="list-style-type: none"> <li>• MHWPC Plan and Update to be submitted to SMT &amp; IJB</li> </ul>
<b>1<sup>st</sup> June 2022</b>	<ul style="list-style-type: none"> <li>• Initial Stakeholder Engagement Events</li> <li>• MHWPC plan for 2022/23 submitted to the National Oversight Group</li> </ul>
<b>July / August</b>	<ul style="list-style-type: none"> <li>• Scottish Government Feedback received and response provided</li> <li>• Planning for stakeholder Event progressed</li> <li>• Job Descriptions Developed</li> </ul>
<b>Late Summer</b>	<ul style="list-style-type: none"> <li>• Progress implementation of the initial MHWBPC investment and Service developments</li> </ul>
<b>October 2022</b>	<ul style="list-style-type: none"> <li>• 6 monthly reporting on progress to Scottish Government.</li> </ul>

## **12. Mental Health & Wellbeing in Primary Care Local Planning Group**

In March 2022 the West Dunbartonshire Mental Health & Wellbeing in Primary Care Local Planning Group was established to oversee the development of the Mental Health & Wellbeing Primary Care proposal template

The remit of the group follows the national guidance. The group is chaired by the Clinical Director and a list of membership is included in Appendix 1

The Local Planning Group will evolve with additional members invited as required. The Group will be instrumental in agreeing the approach to the deployment of the service across the HSCP. The GP subcommittee is a key member of this group and will work collaboratively to develop and implement the service.

## **13. Key Stakeholder Engagement**

### **13.1 NHS Boards**

West Dunbartonshire is engaged in the NHS Greater Glasgow and Clyde Primary Care Strategic Group and in the Board wide Mental Health & Wellbeing Service group which has a board wide co-ordination role in the development of Local Mental Health & Wellbeing in Primary Care Plans. In addition, there is will be engagement with NHS Greater Glasgow and Clyde Board across the professional groups and leads around the specific requirements.

### **13.2 HSCP Engagement**

There has been an ongoing conversation with key groups within the HSCP attended by GPs and a wider range of professionals. The HSCP has formally engaged in discussions at HSCP Locality Meetings, GP Forum and Cluster Meetings. In addition, there is a wide range of representatives as members of the Local Planning Group and have an essential role in informing the development of the service.

Further engagement has also taken place with professional and operational teams through existing and established clinical and professional groups across health and social care.

### **13.3 Engagement**

In May 2022 the HSCP engaged with representatives from across number of professional groups to inform the development of the initial plan.

In collaboration with the 3<sup>rd</sup> sector, and council colleagues the HSCP will host stakeholder events during the development of the service. The next event is scheduled for October 2022.

The aim is to start a joint conversation with our communities as well as the workforce, partners & other relevant stakeholders to work together to create a Primary Care Mental Health & Wellbeing Service which builds on the existing assets within the HSCP and actively links to community assets and use social prescribing where appropriate.

### **13.4 GP Engagement Event**

The HSCP will undertake specific engagement event with GP colleagues to share information on how the HSCP Primary Care Mental Health Service is developing and advise of wider developments within Mental Health.

## **14. References**

Scottish Government, Mental Health – Scotland’s Transition and Recovery, October 2022

Scottish Government, Mental Health and Wellbeing in Primary Care Service Guidance, December 2021

Scottish Government, Community Mental Health and Wellbeing Supports and Services: Framework, February 2021





## Appendix 1 - Mental Health and Wellbeing Primary Care Service – Local Planning Group Membership – Established March 2022

Role	Representative
Chair & Clinical Director	Dr Fiona Wilson
Head of Mental Health, Addictions & Learning Disabilities (Local Authority Representative)	Sylvia Chatfield
Primary Care Development Lead	Anna Crawford
GP sub-committees	Dr Susan Langridge, GP
Service Manager - Specialist Children's Service Nurse Team Lead – CAMHS	Sheila Downie Zoe Mair
Head of Health & Community Care – (Lead for Primary Care)	Fiona Taylor
Integrated Operations Manager - Mental Health (including Adult) / Action 15 Lead	Kate Conway
Primary Care Mental Health Team (Psychological Therapies)	Linda Roberts
Education	Claire Cusick, Education Advisor
Older People	Cerys MacGillivray, Consultant Clinical Psychologist
Third Sector	John Whyte – Stepping Stone other 3 <sup>rd</sup> Sector Reps
GPs	Dr Alison Walsh Dr Neil Murray
Finance	Lorraine Nocher
Addictions	Jacqueline McGinley
Health Improvement	Lauren McLaughlin Allison Miller
Communities Mental Health And Wellbeing Fund	Selina Ross, Community Voluntary Service
People with lived experience	John Mooney
Psychology	Ross Turner
Staff Side Representative	Diana McCrone
AHP – Occupational Therapist	Julie McKelvie

# Item 11

## Appendix 2

<p><b>Name of Main Contact</b></p> <p>Anna Crawford - Primary Care Development Lead, West Dunbartonshire HSCP 07811247708</p>
<p><b>Description of the proposal and rationale</b></p> <p>We will work with stakeholders to develop a service to improve capacity for mental health assessment, advice, care and support within Primary and Community settings. This will build on the existing service we have implemented through the Primary Care Improvement Plan - Community Link Workers, and through our work on Action 15 - Wellbeing Nurses. The service will include an interface with specialist services which already exists across a number of our teams. This will ensure that people receive the right care in the right place. The service development will include clear pathways to mental health services and wider supports for those who need them.</p> <p>During 2022/23 the HSCP will work with stakeholders to agree a local model for the service and ascertain how the services will be embedded and or aligned to GP Practices and clusters via a hybrid approach (access, referral and standard operating procedures will be developed to support this). To date we have embedded our Community Link Worker (PCIP) and Wellbeing Nurses (Action 15) with GP Practices. The development of the new services will be informed by the existing premises constraints and also workforce modelling / availability. We have received positive feedback from our initial engagement session for a hybrid approach to delivering the service. The Hub, similar to our existing service will provide support via a mixed model of face to face, telephone and virtual as agreed with individual service users.</p> <p>Discussion within our local planning group has emphasised the need to develop a service which does not medicalise "normal" anxiety and low mood presentations, and as such we will explore, at future stakeholder meetings, a community based hub out with our health centre. The "Wellbeing" Hub, if the model is progressed, would be developed to meet service users needs being cognisant of Maslow hierarchy of need. Thus incorporating services such as finance advisors, leisure etc. The Hub would have staff providing triage, support and advice, in addition to existing supports such as guided self help and counselling. The hub would deliver other interventions, utilising the skills of the team to deliver improved access to psycho education groups (stress and wellbeing, bereavement and loss) which will be aligned to the needs of patients requiring support from the services.</p>
<p><b>Year 1 Priorities</b></p> <p>Following discuss at our Local Planning Group, a local survey and our stakeholder event, during 2021/22 we will build capacity within existing services by recruiting additional person centred therapist and guided self help support workers to reduce the waits for existing patients. We recognise a significant issues for patients and teams is the timeliness of accessing support, which is evidenced by the level of waiting times reported. We intend prioritising additional capacity to support this.</p> <p>Recognising the increase in patients presenting with distress we will increase the capacity to deliver the Stepping Stone Distress Brief Intervention service beyond the initial pilot for 16+...</p> <p>The hub will be led by a team leader with Mental Health Practitioners (Wellbeing Nurse and / or Occupational Therapists) and will support people to access services in a stepped model of care.</p> <p>We will develop the role of occupational therapy in year 1 to support the generic mental health roles and functions along with their specialist remit, providing an opportunity to provide an early preventative approach within the primary care setting.</p> <p>We are in the process of evaluating our Wellbeing Nurse Service which will inform our further development / investment in this area. The local planning group and stakeholders recognise that the Wellbeing Nurses, and Occupational Therapists (priority in year 1) will be the Mental Health Practitioners who provide triage, self guided help and follow-up to patients that present to the service either, via their GP practices or via self referral /walkin routes (still to be developed). We are keen to ensure that the full practice MDT and wider HSCP MDT understand the MHWPC service and are aware of how to support patients to access this. Further review of this approach will take place as the service develops in year 2.</p> <p><b>Children &amp; Young People</b></p> <p>The HSCP are exploring the wider development of support for Children &amp; Young People through the work undertaken for the Children &amp; Young People Community Mental Health and Wellbeing supports and Services Framework. This work dovetails with the MHWPC Service. Additional time and planning are required to develop local response in this area. However both the local planning group and stakeholder event were clear that progress in Mental Health &amp; Wellbeing supports for children &amp; young people should be progressed in year 1.</p> <p>Their is a gap in the skills of the existing adult Mental Health &amp; Wellbeing workforce to support Children &amp; Young People and therefore extending the existing roles (Stepping Stones and Well Being Nurses) is not possible. It is also recognised that the current workforce are normally skilled in</p>
<p><b>What mental health support/investment is already in place in the primary care setting? (please be specific about how this resource is being deployed, outcomes already being achieved)</b></p> <p>West Dunbartonshire HSCP utilised the Action 15 funding to support a number of developments across the HSCP and the board. HSCP Action 15</p> <ul style="list-style-type: none"> <li>- 5.0wte Mental Health Wellbeing Nurses aligned to GP Practices per 1wte:19,000 population.</li> <li>- 1.0wte Physical Wellbeing Mental Health Nurse who is aligned to Primary Care setting under Action 15, (peripatetic post and not GP Practice Based).</li> <li>- 1wte Peer Support Worker (employed by Stepping Stones) to support the transition of patients from CMHT to community based supports and activities.</li> </ul> <p>Funded By WDHS CP, NHS, Grants (employed by Stepping Stones - Provide a range of mental health support activities for people with common mental health problems)</p> <ul style="list-style-type: none"> <li>- 1 Operations Director</li> <li>- 3.4 support workers (inc 1 Supervisor, Guided Self Help and groups)</li> <li>- 2.2 counsellors (inc 1 supervisor)</li> <li>- 1.2 Peer Support Workers</li> <li>- 2 Admin Workers (inc 1 Supervisor).</li> </ul> <p>Board Wide Action 15, West Dunbartonshire contributes to:</p> <ul style="list-style-type: none"> <li>- A number of initiatives, which are aligned to other settings such as A&amp;E and Prisons.</li> <li>- Board Wide Computerised CBT Service from Action 15 which is aligned to Primary Care Setting.</li> <li>- Boardwide Bipolar Programme aligned to Primary Care, (still in Pilot stages and only in Glasgow City)</li> </ul> <p>PCMHT (CORE FUNDING)</p> <p>Service provides psychological therapies and covers 21 GP Practices, 16 practices in West Dunbartonshire. Service Level Agreement to provide PCMHT to the 5 Practices in Helensburgh and Lochside area.</p> <ul style="list-style-type: none"> <li>- Team Leader 1WTE</li> <li>- Consultant Clinical Psychologist 0.5WTE.</li> <li>- Mental Health Practitioner 2.5WTE</li> <li>- Older Adult Mental Health Practitioner 0.4WTE</li> <li>- Mental Health Therapist 4 WTE (1 wte is on long term sick)</li> <li>- Vacancies – 1.5 WTE Mental Health Therapists/ 0.3 TWE Clinical Psychologist</li> </ul> <p>Stepping Stones DBI Service (Pilot)</p> <p>The service aims to provide a compassionate response, one to one support, brief interventions, walk in referrals, assessment of needs and follow up support.</p> <p>Walk in referrals will be received on Thursdays 2pm - 6pm by prior appointment. It is important that people telephone before attending as this is the only way we can guarantee access to the service. For access within 24 hours of referral.</p> <p>1 WTE for 5 months pilot (March- August 2022)</p> <p>Distress Brief Intervention Associate Programme for 16 -24 years (26years if care experienced). - 2 year funding. 3x (35hrs) staff are able to offer a blended model of support either by telephone or face to face support.</p>
<p><b>How does this provide additionality to existing mental health investment in primary care, including through action 15 and PCIF? (please be specific about how the resource will be deployed and how it adds to existing investment, including whether it introduces a new intervention)</b></p>

The MHWPC funding and service development will provide additionally in a number of ways :

- increase in assessment capacity via Wellbeing Nurses in Hub, thus providing increase in advice, self guided support and signposting to most appropriate supports or treatments.
- Development of the Occupational Therapist Role, providing access to Occupational Therapy assessment and intervention within Primary Care providing a prevention approach to care, this would introduce a new intervention within West Dunbartonshire primary care service.
- The Occupational Therapist and additional Wellbeing Nurse would be able to provide cover for sickness absence within GP practice which causes ongoing issues.
- increase in immediate response via the Distress Brief Intervention Service providing input within 24 hours (individuals would be referred via existing WBN, GPs PCMHHT etc.)
- Access to Distress Brief Intervention Service locally to people in Alexandria and Dumbarton (patient currently need to travel to Clydebank to access).
- increase in support / treatments via Guided Self Help worker and person centred therapist (providing increase in access to counselling support guided self help and improve access to psycho education groups (stress and wellbeing, bereavement and loss).

Development of additional support for Children & Young People through our collaborative working on developments in response to the Children and Young People Community Mental Health and Wellbeing Supports and Services Framework.

**How does the proposal align with the required service delivery principles? (please be specific, what action will be taken to embed the principles)**

1. All parts of the system should enable support and care that is person centred, looking to access the most appropriate information, intervention and support in partnership with the individual through shared decision making. Trauma Informed Practice will be the norm. Wherever a person is in touch with the system they will be listened to and helped to reach the most appropriate place for them - there is no wrong door.

Person Centred Care: All assessments are carried out in a person-centred way and support plans are developed along with the individual across all our teams.

Access most Appropriate information, Intervention and support through Shared Decision making: As indicated above teams work alongside individuals to understand their needs and develop an appropriate plan of support to meet those needs.

Trauma Informed Practice: West Dunbartonshire is working towards a trauma informed workforce. Mental Health Professionals have all received training in Trauma and additional funding has been received by the HSCP to provide this training across our local teams to ensure a long-term, trauma informed approach to recovery from Covid-19.

Dementia Informed Practice: NHS Scotland and SSSC developed the "Promoting Excellence: A Framework for all Health and Social Services Staff working with People with Dementia, their Families, and Carers" and associated training resources. These will be used to ensure all staff have the appropriate level of dementia skills and knowledge for the role they are in.

Listened To: Individuals are treated as experts in their own lives and work alongside services to ensure their needs are fully understood and outcomes are individual to them.

No Wrong Door: Access to assessment will be supported via a number of access points including via GP practices WBN /GP and via existing teams where patients can self-refer / walk in. Following assessment patients are provided with advice and if appropriate scheduled for 121 / group supports, or sign posted to other services, with support if required.

2. Primary care mental health services should have no age or condition/care group boundaries, and meet the needs of all equalities groups.

Traditionally services have been commissioned / developed for specific age groups (Children/ Young People and Adult), part of the detailed planning for year 2-3 will consider how services could be provided to all patients regardless of age within West Dunbartonshire. It should be recognised that the start point for provision of a Primary Care Mental Health Service for Children & Young People and Adults are at different stages of development and resourcing. Our existing Primary Care Mental Health Services are from 16+ or 18+ with no upper age limit.

We will consider, if required, how we replicate or develop the triage service provided by the Well Being Nurse to <18s. The HSCP is reviewing the needs of Children & Young People Mental Health via the work surrounding the Communities Mental Health and Wellbeing Supports and Services Framework for Children & Young People.

3. Local systems will positively seek to address health inequalities, proactively engaging those that are less likely to access support.

Planning in year 2-3 will consider the unmet needs of our population and consider the inequalities data available to inform further development of the services, and identify where a targeted approach is required.

Initial discussions have highlighted groups that should be considered in our local approaches, for example older people, carers, LGBT, men and ethnic minorities.

4. Digital approaches to self and supported management of distress and mental health conditions will be an integral part of the service with the caveat that those who are digitally excluded need to be engaged positively in different ways.

Digital treatments and online resources are part of the menu of services provided within West Dunbartonshire HSCP and provide self-help, self-managed treatments and technologically enhanced therapy. Service in West Dunbartonshire are provided where possible through a stepped care model depending on the support required and are integrated / aligned to primary care, Primary Care Mental Health Team and our wider mental health services. Current provision is tailored to specific population groups, such as adults, young people.

West Dunbartonshire Dementia Strategy Group has recently purchased a Dementia Roadmap website, this website will provide self-care/self-management information across the whole of the dementia pathway with a focus on patients, carers and health professionals.

West Dunbartonshire has representation on the newly formed NHSGGC Digital Public Health Working Group; this group has a remit which focuses on developing public health digital approaches. Key priorities identified for this group includes organisational and workforce development, current evidence base and horizon scanning, digital inclusion and inequality issues and future partnerships.

Those who are digitally excluded will be supported to access community based services which provide support services that increase opportunities for digital inclusion among the wider population. Some of examples of this include the Bellsmyre Digital Community, who offer a free computer repair and advice service, as well as running computer classes that range from basic training for the beginner to advanced classes.

West Dunbartonshire Council offer an ongoing digital literacy programme open to adults through their Community Learning Team. Stepping Stones offer a digital programme as part of their recovery college activity in partnership with West College Scotland. The activity includes peer support, 1:1 coaching, provision of a free device and data packages. These are some examples of how digital exclusion is being tackled within WDHSCP. Our vision is that we will continue to engage with statutory and third sector partners to support the development of digital exclusion programmes and the growth of the digital champions network committing funding to these activities where required.

5. Where support can be accessed to help an individual within the Primary care setting in their own local area this should be the default. If referral to specialist services is required then this should be straightforward and timely.

Services in West Dunbartonshire are provided locally within our 3 Health Centres (Vale Centre for Health & Care, Clydebank Centre for Health & Care and Dumbarton Health Centre). Our Wellbeing Nurses and Community Link workers are embedded within the GP Practice of which 14/16 practice are within the Health Centres.

PCMHT is based within our Health centres, however during the pandemic this activity has taken place in a hybrid model of virtual and face to face appointments.

Specialist Mental Health Services are provided from Mental Health Resource Centres, which are situated in our 2 localities Clydebank & Dumbarton. The Acorn Centre (for CAMHS) is in the Vale of Leven Hospital, with a clinic in Clydebank Health & Care Centre recently established.

Referral to Specialist Mental Health Services is supported via SCI Gateway, which is embedded within GP EMIS System and utilised by the GP Practice team, including Wellbeing Nurses. Where appropriate a number of our other services are supported via this system.

Local Mental health services can make direct referral to Specialist Mental Health services without the need to refer back through the GP Practice (when appropriate). It would be our intention to build on this pathway for the MHWPC Service.

Within West Dunbartonshire Mental Health services there is a collaborative approach to how services are provided within our communities. Specialist Mental Health Service will accept appropriate referrals from across our mental health network which includes our local 3rd sector provider Stepping Stones unless additional investigation are required by other health professionals (ie GP reviewing physical health as cause of symptoms).

6. People presenting in the Out of Hours period should have access to the full range of options available in hours, accepting some options may not be available immediately.

As services are established locally alignment to the Board Navigation Hub and OOH pathways for in-hours response will be developed.

The HSCP will ensure local out of hours services are provided with key information to signpost / refer patients to services, this will be further developed as our services are established.

7. The Primary Care mental health services linked to a group of practices or a locality to serve a population needs to be developed and resourced to provide appropriate levels of mental health assessment, treatment and support within that Primary care setting.

It is anticipated that the Mental Health Wellbeing Primary Care Service will align to our existing models of service provision within the HSCP either across our 2 localities (Alexandria / Dumbarton - serving 9 GP Practices, population 49,841 and Clydebank - Serving 7 GP practices population 45,484) or across the HSCP.

PCMHT and stepping stones work across the HSCP with staff operating from a number of bases, our CMHT has a resource centre within our 2 localities.

CAMHS are based within Alexandria Vale of Leven Hospital.

8. Staffing levels within Primary Care mental health services will be subject to, and compliant with, safe staffing legislation.

Primary Care Mental Health Staffing levels is are accordance with Scottish Government Safe and Effective Staffing in Health & Social Care with appropriate contingency plans in place. Escalation process in place in terms of service and corporate risk registers.

Governance and oversight of the service will sit within the Mental Health Service management structure with support from professional leads. The new service will be developed and will link in to established structures and governance processes relating to safe staffing legislation already in place for the wider community Mental Health Team, for example Lone Working. In addition staff will work within accordance to this professional guidance and structures. Safe staffing legislation will be adhered to throughout the development and implementation of the service. Staff physical and mental health and wellbeing will be actively promoted within the service and staff will be provided with the resources, training and supervision required to fulfil their duties. Individual and team workloads will be monitored and reviewed regularly.

9. Evidence based psychological therapies need to be offered, with appropriate supervision and stepping up seamlessly to secondary care mental health services where appropriate.

Psychological therapies are provided by the HSCPs Primary Care Mental Health Team who have direct referral pathways (via EMIS) to Community Mental Health Teams and Specialist Services. They also have established referral pathways with 3rd sector organisations and will direct people to National organisations as required for emotional support.

Clinical Supervision for WD PCMHT psychological therapy staff is provided by Dr Ross Turner, WD PCMHT Consultant Clinical Psychologist and Dr Alasdair Cameron, Principal Psychologist, Goldenhill CMHT/ WD PCMHT  
WD HSCP contracts Stepping Stones to provide the Person Centred Counselling Service.

Counselling staff are accredited, or working toward accreditation with the BACP. Supervision is provided in house and by private facilitation from qualified supervisors. Guided Self Help Support Workers are registered with the SSSC and supervised by SSSC registered supervisors. Stepping Stones is registered with Care Inspectorate (CS2016353166)

10. The use of screening and clinical measures pre and post intervention is encouraged, as this can indicate efficacy of intervention as well as assist with triage to ensure people are seen in the right service as quickly as possible.

- PCMHT use the CORE 10 clinical outcome measure at every treatment appointment as a measure of improvement/ deterioration in symptoms.

- Stepping Stones use Core 10 clinical outcome measure during 1:1 support sessions.

- Wellbeing Nurse Service does not use clinical outcome measures, this is currently under review with a look to standardise the approach.

- Community Link worker Service use the short Warwick-Edinburgh Mental Wellbeing Scale.

- SAMH DBI Service use a distress scale from 1-10 at the beginning and throughout the 2 week support period.

Anticipated Investment:	Details	£
Staffing	Workforce costs (based on 6 months, this reduces to £184,600 for 4 months). HSCP recognises the risk of overspending however experience in recruiting new workforce advises low risk of excessive overspend, which HSCP have agreed to offset to reserves.	258,300
Accommodation	To be developed as part of detailed plan for year 2 - 4	Not identified
Administration	admin or project costs and facilitate the creation and ongoing running of the local planning group.	18,500
Equipment	Laptops, uniform etc. will be included as part of staff oncosts	Included within staff oncosts
Transport	Mileage / travel is part of staff oncosts included in staffing	Included within staff oncosts
Communications	included within administration	0
Service Accessibility		No identified
Other (please specify)		
<b>TOTAL</b>		<b>276800</b>

#### Outcomes, monitoring and reporting [TBC]

Data sets will need to be developed to support the monitoring and reporting of patient and service outcomes. Robust IT is required to support this, or service will find that manual record of information to support this will be required. Developments will be required within EMIS Web and GP EMIS.

Please describe your local planning group and reporting structure?

Mental Health Wellbeing Local Planning Group established in March 2022.  
Weekly meetings in March - May moving to monthly from June 2022.  
Meetings have informed the development of the plan for year 1 with overview of approach for years 2-3.  
Detailed plan for years 2-3 will be informed by wider engagement activity which will be developed by the local planning group.  
The group will liaise with locality groups and report to HSCP SMT / IJB (frequency and reporting to be agreed)  
The local planning group will report into the NHS GG&C Primary Care Mental Health and Well-being Services Group.  
Reports will be submitted to the Scottish Government in March and October each year.  
Group is chaired by Dr Fiona Wilson, Clinical Director, West Dunbartonshire HSCP.  
The remit of the local planning group is defined as per the national guidance and representation includes the areas indicated within the guidance document with additional local representation from education and staff side.

Please note that this plan must be completed in detail and in line with the Planning Guidance to ensure that funding is released



**Appendix 3:** Direction from Health and Social Care Partnership Board.

**Item 11**  
**Appendix 3**

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

**From:** Chief Office HSCP  
**To:** Chief Executives WDC and NHSGCC  
**CC:** HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair  
**Subject:** For Action: Directions from HSCP Board 16 August 2022

**Attachment: Mental Health and Wellbeing in Primary Care**

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000030SC160822.
2	Date direction issued by Integration Joint Board	16 August 2022
3	Report Author	Sylvia Chatfield, Head of Mental Health, Addictions & Learning Disability
4	Direction to:	NHS Greater Glasgow and Clyde
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Mental Health and Wellbeing in Primary Care Services
7	Full text and detail of direction	The Scottish Government has provided ring-fenced funding to support Mental Health Recovery and Renewal across a number of settings and services in response to the impact of the Covid-19 pandemic. This direction covers the deliver plans for Year 1: Mental Health Wellbeing in Primary Care Services. NHSGGC will support recruitment, commissioning and procurement of services. Refer to Appendix 1 of the full report for details of: funding for Year 1 and indicative funding for Years 2 & 3; recruitment and commissioning plans.
8	Specification of those impacted by the change	The funding will support the development of a new service to build on the existing workforce supporting mental health in primary care settings, this includes the Wellbeing Nurses (funded through Action 15) and the Community Link Workers (funded through PCIP).
9	Budget allocated by Integration Joint Board to carry out direction	The proposals to spend the Scottish Government's 2022/23 funding allocation of up to £0.174m are contained within Table 1 and Table 2 – see Appendix 1. These tables also provide details on the projected funding allocations for 2023/24 to 2025/26 and

		the anticipated spending profile. As the plan will be part year for 2022/23 the residual funding will be held in an earmarked reserve and utilised in future years to supplement the anticipated SG funding.	
10	Desired outcomes detail of what the direction is intended to achieve	By the end of the four year plan (2025/26), every citizen in West Dunbartonshire should be supported by an expanded multi-disciplinary team providing early intervention to support their mental health and wellbeing.	
11	Strategic Milestones	Build capacity within existing services	Please refer to Appendix 1 - Section 11: Process and Timescales
12	Overall Delivery timescales	The Scottish Government funding extends until 2026.	
13	Performance monitoring arrangements	Performance will be monitored through a combination of local and NHSGGC board wide groups as well as the HSCP Board and the Scottish Government. Again Refer to Appendix 1 – Section 11: Process and Timescales for details	
14	Date direction will be reviewed	March 2023	