

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Tuesday, 27 September 2022

Time: 15:00

Format: Hybrid Meeting

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

Dear Member

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

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

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer
Health and Social Care Partnership

Distribution:-**Voting Members**

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

Non-Voting Members

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

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

Date of Issue: 20 September 2022

Audio Streaming

Please note the sound from this meeting will be recorded for live and subsequent audio streaming. All of this meeting will be audio streamed and will be published on West Dunbartonshire Council's host's webcast/audio stream platform.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

TUESDAY, 27 SEPTEMBER 2022

1 APOLOGIES

2 DECLARATIONS OF INTEREST

3 RECORDING OF VOTES

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

4 (a) MINUTES OF PREVIOUS MEETING 7 - 12

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 16 August 2022.

(b) ROLLING ACTION LIST 13 - 14

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

5 VERBAL UPDATE FROM CHIEF OFFICER

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

6 2022/23 FINANCIAL PERFORMANCE REPORT 15 - 47

Submit report by Julie Slavin, Chief Financial Officer providing an update on the financial performance based as at period 4 to 31 July 2022.

7 WEST DUNBARTONSHIRE HSCP ANNUAL PERFORMANCE REPORT 2021-2022 49 - 126

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation providing an overview of the HSCP's performance in planning and carrying out integrated functions. The Annual Performance Report is produced for the benefit of Partnerships and their communities. This report also includes a complaints management overview for the year 2021/22.

- 8 CLINICAL AND CARE GOVERNANCE ANNUAL REPORT 2021 127 - 154**
- Submit report by Val Tierney, Chief Nurse providing detail on the Clinical and Care Governance (C&CG) Annual Report 2021 which describes the C&CG oversight arrangements in West Dunbartonshire HSCP and the progress made in assuring and improving the quality of health and social care. The purpose of this report is to provide assurance that health and care governance systems are in place to support the HSCP in monitoring and improving the quality of health and care that it provides. This includes services that are hosted, provided jointly with partner organisations, or commissioned from external providers. The principle achievements, risks and challenges to care quality are reflected in the report.
- 9 NATIONAL CARE SERVICE (NCS) (SCOTLAND) BILL 155 - 165**
- Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation to seek approval from Members with regard to the formal consultation response in respect of the National Care Service (NCS) (Scotland) Bill.
- 10 SCOTTISH GOVERNMENT FUNDING FOR CHILDREN AND YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH SUPPORTS AND SERVICES UPDATE 167 - 170**
- Submit report by Lesley James, Head of Children's Health, Care and Justice and Chief Social Worker providing an update on work to develop and improve community mental health support and services for children and young people within West Dunbartonshire aligned to the programme for government funding.
- 11 IMPLEMENTATION OF DIRECTIONS POLICY 171 - 186**
- Submit report by Margaret Jane Cardno, Head of Strategy and Transformation providing an update on the implementation of the Directions Policy, which was approved by the HSCP Board on the 23 September 2020 alongside an opportunity to review the implementation of Directions issued between the 30 September 2020 and 31 March 2022.
- 12 MINUTES OF MEETING FOR NOTING 187 - 193**
- Submit for information the Draft Minutes of Meeting for Joint Staff Forum (JSF) held on 30 June 2022.

For information on the above agenda please contact: Lynn Straker, Committee Officer,

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Email: 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 Tuesday, 16 August 2022 at 2.04 p.m.

Present: Michelle Wailes, Emilia Crighton (for Rona Sweeney) and 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; Barbara Barnes, Chair of the Locality Engagement Network, Alexandria and Dumbarton; Kim McNab, Service Manager – Carers of West Dunbartonshire; John Kerr, Housing Development and Homelessness Manager* and Helen Little, Lead Allied Health Professional.

* arrived later in the meeting.

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 Disabilities 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 and Chris Gardner, Auditors, Audit Scotland; Dr Saied Pourghazi, Clinical Director; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Anne MacDougall, Chair of the Locality Engagement Network, Clydebank; Alan Douglas, Manager of Legal Services; Ashley MacIntyre and Lynn Straker, Committee Officers.

Apology: An apology for absence was intimated on behalf of Rona Sweeney, NHS Greater Glasgow and Clyde Health Authority.

Michelle McGinty in the Chair

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 27 June 2022 were submitted and approved as a correct record.

ROLLING ACTION LIST

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

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.

VARIATION IN ORDER OF BUSINESS

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

VERBAL UPDATE FROM CHIEF OFFICER

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

2022-2023 FINANCIAL PERFORMANCE UPDATE

A report was submitted by the Chief Financial Officer providing an update on the financial performance as at Period 3 to 30 June 2022.

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

- (1) the updated position in relation to budget movements on the 2022/23 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and the first direction for 2022/23 back to partners to deliver services to meet the HSCP Board's strategic priorities;
- (2) the reported revenue position for the period 1 April 2022 to 30 June 2022 is reporting a favourable (underspend) position of £0.136m (0.31%);
- (3) the projected outturn position of £0.863m underspend (0.5%) for 2022/23, including all planned transfers to earmarked reserves;

- (4) that the forecast costs for Covid-19 for 2022/23 are currently estimated to be £8.507m (including the costs of the £500 thank-you payments);
- (5) the update on the monitoring of savings agreed for 2022/23;
- (6) the bad debt write off for quarter one;
- (7) the current reserves balances;
- (8) the update in the capital position and projected completion timelines; and
- (9) the impact of a number of ongoing and potential burdens on the reported position for 2022/23 and the previously reported budget gaps for 2023/24 and 2024/25.

REQUEST FROM WEST DUNBARTONSHIRE COUNCIL IN RESPONSE TO URGENT NOTICE OF MOTION

A report was submitted by the Chief Officer allowing Members to consider a request from West Dunbartonshire Council (WDC) that un-earmarked reserves be used to mitigate against the costs associated with the Council's ambition to abolish charges for non-residential services.

Martin Rooney seconded by Clare Steel moved:-

The Health and Social Care Partnership, Integration Joint Board notes the report from the Chief Officer West Dunbartonshire HSCP.

The Board agrees that the £2.090m liability identified at 4.10 of the report for the 2022/23 budget must be included in this current year's budget planning.

This burden had previously been identified in February 2022 and was agreed at the Council budget setting in March 2022. The HSCP should have built this into their budget assumptions at the start of the financial year.

The Board notes the Chief Officer's concerns about the request of reducing the budget part way through the year and agrees that the HSCP should instead look to building abolition of the non-residential care charges into the HSCP 2023/24 budget.

ADJOURNMENT

The Chair adjourned the meeting for a short recess to obtain legal advice. The meeting reconvened at 2.50 p.m. with all those listed in the sederunt present.

The Manager of Legal Services then provided Members with advice on how motions and amendments were dealt with.

ADJOURNMENT

The Chair adjourned the meeting for a short recess due to technical issues with sound. The meeting reconvened at 3.07 p.m. with all those listed in the sederunt present.

As an amendment, Emilia Crighton seconded by Michelle Wailes moved:-

A short-life working group would need to be established to consider the financial and strategic practicalities.

On a roll call vote being taken, 3 Members voted for the amendment, namely Emilia Crighton, Lesley Rousselet and Michelle Wailes and 3 Members voted for the motion, namely Clare Steel, Michelle McGinty and Martin Rooney.

The Manager of Legal Services advised that the status quo would prevail and Standing Order 12 would not preclude reconsideration of any such item within a six month period. If the voting members do not agree on a means of resolving a dispute at a meeting of the Board, the formal dispute resolution mechanism specified in the Integration Scheme may be used on either party's formal request.

Note: John Kerr joined the meeting during consideration of this item.

ADJOURNMENT

The Chair adjourned the meeting for a short comfort break. The meeting reconvened at 3.53 p.m. with all those listed in the sederunt present.

ANALYSIS OF RESERVES

A report was submitted by the Chief Financial Officer providing a clear framework for Members to ensure reserves were effectively managed to meet the financial risks and uncertainties faced by the HSCP whilst enabling the Partnership Board to provide the capacity to invest in the delivery of the HSCP Strategic Plan.

Martin Rooney seconded by Clare Steel moved:-

The board continues to agree to continue the reserves update report until the decision on the application of the looked after and accommodated children's residential placement is reached between the HSCP and the Council.

Michelle Wailes seconded by Emilia Crighton moved:-

That the recommendations within the paper need to be considered at the Board meeting today.

As an amendment, Michelle McGinty moved:-

The board agrees recommendations A-D with the addition of a further recommendation E – that the Board recognises the potential burden of the conclusion of the Children and Families review and further recognises that any decision will be funded by existing HSCP reserve in 2022/23.

Having heard the amendment and with the agreement of the seconder, Martin Rooney withdrew his motion.

Michelle McGinty's amendment was then seconded by Clare Steel.

On withdrawal of the original motion, the first amendment became the motion.

On a roll call vote being taken, 3 Members voted for the amendment, namely Clare Steel, Michelle McGinty and Martin Rooney and 3 Members voted for the motion, namely Emilia Crighton, Lesley Rousselet and Michelle Wailes

The Manager of Legal Services advised that the status quo would prevail and Standing Order 12 would not preclude reconsideration of any such item within a six month period. If the voting members do not agree on a means of resolving a dispute at a meeting of the Board, the formal dispute resolution mechanism specified in the Integration Scheme may be used on either party's formal request.

ADJOURNMENT

The Chair adjourned the meeting for a short recess. The meeting reconvened at 4.32 p.m. with all those listed in the sederunt present.

NATIONAL CARE SERVICE (NCS) (SCOTLAND) BILL

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

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 note the update on the National Care Service (Scotland) Bill; and
- (2) to instruct officers to draft a response to the ongoing consultation on the National Care Service on behalf of the HSCP Board and given the deadline for submission to Scottish Government is 2 September, which is before the next formal meeting of the board, agreed to delegate the approval of the submission to the Chair, Vice Chair and Chief Officer.

ALCOHOL AND DRUG PARTNERSHIP (ADP) UPDATE

A report was submitted 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).

After discussion and having heard from the Head of Mental Health, Addictions and Learning Disability in further explanation and in answer to Members' questions, the Board agreed to approve the spending proposals as outlined in Section 4 of the report.

MENTAL HEALTH AND WELLBEING IN PRIMARY CARE SERVICE

A report was submitted 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.

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

- (1) to support the Year 1 plan; and
- (2) to note the progress and planned next steps for the development of the Mental Health & Wellbeing in Primary Care Service.

ADOPTION OF MODEL CODE OF CONDUCT

A report was submitted by the Principal Solicitor informing Members of amendments to the Model Code of Conduct produced by the Scottish Government. The Model Code of Conduct applied to members of devolved public bodies such as the HSCP Board. The Standards Commission has brought out guidance to reflect the changes made to the Model Code.

After discussion and having heard from the Manager of Legal Services in further explanation and in answer to Members' questions, the Board agreed to adopt the Model Code and the Guidance with the deletion of paragraph 3.11 from Appendix 1 to the report.

The meeting closed at 5.02 p.m.

WEST DUNBARTONSHIRE HSCP BOARD

ROLLING ACTION LIST

Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status
Unison Ethical Care Charter – June 2020	The Board agreed that, in relation to the Ethical Charter Improvement Action Plan, officers would: (i) review the level of Trade Union involvement that would be appropriate, and also look at having this involvement through the Practice and Development Group; and (ii) look at a more appropriate review period for a collaborative review of less than 24 months which was considered to be overly long.	Head of Strategy and Transformation Margaret-Jane Cardno	September 2022	UPDATE: 14/09/22 Work has not progressed on this action due to the ongoing challenges in the recruitment of a Commissioning Manager. The additional role of Commissioning Officer, although approved by the HSCP Board and the subject of a Direction to West Dunbartonshire Council, has been rejected for recruitment by the Council. These matters and the mitigating actions have previously been highlighted to the HSCP Board as part of the reporting on strategic risk and this risk in particular has been escalated. Until these ongoing matters are resolved there is a dearth of capacity within the service and it is unlikely any significant progress will be made in this area.	OPEN

Directions on all HSCP Reports	Audit advised at the 16 August 2022 Board meeting they would like reference numbers of all directions included going forward.	All Authors	Ongoing		CLOSED

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

27 September 2022

Subject: 2022/23 Financial Performance Report**1. Purpose**

- 1.1** To provide the Health and Social Care Partnership Board with an update on the financial performance based as at period 4 to 31 July 2022.

2. Recommendations

- 2.1** The HSCP Board is recommended to:

- **Note** the updated position in relation to budget movements on the 2022/23 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and **approve** the direction for 2022/23 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
- **Note** the reported revenue position for the period 1 April 2022 to 31 July 2022 is reporting a favourable (underspend) position of £0.176m (0.29%);
- **Note** the projected outturn position of £0.754m underspend (0.41%) for 2022/23, including all planned transfers to earmarked reserves;
- **Note** that the forecast costs for Covid-19 for 2022/23 are currently estimated to be £4.100m (including the costs of the £500 thank-you payments) and that the Scottish Government has indicated that there will be a mechanism for returning surplus funds;
- **Note** the update on the monitoring of savings agreed for 2022/23;
- **Note** the current reserves balances;
- **Note** the update in the capital position and projected completion timelines; and
- **Note** the updated impact of a number of ongoing and potential burdens on the reported position for 2022/23 and the previously reported budget gaps for 2023/24 and 2024/25.

3. Background

- 3.1** At the meeting of the HSCP Board on 21 March 2022 members agreed the 2022/23 revenue estimates. A total indicative net revenue budget of £185.117m (excluding Set Aside) was approved as the health allocation was subject to NHSGCC Board formal approval.
- 3.2** Since the March HSCP Board report there have been a number of budget adjustments. A total net budget of £185.881m is now being monitored as detailed within Appendix 1.

4. Main Issues

Financial Impacts of the HSCP Response to the Covid-19 Pandemic

- 4.1** Throughout 2021/22 the Local Mobilisation Plan (LMP) Covid-19 financial tracker was submitted quarterly to the Scottish Government, however in 2022/23 this has reverted to a monthly submission, to allow close monitoring of the impact of Covid Cost Improvement Programmes.
- 4.2** The second financial tracker for 2022/23 was submitted on 24 August 2022 and Table 1 provides a summarised version of the forecast costs. At this time the costs only extend until the end of the 2022/23 financial year; however it is anticipated that some expenditure commitments will extend into 2023/24 and will require to be carefully managed.
- 4.3** The opening earmarked Covid-19 reserve was £9.213m and at this time it is forecast that expenditure in 2022/23 will be £4.100m (including £0.077m relating to final social care £500 thankyou payments) leaving a projected balance of £5.190m. This is a significant reduction from the £8.507m reported to the August Board as explained below.
- 4.4** The vast majority of the PPE distributed in 2021/22 came from the local PPE Hubs operated by WDC on behalf of the HSCP, with the PPE supplied by National Services Scotland (NSS) free of charge. The return for the first quarter assumed that for 2022/23 that these costs would be recharged to the HSCP and they were included within the first return for 2022/23. However feedback from the Scottish Government advised that these costs were to be removed resulting in a reduction in anticipated Covid-19 spend for 2022/23 of £3.425m.
- 4.5** In addition, a further £0.982m of costs have been removed from the latest submission relating to health and social care staffing, provider sustainability payments, and loss of older people day care income of £0.409m, £0.519m and £0.054m respectively, reflecting changes to guidance.
- 4.6** Email correspondence has been received from the Director of Health Finance and Governance indicating that the Scottish Government plan to reclaim surplus Covid funding to be redistributed across the sector to meet current Covid priorities as an in year adjustment to reserves. It has also been acknowledged that future Covid related costs will need to be considered as part of the overall budget envelope that is agreed through the usual Scottish Government budget process in 2023/24 and beyond. The detail of this along with the process and timetable to follow will be subject to further communication.

Table 1 - Summary of Covid-19 Costs and Funding to 31 July 2022

Covid/Remobilisation Cost Analysis	Actual to Date	Full Year Forecast
	£000's	£000's
Covid-19 Pressures		
Scale up of Public Health Measures	0	40
Flu Vaccination & Covid-19 Vaccination (FVCV)	70	237
Additional Staff Costs (Contracted staff)	125	673
Additional Staff Costs (Non-contracted staff)	10	27
Additional Capacity in Community	53	160
Adult Social Care	81	243
Children and Family Services	1	799
Homelessness and Criminal Justice Services	32	95
Reducing Delayed Discharge	60	206
Covid-19 Financial Support for Adult Social Care Providers	97	980
Digital & IT costs	28	177
Loss of Income	79	238
Other	2	206
Staff Wellbeing	0	19
Total Spend	638	4,100
Funding		
Opening Earmarked Reserve for Covid Pressures	(9,213)	(9,213)
Grant Funding for Social Care £500 Thankyou Payment	0	(77)
Total Funding	(9,213)	(9,290)
Projected Balance to be reclaimed by the Scottish Government	(8,575)	(5,190)

Summary Position

- 4.7** The current year to date position as at 31 July 2022 is an underspend of £0.176m (0.29%). The early projected outturn position, with all identified Covid-19 costs being fully funded from reserves, is a potential underspend of £0.754m (0.41%). The consolidated position is presented in greater detail within Appendix 3, with the individual Health Care and Social Care reports detailed in Appendix 4.
- 4.8** Members should note that the projected underspend takes into account £9.401m of expenditure to be drawn down from earmarked reserves. Summary detail on the anticipated level of reserves is provided within Appendix 6.
- 4.9** The summary position is reported within Table 2 below which identifies the projected 2022/23 budget under spend of £0.754m (0.41%). This will be subject to change as the year progresses; and there is further clarity on the outcome of the review of the Children and Families, Residential Placements

allocation from the current 50/50 split to a potential 80/20 split (HSCP/Education), expected in October.

Table 2 - Summary Financial Information as at 31 July 2022

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Health Care	108,874	33,006	32,870	136	113,495	(4,621)	(5,029)	408	0.37%
Social Care	111,055	31,894	31,540	354	110,343	712	(347)	1,059	0.95%
Covid-19	0	0	77	(77)	4,100	(4,100)	(4,023)	(77)	0.00%
Expenditure	219,929	64,900	64,487	413	227,938	(8,009)	(9,399)	1,390	0.63%
Health Care	(4,680)	(733)	(733)	0	(4,680)	0	0	0	0.00%
Social Care	(29,368)	(3,310)	(3,073)	(237)	(28,653)	(715)	(2)	(713)	2.43%
Covid-19	0	0	0	0	(77)	77	0	77	0.00%
Income	(34,048)	(4,043)	(3,806)	(237)	(33,410)	(638)	(2)	(636)	1.87%
Health Care	104,194	32,273	32,137	136	108,815	(4,621)	(5,029)	408	0.39%
Social Care	81,687	28,584	28,467	117	81,690	(3)	(349)	346	0.42%
Covid-19	0	0	77	(77)	4,023	(4,023)	(4,023)	0	0.00%
Net Expenditure	185,881	60,857	60,681	176	194,528	(8,647)	(9,401)	754	0.41%

4.10 Analysis on the projected annual variances in excess of £0.050m is contained within Appendix 5.

4.11 The projected variance in relation to Care at Home is currently reporting a £0.007m overspend and is not therefore included within the analysis on projected variances within Appendix 5. However it is important to highlight that this minor overspend is only due to substantial recurring Scottish Government funding of £2.086m to build capacity in care at home community-based services to help to fulfil unmet need, and deal with a surge in demand and complexity of individual needs. Without this recurring funding the Care at Home projected overspend would increase from £0.007m to £1.382m.

4.12 It should also be noted that staff within both Health and Social Care Services will receive an additional public holiday on Monday 19 September 2022 as a mark of respect during the period of national mourning for Her Majesty Queen Elizabeth II. While this will incur additional costs in relation to staff cover this cost is unquantifiable at this time and is therefore not included in the forecast full year spend figures above and appended to this report.

Update on Pay Awards

4.13 The currently reported annual budget for both Health and Social Care services includes an estimation of the impact of the 2022/23 estimated pay uplift for all HSCP staff. Social Care estimates are based on the 2022/23 Public Sector Pay Policy while Health Care estimates are based on the average pay uplift applied to Health in 2021/22 with the average budgeted rates being circa 2.9% and 2.4% respectively.

4.14 As previously reported, in March Local Authority staff were offered a 2% pay rise with NHS Scotland staff being offered 5%. Union ballots for both Local

Authority and NHS Scotland staff opened on 10 June and 11 July and closed on 26 July and 8 August respectively. Both staffing groups voted to reject these initial offers leading to industrial action within the Local Authority staffing group.

Local Authority Pay Award

- 4.15** Following discussions with the First Minister, the Depute First Minister, Scottish Government and CoSLA an updated offer has been made to Local Authority staff which raises the minimum hourly rate in the SJC workforce to £10.85 and also ensures that 87% of the workforce nationally will receive no less than £1,925 uplift.
- 4.16** Trade Unions are currently consulting members on the offer (as detailed below) with a recommendation that it be accepted with the ballot due to run from 9 September until 28 September 2022.
- A pay increase of 5% or £2,000 (whichever is larger) for those earning up to £20,500. This is based on a 36 hour working week, so will vary slightly for any employee working different contractual hours.
 - A pay increase of 5% or £1,925 (whichever is larger) for those earning between £20,500 to £39,000. This is based on a 36 hour working week, so will vary slightly for any employee working different contractual hours.
 - A 5% pay increase for those earning between £39,000 to £60,000. This is based on a 36 hour working week, so will vary slightly for any employee working different contractual hours.
 - A maximum increase of £3,000 for those earning £60,000 or more. This is based on a 36 hour working week, so this will vary slightly for employees working different contractual hours.
 - An extra day of annual leave.
 - Removal of social care registration fees.
- 4.17** The revised offer for HSCP Social Care staff is estimated to cost an additional £2.684m (including the cost to provide cover for the additional day of annual leave for front line workers) and this cost is included within the updated Budget Gap Analysis table within sections 4.26 and 4.27 of this report.

Health Care Pay Award

- 4.18** As highlighted above NHS Scotland staff voted to reject the 5% pay offer based on a 'consultative' ballot with a majority saying they would take industrial action. As a result NHS Scotland staff will now be formally balloted across NHS Boards and private contractors in Scotland from 3 October 2022 to 31 October 2022.

- 4.19** While negotiations are ongoing taking into account the revised offer made to Local Authority staff it would seem prudent to estimate the cost of a matching offer for NHS Scotland staff at an overall average of 6%. It is estimated that this would cost a further £1.063m and similar to the Social Care staff this cost is included within the updated Budget Gap Analysis table within sections 4.26 and 4.27 of this report.
- 4.20** While Health Boards have historically received an element of funding towards pay negotiations, when the agreed pay uplift exceeds the annual inflationary uplift (with appropriate share passed over to HSCP's), there has been no formal indication of any further funding at this time while negotiations are ongoing.
- 4.21** At the time of writing, reports suggest that the Scottish Government have increased the pay envelope to £600m of funding to Local Authorities to support the revised pay offer to staff which for West Dunbartonshire Council would equate to approximately £10.303m (based on 1.72% GAE). Historically an appropriate share of increased funding of this nature has been passed to the HSCP to fund final agreed pay awards.

Update on Reserves

- 4.22** Analysis of reserves is detailed in Appendix 6 and identifies that at this time is anticipated that £9.401m will be drawn down from earmarked reserves to fund expenditure in 2022/23.
- 4.23** As detailed in section 4.6 of this report the Scottish Government plan to reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities as an in year adjustment to reserves. While the process and timetable for this is subject to further communication the anticipated reclaim of £5.190m is fully reflected in Appendix 6. This results in a nil Covid reserve at 31 March 2023 and total forecast earmarked reserves drawdown in 2022/23 of £14.591m.

Housing Aids and Adaptations and Care of Gardens

- 4.24** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services delegated to the HSCP Board and should be considered as an addition to the HSCP's 2022/23 budget allocation of £81.687m from the council.
- 4.25** These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.
- 4.26** The summary position for the period to 31 July 2022 is included in the table below and will be reported as part of WDC's financial update position.

Table 4 - Financial Performance as at 31 July 2022

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Adjusted Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	
Care of Gardens	455	152	152	0	455	0	0.0%
Aids & Adaptations	250	83	83	0	250	0	0.0%
Net Expenditure	705	235	235	0	705	0	0.0%

2022/23 Capital Expenditure

4.27 The capital updates for Social Care are contained within Appendix 7 and details the actual and forecast progress on a number of capital projects being:

- Special Needs - Aids & Adaptations for HSCP clients;
- Criminal Justice Adaptations;
- Replace Elderly Care Homes and Day Care Centres;
- Community Alarm upgrade; and
- Replacement of Care First

Budget Gap Analysis

4.28 Officers have updated the ongoing review of all potential burdens that may impact on the currently reported position for 2022/23 and the previously reported budget gaps for 2023/24 and 2024/25 on a best, likely and worst case scenario.

4.29 Table 5 details the potential financial impact of a number of burdens ranging from pay uplifts (as discussed in section 4.13 to 4.20) and the ongoing review of children and families residential care to complex care packages and commissioning risks.

Table 5 – Financial Impact of Potential HSCP Burdens

Consolidated Budget Gap Analysis			2022/23	2023/24	2023/24	2023/24	2024/25	2024/25	2024/25
			£000's	£000's	£000's	£000's	£000's	£000's	£000's
			Likely	Best	Likely	Worst	Best	Likely	Worst
Budget Gap Reported March 2022			-	833	2,815	8,492	3,562	5,623	11,445
Forecast Surplus @ July 2022			(754)						
Budget Pressures not Reported									
Pay Inflation			3,747	3,935	3,935	3,935	4,131	4,131	4,131
Impact of Posts Funded from Reserves				813	813	813	1,322	1,322	1,322
Children & Families Review			2,138	2,245	2,245	2,245	2,358	2,358	2,358
Complex Care Packages			199	765	784	802	804	842	882
Commissioning Risk			522	1,132	1,313	1,440	1,184	1,392	1,545
Office365				140	140	140	140	140	140
Revised Budget Gap @ July 2022			5,852	9,863	12,044	17,866	13,501	15,809	21,824

- 4.30** While it is anticipated that an element of funding for final pay uplifts will be forthcoming, Table 5 shows that if all the potential burdens were to be realised (and unfunded) in 2022/23 the forecast underspend of £0.754m could change to a forecast overspend of £5.852m. If this were to transpire the HSCP would require to put a recovery plan in place which would include utilisation of the general unearmarked reserve balance held in accordance with the HSCP Board's Reserve Policy. In addition the impact on 2023/24 and 2024/25 could range from £9.030m to £10.379m.

5. Options Appraisal

- 5.1** None required

6. People Implications

- 6.1** Other than the position noted above within the explanation of variances there are no other people implications known at this time.

7. Financial and Procurement Implications

- 7.1** Other than the financial position noted above, there are no other financial implications known at this time. The regular financial performance reports to will update on any material changes to current costs and projections.

8. Risk Analysis

- 8.1** The main financial risks to the 2022/23 projected outturn position relate to the impact of a number of potential HSCP burdens and anticipated increases in demand for some key services such as mental health and other social care services as the HSCP continues to move through its Covid-19 Recovery and Renewal phases.
- 8.2** As the Scottish Government seeks to balance its budget and fund a number of additional financial pressures, such as Local Authority pay negotiations, there is (as already evidenced by the reclaim of surplus Covid reserves) a wider risk linked to the sustainability of current funding streams (and unused earmarked reserves) related to various Scottish Government policy initiatives.
- 8.3** The ongoing impact of Britain's exit from the European Union on an already Covid depressed UK Economy may have a detrimental impact on public sector funding, coupled with rising inflation and interest rates.
- 8.4** As previously advised an employer's liability insurance claim was been submitted on behalf of a WDC employee working within the HSCP. The employer's liability policy excess is £0.250m. While the Council anticipate that the HSCP will be responsible for costs up to this amount the Integration Scheme sets out clear responsibilities with regard to Claims Handling, Liability and Indemnity. While no provision was included within the 2021/22 draft unaudited accounts until this claim is fully resolved there remains a risk to the HSCP regarding the cost allocation of any insurance excess.

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None required.

11. Consultation

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

12. Strategic Assessment

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

13. Directions

13.1 The recurring and non-recurring budget adjustments up to 31 July 2022 (as detailed within Appendix 1) will require the issuing of a revised direction, see Appendix 8.

Julie Slavin – Chief Financial Officer

Date: 14 September 2022

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

- Appendix 1 – Budget Reconciliation
- Appendix 2 – Monitoring of Savings
- Appendix 3 – Revenue Budgetary Control 2022/23
(Overall Summary)
- Appendix 4 – Revenue Budgetary Control 2022/23
(Health Care and Social Care Summary)
- Appendix 5 – Variance Analysis over £0.050m
- Appendix 6 – Reserves
- Appendix 7 – Social Care Capital Update
- Appendix 8 – Directions

Background Papers: 2022/23 Annual Budget Setting Update – March 2022
HSCP Board

2022/23 Financial Performance Update – August 2022
HSCP Board

Localities Affected: All

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved at Board Meeting on 21 March 2022	102,991	82,126	185,117
Health Rollover Budget Adjustments			
Admin & Mgmt - Recurring additional SG uplift for Band 8&9, Medical & Dental	42		42
Admin & Mgmt - Recurring transfer of funding for Chief Nurse post from EDHSCP	41		41
FHS GMS - Recurring Adjustment to Rollover Budget	(397)		(397)
FHS Other - Recurring Adjustment to Rollover Budget	(104)		(104)
Various - Full year effect impact on Rollover budget re in year transfers	32		32
Period 1 to 3 Adjustments			
Budget Transfer for Action for Children and Blue Triangle to WDC		(82)	(82)
SG Additional funding uplift	3		3
SG Infant Feeding additional funding	44		44
SG District nursing additional funding	50		50
SG CAMHS funding	392		392
Camchp04 Pcip Ppsu Transfer	169		169
Apremilast Cam Acute M01 Feb22	8		8
Apremilast Cam Acute M02 Mar22	13		13
Apremilast Cam Acute M03 Apr22	8		8
Period 4 Adjustments			
Mobile Phone Virement		(8)	(8)
Hscp Gds Ncl 22-23 Fyb Bud Est	873		873
Apremilast Cam Acute Accrual	(1)		(1)
Apremilast Cam Acute M04 May22	11		11
NHS Board SESP Diabetes Funding	20		20
Revised Budget 2022/23	104,194	82,036	186,230
Budget Funded from Earmarked Reserves		(349)	(349)
Budget Funded from Partner Organisations	104,194	81,687	185,881

Efficiency Detail	Service Area	Total Savings to be Monitored	Savings Anticipated to be Achieved as Planned	Savings not anticipated to be achieved as planned but funded from Earmarked Reserve	Savings not anticipated to be achieved as planned but to be covered by other HSCP underspends / funding streams
		£000	£000	£000	£000
Social Care					
2018/19 Savings Proposals Revised for Public Consultation and Review					
Housing Support - Spend to Save Project. Move to Core and Cluster Model of Support. Phase 2 - New Build Bungalow	Residential LD	180	80		100
2019/20 Savings Based on 27 March Council Meeting					
Learning Disability - Out of Authority Repatriation Part Year	Residential LD	35	35		
Physical Disabilities - Charging £10 for Day opportunity	Physical Disability	16			16

Efficiency Detail	Service Area	Total Savings to be Monitored	Savings Anticipated to be Achieved as Planned	Savings not anticipated to be achieved as planned but funded from Earmarked Reserve	Savings not anticipated to be achieved as planned but to be covered by other HSCP underspends / funding streams
		£000	£000	£000	£000
2020/21 Baseline Budget Adjustments					
Reduction to taxis for social work clients	Children and Families	20			20
Invoke Ordinary Resident	Residential LD	136			136
Review of Residential Placements reflecting work of Service Improvement Leads	Children and Families	150			150
Part Year Reduction in Care at Home budget reflecting work of Service Improvement Leads	Care at Home	181			181
2020/21 Approved Savings delayed until 2021/22					
Admin Saving	Various	238			238
2021/22 Recurring Savings					
TRFS Staying Well Group	Mental Health	13	13		
Redetermination Adjustment for Community Placement	Children and Families	68	68		

Efficiency Detail	Service Area	Total Savings to be Monitored	Savings Anticipated to be Achieved as Planned	Savings not anticipated to be achieved as planned but funded from Earmarked Reserve	Savings not anticipated to be achieved as planned but to be covered by other HSCP underspends / funding streams
		£000	£000	£000	£000
2021/22 Approved Savings					
Review of foster carer strategy	Children and Families	215			215
Reduction in external property leases	Learning Disability and Addictions	30		30	
Care at Home service improvement project	Care at Home	425			425
2022/23 Approved Savings					
Reduction in external care home beds reflecting current level of service	External Care Homes	890	890		
Total Savings to be Monitored		2,597	1,086	30	1,481

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Older People Residential, Health and Community Care	32,161	10,873	10,555	318	31,567	594	(357)	951	2.96%
Care at Home	14,631	4,890	4,892	(2)	14,638	(7)	0	(7)	-0.05%
Physical Disability	2,686	1,086	1,023	63	2,497	189	0	189	7.04%
Childrens Residential Care and Community Services (incl. Specialist)	26,731	7,756	7,954	(198)	27,945	(1,214)	(618)	(596)	-2.23%
Strategy, Planning and Health Improvement	1,840	596	514	82	1,593	247	0	247	13.42%
Mental Health Services - Adult and Elderly, Community and Inpatients	9,986	4,280	4,239	41	10,550	(564)	(687)	123	1.23%
Addictions	2,723	1,078	1,078	0	3,346	(623)	(624)	1	0.04%
Learning Disabilities - Residential and Community Services	13,177	5,676	5,813	(137)	13,786	(609)	(199)	(410)	-3.11%
Family Health Services (FHS)	30,010	10,503	10,503	0	30,010	0	0	0	0.00%
GP Prescribing	20,185	6,394	6,394	0	20,185	0	0	0	0.00%
Hosted Services	7,788	2,398	2,338	60	8,097	(309)	(489)	180	2.31%
Criminal Justice (Including Transitions)	0	146	146	0	(19)	19	19	0	0.00%
Resource Transfer	17,096	4,025	4,025	0	17,096	0	0	0	0.00%
Covid-19	0	0	77	(77)	4,023	(4,023)	(4,023)	0	0.00%
HSCP Corporate and Other Services	6,867	1,156	1,130	26	9,214	(2,347)	(2,423)	76	1.11%
Net Expenditure	185,881	60,857	60,681	176	194,528	(8,647)	(9,401)	754	0.41%

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Employee	83,184	25,424	24,870	554	84,904	(1,720)	(3,529)	1,809	2.17%
Property	1,057	148	273	(125)	1,573	(516)	(141)	(375)	-35.48%
Transport and Plant	1,402	176	208	(32)	1,495	(93)	1	(94)	-6.70%
Supplies, Services and Admin	4,240	784	767	17	4,719	(479)	(530)	51	1.20%
Payments to Other Bodies	76,367	21,076	21,397	(321)	79,438	(3,071)	(2,107)	(964)	-1.26%
Family Health Services	30,789	10,733	10,733	0	30,789	0	0	0	0.00%
GP Prescribing	20,186	6,394	6,394	0	20,186	0	0	0	0.00%
Other	2,704	167	(154)	321	4,832	(2,128)	(3,093)	965	35.69%
Gross Expenditure	219,929	64,902	64,488	414	227,936	(8,007)	(9,399)	1,392	0.63%
Income	(34,048)	(4,045)	(3,807)	(238)	(33,408)	(640)	(2)	(638)	1.87%
Net Expenditure	185,881	60,857	60,681	176	194,528	(8,647)	(9,401)	754	0.41%

Health Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Planning & Health Improvements	743	203	184	19	684	59	0	59	7.94%
Childrens Services - Community	3,406	1,043	1,043	0	3,520	(114)	(114)	0	0.00%
Childrens Services - Specialist	2,109	703	689	14	2,238	(129)	(172)	43	2.04%
Adult Community Services	10,352	3,050	3,048	2	10,584	(232)	(238)	6	0.06%
Community Learning Disabilities	652	212	212	0	652	0	0	0	0.00%
Addictions	1,845	468	468	0	2,153	(308)	(308)	0	0.00%
Mental Health - Adult Community	3,765	1,513	1,472	41	4,238	(473)	(594)	121	3.21%
Mental Health - Elderly Inpatients	2,891	1,398	1,398	0	3,104	(213)	(213)	0	0.00%
Family Health Services (FHS)	30,010	10,503	10,503	0	30,010	0	0	0	0.00%
GP Prescribing	20,185	6,394	6,394	0	20,185	0	0	0	0.00%
Other Services	3,352	363	363	0	6,254	(2,902)	(2,901)	(1)	-0.03%
Covid-19	0	0	0	0	386	(386)	(386)	0	0.00%
Resource Transfer	17,096	4,025	4,025	0	17,096	0	0	0	0.00%
Hosted Services	7,788	2,398	2,338	60	8,097	(309)	(489)	180	2.31%
Net Expenditure	104,194	32,273	32,137	136	109,201	(5,007)	(5,415)	408	0.39%

Social Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Strategy Planning and Health Improvement	1,096	392	330	62	909	187	0	187	17.06%
Residential Accommodation for Young People	3,105	811	821	(10)	3,240	(135)	(105)	(30)	-0.97%
Children's Community Placements	5,767	1,752	1,823	(71)	5,982	(215)	0	(215)	-3.73%
Children's Residential Schools	3,544	1,073	1,260	(187)	4,105	(561)	0	(561)	-15.83%
Childcare Operations	4,659	1,309	1,318	(9)	4,907	(248)	(222)	(26)	-0.56%
Other Services - Young People	4,143	1,065	1,000	65	3,953	190	(5)	195	4.71%
Residential Accommodation for Older People	7,198	2,384	2,259	125	6,824	374	0	374	5.20%
External Residential Accommodation for Elderly	9,006	4,229	4,169	60	8,851	155	(25)	180	2.00%
Sheltered Housing	1,417	554	539	15	1,372	45	0	45	3.18%
Day Centres Older People	1,211	350	230	120	851	360	0	360	29.73%
Meals on Wheels	26	(5)	(1)	(4)	37	(11)	0	(11)	-42.31%
Community Alarms	21	(370)	(368)	(2)	28	(7)	0	(7)	-33.33%
Community Health Operations	2,932	681	681	0	3,021	(89)	(94)	5	0.17%
Residential - Learning Disability	10,341	4,871	5,015	(144)	10,969	(628)	(199)	(429)	-4.15%
Physical Disability	2,401	1,008	946	62	2,212	189	0	189	7.87%
Day Centres - Learning Disability	2,184	594	587	7	2,164	20	0	20	0.92%
Criminal Justice (Including Transitions)	(1)	146	146	0	(19)	18	19	(1)	100.00%
Mental Health	3,330	1,369	1,368	1	3,209	121	120	1	0.03%
Care at Home	14,631	4,890	4,892	(2)	14,638	(7)	0	(7)	-0.05%
Addictions Services	878	610	609	1	1,194	(316)	(316)	0	0.00%
Equipu	285	77	77	0	285	0	0	0	0.00%
Frailty	141	36	17	19	81	60	0	60	42.55%
Carers	1,564	403	403	0	1,026	538	538	0	0.00%
Integrated Change Fund	0	0	0	0	0	0	0	0	0.00%
Covid-19	0	0	77	(77)	3,637	(3,637)	(3,637)	0	0.00%
HSCP - Corporate	1,808	355	346	9	1,851	(43)	(60)	17	0.94%
Net Expenditure	81,687	28,584	28,544	40	85,327	(3,640)	(3,986)	346	0.42%

West Dunbartonshire Health & Social Care Partnership
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Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Health Care Variances					
Planning & Health Improvements	744	685	59	8%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The forecast underspend is mainly due to admin and clerical staffing vacancies and recruitment delays. No drawdowns from Earmarked Reserves have been anticipated at this time as spend plans are still to be confirmed.				
Mitigating Action	None available at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Mental Health - Adult Community	3,765	3,643	122	3%	↑
Service Description	This care group provides mental health services for adults				
Main Issues / Reason for Variance	The forecast underspend in core services is based on estimated recruitment timescales for vacancies. At this time the reserves drawdown relates to Action 15 posts and Covid Recovery fixed term posts.				
Mitigating Action	None available at this time				
Anticipated Outcome	An underspend is anticipated at this time				

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Budget Details	Variance Analysis				
	Annual Budget	Forecast Full	Forecast	% Variance	RAG Status
	£000	Year £000	Variance £000		
Hosted Services	7,788	7,608	179	2%	↑
Service Description	Hosted Services				
Main Issues / Reason for Variance	The forecast underspend is related to staffing turnover rate remains higher than target, however a planned over-recruitment of Band 5's underway to address this. Earmarked Reserves drawdown will fund Band 5 over-recruitment and purchase of equipment/hardware in relation to Electronic Patient Record implementation.				
Mitigating Action	Service managers will continue to address staffing vacancies				
Anticipated Outcome	An underspend is anticipated at this time				
Social Care Variances					
Strategy Planning and Health Improvement	1,096	908	187	17%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The favourable variances are due to a number of vacant posts				
Mitigating Action	A number of posts have went to advert				
Anticipated Outcome	Underspend assumed posts will be filled for 6 months				

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Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Children's Community Placements	5,767	5,982	(215)	-4%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The adverse variance is due to the previously approved savings for fostering reviews currently assumed to be unachieved.				
Mitigating Action	Service Managers will continue to look at ways to implement the fostering review				
Anticipated Outcome	An overspend is anticipated at this time				
Children's Residential Schools	3,543	4,104	(561)	-16%	↓
Service Description	This service area provides residential education for children and includes the costs of secure placements				
Main Issues / Reason for Variance	The adverse variance assumes the current 50/50 split (where appropriate) between Education and Social Care and is due to new placements and ongoing discussions regarding a number of transition clients. While these adverse variances are partially offset by charging £0.469m against the Covid-19 earmarked reserve and increased Asylum income these offsets are insufficient to completely negate the adverse impact.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	An unadjusted overspend of £1.030m is anticipated at this time				

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Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Other Services - Young People	4,143	3,948	195	5%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The favourable variance is mainly due to vacant posts.				
Mitigating Action	None available at this time.				
Anticipated Outcome	An underspend is anticipated at this time				
Residential Accommodation for Older People	7,197	6,822	375	5%	↑
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The favourable variance is due to persistent vacancies and a lack of agency availability resulting in a savings in staffings. At present 70 beds are able to be maintained, and income is better than expected but it may be difficult to maintain this number of residents if recruitment issues persist.				
Mitigating Action	Service Managers will continue to look at ways to increase staffing availability				
Anticipated Outcome	An underspend is anticipated at this time				

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Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
External Residential Accommodation for Elderly	9,007	8,826	181	2%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The favourable variance is mainly due to saving on the cost of respite beds.				
Mitigating Action	Service Managers will continue to look at ways to increase the use of respite beds				
Anticipated Outcome	An underspend is anticipated at this time				
Day Centres Older People	1,210	850	360	30%	↑
Service Description	Queens Quay, Crosslet House Daycare, Lunch clubs and daycare SDS/Direct payments.				
Main Issues / Reason for Variance	The favourable variance is mainly due to staff savings arising from high sickness absence and holding recruitment whilst attendance remained low, however a number of posts are now out to advert. At this time loss of income totalling £0.159m has been charged against Covid reserves resulting in an unadjusted favourable variance of £0.201m.				
Mitigating Action	Service Managers will continue to look at ways to increase the staffing ratio as attendance improves				
Anticipated Outcome	An underspend is anticipated at this time				

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Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential - Learning Disability Service Description	10,341	10,769	(429)	-4%	↓
Main Issues / Reason for Variance	This service provides residential care for persons with learning disabilities The adverse variance is mainly due to a number of vacancies covered by agency at twice the cost £0.200m with £0.100m recharge to covid due to one member of staff being off sick with long covid and delay in recruiting. The previously approved savings £0.344m is only partly achieved and there is a £0.65m shortfall in income due to changes in the charging policy for ILF clients.				
Mitigating Action	Service managers will continue to review the use of agency staff.				
Anticipated Outcome	An overspend is anticipated at this time				
Physical Disability Service Description	2,401	2,213	188	8%	↑
Main Issues / Reason for Variance	This service provides physical disability services While residential packages are overspending by £0.048m this is offset with underspends of £0.110m on non residential support. There are potentially a number of transitions this year so this underspend is expected to decrease during the year.				
Mitigating Action	Non required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

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Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Frailty	141	82	59	42%	↑
Service Description	This service is the new Focussed Intervention Team				
Main Issues / Reason for Variance	The favourable variance is due to staffing vacancies arising from 2 occupational therapists who have with the service struggling to recruit.				
Mitigating Action	Service managers will continue to try to recruit				
Anticipated Outcome	An underspend is anticipated at this time				

Analysis of Reserves	Actual Opening Balance as at 1 April 2022	Forecast Movement in Reserves	Reserves to be reclaimed by Scottish Government	Forecast Closing Balance as at 31 March 2023
	£000	£000	£000	£000
Unearmarked Reserves				
Unearmarked Reserves	(4,579)	(754)		(5,333)
Total Unearmarked Reserves	(4,579)	(754)	0	(5,333)
Earmarked Reserves				
Scottish Govt. Policy Initiatives	(9,704)	3,106	0	(6,598)
Community Justice	(228)	(19)		(247)
Carers Funding	(857)	(538)		(1,395)
Social Care Fund - Living Wage/Fair Work Practices	(678)	0		(678)
Child Disability Payments	0	(30)		(30)
GIFREC NHS	(57)	0		(57)
TEC (Technology Enabled Care) Project	(55)	0		(55)
Mental Health Action 15	(451)	451		0
Mental Health Strategy (NHSGCC 5 year mental health strategy)	(695)	0		(695)
New Dementia Funding	(63)	63		0
Scottish Government Alcohol and Drug Partnership (including various National Drugs Priorities)	(872)	604		(268)
Primary Care Boardwide MDT	(27)	0		(27)
Child Health Weight (Henry Programme)	(15)	15		0
Infant Feeding PFG Funding	(44)	44		0
Community Living Change Fund	(357)	0		(357)
Childrens Mental Health and Wellbeing (2020/21)	(94)	31		(63)
Childrens Mental Health and Wellbeing (2021/22)	(173)	173		0
Childrens Mental Health and Wellbeing (2022/23)	0	(168)		(168)
Whole Family Wellbeing Fund	(72)	0		(72)
PCIF	(2,069)	2,069		0
GP Premises (incl. PCIF)	(244)	0		(244)
Winter Plan for Social Protection - Funding for Vulnerable Children	(65)	0		(65)
SG District Nursing Funding	(74)	74		0
Analogue to Digital Community Alarms	(30)	0		(30)
PEF Funding – Speech & Language Therapy Projects	(49)	23		(26)
Winter Planning Funding - MDT	(336)	151		(185)
Winter Planning Funding - 1000 Healthcare Workers	(260)	258		(2)
Winter Planning Funding - PCIF Funding Bid	(52)	0		(52)
Workforce Wellbeing	(72)	0		(72)
Winter Planning Funding - Interim Care	(673)	(95)		(768)
Winter Planning Funding - Enhance Care at Home	(1,043)	0		(1,043)

Analysis of Reserves	Actual Opening Balance as at 1 April 2022	Forecast Movement in Reserves	Reserves to be reclaimed by Scottish Government	Forecast Closing Balance as at 31 March 2023
	£000	£000	£000	£000
HSCP Initiatives	(4,897)	817	0	(4,080)
<u>Service Redesign and Transformation</u>	(1,583)	510	0	(1,073)
Fixed term development post to progress work on Older People's Mental Health, Adult Mental Health and Learning Disabilities Strategies.	(176)	0		(176)
Children at risk of harm inspection action	(714)	0		(714)
Fixed term posts with the integrated HSCP Finance team	(137)	48		(89)
Extension of the role of the Service Improvement Leads until 31 March 2023 . Approved by the Board at 25 March 2021 meeting.	(212)	210		(2)
Additional six social workers in children and families on a non recurring basis. Approved by the Board at 25 March 2021 meeting.	(344)	252		(92)
<u>Unscheduled Care Services</u>	(692)	0		(692)
<u>COVID-19 Recovery (HSCP Funded)</u>	(754)	261	0	(493)
Support to women and children in recovery from Domestic abuse and support redevelopment of the service as a trauma responsive service and Violence against Women coordination to support the development of the Violence against Women Partnership.	(425)	0		(425)
Childrens Mental Health and Wellbeing and recruitment of a fixed term 2 year Clinical psychologist.	(186)	118		(68)
Fixed term Physio, Admin Support and Social Work Assistant to support clinical staff in addressing backlog of care resulting from pandemic restrictions within Mental Health Services.	(143)	143		(0)
<u>Unachievement of Savings</u>	(452)	46		(406)
Recruitment Campaign for Internal Foster Carers	(30)	0		(30)
Champions Board Top Up Funding	(18)	0		(18)
Promise Keeper Fixed Term Recruitment	(71)	0		(71)
Public Protection Officers	(244)	0		(244)
Participatory Budgeting	(300)	0		(300)
Digital Transformation	(282)	0		(282)
Training and Development	(327)	0		(327)
Change and Transformation	(144)	0		(144)
Covid-19- Scottish Government Funded	(9,268)	4,078	5,190	(0)
COVID-19 Pressures	(9,213)	4,023	5,190	(0)
NHS Board Adult Social Care	(55)	55		0
Health Care	(4,661)	1,122	0	(3,539)
DWP Conditions Management	(159)	5		(154)

Analysis of Reserves	Actual Opening Balance as at 1 April 2022	Forecast Movement in Reserves	Reserves to be reclaimed by Scottish Government	Forecast Closing Balance as at 31 March 2023
	£000	£000	£000	£000
Physio Waiting Times Initiative	(1,075)	419		(656)
Retinal Screening Waiting List Grading Initiative	(220)	70		(150)
Prescribing Reserve	(1,563)	0		(1,563)
CAMHS	(61)	0		(61)
Health Centre	(250)	0		(250)
Planning and Health Improvement	(145)	0		(145)
Mental Health Recovery and Renewal Fund	(853)	488		(365)
Office 365	(140)	140		0
Property Strategy	(178)	0		(178)
Workforce Wellbeing	(18)	0		(18)
Social Care	(1,451)	278	0	(1,173)
Complex Care Packages	(560)	278		(282)
Care Homes	(891)	0		(891)
Total Earmarked Reserves	(29,981)	9,401	5,190	(15,390)
Total Reserves	(34,560)	8,647	5,190	(20,723)

Month End Date 31 July 2022

Period 4

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

Special Needs - Aids & Adaptations for HSCP clients

Project Life Financials	1,053	302	29%	1,053	0	0%
Current Year Financials	1,053	302	29%	969	(84)	-8%
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients.					
Project Manager	Julie Slavin					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date	31-Mar-23	Forecast End Date	31-Mar-23		

Main Issues / Reason for Variance

Reallocation of expenditure currently coded through HSCP Revenue Aids & Adaptations budget. There is likely to be an underspend at this time due to the ongoing impact of Covid-19.

Mitigating Action

Officers will continue to monitor the position

Anticipated Outcome

Provision of adaptations and equipment to HSCP clients as anticipated.

Month End Date 31 July 2022

Period 4

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

Criminal Justice Adaptations

Project Life Financials	73	50	68%	73	0	0%
Current Year Financials	73	50	68%	73	0	0%
Project Description	Renovation of Unit 11 Levenside Business Court					
Project Manager	Laura Smith					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date	31-Mar-23	Forecast End Date	31-Mar-23		

Main Issues / Reason for Variance

The construction of an office and storage refit with a mezzanine floor within an existing workshop unit which will include associated finishes works and electrical installations. The multi-purpose new office space will accommodate two members of staff with an office base and allow space to set up a training facility indoors. Project expected to be completed by 31 March 2023.

Mitigating Action

None Required

Anticipated Outcome

Renovation of Unit 11 Levenside Business Court

Month End Date 31 July 2022

Period 4

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

Replace Elderly Care Homes and Day Care Centres						
Project Life Financials	27,531	27,266	99%	27,531	0	0%
Current Year Financials	42	55	130%	55	13	30%
Project Description	Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas.					
Project Manager	Sharon Jump/ Craig Jardine					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date	31-Mar-23	Forecast End Date	31-Mar-23		
Main Issues / Reason for Variance						
Project complete with a slight overspend due to additional works required in relation to roof vents which required to be installed.						
Mitigating Action						
The statement of final account has been signed and financial risk exposure should be reduced through efforts to dispose of the existing properties at the earliest opportunity.						
Anticipated Outcome						
Dumbarton Care Home opened 2017. Clydebank Care Home was certified complete on 9 November 2020 and projected to deliver on budget.						

Month End Date 31 July 2022

Period 4

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

Community Alarm upgrade

Project Life Financials	924	0	0%	924	0	0%
Current Year Financials	154	0	0%	40	(114)	-74%
Project Description	To upgrade Community Alarm					
Project Manager	Margaret Jane Cardno					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date	31-Mar-23	Forecast End Date	31-Mar-23		

Main Issues / Reason for Variance

Work is ongoing with HR colleagues in order to appoint a project manager to this post and it is anticipated that spend will progress in the final half of the financial year.

Mitigating Action

None available at this time

Anticipated Outcome

Community Alarm Upgrade

Month End Date 31 July 2022

Period 4

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

Replacement of Care First						
Project Life Financials	1,400	0	0%	1,400	0	0%
Current Year Financials	280	0	0%	40	(240)	-86%
Project Description	Replacement of Care First					
Project Manager	Margaret Jane Cardno					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date	31-Mar-23	Forecast End Date	31-Mar-23		
Main Issues / Reason for Variance						
The replacement of CareFirst has been delayed because of challenges in respect of the recruitment of a Digital Business Lead to take forward the project. Work is ongoing with HR colleagues in order to consider how the recruitment challenge may be addressed.						
Mitigating Action						
None available at this time						
Anticipated Outcome						
Replacement of Care First						

Direction from Health and Social Care Partnership Board.**Appendix 8**

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: 2021/22 Financial Performance Report

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000031JS27092022
2	Date direction issued by Integration Joint Board	27 September 2022
3	Report Author	Julie Slavin, Chief Financial Officer
4	Direction to	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes
		HSCPB000027JS16082022
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated net budget of £81.687m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £104.194m in line with the Strategic Plan and the budget outlined within this report
8	Specification of those impacted by the change	2022/23 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.
9	Budget allocated by Integration Joint Board to carry out direction	The total 2022/23 budget aligned to the HSCP Board is £219.501m. Allocated as follows: West Dunbartonshire Council - £81.687m NHS Greater Glasgow and Clyde - £104.194m Set Aside - £33.620m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2022/23
12	Overall Delivery timescales	30 June 2023
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's.
14	Date direction will be reviewed	The next scheduled HSCP Board - 15 November 2022

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

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

27 September 2022

Subject: West Dunbartonshire HSCP Annual Performance Report 2021-2022

1. Purpose

- 1.1** The purpose of the Annual Performance Report is to provide an overview of the HSCP's performance in planning and carrying out integrated functions. The Annual Performance Report is produced for the benefit of Partnerships and their communities. This report also includes a complaints management overview for the year 2021/22.

2. Recommendations

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

- 2.1.1** Review the West Dunbartonshire HSCP Annual Performance Report 2021/22 and the Annual Complaints Report 2021/22 and approve for publication.

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services in Scotland under either an Integration Joint Board (IJB) or Lead Agency model.
- 3.2** Section 42 of the 2014 Act requires that Performance Reports are prepared by the "Integration Authority". This term broadly means the person or body which is responsible for the planning and direction of integrated health and social care services. Section 42 of the 2014 Act covers both the Integration Joint Board and Lead Agency model.
- 3.3** To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.
- 3.4** The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. These requirements are adhered to within the 2021/22 Annual Performance Report:

- 3.5** The content and structure of the 2021/22 annual report has been informed by the Scottish Government's 'Guidance for Health and Social Care Integration Partnership Performance Reports' and guidance from West Dunbartonshire HSCP's external auditor in relation to Best Value.

4. Main Issues

- 4.1** The main issues pertaining to the year 2021/22 are contained within the Annual Performance Report (Appendix I). As has been the custom in previous years, it is accompanied by a complaints management overview for the corresponding period (Appendix II).
- 4.2** The Annual Performance Report summarises the progress made by the HSCP over the past year and it should be acknowledged that this was in the context of the global coronavirus pandemic.
- 4.3** Despite the obvious challenges of the last year, this report highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community. Teams across the HSCP have embraced innovative new approaches to our key strategic priorities of Early Intervention; Access; Resilience; Assets and Inequalities, have ensured a continued emphasis on joining up services, improving care and support for people who use services, their carers and their families.

5. Options Appraisal

- 5.1** Not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

- 8.1** There are no risks identified as a result of the recommendations within this report. This report does however support the mitigation of the following risk as contained within the HSCP Strategic Risk Register:
- Performance Management Information: Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.

8.2 The performance information is considered by relevant Managers in line with operational risk registers. No risks have been identified which would be proposed for escalation to 'strategic risk' status for the HSCP Board.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

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

12. Strategic Assessment

12.1 Not required for this report.

13 Directions

Not required for this report.

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

Person to Contact:	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership 16 Church Street Dumbarton G82 1QL
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Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk
Phone: 07786 747 952

Appendices:	West Dunbartonshire HSCP Annual Performance Report 2021/22 (Appendix 1) Annual Complaints Report 2021/22 (Appendix 2)
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Annual Performance Report 2021/2022

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Foreword

Welcome to West Dunbartonshire Health and Social Care Partnership's (HSCP) 2021/22 Annual Performance Report. The report summarises the progress made by the HSCP over the past year.

This has been another challenging year as we work our way through the pandemic. As services began to remobilise and increase face-to-face contact towards the end of 2021 we saw the arrival of the more rapidly spreading Omicron variant which, while causing somewhat milder symptoms in the main, impacted hugely on staff absence, affecting the HSCP's ability to staff and deliver services.

Our hugely successful vaccination programme continued during 2021/22 providing our citizens with some measure of protection against the worst impacts of the virus. While reported cases remained very high in West Dunbartonshire at March 2022 they began to fall as we headed into the Summer months and at the time of writing this report are relatively low. However, as a health and social care provider we remain vigilant and alert to any further developments in the trajectory of the virus and welcome ongoing progress with the development of more effective vaccines.

Despite the obvious challenges of the last few years, the HSCP Board continues to be ambitious for our communities and this report highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community along with the input of those with lived experiences of our services.

While more face-to-face contact is taking place across services, staff continue to embrace innovative new approaches to our key strategic priorities of Early Intervention, Access, Resilience, Assets and Inequalities, and have ensured a continued emphasis on joining up services, improving care and support for people who use services, their carers and their families.

The impact of the pandemic on our communities has yet to fully reveal itself: school closures, increased vulnerability to abuse, mental health pressures, isolation and reduced access to vital services have had a significant impact on our communities. However, not all our communities have been affected equally. The pandemic has exposed deep inequalities that have existed for too long, with the most severe impact on those communities who were already disadvantaged. This, combined with the onset of a cost of living crisis will leave many of our citizens exposed to financial peril and vulnerable to mental and physical health issues. Times ahead will be very challenging and tackling inequality and health inequality will remain at the heart of the HSCP's planning and service development, working to improve lives with the people of West Dunbartonshire.

In closing I would like to extend my personal thanks and those of the Senior Management Team to our staff who have worked tirelessly over the last year to provide vital services and support to the people of West Dunbartonshire.



Beth Culshaw
Chief Officer

Summary

Purpose of Report

This annual performance report outlines West Dunbartonshire Health and Social Care Partnership's performance in relation to national and local priorities during the period 1st April 2021 to 31st March 2022. It will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022 and will seek to demonstrate our commitment to Best Value in the commissioning and delivery of services.

Key Achievements 2021/22

During 2021/22 West Dunbartonshire Health and Social Care Partnership (HSCP) made significant progress against the key strategic priorities outlined in our Strategic Plan 2019-2022: early intervention; access; resilience; assets; and inequalities.

Priority 1: Early Intervention

- Continued promotion of child immunisations and breastfeeding by Health Visitors resulting in improved rates.
- Work with NHS Greater Glasgow and Clyde to refresh the Unscheduled Care Joint Commissioning Plan in light of the impact of the pandemic.
- Working in partnership with Turning Point Scotland's Overdose Response Team as part of a range of measures to prevent drug misuse deaths.
- Developing our understanding of our Child Protection processes and the children we protect through collation and analysis of quality data through the Child Protection Minimum Dataset.
- Undertaking a review of our Special Needs in Pregnancy service.
- A reduction in the number of looked after children due to an increase in the number of children's plans revisited through our permanency process, where children have been able to reach positive destinations through permanency planning.

Priority 2: Access

- Full rollout of a new My Life Assessment tool in line with eligibility criteria for social care support.
- A series of 'What Matters To You?' conversations to help improve services for people with a learning disability.
- The development of a new Self-Directed Support Policy.
- Programmes of training delivered within Justice Services covering assessment tools and Trauma Informed Practice.
- Ongoing negotiations with the National Caledonian Team by Justice Services to bring both Caledonian group work and the 1-1 programme to West Dunbartonshire.

Priority 3: Resilience

- A local authority-wide community consultation capturing women's experiences of domestic abuse during Covid-19 lockdown restrictions and their access points for specialist Domestic Abuse service support and information carried out by the Children Experiencing Domestic Abuse Recovery service.
- Development of a West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16 to 24 years (26 years for care experienced).
- The expansion of the Scottish Families Affected by Drugs/Alcohol Young Person's Routes Project.
- A comprehensive survey of secondary age children in West Dunbartonshire as part of a Planet Youth pilot.
- Sustained improvement in waiting times for referral to treatment for Child and Adolescent Mental Health Services.
- 83 people participating in Resilience Hub discussions regarding 'Healing Trauma and Connecting People through Community Arts' and 'The First 1001 Days'.

Priority 4: Assets

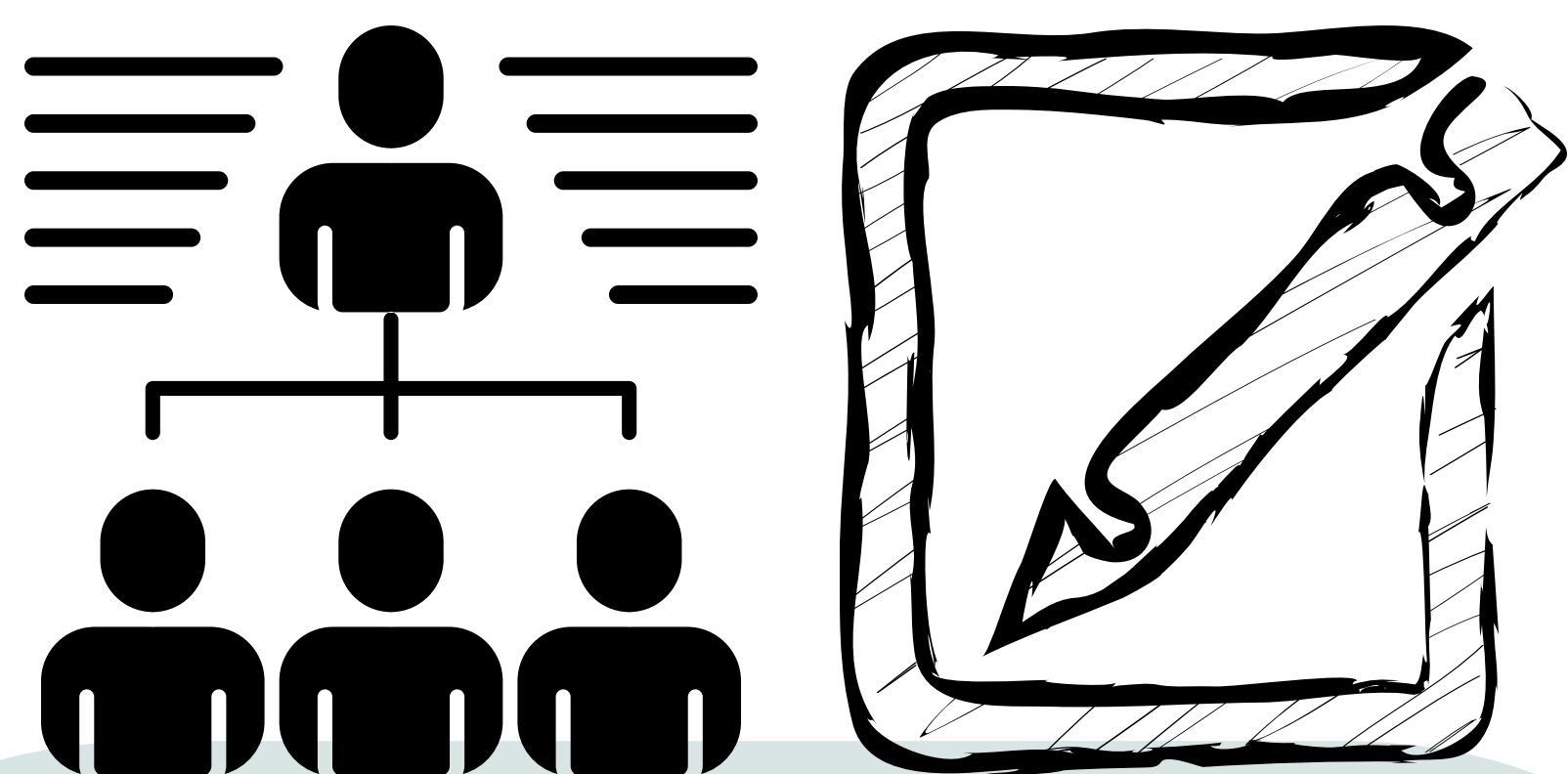
- Mental Health Check Ins for HSCP staff in August 2021 and February 2022.
- An extremely positive first Care Inspectorate report for our new Queens Quay Care Home.
- Participation of some of our care experienced young people in a national campaign for the recruitment of new Children's Hearings Scotland panel members.
- Champions Board staff being part of a national project in relation to care experienced people accessing their care records.

Priority 5: Inequalities

- Work Connect service users featured in the Scottish Mental Health Arts Festival in May 2021 including a documentary exploring the notion of what is normality in the wake of a life-changing pandemic.
- Development of training statistics across the HSCP workforce.
- Creation of bespoke training sessions for Equality Impact Assessments specific to HSCP situations.

Early Intervention
Access
Resilience
Assets
Inequalities

Overview of the HSCP



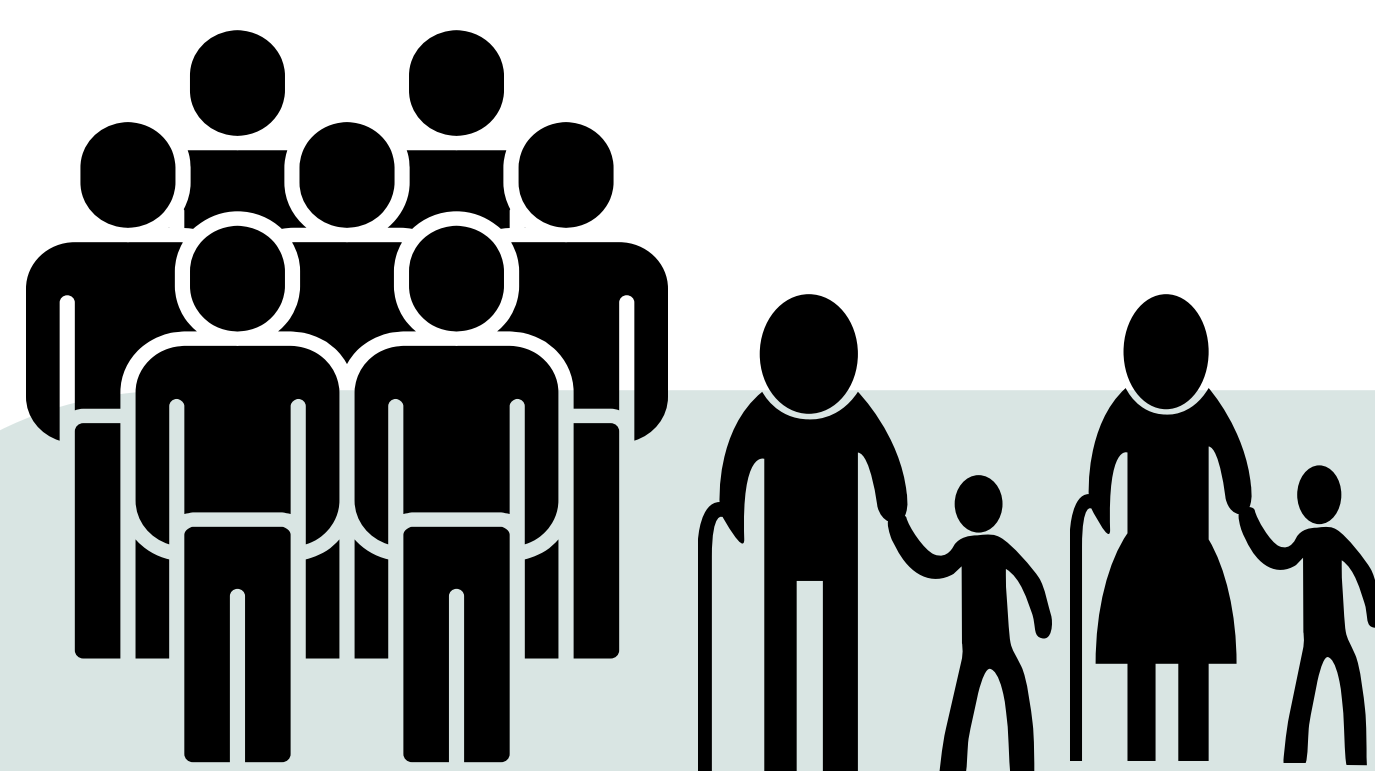
West Dunbartonshire Health and Social Care Partnership formally established 1st July 2015



Employing 2,265 health and social care staff across Adult, Children's and Criminal Justice services (1,830 FTE)



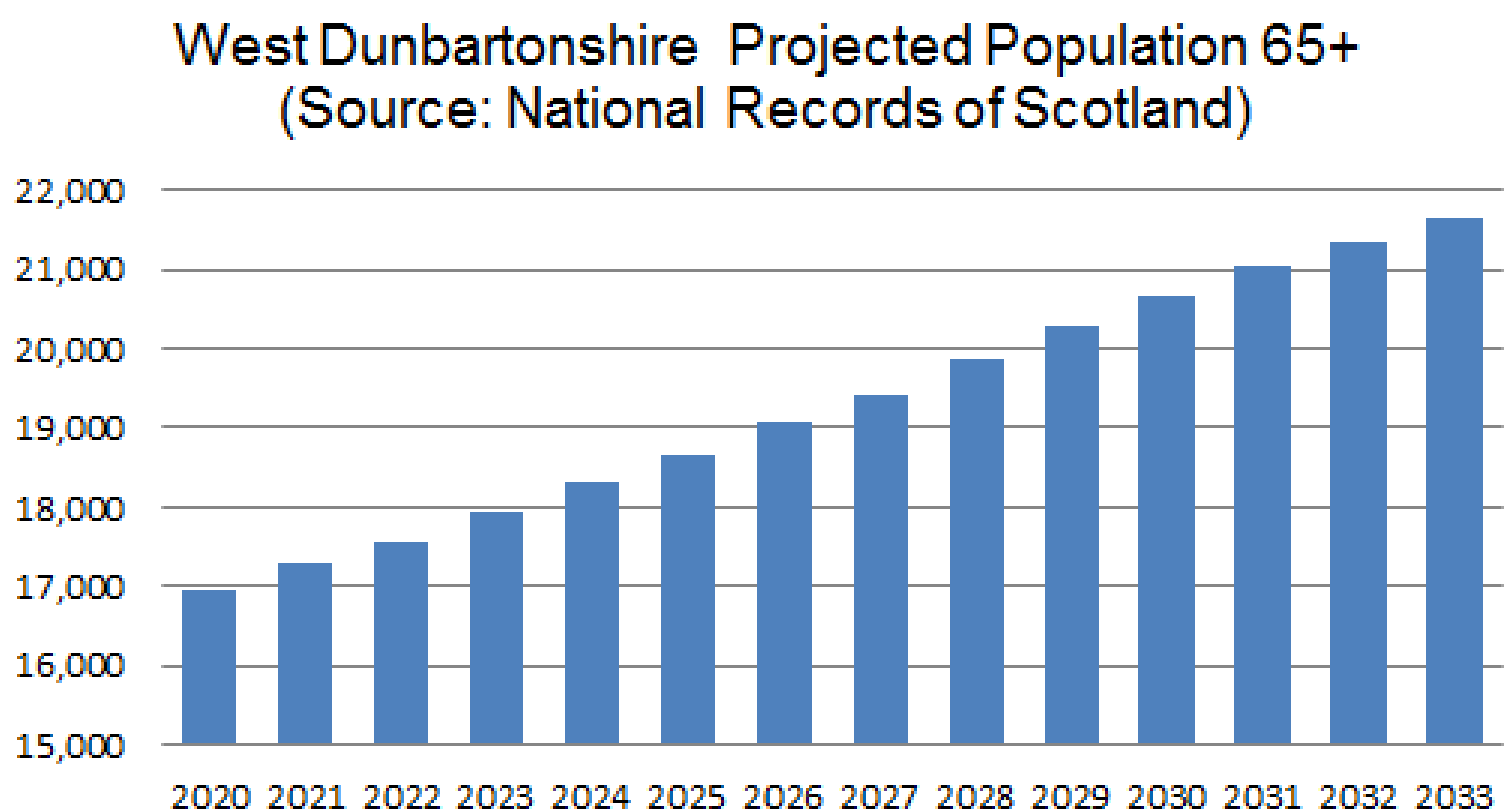
2021/22 budget of £228 million



Delivering health and social care services to support the people of West Dunbartonshire: population 87,790

Challenges and Areas for Improvement

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



However, the most significant challenge going forward by far, for all HSCPs, will be the long term physical, mental and economic impacts of the Coronavirus (COVID-19) pandemic and the looming cost of living crisis. West Dunbartonshire is an area of high deprivation and the prospect of unemployment, economic decline and potential public funding decreases will have a huge impact upon the area.

Specific challenges faced during 2021/22 were:

- The impact of the Omicron variant on staffing levels and our ability to deliver services.
- Continued challenges in relation to the number and length of delayed discharges from hospital.
- Increased demand on Mental Health Services leading to an increase in waiting times for adult Psychological Therapies.
- The redeployment of MSK Physiotherapy staff to support Acute colleagues with the impact of the Omicron wave, leading to extended waiting times for those assessed as requiring non-urgent treatment.
- Recruitment and retention of health and social care staff.
- Continued recording and tracking mechanisms to meet the demand for service and financial information to allow statutory bodies such as the Scottish Government, the Care Inspectorate, National Records of Scotland and Public Health Scotland to monitor the impacts and resource requirements of the pandemic.
- Meeting the requirements for fulfilment of unpaid work orders during Covid restrictions.
- The logistics and complications of delivering online training to new and existing staff.
- Maintaining oversight of vulnerable children while self-isolation and restrictions in place.
- Maintaining the links developed by the Champions Board during the pandemic and the impact on our care experienced young people.
- Encouraging uptake of the Covid and Flu vaccinations across all eligible groups in West Dunbartonshire.

Introduction

The Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across Scotland. In line with the Act, West Dunbartonshire Health and Social Care Partnership (WDHSCP) was established on 1st July 2015. The Integration Joint Board for West Dunbartonshire is known as the West Dunbartonshire Health and Social Care Partnership Board and is responsible for the operational oversight of WDHSCP.

All Health and Social Care Partnerships are required to produce an annual report outlining their performance in the previous financial year by the end of July each year and these reports should be produced in line with the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

Due to the global Coronavirus (COVID-19) pandemic, paragraph 8 of Schedule 6 of the Coronavirus (Scotland) Act granted public bodies powers to postpone the publication of reports until September recognising the ongoing impact of the pandemic on the provision of vital services to our communities. These powers remain in place.

Overview of the HSCP

West Dunbartonshire HSCP was formally established on 1st July 2015 in line with the Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014 which sets out the arrangements for the integration of health and social care across the country.

The HSCP's vision is:

Improving lives with the people of West Dunbartonshire

This vision will be implemented through the delivery of our key strategic priorities:

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

The HSCP is committed to:

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

West Dunbartonshire Health and Social Care Partnership

With a continued emphasis on joining up services and focusing on anticipatory and preventative care, our approach to integration aims to improve care and support for people who use services, their carers and their families.

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

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

West Dunbartonshire HSCP hosts the Musculoskeletal (MSK) Physiotherapy Service for the NHS Greater Glasgow and Clyde area. Work is ongoing within the service to ensure the delivery of high quality outcomes for patients whilst striving to meet national waiting time targets.

The HSCP also hosts a programme of diabetic retinal screening on behalf of NHS Greater Glasgow and Clyde and leads the Community Planning Partnership's Alcohol and Drugs Partnership.

Children & Families Social Work	Children's Specialist Health Services	Community Addiction Services	Community Older People's Services
Looked After Children	Children with Disabilities	Adult Care Services	Residential and Day Care Services
Health Visiting Service	Learning Disability Services	Community Hospital Discharge	Care at Home Services
Family Nurse Partnership	Community Mental Health Services	District Nursing	Criminal Justice Social Work
Community Pharmacy Service		Musculoskeletal (MSK) Physiotherapy	Diabetic Retinal Screening

West Dunbartonshire has an estimated population of 87,790 people and the HSCP has a workforce of approximately 2,265 which equates to 1,830 full time equivalent at March 2022. A large proportion of HSCP staff live within West Dunbartonshire providing services to people within their own communities. Services are delivered across the two localities within West Dunbartonshire: Dumbarton/Alexandria and Clydebank.

During 2021/22 the HSCP had responsibility for a budget of £228 million.

Aims of the Annual Performance Report

The aim of this annual performance report is to provide an open and transparent account of the work carried out across all service areas within the HSCP during 2021/22: improvements and challenges and the direction of travel in our efforts to improve outcomes for residents of West Dunbartonshire. The report will also seek to demonstrate the HSCP's commitment to Best Value in the commissioning and delivery of services.

This report will cover our performance between 1st April 2021 and 31st March 2022 and will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022.

This second year of the pandemic affords us some comparison with 2020/21. We will see common themes of increased activity as people's behaviour changes in line with the lessening of restrictions and increased social confidence for some, resulting in service demand approaching or returning to pre-pandemic levels.

Policy Context

West Dunbartonshire HSCP's Strategic Plan 2019-2022 was developed in line with our five key strategic priorities: early intervention, access, resilience, assets and inequalities.

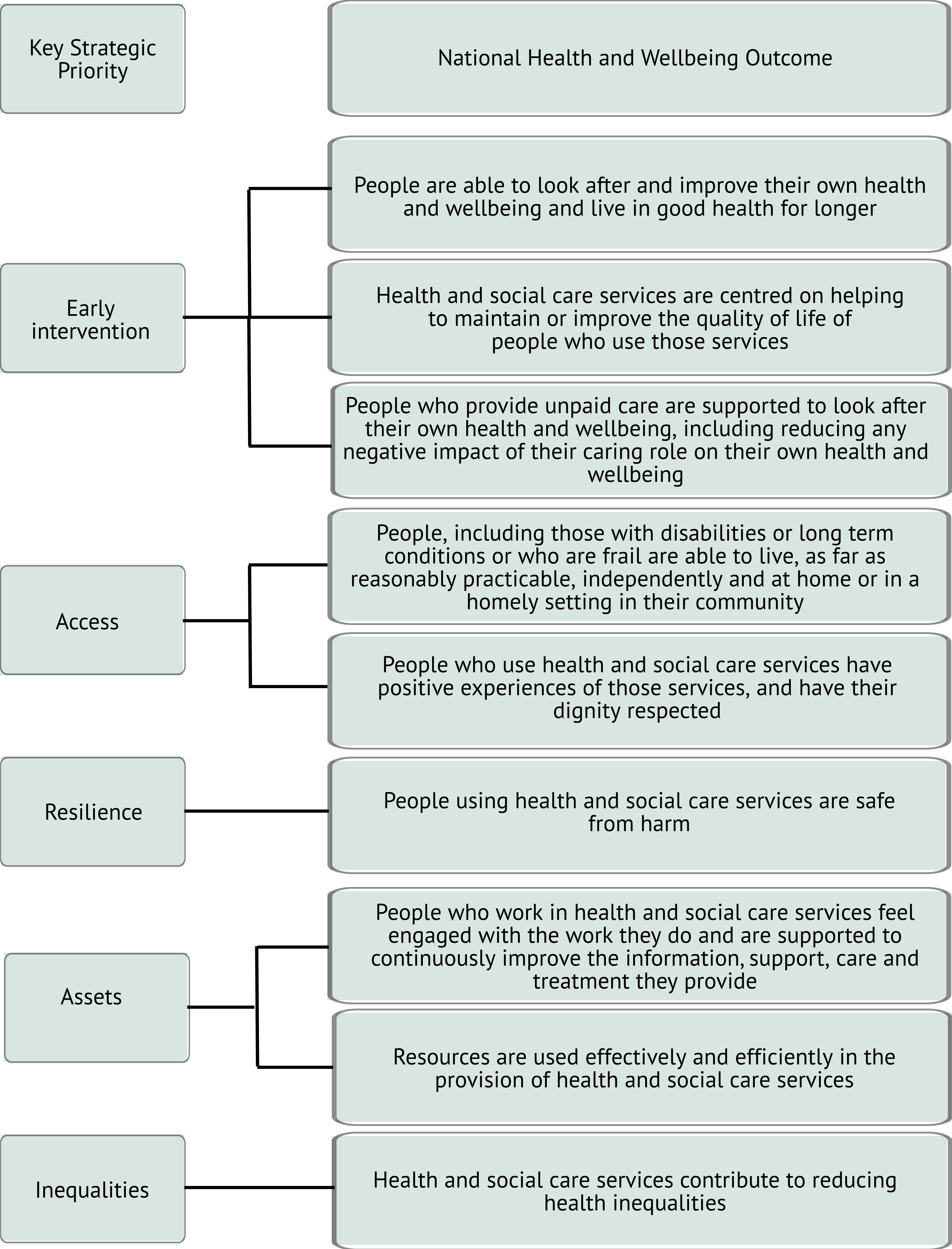
These key strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework which states that:

'Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community. Key to this is that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive, and that people using services, whether health or social care, can expect a quality service regardless of where they live.'

The Health and Wellbeing Outcomes are embodied in the ethos of the Social Care (Self-Directed Support) (Scotland) Act 2013 which aims to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes; and respects the person's right to participate in society.

Self-Directed Support (SDS) is embedded in the HSCP's assessment process across all adult and children's services. The HSCP's Integrated Resource Framework continues to support indicative personal budgeting assessment, with the aim of this framework being to support fairness and equality across all individuals assessed as eligible for local authority funded support.

The diagram overleaf depicts the links between our strategic priorities and the National Health and Wellbeing Outcomes which focus on an individual's experience of health and social care and how that care has impacted on their lives.



Public Protection

Public Protection provides a range of measures which can be used together to 'protect our people'. This includes protection from harm for children and young people, vulnerable adults and the effective and robust management of High Risk Offenders through our Multi-Agency Public Protection Arrangements (MAPPA). As such Public Protection is integral to the delivery of all adult and children's services within the HSCP.

The HSCP has a significant role within the Public Protection Chief Officers Group (PPCOG), with both the Chief Officer and Chief Social Work Officer providing the necessary leadership, scrutiny and accountability. This includes the management of high risk offenders and in assuring that each of the services in place for child and adult protection are performing well and keeping the citizens of West Dunbartonshire safe.

Since April 2020, in response to the impact of the pandemic and subsequent lockdowns, the Scottish Government have been closely monitoring activity in relation to Public Protection with weekly returns covering vulnerable adults and children and their contact with statutory services being submitted.

A key focus has been vulnerable children with multi-agency involvement, experience of care and those registered on the Child Protection Register. Work has been ongoing across the HSCP and Education Services to keep in touch with these children and young people during this difficult period. A specific area of concern is a potential increase in domestic abuse.

Both Adult and Child Protection have been the subject of inspection regimes in 2021/22. The joint inspection of Adult Support and Protection West Dunbartonshire Partnership took place in May and July 2021. The aim was to provide assurance about the local partnership area's effective operations of adult support and protection key processes, and leadership for adult support and protection.

The Care Inspectorate concluded the partnership's leadership for adult support and protection was effective but with some areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement. An improvement plan has been developed and is being implemented. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland will help monitor progress in implementing this plan.

Between October 2021 and March 2022 an inspection of services for children at risk of harm in the West Dunbartonshire Community Planning Partnership area took place. The aim was to provide assurance on the extent to which services, working together, can demonstrate that:

- Children and young people are safer because risks have been identified early and responded to effectively.
- Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.
- Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.
- Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The inspection also considered the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.

A full interim report was produced in May 2022.

West Dunbartonshire Health and Social Care Partnership

The key messages from the report were that:

- The partnership was responding effectively when concerns about children and young people were first identified.
- Children and young people said they had an opportunity to develop a relationship with a key member of staff.
- There are discrepancies between how staff saw their practice and what was in children and young people's records.
- Following the initial identification of harm, the quality of key processes was inconsistent.
- From reading records, there was little evidence of children's views being solicited or taken into account when decisions were made that affected them.
- There was little follow up analysis of the impact of services to improve outcomes for children and young people at risk of harm.
- To be more impactful, the child protection committee's oversight and scrutiny of data and quality assurance activity required development.
- Strategic leaders needed to work collaboratively to understand their activity and its impact on children and young people at risk of harm.

The partnership has been supported by the Care Inspectorate to develop a robust improvement plan and a multiagency executive oversight group will monitor progress.

West Dunbartonshire is part of North Strathclyde MAPPA arrangements, along with five other local authority areas, supported by a dedicated MAPPA co-ordinator who provides professional advice and guidance. The MAPPA Unit team also support responsible authorities to fulfil their statutory duties around information sharing and joint working to assess and manage the risk of individuals managed within MAPPA.

The Chief Social Work Officer continued to attend the North Strategic Oversight Group during 2021/22 and the Justice Service Manager is a member of the Management Oversight Group, where both groups include responsible authorities (local authorities, Police Scotland, Scottish Prison Service and Health).

The MAPPA Unit's performance report noted 100% compliance, with key performance indicators for cases managed at level 2 and 3 (multi-agency risk management) being reviewed no less than 12 weekly. Furthermore, Justice Services were fully compliant with all national key performance indicators, where all MAPPA meetings were held and notifications submitted to the MAPPA Unit within fixed timescales: no exceptions were reported during 2021/22.

In order to support a robust and accountable reviewing process in cases, MAPPA established an Initial Case Review Executive Group. The purpose of this group is to consider all Initial Case Reviews and form a view on whether a Significant Case Review is required.

Access to Information

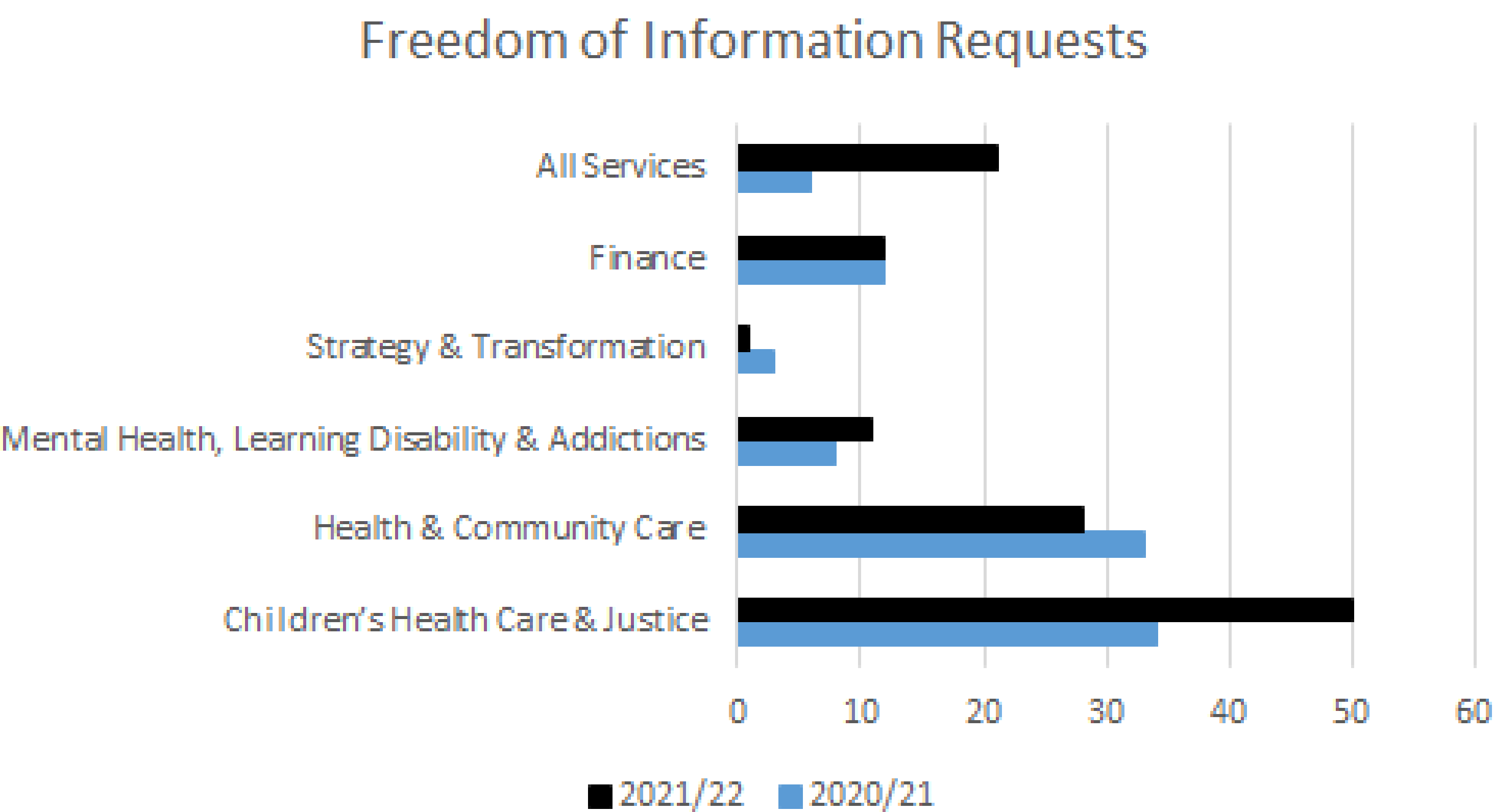
West Dunbartonshire Council and NHS Greater Glasgow and Clyde as public authorities have a legal requirement to provide requested information in line with the Freedom of Information (Scotland) Act 2002 and the UK General Data Protection Regulation (UK GDPR), tailored by the Data Protection Act 2018.

The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005. Under FOISA, a person who requests information from a Scottish public authority which holds it, is entitled to be given this information by the authority subject to certain conditions and exemptions set out in the Act. This information should normally be provided within 20 working days of receiving the request. The HSCP's Integration Joint Board also has a responsibility to provide information under FOISA in relation only to the functions of the Integration Joint Board.

Through television, newspapers and social media, people's right to request information under FOISA, and the power of national or locally aggregated information can have, has become widely known. Public authorities can refuse to provide information under very strict exemptions contained within the Act and individuals have the right to request a review of these decisions by the public authority. If they are subsequently unhappy with the outcome of the review they can appeal the response with the Scottish Information Commissioner.

There were 123 Freedom of Information requests relating to HSCP services received in 2021/22, an increase of 28% on the previous year. The legislation allows public bodies to seek clarification from a requester where there is some uncertainty about the exact information that is being requested. During 2021/22 the HSCP requested clarification in relation to 3 Freedom of Information requests where no response was received.

Of the remaining 120 requests, 88% were responded to within the timescale: an improvement on 74% in 2020/21. Most delays involved responses being collated from a number of different sources across services. The numbers below represent the main service area covered in the request however many requests cover both service delivery and the associated financial information.



Often information requests under FOISA relate to information which is already published either on the HSCP, Council or Health Board website or on the websites of organisations the HSCP submits data to, such as the Scottish Government or Public Health Scotland. In that event we will signpost an individual to the published information to maintain the consistency of information held in the public domain.

Under the Data Protection Act 2018 individuals have the right to access their own information held by an organisation. They can do this in the form of a Subject Access Request (SAR). Organisations have one month to provide the information and this can be extended by up to two months if the request is complex or an individual has made a number of requests.

A SAR can also be made on behalf of another individual where the individual has provided their permission. The information collated for a SAR response may contain reference to other individuals or third parties. Where this third party is not an HSCP employee carrying out the functions of their role and authorisation has not been provided to release their information, this information will be removed or redacted from the response.

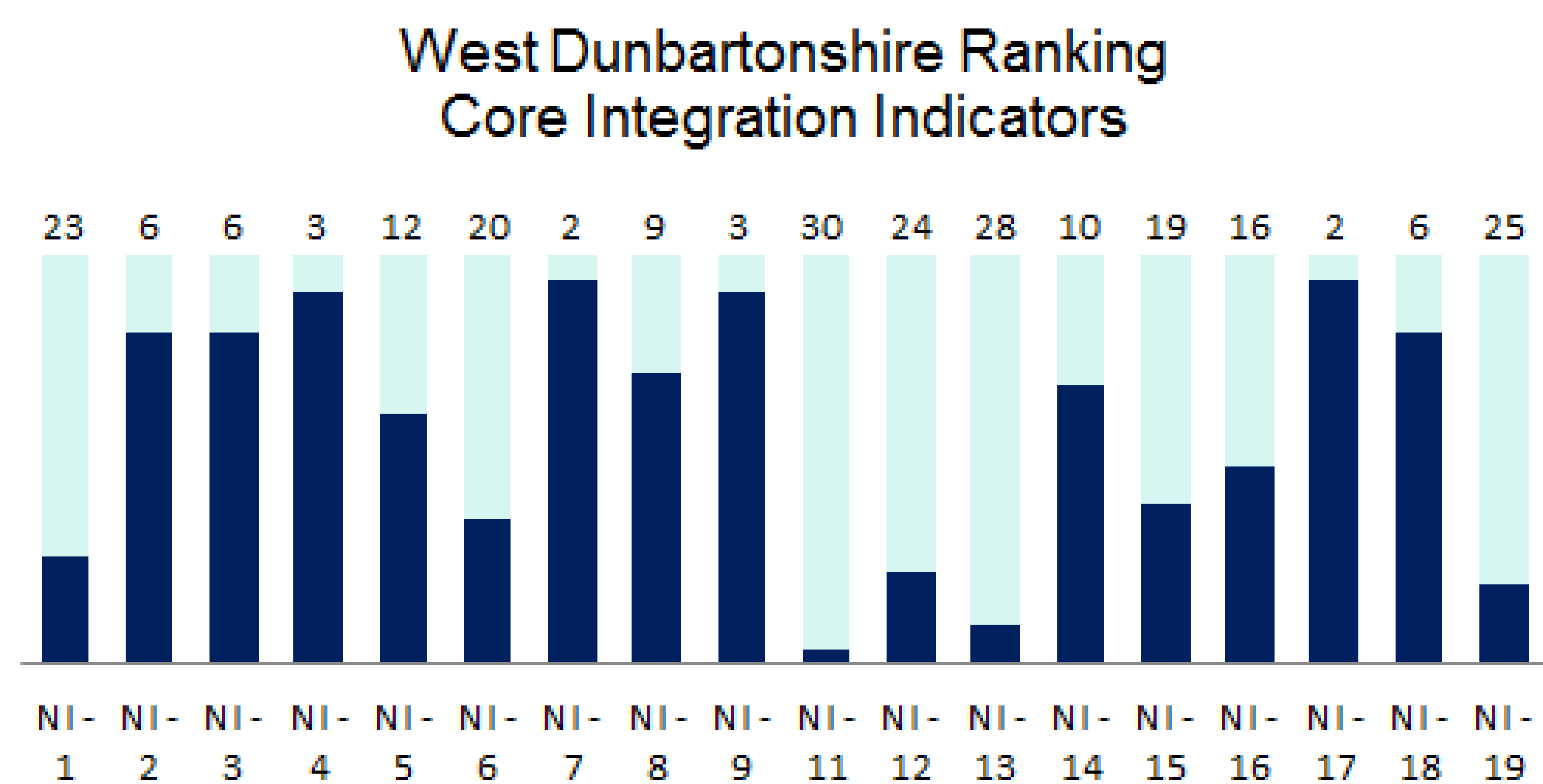
During 2021/22 the HSCP received 150 SARs, almost double the 79 received in the previous year. Responses were issued within the initial or extended timescales for 84% of requests. Many SAR responses are lengthy and involve significant checking and redaction by HSCP staff.

National Performance Measurement

Core Integration Indicators

The Scottish Government has developed a suite of 23 Core Integration Indicators to help HSCPs monitor their performance against the National Health and Wellbeing Outcomes and allow for comparison nationally and by partnership. Of these indicators, 5 are not currently being reported nationally.

The chart below shows West Dunbartonshire's position in comparison with the other 30 HSCPs in Scotland and Appendix 1 provides the detail behind the rankings and comparison with national figures. West Dunbartonshire performed better than the Scottish national figure in 11 of the 18 indicators.



Core Integration indicators 1-9 are gathered from the Health and Care Experience Survey which is carried out every 2 years. The survey was carried out during 2021/22 and is the first to reflect the impact of the pandemic.

The proportion of West Dunbartonshire residents supported at home who agreed that they were being supported to live as independently as possible moved from the 11th lowest in Scotland in 2019/20 to the 6th highest in 2021/22. Those who thought their health and social care services were well co-ordinated moved from 10th to 3rd in Scotland and 87.9% of adults being supported at home said they felt safe, also the 3rd highest in Scotland. West Dunbartonshire had the 2nd highest proportion of respondents who agreed that the services and support they receive help improve or maintain their quality of life: 85.7% compared with a Scotland-wide figure of 78.1%.

In 2021 West Dunbartonshire continued to have the 2nd highest premature mortality rate in Scotland, that is the rate of deaths per 100,000 for people aged under 75 years. We had the 8th highest emergency admission to hospital rate and the 4th highest bed day usage for emergency admissions however our readmission after 28 days rate was the 10th lowest in Scotland. These combine to reflect not only the impact of the pandemic but the complex health needs of our population. Delayed hospital discharge continued to be a significant challenge for the HSCP during 2021/22 and the rate of bed days for people aged 75 and over whose discharge was delayed was the 7th highest in Scotland.

WDHSCP services were the 2nd best performing in Scotland for the proportion of Care Inspectorate Inspections graded at 4 (Good) or above during 2021. The number of inspections carried out since the onset of the pandemic has been greatly reduced meaning services have retained the grades they last received.

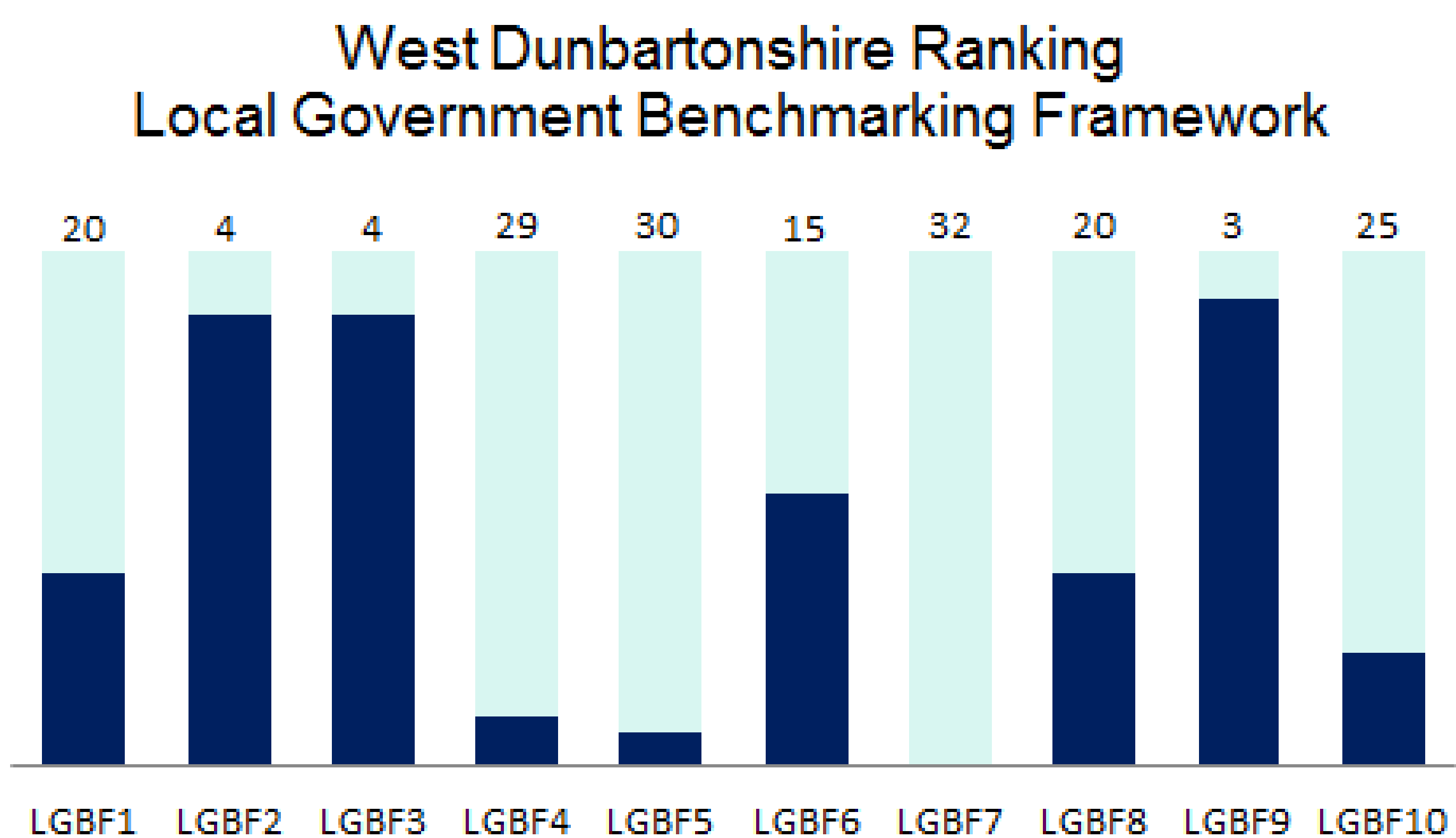
Delivering support to people at home continues to be a strongly performing area for the HSCP. In 2021 the percentage of adults with intensive needs being supported at home was the 2nd highest in Scotland at just over 72%: the Scotland figure was 64.9%.

Local Government Benchmarking Framework

The Local Government Benchmarking Framework (LGBF) is a benchmarking tool designed to allow councils and the public to measure performance on a range of high level, comparable indicators that cover all areas of local government activity. The LGBF was developed by the Improvement Service and the Society of Local Authority Chief Executives (SOLACE Scotland). LGBF indicators cover efficiency, output and outcomes for those who use council services. The framework is designed to focus questions on variation of costs and performance as a catalyst for improving services and more effectively targeting resources.

The chart below shows West Dunbartonshire's position in 2020/21 in comparison with the other 31 Local Authorities in Scotland for those indicators the HSCP has responsibility for and Appendix 2 provides comparison with the national figure.

During 2019/20 new indicators were added to the existing LGBF suite which have been pulled directly from the Core Integration Indicators. To avoid duplication these will not be included in this section or in Appendix 3.



West Dunbartonshire Health and Social Care Partnership

Of the remaining 10 indicators, the HSCP performed better than the Scottish national figure in 3 of the indicators during 2020/21. West Dunbartonshire had the 4th lowest weekly cost for both children looked after in a residential setting and children looked after in the community: 34% and 32% lower than the Scotland figure respectively. The proportion of people aged 65 and over receiving personal care at home was the 3rd highest in Scotland at 72.87%.

The HSCP's worst performing indicators were: expenditure on Direct Payments or Personalised Budgets, as a proportion of overall Social Work spend, with the lowest figure in Scotland; the percentage of Child Protection re-registrations within 18 months; and the percentage of children reaching their developmental milestones. In relation to Direct Payments and Personalised Budgets, these are Options 1 and 2 of Self-Directed Support. This indicator does not take account of expenditure on services for people who select Option 3 under Self-Directed Support which means they have made a choice to request that the local authority arrange and pay for services on their behalf. The HSCP have carried out significant work during 2021/22, including a programme of training across service areas, to improve effective Self-Directed Support conversations within the assessment process.

The weekly cost for residential care for older people has fallen from the 4th highest in Scotland in 2019/20 to the 8th highest in 2020/21, however this reflects the significant investment locally in our new care homes and support through the transition period.



Ministerial Steering Group

The Ministerial Steering Group (MSG) for Health and Community Care continues to closely monitor the progress of HSCPs across Scotland in delivering reductions in: delays in hospital discharge; unnecessary hospital admissions; attendances at accident and emergency (A&E); and shifting the balance of care from hospital to community settings. In light of the integration of health and social care services significant improvements in ways of working and efficiencies are expected.

As in 2020/21 no national targets were set for 2021/22. Local targets were agreed for 2020/21 on the basis of the potential impact of a number of workstreams, however the pandemic made some of these workstreams difficult to implement or maintain and it was felt reasonable to retain these targets for 2021/22. Only one of these local targets was met in 2021/22. Emergency admissions to hospital of West Dunbartonshire residents aged 18 and over was 3.3% below target although 5% higher than in 2020/21. The number of unscheduled acute bed days used by people aged 18 and over exceeded our target by 8% and numbers were 6% higher than in 2020/21. These numbers combine to show us an increasing length of stay for those admitted to hospital on an emergency/unscheduled basis: fewer admissions but higher numbers of bed days used.

Our local target for the number of bed days used where people's discharge from hospital has been delayed was missed by 75% reflecting the considerable challenges we have experienced with delays since the start of the pandemic. Attendances at Accident and Emergency Departments were almost 16% above target however were still 13% lower than the pre-pandemic rates of 2019/20.

Charts detailing monthly trends for the MSG indicators over the previous 3 years can be found at Appendix 2 and further details of our efforts in relation to hospital activity can be found in the Unscheduled Care section later in this report.

Performance against Strategic Priorities

This section of our report will describe our performance against our 5 strategic priorities during 2021/22 with specific regard to the areas outlined below. Performance against our Strategic Plan indicators can be found at Appendix 4.

Priority 1: Early Intervention

- Early Years
- Unscheduled Care
- Partnership Working: Overdose Response Team
- Child Protection and Looked After Children

Priority 2: Access

- My Life Assessment
- Learning Disability Services
- Self-Directed Support
- Justice Services

Priority 3: Resilience

- CEDAR: Children Experiencing Domestic Abuse Recovery
- Children and Young People's Mental Health
- Adversity, Trauma and Resilience

Priority 4: Assets

- HSCP Staff Health and Wellbeing
- HSCP Care Homes
- West Dunbartonshire Champions Board

Priority 5: Inequalities

- Work Connect
- Tackling Inequalities

Priority 1: Early Intervention

Early Years

The Early Years have a profound impact on an individual's future experience of health and wellbeing. The HSCP is committed to improving outcomes and supporting the wellbeing of our children and young people, aiming to give every child the best possible start in life.

We have embedded the principles of the Scottish Government's Getting It Right for Every Child (GIRFEC) into all aspects of children's services across community and specialist health, social work and care services: working to ensure that all children are safe, healthy, achieving, nurtured, active, respected, responsible and included. In implementing GIRFEC, we have continued to focus on preventing crisis and reducing risk for children and families through using timely assessment and the right supports.

The Universal Health Visiting Pathway defines and enhances Health Visitors' responsive way of working with parents and their children. The Health Visiting service focuses on relationship building with the family; ensuring that families' needs are appropriately assessed and responded to in a person-centred and supportive way.

Promotion of immunisations is part of each Universal Pathway contact and the Health Visiting Team attend NHS Greater Glasgow and Clyde Immunisation groups and have strong links with the Immunisation Team. All preschool children are offered a total of five immunisation appointments as they reach the following ages: 8, 12, and 16 weeks; 12-13 months; and 3 years and 4 months of age. Multiple immunisations are offered at each appointment.

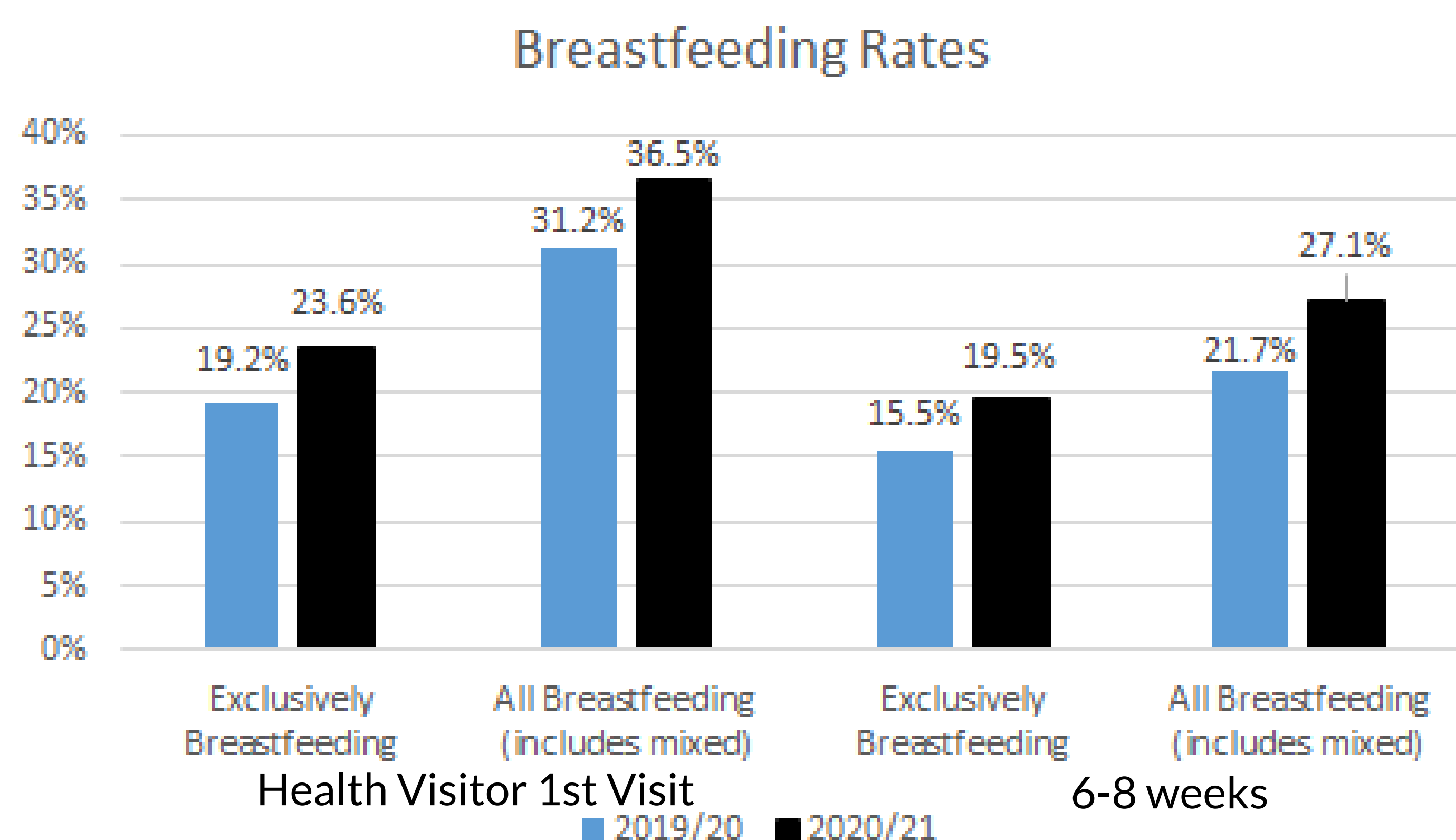
Immunisation Rates 2021/22

	24 months				5 years		
	WDHSCP	NHS GGC	Scotland		WDHSCP	NHS GGC	Scotland
6-in-1	98.2%	97.4%	97.1%	6-in-1	98.5%	97.7%	97.4%
MMR1	94.8%	94.8%	94.4%	MMR1	97.5%	96.4%	96.0%
Hib/Men C	96.3%	94.6%	94.3%	Hib/Men C	97.4%	96.1%	95.6%
PCVB	96.3%	94.9%	94.3%	4-in-1	95.1%	93.5%	92.7%
Men B Booster	96.1%	94.1%	93.9%	MMR2	94.3%	93.0%	92.2%

West Dunbartonshire continues to have high uptake of immunisation in 2021/22 with rates higher than those for the Health Board and Scotland for all immunisations at 24 months and 5 years of age.

The Breastfeeding Team, hosted within Children and Families Health, are promoting, protecting and supporting breastfeeding within West Dunbartonshire. The team was formed during the height of the pandemic in summer 2020. It comprises of a Project Lead, Breastfeeding Support Worker, Health Improvement Practitioner and Midwife.

The team have faced many challenges during the pandemic due to lockdown restrictions but during 2020/21 they saw improved breastfeeding rates and reduced attrition rates, where women cease breastfeeding. This appears mainly as a result of additional early intervention to support breastfeeding women on discharge from hospital.



Public Health Scotland will publish their Infant Feeding Statistics 2021/22 later in the year and sustained improvement is expected. Feedback from women during regular UNICEF UK Baby Friendly Audits, regarding the support they have received from the Breastfeeding Team and Health Visitors, has been excellent. The team continue to maintain the UNICEF Baby Friendly Initiative Gold Award that was achieved by the Children and Families team in September 2018.

The Covid-19 pandemic has had a significant adverse impact on children and families' access to dental health and oral health programmes. The closure of nurseries, dental practices and schools meant all, and particularly our most vulnerable, children were at increased risk of poor oral health. The National Dental Inspection Programme (NDIP) was paused in 2021, however the Detailed Inspection of Primary 1 children in the school year 2019/20 found some improvements in oral health in terms of both an increase in the percentage with no obvious decay experience and a decrease in mean number of decayed, filled or missing teeth. However, the inspection concluded that clear health inequalities persist and reducing dental health inequality must remain a priority.

In consultation with the Chief Dental Officer at Scottish Government and Directors of Education, the NDIP has been remobilised and recently carried out inspections with Primary 1 and Primary 2 children. The decision to inspect Primary 2 children rather than Primary 7 children was made to catch those who missed out in 2021 and are at a critical age where a dental inspection is most beneficial.

Incredible Years Parenting groups have been West Dunbartonshire's main focus in delivering The Psychology of Parenting Project since 2017. This is a multi-agency group work approach which is supported by NHS Education Scotland. Data pre Covid-19 highlighted the impact these groups were having on West Dunbartonshire's most vulnerable children aged between 3-6 years. Since Covid-19 our practitioners have focussed on other ways to support parents.

During 2021/22 there were 160 referrals to the Parenting Office. The referrals were allocated to our Parenting Practitioners, namely our Early Years Outreach Workers and Community Nursery Nurses who found new ways of working with parents through digital formats, as well as signposting to other supports while restricted face-to-face meetings were imposed.

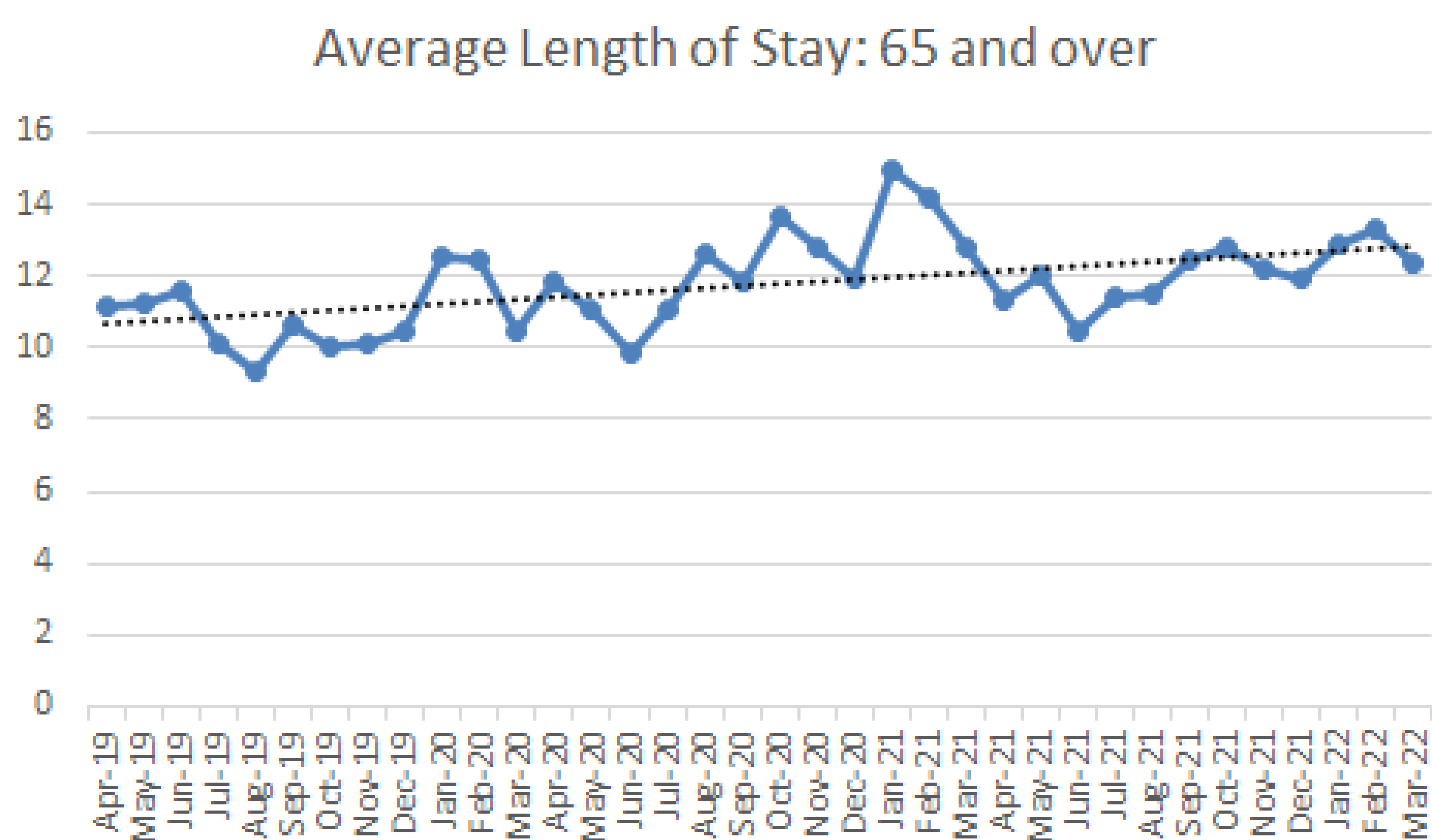
Unscheduled Care

Unscheduled care refers to any unplanned contact with health services including urgent care and acute hospital emergency care. It can be in the form of attendance at Accident and Emergency departments (A&E), hospital Assessment Units, unplanned or emergency admission to hospital and delays in discharge from hospital when a person has been deemed medically fit for discharge. Increased demand on acute hospitals and the impact of an ageing population has resulted in a drive to tackle unscheduled care by developing more early intervention initiatives to prevent unnecessary hospital admissions and to provide more health services within the community.

During 2020/21 the HSCP worked with NHS Greater Glasgow and Clyde (NHS GGC) and the 5 other HSCPs within the Health Board area to develop an Unscheduled Care Joint Commissioning Plan focussed on adapting service models in response to an increasingly older population and changes in how and when people choose to access services: aiming to meet patients' needs in different ways, ensuring services are integrated and that people understand more clearly how to use them.

While unscheduled care was significantly reduced across NHS GGC during 2020/21 as a direct result of the pandemic, when compared with the other 5 HSCPs within Greater Glasgow and Clyde, West Dunbartonshire's use of unscheduled care showed less of a reduction.

2021/22 saw an increase in unscheduled care for West Dunbartonshire residents. There were 4,105 more attendances at A&E by those aged 18 and over than in 2020/21, although this was still 13% lower than 2019/20. Emergency admissions for those aged 18 and over were 5% higher than in 2020/21 although still lower than pre-pandemic. The hospital bed days associated with these admissions were 6% higher than in 2020/21 and were also higher than 2019/20. This equates to a longer average length of hospital stay which is most pronounced when looking at those aged 65 and over.



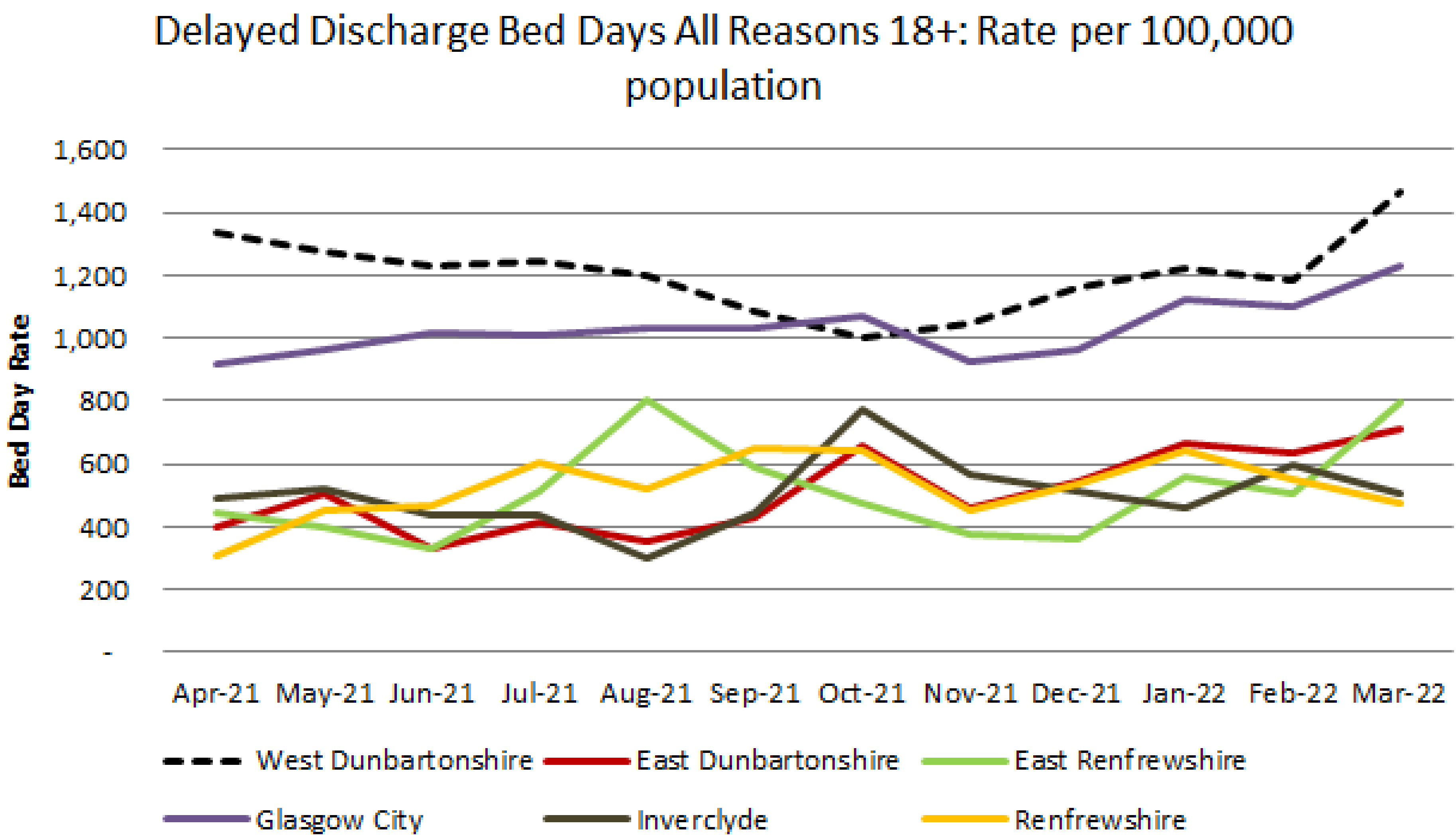
The average length of stay for people aged 65 and over has risen from around 10.5 days in April 2019 to just below 13 days in March 2022, peaking at almost 15 days in January 2021. This could be related to Covid, either prior to or during a hospital admission.

The most formidable challenge in relation to unscheduled care this year has been the volume and length of delayed discharges from hospital. Admission to hospital is often necessary and effective and timely discharge from hospital to the most appropriate setting is vital to improve outcomes for

individuals and to avoid readmission. A delayed discharge is where a person has been deemed medically fit for discharge back home or to a care home but the discharge is unable to take place. This may be due to lack of services within the community, the availability of an appropriate care home placement, or the person's lack of capacity to make a decision about their future care needs. The latter may entail a guardianship application under Adults with Incapacity (AWI) legislation to allow the decision to be made on the person's behalf: a process which can be lengthy and complex particularly where family members have differing views on the best care setting for their loved one.

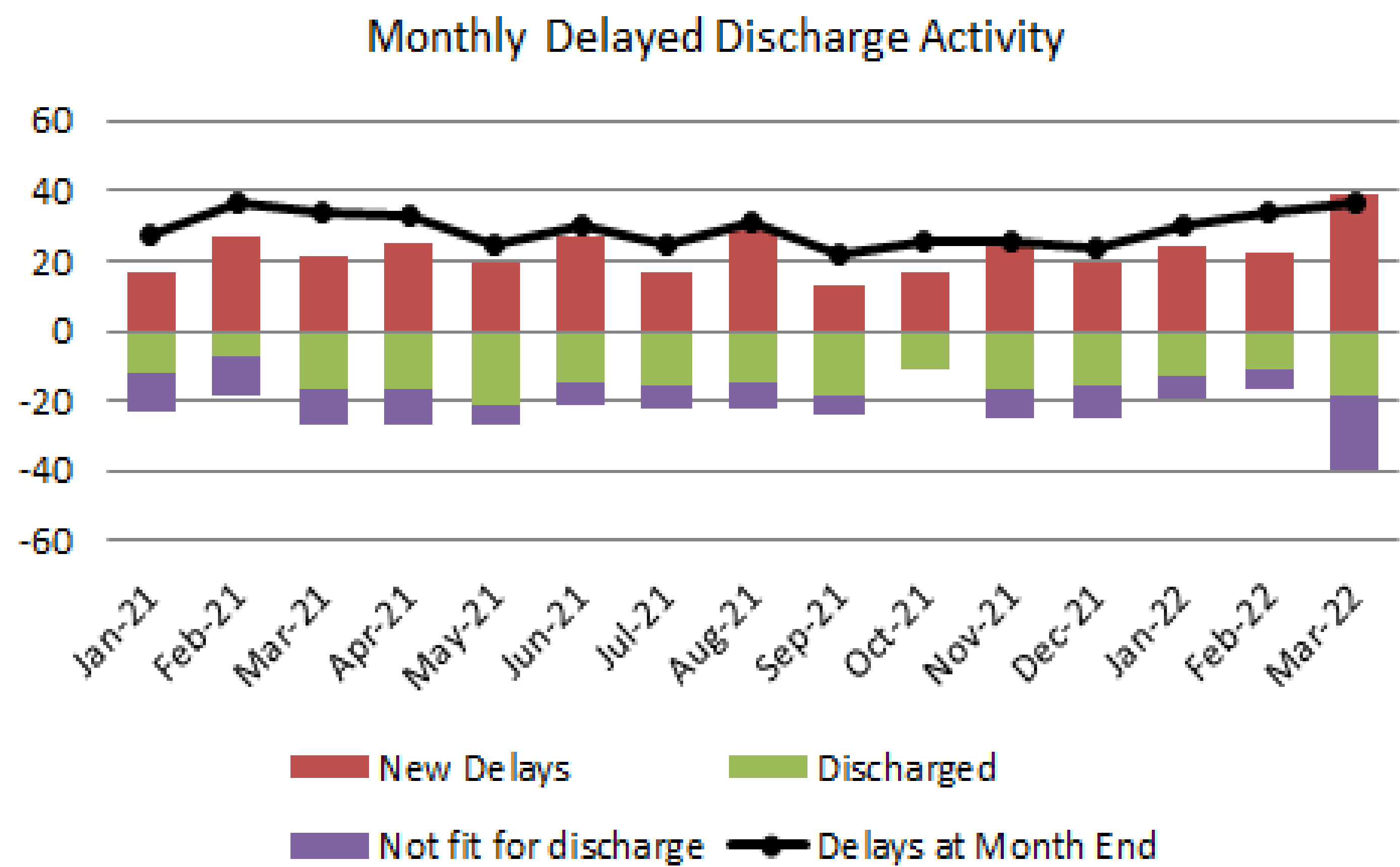
Since the HSCP's inception in 2015, West Dunbartonshire had seen an improving trend in the number of bed days lost to delayed discharges with a slight increase in 2019/20. However the number of delays and associated bed days has increased significantly during 2020 to 2022.

There has been extensive monitoring and scrutiny of delayed discharges within the HSCP and with both the Health Board and West Dunbartonshire Council. Processes have been reviewed and long delays analysed to identify common themes however when looked at as a rate per 100,000 population we continue to have the highest delayed discharge bed day rate in Greater Glasgow and Clyde.



Our Hospital Discharge Team continue to proactively identify people for early assessment to make the discharge process as efficient and timely as possible once a person is deemed medically fit for discharge. They have continued to have an active presence in hospital wards throughout the pandemic, covering the Royal Alexandra Hospital in Paisley and the Vale of Leven Hospital as well as the Glasgow hospitals.

The chart overleaf illustrates the volume of work undertaken by the team and demonstrates that the majority of people delayed are not static. Over the last year significant progress has been made in discharging those with the longest delays and most delays are relatively short.



There were 279 new delayed discharges in 2021/22. This will include people who are deemed medically fit who then become unwell and are deemed not fit for discharge. Many of these people may then become a new delay again once they recover.

2021/22 saw a refresh of NHS Greater Glasgow and Clyde’s Board-wide Unscheduled Care Joint Commissioning Plan: an update of the plan approved by HSCP Boards including West Dunbartonshire in 2020.

The new plan recognises that the pandemic has had a huge impact on the programme of work agreed through the 2020 plan which had three key themes:

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

Actions were agreed in the 2020 plan to address these themes however some of these original actions were paused during the pandemic (e.g. anticipatory care plans) some were overtaken by events (e.g. shorter waiting times in Minor Injury Units) and others were progressed but to a revised timeline (e.g. frailty pathway).

The objective in refreshing the plan was to ensure that it remains relevant and tackles the challenges that face us now, since the onset of the pandemic. The aim is that each patient is seen by the right person at the right time and in the right place. For acute hospitals that means ensuring their resources are directed only towards people that require hospital-level care. The emphasis is on seeing more people at home or in other community settings when it is safe and appropriate to do so.

The plan includes proposals for a major and ongoing public awareness campaign so that people know what services to access when, where and how. Analysis shows that a number of services could be better utilised by patients such as community pharmacists but it is recognised that some services need to change or improve to better meet patients’ needs. Not all of the changes in the plan will take effect at the same time: some need to be tested further and others will need time to be fully implemented.

Partnership Working: Overdose Response Team

West Dunbartonshire Alcohol and Drug Partnership continue to deliver services across the local authority area in line with the Scottish Government's Rights, Respect and Recovery Strategy. The four priorities of which are:

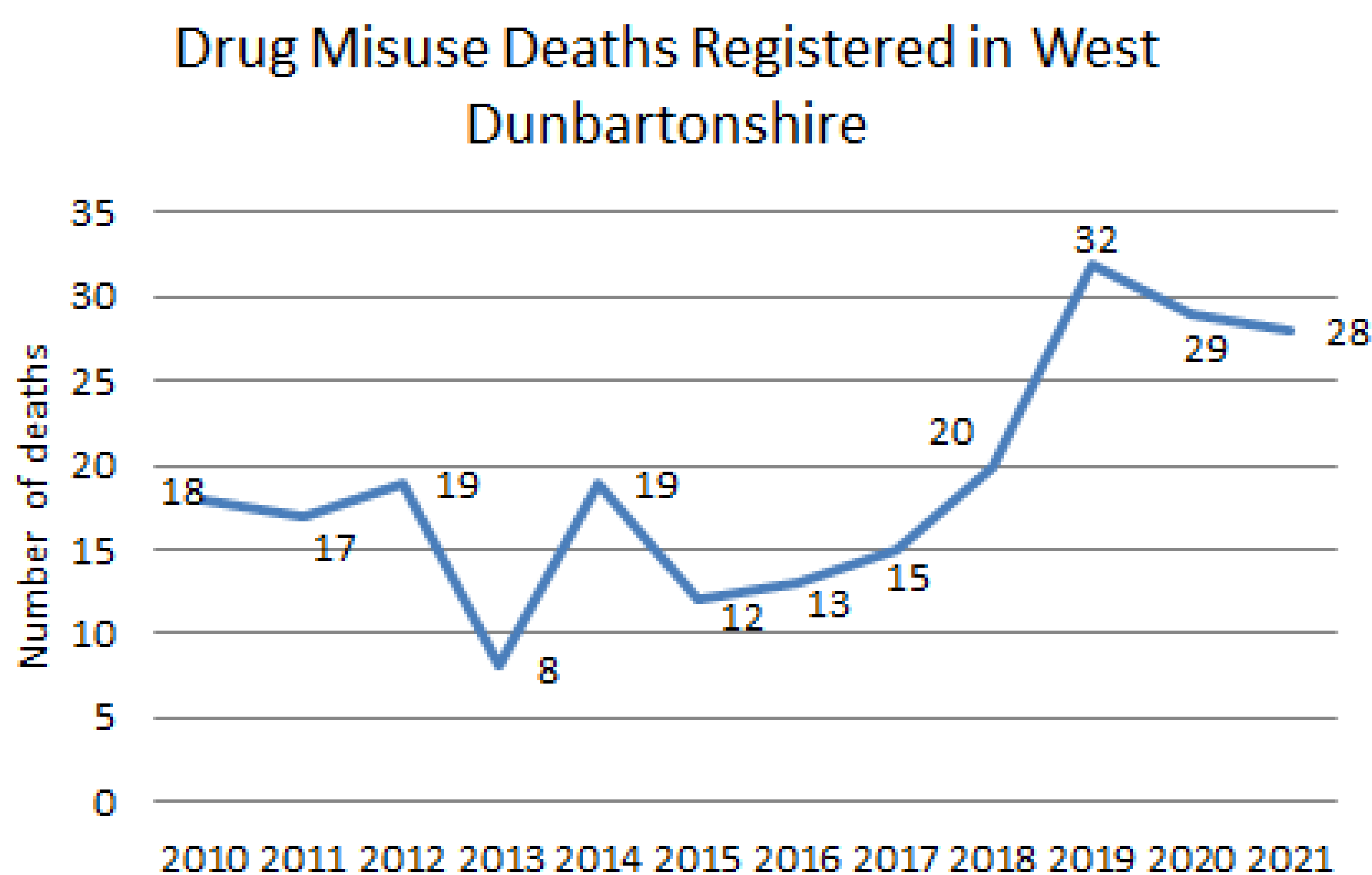
- Education, prevention and early intervention on alcohol and drugs.
- A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths.
- A whole family approach on alcohol and drugs.
- A public health approach to justice for alcohol and drugs.

During 2021/22 there were 920 referrals to addiction services including WDHSCP community addiction teams and our third sector partners Alternatives West Dunbartonshire and Dumbarton Area Council on Alcohol (DACA). This was an increase of 9% on the previous year.

The Scottish Government standard is that 90% of people referred for help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. Of the 920 referrals, 94% started treatment within the target timescale.

There were 1,330 drug misuse deaths in Scotland in 2021, a very slight decrease of 9 on the previous year. This is the first year that the number of deaths has decreased since 2013 however it is also the 2nd highest annual total on record. Public Health Scotland have recognised the challenges of tackling drug deaths during the pandemic and have also highlighted that the pandemic has brought many of the factors contributing to drug deaths more sharply into focus: deprivation, isolation, financial uncertainty and digital exclusion. Males accounted for 70% of 2021 drug misuse deaths and the average age of those who died was 44 years.

There were 28 drug misuse deaths in West Dunbartonshire in 2021: a decrease of 1 on the previous year.

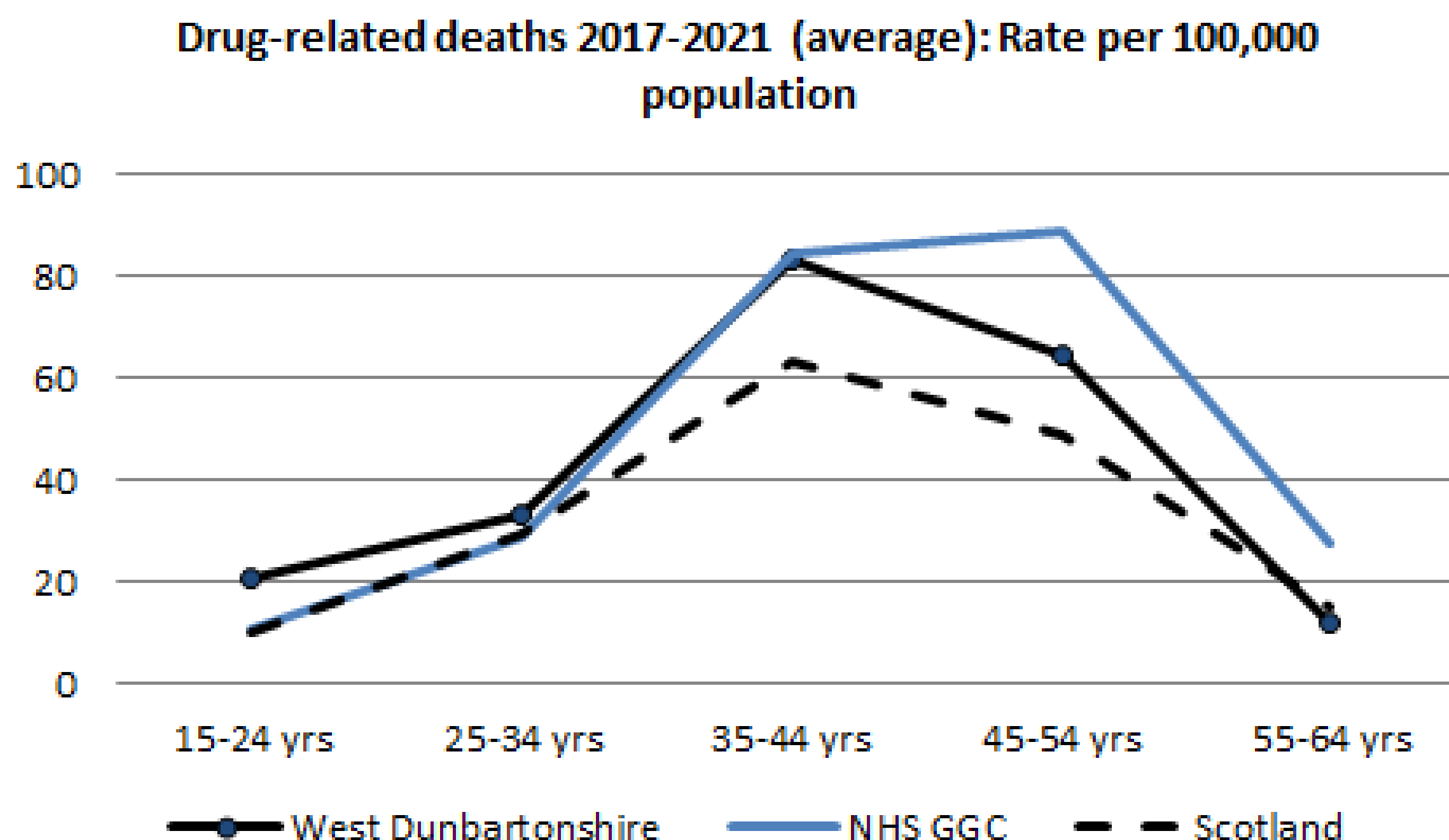


West Dunbartonshire Health and Social Care Partnership

In common with the Scotland-wide figure, the highest death rates averaged across 2017 to 2021 have been for those aged 35-44 years within West Dunbartonshire. Greater Glasgow and Clyde has higher rates among those aged 45-54 years while West Dunbartonshire has almost double the Scotland and GGC rate for people aged 15-24 years.

The National Records of Scotland 2021 report into drug deaths highlights that more than one drug was found in the bodies of 93% of people who died from drug misuse. Polydrug use and non-prescribed street drugs have increased along with the numbers of deaths: benzodiazepines have been implicated in 5 times more deaths in 2021 than in 2015 and the vast majority of those implicated are street benzodiazepines.

NHS GGC has the highest death rate of all health board areas in Scotland and people in the 20% most deprived areas are more than 15 times likely to have a drug misuse death than those in the 20% least deprived.



In September 2021 a non-fatal overdose pathway became operational across Greater Glasgow and Clyde in partnership with Turning Point Scotland. The GGC Overdose Response Team is co-located with West Dunbartonshire Community Addictions Services and 71 referrals have been made by West Dunbartonshire to the Overdose Response Team since the pathway's inception.

There is strong evidence to show that fatal overdoses often follow non-fatal ones. Intervention and providing support as quickly as possible after a non-fatal overdose is therefore a clear way of avoiding or reducing the risk of a fatal overdose.

The Overdose Response Team's aims and objectives are to:

- Reduce and prevent drug-related deaths caused by fatal overdose.
- Improve information and understanding of the extent of non-fatal drug overdose, identify barriers to engagement with services, and inform system change that works for people not services.
- Provide rapid response to near-fatal overdose which provides harm reduction interventions and advice.

The Overdose Response service was developed in line with the Medication Assisted Treatment (MAT) Standards created by the national Drug Death Task Force and published in May 2021 and in particular, Standards 3, 4 and 5, which the Scottish Government expect to be embedded in every Drug and Alcohol Service from April 2022.

MAT Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

The GGC Overdose Response Team works daily in multiagency settings to identify people at high risk of drug-related harm and proactively reaches out to them within 24 to 48 hours.

MAT Standard 4: All people are offered evidence-based harm reduction at the point of MAT delivery.

Each Harm Reduction Practitioner is highly trained to deliver evidence-based harm reduction interventions to any client accessing the service.

MAT Standard 5: All people will receive support to remain in treatment for as long as requested.

Even for short interventions, follow-ups are carried out with clients and services to ensure engagement has been active from both sides. If more support is needed, another case is opened and the team engages again with the same client.

Case Studies: Out of Hours Outreach

Support over the Christmas Period 1

'A' experienced a near fatal overdose and was referred to the Overdose Response Team (ORT) by the HSCP's Community Addictions Services to be supported by assertive outreach over the following weekend.

The team successfully engaged with 'A' at their home address which was also a new tenancy. 'A' explained they had been using street benzodiazepines at the point of overdose and were disappointed due to this being a relapse. 'A' stated that their usual drug of choice was alcohol and that they were also on 60mls of methadone daily. 'A' was then given harm reduction information by the Harm Reduction Practitioners who explained the high risk of overdose due to polydrug use, combining methadone with benzodiazepines. The team also made sure the client had a Naloxone kit and Naloxone training. Naloxone is a medication used to reverse opioid overdose.

The referrer then received feedback from the ORT explaining that the individual had agreed to contact the Community Addictions Team the following week and was informed of the interventions completed.

The referrer subsequently asked the ORT to outreach 'A' again over the Christmas period. The harm reduction practitioners carried out a further visit at their home. 'A' explained that they had no money for food and were not due to be paid any benefits. The harm reduction practitioners then supplied 'A' with a food parcel and signposted them to the nearest foodbank so that they could attend in the future. The individual was unaware of this foodbank and thanked the team for information.

The ORT was able to outreach the individual during a time when statutory services were closed and signpost that individual to local community services as well as feedback information to Community Addictions Services on re-opening.

Support over the Christmas Period 2

'B' was referred to the Overdose Response Team by their addiction worker within the HSCP's Community Addictions Services requesting that the client be outreached over the Christmas period while statutory services were closed and a harm reduction intervention delivered. 'B' had recently left residential rehabilitation of their own accord and was residing temporarily in a local hotel.

The referrer also stated that 'B' was on a methadone prescription and was at high risk, not only due to recently leaving rehab, but also due to possibly using illicit drugs on top of their methadone and Christmas being a volatile time for them.

Several attempts were made to engage with 'B' using the mobile number provided by the referrer without success and they were not at the hotel when the Harm Reduction Practitioners attempted to visit them until 27th December.

Due to their chaotic lifestyle the hotel was only being used by 'B' for somewhere to sleep and they spent most of the day at other people's homes and on the street. 'B' was unaware that they had been referred to the ORT although had no issue with the Harm Reduction Practitioners making a visit. 'B' explained that they had left rehab due to other people using drugs there and had found it very hard returning to the community during Christmas. They also explained that they were using street benzodiazepines and had been trying to stay away from heroin by attending recovery meetings in the area.

'B' was given harm reduction information and advice regarding their street benzodiazepine use and provided with a Naloxone kit and training, highlighting the risk of overdose. The Harm Reduction Practitioners then explained that they would check again on the client within the next few days, which 'B' agreed to and they provided contact numbers for the service.

Before the next visit 'B' made a call to the service asking for injecting equipment to be dropped off to them at the hotel. 'B' explained that they had relapsed and were using heroin again and could not get any injecting equipment due to the chemist being closed.

The Harm Reduction Practitioners then met with 'B' at the hotel where they were residing and supplied them with Injecting Equipment Provision, sharps box, water and foil. This also gave the practitioners the chance to deliver more harm reduction advice around 'B's' polydrug use by explaining the half-life of benzodiazepines and the risk of overdose when using heroin with benzodiazepines in their system as well as methadone. 'B' was also provided with a food parcel by the service after explaining their food was stolen in the hotel for which they were very grateful.

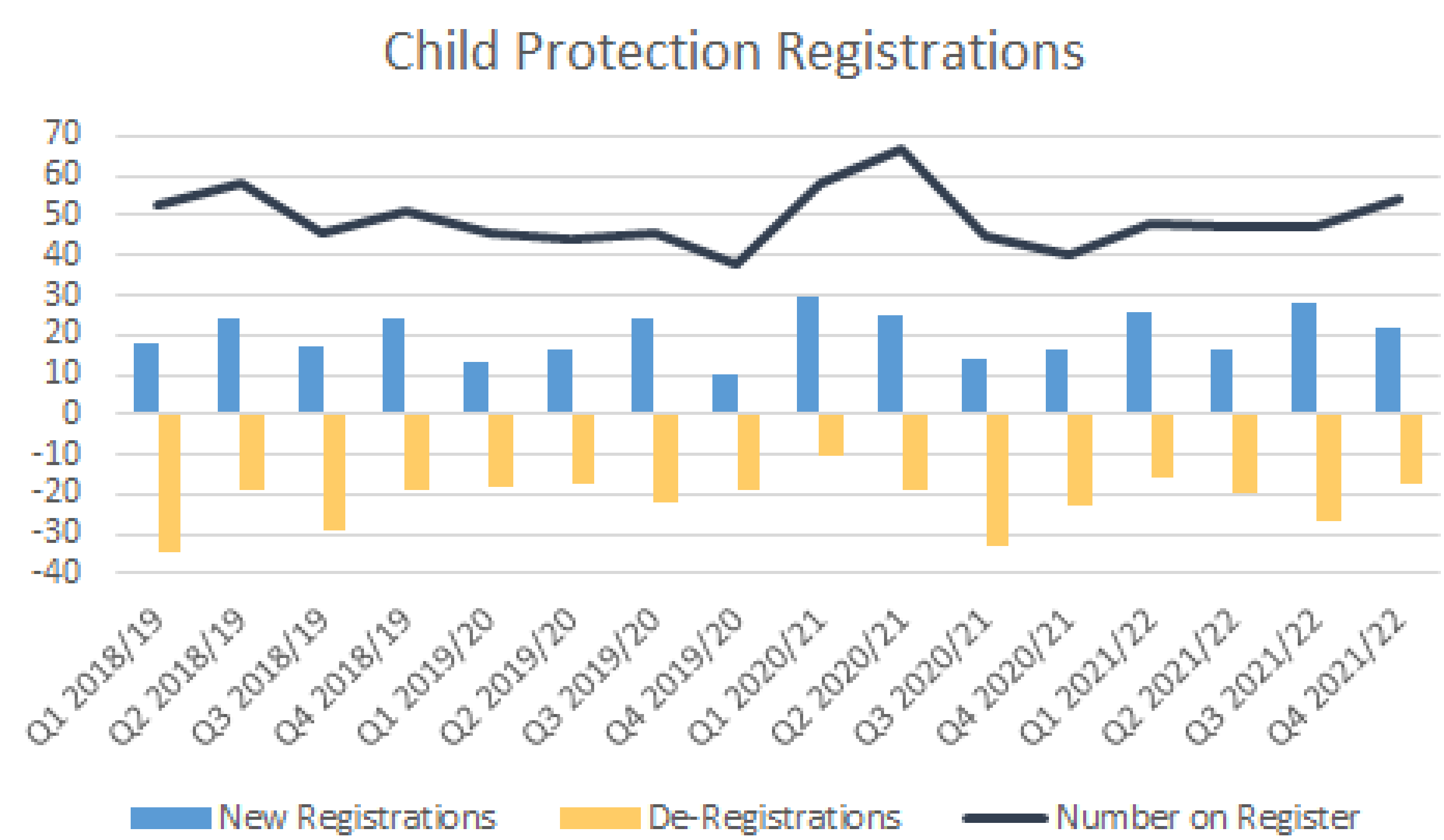
The engagement was fed back to the referrer upon return to work, explaining the interventions carried out over the Christmas period. The addiction worker thanked the ORT for the interventions carried out and continued to engage with 'B' at the hotel.

Child Protection and Looked After Children

To help protect our most vulnerable and at risk children and young people we have continued to develop our local Child Protection dataset which we began to collate in 2020/21, building on the data requirements of the national Child Protection minimum dataset created by the Centre for Excellence for Children’s Care and Protection (CELCIS). The dataset aims to provide the Child Protection Committee with intelligence about our vulnerable children and young people and the workings of our local child protection system. Analysis of the data has already identified areas the Committee wish to explore further and additional indicators have been developed locally.

The Committee have also created a scrutiny group where key partners meet on a quarterly basis to consider the data and provided analytical context or recommendations to the Committee in terms of quality assurance or evaluative work that may be required.

There were 54 children on the Child Protection Register as at 31st March 2022 an increase of 14 on the same point in the previous year. Throughout 2021/22 a total of 92 children were added to the Register and 80 children were removed from the Register.



In comparison with 2020/21, where numbers rose as the initial stages of the pandemic unfolded, the number of children on the Register has remained fairly static throughout 2021/22 with a slight increase in March.

Analysis of the dataset highlighted that the majority (38%) of newly registered children in 2021/22 were within the age range of 0-4 years and 26% were aged 5-10 years. The number of unborn children added to the register rose from 8 in 2019/20 to 9 in 2020/21 and 13 in 2021/22.

In 2020/21 the highest Child Protection concern noted at registration was domestic abuse which was noted in 53% of registrations. This has dropped back to 24% in 2021/22 with parental mental health the highest noted concern at 27% and neglect noted in 24% of registrations. Improved home conditions was the main reason for children being removed from the Register at 56%, followed by the fact that the child was now with other carers at 28%.

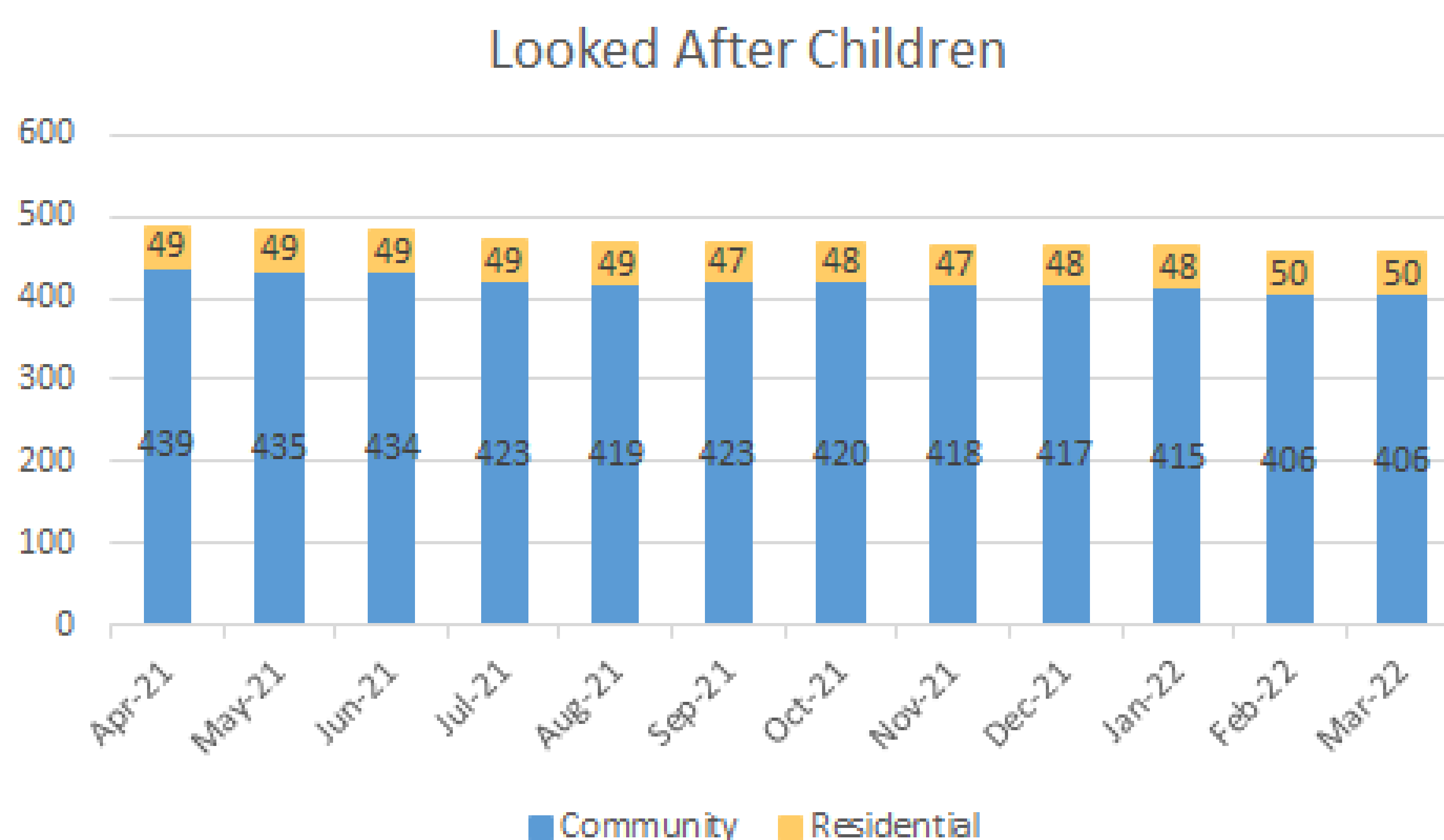
The dataset also covers a range of timescales in the Child Protection process including our target of case conferences being carried out within 21 days of the start of an investigation. Performance peaked at 84% in July to September 2021 but dropped back to 60% in January to March 2022.

West Dunbartonshire Health and Social Care Partnership

A review of the Special Needs in Pregnancy Service (SNIPS) was commenced in 2021/22. This will consider a number of areas: the processes for referral; thresholds across partners; whether the referrals received are appropriate; and the need for a refresh of the SNIPS Guidance reflecting key learning to improve practice where required. A specific dataset for SNIPS is being considered to assist with the gathering of information and supporting analysis to inform the Child Protection Committee. Feedback from parents who have received support will be used to inform practice and service development.

Children and young people who become looked after are among the most disadvantaged children in society and in general experience poorer outcomes than their peers. Reasons for becoming looked after vary for each child but in every case children will have been through difficult or traumatic life experiences which can result in poor emotional and physical health, distress, a lack of stability and often a lack of social and educational development.

The number of looked after children has steadily fallen throughout 2021/22. There were 491 looked after children at the end of March 2021, decreasing by just over 7% to 456 at the same point in 2022. While numbers did rise during the onset of the pandemic, peaking at 517 in August 2020, the position at March 2022 is still considerably lower than the 2019/20 pre-pandemic figures.



This reduction in looked after children is due to an increase in the number of children's plans that have been revisited through our permanency process, where children have been able to reach positive destinations through permanency planning. Additionally, there has been an increase in the number of children being supported through early intervention models, including Alternatives to Care and Family Group Decision Making. This has included positive family assessments by Social Workers, leading to better outcomes at home or within family through kinship arrangements. Notably, it was recognised in a recent inspection that the service's ability to engage with families while building a child back home has had positive, lasting benefits to ensuring there is a reduced chance of a return to formal care.

Further to this, there has been an increase in the number of unaccompanied asylum seeking children referrals and West Dunbartonshire Council are committed to the mandatory scheme where we could see an extra few young people being placed each year which may increase overall numbers of looked after children moving forward.

The HSCP strives to increase the proportion of looked after children and young people who are looked after in the community, to help them maintain relationships and community links, which may result in better outcomes. Throughout 2021/22 this proportion has been slightly below our 90% target at 89%. This is still a very high proportion and the slight dip is more as a result of the number of children looked after in the community reducing significantly, rather than residential placements increasing.

West Dunbartonshire Health and Social Care Partnership

In line with our equalities monitoring, we also monitor the proportion of children from Black and Minority Ethnic (BAME) communities who are looked after in the community. Although there is a slight variance against the overall figure, 71% at the end of March 2022 against 89% for all looked after children, the numbers of BAME children are very low therefore small changes in numbers will see percentages fluctuate more significantly. Looked at overall, 3.7% of looked after children are from BAME communities and 3% of all children looked after in the community are BAME. This 0.7% difference while slight will continue to be monitored.

As at March 2022, 1 in every 14 children in West Dunbartonshire was involved with Children's Social Work Services. At the same point, 108 children were living with foster carers. The average age of these children was 9.5 years and on average they had been in their current placement for around 29 weeks.

An inspection of the HSCP's Fostering Service was carried out in November 2021. While they highlighted several requirements for improvement, the Care Inspectorate also assessed that:

"relationships between children and their caregiver families were positive, caring and lasting. Carers spoke respectfully about children's families and fondly about the children and young people in their care. Children and young people told us that their fostering family cared about them and that they felt part of family life. We saw how fostering families respected the religious and cultural needs of people living with them. Foster carers understood how difficult early life experiences might affect children and young people and used this information to care for them in a way that offered them the most support to get on with their lives. Children and young people were helped to understand their rights and we heard how even very young children could access advocacy services to support their views being heard. This meant that children and young people experienced respectful, compassionate relationships in their living situations."

Training and development activity during 2021/22 has continued to be challenging within Children's Services due to the impact of the pandemic, however training in respect of domestic abuse awareness, risk assessment and core Child Protection training were maintained and three Social Workers have completed the Child Protection Certificate. Engagement by the Child Protection Committee of an external trainer to support the revision and delivery of core Child Protection training and the refresh and development of multi-agency Child Protection training has been key in maintaining these areas of activity.

Sessions were delivered by local Scottish Children's Reporter Administration (SCRA) colleagues to all Children's Social Work staff in the amendment to the Children (Scotland) Act 2020 regarding the participation of siblings, and the right to contact of and between siblings.

Development work was undertaken jointly with partners within Health, Education, Children's Hearings Scotland (CHS) and SCRA to review and redesign the assessment format provided by Children and Families Social Work Services to Children's Hearings. This work was also undertaken in partnership with children and young people facilitated by the Champions Board, and with parents and carers of children subject to a referral. The work was funded by CHS and is also located within West Dunbartonshire's "Better Hearings" agenda for improvement. Local uptake of Partners in Advocacy support to children and young people entering the Hearing process was also positively maintained and indeed slightly improved upon during 2021/22.

Additional funding was approved to support further development of the Health for All post, previously the Looked After and Accommodated Nurse, including work to support the health needs of children in kinship care from the age of six upwards. A link Social Worker is in place to support this activity and maintain awareness of this key outcome for all looked after children, with plans to extend the link role more widely within each locality team.

Priority 2: Access

My Life Assessment

During 2020/21 the HSCP developed a new assessment tool, My Life Assessment (MLA), which along with a screening tool My Life Assessment Screening (MLA-S) was implemented in April 2021.

The MLA was developed and shaped by HSCP staff, third sector partners usually involved in assessment processes, and people with lived experience of HSCP assessment. The MLA is designed to assess the needs, risks and strengths of people accessing health and social care services and inform decisions regarding eligibility criteria for adult social care, personal outcomes and Self-Directed Support options.

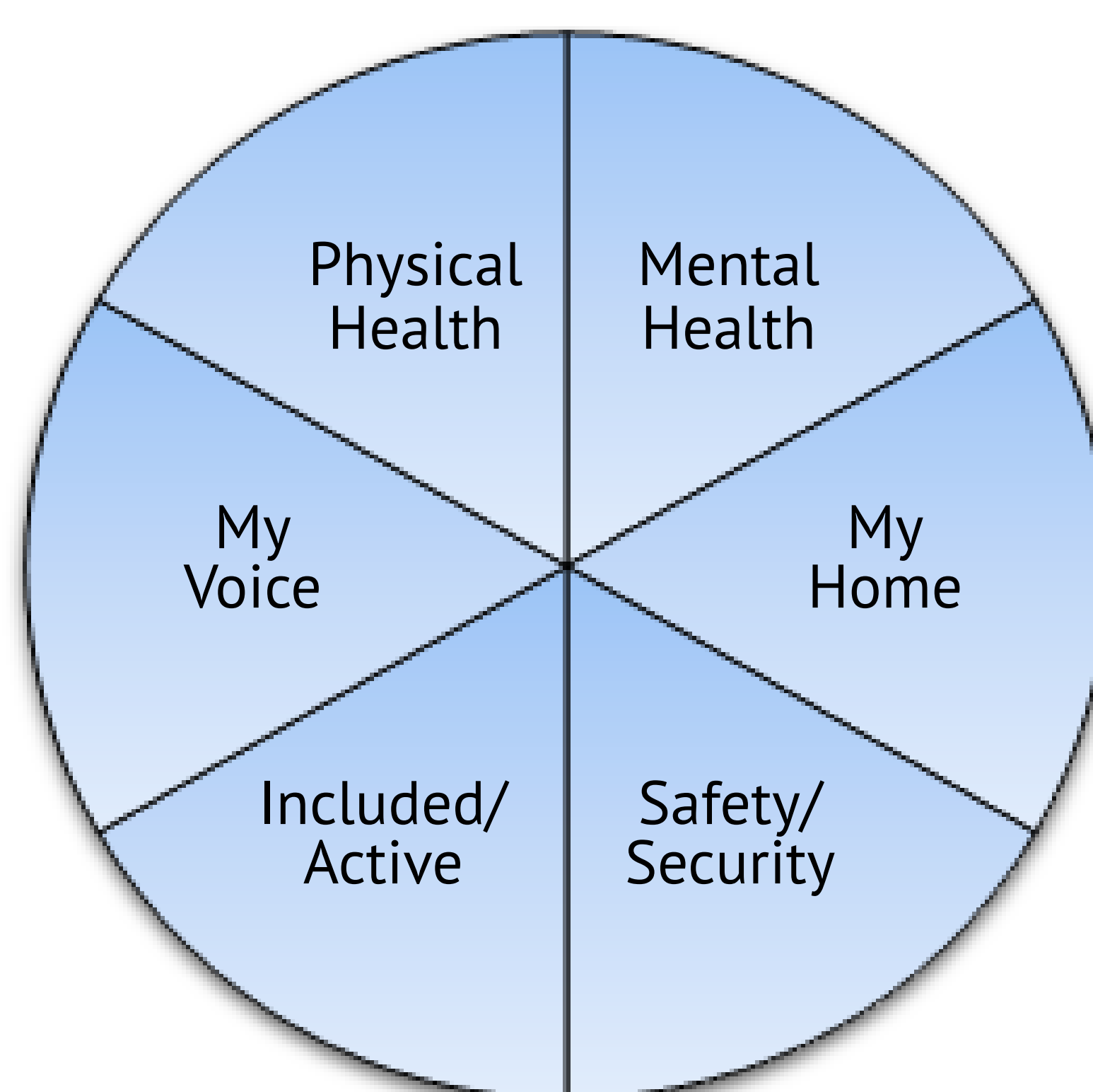
Introduction of the MLA aims to improve the delivery of Self-Directed Support and is one of the HSCP’s responses to the Care Inspectorate findings that the HSCP’s legacy approach to assessment did not facilitate ‘good conversations’, was too deficit focused and neglected client strengths, and that it failed to record, report and measure outcomes. The MLA is part of a suite of tools to support service users and staff in assessment and care planning and should be used in a collaborative, strengths and rights-based way.

The MLA-S is the first step in the process and its primary aim is to establish who requires a full MLA as well as who may benefit from support from other non-HSCP services, either instead of or as well as, support from the HSCP. This should ensure people are provided with early help from the appropriate service proportionate to their needs.

During 2021/22, the first year of implementation, 233 MLA-S were completed. These screenings generated 688 outcomes: people may have more than one outcome identified.

My Life Assessment Screening Outcome	Number of times outcome identified
Appears to meet eligibility criteria for HSCP adult social care (substantial/critical risk in one or more Life Areas)	145
Does not appear to meet eligibility criteria for HSCP adult social care (no or low risk for all Life Areas)	17
Appears to be moderate in relation to eligibility criteria for HSCP adult social care (where moderate is the highest rating in any of the Life Areas)	78
Closed to HSCP	16
No service required from HSCP but review in 6-12 months	5
Proceed to full MLA within my service	98
Proceed to full MLA by other HSCP service	71
Referred to other HSCP service	100
Referred to 3 rd sector service (except Carers of West Dunbartonshire)	15
Referred to primary care service (e.g. GP)	11
Referred to Working4U	30
Signposted to community led service (e.g. mutual aid group/hobby/interest/sport/ social inclusion group/faith based)	21
Referred to foodbank	6
Adult Carer Support Plan required	18
Young Carer Statement required	Not identified
Referred to Carers of West Dunbartonshire	20
Provided information on self-management activities/resources to access (e.g. online)	16
ASP concern identified and ASP process initiated	5
Child Protection issue identified and Children and Families Social Work notified	Not identified
Child welfare issue identified and GIRFEC process initiated	Not identified
Other	16
Total	688

My Life Assessment



During 2021/22 there were 404 full MLAs completed. The MLA considers six life areas: physical health, mental health, home environment, social connectedness and participation, influence over one's life, and safety and security. The assessment is undertaken to arrive at a conclusion on levels of risk faced by the person which, in turn, informs the level of support required to mitigate this risk. The consequence is that each assessment produces a rating of risk for each of the six life areas. If the person is assessed as substantial or critical in any of the life areas, they become eligible for adult social care services from the HSCP. With that in mind, the approach to monitoring the distribution of risk involves reporting the highest level of risk for a person across each of the six life areas.

Of the 404 people assessed, 47% (191) were assessed as critical while a further 37% (151) were assessed as substantial. People assessed with these levels of risk are eligible for HSCP adult social care in line with the HSCP's Eligibility Criteria for Adult Community Care Policy meaning over four fifths of people assessed exceeded the eligibility threshold.

The eligibility criteria allows for discretion to be applied in terms of providing adult social care for those people assessed as experiencing moderate risk. The data shows that 40 of 42 people assessed as moderate were provided with a service from the HSCP i.e. where discretion could be applied, 95% of the time the person received an HSCP service.

18 people were assessed as low in terms of risk to their health, wellbeing and independent living so were not eligible for adult social care services. However, most were referred to Occupational Therapy and Sensory Impairment Teams or were already receiving an HSCP service prior to their MLA.

Of the 404 people assessed using the MLA, only 78 people (19%) were recorded as having been referred to third sector organisations for support and 67 of these individuals were assessed as experiencing substantial and critical risks as per the adult social care eligibility criteria. Almost all of these referrals were made alongside the HSCP providing support for more critical and substantial risks. While effective partnership and collaborative working remains a key priority for the HSCP, some third sector services can be provided as an alternative to HSCP services.

While they may vary on a case-by-case basis, third sector supports are provided, and in some cases specifically commissioned, to provide early intervention for people experiencing lower levels of risk. Therefore, the 60 people assessed as experiencing low or moderate risk as their highest risk, and some of the 95% who, when assessed as moderate, went on to receive HSCP support could potentially have been well placed to receive support from third sector partners (either as alternative to or as well as support from the HSCP).

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

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

In the first year of implementation 94% of all MLAs completed had all of the equalities fields populated. This might have included a "prefer not to say" option. There were no examples of an MLA where all of the equalities fields had been answered with "prefer not to say". The HSCP will look to build on this as it works to deliver on mainstreaming equalities work and taking a Human Rights-based approach to service delivery.

The HSCP is committed to the implementation of the MLA and MLA-S and will continue to monitor this on an ongoing basis. The Partnership has established a multi-agency Evaluation Advisory Group which will lead on the evaluation of the implementation. Plans are underway to consider both a process evaluation to assess whether the MLA is being implemented as intended and an outcome-focused evaluation to identify the extent to which implementation may be delivering the intended outcomes.

Learning Disability Services

The Covid-19 pandemic has continued to have an impact on people with a learning disability and their access to services during 2021/22. There are 397 people with a learning disability in West Dunbartonshire who are known to, or receiving, HSCP services and a further 24 people living outwith West Dunbartonshire whose support is funded by the HSCP.

Throughout the pandemic, the Learning Disability Respite/Short Break Service continued to provide essential supports and services to carers, families and those in need. While many frontline services have since fully resumed, there are still public health and Covid testing protocols in place for residential respite facilities. Learning Disability Services currently have 95 carers who have been assessed as requiring respite/short breaks.

The HSCP's eligibility criteria means we have an equitable and transparent system for determining funding for Short Breaks that is consistent and easily understood. In addition to traditional respite, the Respite/Short Break Service continues to promote and provide alternative resources to carers through direct payments and flexible respite options. This has extended to sourcing and facilitating emergency accommodation, preventing admissions to hospital and out of area care. Carers have commented that without the ongoing support from the respite service and regular respite and short breaks they would have struggled to maintain their caring role during the last year.

One of our chief aims over the next two years is to achieve the ambitions of the Scottish Government's Coming Home Report 2018 and the Coming Home Implementation Report published in February 2022. Part of the requirement of this Scottish Government funded work is to review areas of service and trial a test of change initiative to inform future practice and service delivery, and to increase individuals' connections to their community, family and friends. It is also to prioritise individuals with complex needs being cared for outwith West Dunbartonshire who could be cared for locally, and to reduce the time individuals stay in hospital away from their usual supports.

One of our key achievements, working with a range of partners across the wider health board area and with Housing and third sector colleagues, is the planned opening in 2022/23 of a newly developed 24-hour support service for a small number of individuals with very complex needs. The role of partnership working has been significant in delivery of this development, with considerable input from Procurement, Contracts, Housing and the Community Learning Disability frontline team.

One of the new tools we are beginning to use to assist us with this policy implementation is called the Dynamic Support Register. This enables us to monitor and discuss how best to intervene at an early point if individuals are admitted to hospital, or are at risk of losing their placements for a variety of reasons. This prevention and early intervention multi-agency approach will support the future sustainability of services for people at risk of placement breakdown and benchmark key criteria required to build resilience within the community-based landscape going forward.

During 2021/22 Learning Disability Services supported 'What Matters to You?' discussions. The intended outcome of these discussions is to create a culture for meaningful conversations between people who provide health and social care and the people, families and carers who use health and social care. This year we took time to listen. By understanding what is important to our staff and service users we can build more supportive, effective relationships, which will hopefully lead to improved quality and effectiveness of care for people and communities. The team will take forward the lessons of these discussions and plan to continue this model of engagement with our stakeholders in future years.

Learning Disability Services have also supported the Mental Welfare Commission for Scotland's visiting programme to adults subject to welfare and/or guardianship. The Commission has made several visits to West Dunbartonshire in 2021/22 raising any concerns with the team, and improving the safeguarding of some of our most vulnerable service users.

The Omicron variant saw increased levels of staff absence across most HSCP service areas late in 2021/22 and day services for people with a learning disability were no exception. This prompted the need to look at how we support individuals with complex needs and challenging behaviour who may not easily access community-based supports and what level of specialist staff training is required to provide this model of service delivery to ensure staff and service user safety and wellbeing is prioritised.

Learning Disability nursing staff have maintained additional responsibilities in relation to the Covid-19 vaccination programme including directly vaccinating those individuals supported by Learning Disability Services who were unable to attend public vaccination centres. The recruitment of two Health Support Workers has provided capacity for nursing clinical activity as well as an additional nursing post to facilitate an improved response for individuals with both a learning disability and a mental health diagnosis.

There is much to be positive about, in spite of ongoing challenges around capacity, commissioning and community-based support options. Communication is key and the HSCP is committed to working in partnership with all stakeholders to ensure real and meaningful engagement with people with a learning disability and their families to enable them to lead high quality lives within their family and/or their community where they experience personalised support consistent with a Human Rights-based approach.

The Keys to Life: Independence, Choice and Control,
Healthy Life and Active Citizen

Scotland's Learning Disability Strategy

Self-Directed Support

Self-Directed Support: A National Strategy for Scotland was published in October 2010. This 10-year strategy set the agenda for Self-Directed Support in Scotland. The subsequent Social Care (Self-Directed Support) (Scotland) Act 2013 was implemented on 1 April 2014. The strategy and legislation were designed to encourage significant changes to how services are provided. They require public bodies to give people more say in decisions about local services and more involvement in designing and delivering them.

Fundamental principles of Self-Directed Support (SDS) are built into the legislation: participation; dignity; involvement; informed choice; and collaboration. Further principles of innovation, responsibility and risk enablement were added. Social care should be provided in a way that gives people choice and control over their own lives and which respects and promotes human rights.

SDS involves offering choice and control to individuals and their carers who are eligible to access social care support services. It is not a separate entity or service, it is the way all adult social care should be provided for those assessed as eligible in line with the HSCP's Eligibility Criteria. If someone is assessed as eligible, this means they can choose from the 4 SDS options on how their needs should be met. Individuals who do not meet the eligibility criteria for adult social care support should be provided with assistance and/or advice on how best to meet their needs. This may include signposting to appropriate services in their local communities.

Self-Directed Support

Option 1: You choose to receive a direct payment to purchase support yourself. You will have access to advice and support from the HSCP

Option 2: The HSCP give you the option to choose your own support while it holds the money and arranges the chosen support on your behalf

Option 3: You choose to have the HSCP select the appropriate support and arrange it for you

Option 4: A mix of options 1, 2 and 3 for specific aspects of your support

In response to the Care Inspectorate's June 2019 'Thematic Review of Self-Directed Support in Scotland: West Dunbartonshire Local Partnership Report', an SDS Improvement Plan was developed by the HSCP. A significant part of this improvement work was the development and implementation of the My Life Assessment Tool and a dedicated training programme. Alongside this was the launch of a SDS iLearn module, My Life Assessment iLearn modules and 'Just Enough Support Training' designed to support staff to, amongst other things, use person-centred thinking tools to gather person-centred information about what, who and where matters to a person, and develop alternatives to just paid support for people. A review of the Area Resource Group process, where funding for packages of care are agreed was also undertaken.

In March 2022 the HSCP Board approved the HSCP's newly developed Self-Directed Support Policy. At the same time recruitment for a dedicated SDS Lead was underway with the remit of driving the changes required to deliver SDS support and maintain a consistent approach to its implementation. The previous Direct Payment and Independent Living Fund team has undergone a service review and all staff now have revised SDS Officer job profiles.

Case Study: Self-Directed Support

John (not his real name) is a 30 year old man who due to a brain operation as a child, suffered damage to his hypothalamus. John has a shunt in his brain, is registered partially sighted and is steroid dependent which can lead to adrenal crisis seizures and requires the use of cortisol injections. John has many other health conditions as a result of the brain injury and the various medications he must take.

John lives at home with his mum who is his main carer and supports him with the many aspects of daily living. He is currently working on his long cane training.

Following the completion of a My Life Assessment by John's Care Manager, 8 hours of social support were agreed as part of John's care package. Originally John was hoping to use the Richmond Fellowship or All Together Care to provide the support as he thought this would be more manageable. Unfortunately neither agency was able to provide the hours of support. John then decided he would like to consider employing his own support worker via Self-Directed Support (SDS) Option 1, Direct Payments.

John's Care Manager and the SDS Officer both provided information regarding managing a Direct Payment and employing staff in the form of a Personal Assistant (PA). Once John had identified a PA, he was supported by the SDS Officer to set everything up. John and the SDS Officer discussed using a managed account company to take away the administration of the Direct Payment and due to John's visual impairment, the SDS Officer worked with the managed account company on his behalf. The managed account company set up third party banking, payroll and insurance and complete the monitoring paperwork on John's behalf. The cost of the managed account service is built in to the Direct Payment funding.

The HSCP Finance Team ensure that John receives his four weekly Direct Payment money and also reconcile the monitoring paperwork to ensure the funding is being used for the agreed support and outcomes identified in John's My Life Assessment. The SDS officer continues to check in with John to ensure the administration of the Direct Payment and PA employment are both going well and to answer any Direct Payment queries John may have.

John is delighted he has chosen Option 1 and is now employing his own PA. Having his own worker has resulted in building up a strong and trusting relationship which is beneficial on a personal level but also on a health level due to the worker being aware of, and able to deal with, John's various health conditions, particularly the administration of the cortisol injection. This allows John and his mum to feel more relaxed and confident as they know that when John is out and about he is well cared for.

John and his PA have quite a flexible arrangement in terms of the times of the support. This allows John to go out and about on the days he chooses and when the activities he is interested in are on. John has been able to try out new activities with his PA and as the PA can drive, the number and variety of activities he can attend has increased. John has always been interested in fishing and this is one of the many activities he is now able to enjoy with the support of his PA.

The support John is receiving is also benefitting his mum as prior to this she was accompanying him out and about. His mum now has some time to herself and is happy knowing John is with someone they both trust. John is gaining independence and confidence by spending time with someone outwith the family whilst enjoying new experiences.

Justice Services

During 2021/22 Justice Social Work services experienced some notable increases in demand compared to the previous year due to the restart of the Scottish Courts after months of closure in response to the global pandemic. This impact is anticipated to continue over the coming years as the backlog of Court cases are heard.

Performance in relation to Social Work reports, Community Payback Orders and Unpaid Work Orders has seen some improvement during the year however the situation remains challenging. There has been a notable increase in orders being imposed during 2021/22. Justice Services have built on learning from the changes introduced during the pandemic, with home learning packs around the reduction of re-offending and substance misuse continuing to provide educational support to individuals subject to a Community Payback Order (CPO), while encouraging learning at home.

In response to the pandemic the Scottish Government temporarily extended the time for completion of unpaid work orders, however this is due to end in 2022/23 and there will be continued pressure in relation to the significant number of outstanding hours. Having secured a new workspace for unpaid work orders during 2020/21, work is ongoing to configure these premises to enable delivery of a wider range of supports and learning. The team continues to maintain face-to-face contact with service users alongside any digital and online support being provided.

During this year we have enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations. Ongoing collaborative work with the Council's Greenspace project and colleagues from Alternatives' Knowetop project contribute to the local authority's green space initiatives. Third sector partners, Street Cones, continue to deliver creative workshops using online platforms designed around lived experiences. Our ongoing collaboration with The Wise Group provides additional support opportunities and the Libertie Project ensures service users are not disadvantaged in terms of digital poverty.

Staff continue to provide specialist Justice monitoring and supervision to those on community orders or licences, utilising their skills in risk assessment, and developing individualised intervention programmes to enable service users to address the cause and effect of their offending behaviours on themselves, families and communities.

In line with the national policy of early intervention, the service has seen an increase in those subject to Diversion, in sustained attempts to reduce the number of individuals going through the criminal justice system. During 2021/22, Diversion services were provided to 37 people who had not been convicted of an offence, supporting them not to become involved in the court and justice systems. Individuals were supported to address the underlying cause of their behaviours such as addiction support and mental health, alongside difficulties with emotional wellbeing, housing, income maximisation and employability.

A number of improvement actions completed during 2021/22 include:

- New staff being trained and existing staff annually updated on the suite of assessment tools used within Justice Social Work.
- Staff training being completed in Trauma Informed Practice.
- Staff training in the first delivery of Throughcare Assessment for Release on Licence tool.
- Ongoing negotiations with the National Caledonian Team to bring both Caledonian group work and the 1-1 programme to West Dunbartonshire.

Strong partnership working continues to be evident in the planning of support for individuals being released from prison. HSCP Justice and WDC Housing Services work closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy. Justice Services also have positive working relationships with Police Scotland colleagues in the management and support to those assessed as posing a high risk of re-offending.

Priority 3: Resilience



CEDAR: Children Experiencing Domestic Abuse Recovery

CEDAR is a unique Scottish domestic abuse recovery programme that has been operational in West Dunbartonshire for the past 10 years. CEDAR is an evidenced-based, therapeutic, community-based intervention for children and young people aged 4 -16 years who are experiencing social, emotional and behavioural difficulties as a consequence of trauma associated with their experiences of domestic abuse. Embedded in an evidenced-based 12 week therapeutic group work programme for children and young people recovering from domestic abuse (running concurrently with group work sessions for mothers and kinship carers/foster carers/adoptive parents/corporate parents) the resource provides children and young people with a greater understanding of the dynamics of domestic abuse. It also provides a greater understanding of why abuse occurs and supports them in developing skills to cope with a range of issues which directly relate to individual experiences of domestic abuse and psycho-social functioning, with key themes of promoting individual, family and community resilience.

Service development and provision over the past 5 years has included the development of the Early Years Domestic Abuse Recovery 0-4 years (EYDAR) and the Children in Care Domestic Abuse Recovery (CICDAR) models. CEDAR resource developments have evolved and been shaped by integrating the views of those with lived experience who have accessed CEDAR. The resource portfolio has been developed and created using a co-production, asset-based approach. CEDAR has measured impact since its inception to the local authority and has also been independently reviewed during this time. The independent evaluation and service user evaluation of services have evidenced that CEDAR has a significant impact both in the short and longer term for children and young people and their families in recovery from domestic abuse: improving overall outcomes for children and young people affected by domestic abuse in West Dunbartonshire.

During 2021/22 CEDAR activity was significantly compromised and the service was unable to deliver peer group programmes within the community as a result of Covid-19 regulations. However, due to well-established and excellent multi-agency partnerships with Education Services and Child Protection, a Covid-19 risk assessment was carried out that enabled CEDAR to be delivered to children, young people and their mothers in one-to-one settings within schools. This service adaptability has allowed for children and young people and their families to be supported on a one-to-one basis with a total of 40 referrals during the year.

CEDAR has further continued to upskill and build capacity amongst teams by delivering a robust Violence Against Women and Girls (VAWG) training calendar which has been aligned with Child Protection and Adult Support and Protection as part of a wider public protection response to safeguarding individuals from violence and abuse within the local authority.

The CEDAR Co-ordinator and Development and Training Officer roles were mainstreamed into the Social Work Children and Families Team in April 2020. This service development facilitated a transition of service from external funding to centralised funding which prevented a closure of the service and allowed for continued service delivery and development. This in turn ensured that families referred to the service in 2020, before the first Covid-19 lockdown, were provided with a service during 2020 and carried over in 2021 when face to face delivery of the CEDAR programme could resume.

CEDAR carried out a local authority-wide community consultation with the purpose of capturing women's experiences of domestic abuse during Covid-19 lockdown restrictions and their access points for specialist Domestic Abuse service support and information. The survey was open from November 25th 2021 to mark the start of the international 16 days of Action for the Elimination of Violence Against Women and Girls and closed on 1st February 2022.

West Dunbartonshire Health and Social Care Partnership

Covid recovery money from the BIG Lottery underspend allowed CEDAR to successfully procure digital devices, creating a digital library, to ensure families who required specialist VAWG services were not digitally excluded. Devices were shared with VAWG partners in the local authority as part of a wider Covid recovery plan.

CEDAR has also undertaken a mapping and scoping exercise of VAWG activity across the local authority to help inform the strategic priorities for the next 3 years. This document has celebrated the success of VAWG service provision across the local authority and offered recommendations to progress the National Equally Safe strategy priorities at a local level.

CEDAR provides VAWG training for multi-agency partners across the local authority. CEDAR has developed a robust portfolio of training and moved this to a virtual platform as a direct result of Covid-19 restrictions on service provision. Training has been hosted using the Google Classroom platform to ensure that all delivery partners have access to the training materials. Training has been hosted via Google Meet, Zoom and Microsoft Team's virtual platforms. The training calendar has been aligned with the Child Protection and Adult Support and Protection training calendar to establish an integrated Public Protection Training calendar operating a multi-disciplinary delivery model for the first time.

CEDAR co-ordinates and chairs the Equally Safe training sub-group and is a partner in the Child Protection Learning and Development sub-group. CEDAR has also been a key partner with the People and Technology service area to pilot Equally Safe in Practice e-learning modules and to support the Equally Safe at Work accreditation.

Training delivered by CEDAR over 30 sessions during 2021/22 includes:

- Understanding the dynamics of domestic abuse: an introduction
- Working with the practical and social impact of domestic abuse on children and young people
- Working with the Dash-Ric (Domestic Abuse, Stalking and Honour Based Violence) Risk Assessment Tool
- Multi-agency Routine Sensitive Enquiry
- Human Trafficking as VAWG: information and awareness raising session delivered in partnership with the Trafficking Awareness Raising Alliance
- CEDAR Co-facilitator Training: supporting domestic abuse trauma recovery in children and young people (CEDAR, CICAR models)
- Working with women and girls affected by Female Genital Mutilation
- Multi-Agency Risk Assessment Conference (MARAC): information and awareness
- Working with domestic abuse: multi-agency child protection training

Women's Safety and Support Service

The Women's Safety and Support Service is an Equally Safe Funded service which is integrated within Criminal Justice Social Work. It provides specialist responses and interventions to increase the safety and wellbeing of women and girls. The support with women and girls enables convicted perpetrators to be held responsible and accountable for violence against women and girls safely. The risks of further victimisation and harm are assessed utilising nationally agreed risk assessments. Women are supported to develop plans to increase safety and wellbeing and interventions are person-centred, addressing and reducing vulnerabilities. Long-term support offers women consistency and support throughout their recovery plan.

The service also supports women offenders who have additional vulnerabilities and complex needs resulting from multiple experiences of violence against women and girls throughout their lifespan. This support recognises their distinct experiences of violence which contribute to complex vulnerabilities. The service provides this as a core specialist activity as well as integrating wider understandings of a gendered analysis of women's offending within the criminal justice context.

The Women's Safety and Support Service has integrated service user involvement within service development and represents the experiences and priorities of women within national and local agendas.

Children and Young People's Mental Health

'A Fairer, Greener Scotland: the Programme for Government for 2021 to 2022' commits to significant investment to support a comprehensive package of measures to improve mental health services for children, young people and adults. Alongside this the national 'Community Mental Health and Wellbeing Supports and Services: A Framework' has been developed which sets out the kind of support that children and young people should be able to access for their mental health and emotional wellbeing within their community, based on prevention and early intervention.

The framework recognises the rights that children, young people and their families have to accessible, consistent, sustained local support. This is part of the commitment to 'Getting it right for every child' (GIRFEC) and reflects the principles of the UN (United Nations) Convention on the Rights of a Child. The services and support in the framework focus on those aged 5 to 24 years and up to 26 years for care experienced young people. Within West Dunbartonshire a multi-agency Children and Young People's Mental Health Planning Group was established in June 2020 with representation from HSCP Children's Health and Social Work, West Dunbartonshire Council Education and Educational Psychology, Working4U, third sector representation from Y Sort It and West Dunbartonshire Champions Board's young people.

As part of the planning and preparatory phase, Glasgow University was commissioned by the HSCP to undertake a comprehensive review and analysis of children and young people's community mental health and wellbeing services and supports. Phase 1 of the review sought to understand the prevalence of collaboration within West Dunbartonshire and explore how different sectors work together in supporting children and young people's mental health and emotional wellbeing.

Phase 2 of the commissioned review took place between August 2021 and January 2022 with a focus on engagement with children, young people and their families: seeking their views on local needs in relation to community mental health and wellbeing supports and services. The research explored their experiences of accessing mental health support, mental health information, and their understanding of the resources within the local area. To guide and evaluate the review, a steering group of young people participated in a series of exercises including focus groups.

In 2021/22 West Dunbartonshire received Scottish Government funding of £233,000 to support local implementation of the framework: the ongoing design and delivery of children and young people's community mental health supports and services. £100,000 of this was used to develop a West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16 to 24 years (26 years for care experienced). This is a new service to support young people who are experiencing emotional distress not requiring clinical intervention, with the aim of offering an 'Ask once, get help fast' service.

SAMH (Scottish Association for Mental Health) was confirmed as the third sector partner for the first 12 months of the programme in October 2021. As the service provider they aim to contact the young person within 24 hours of referral and provide community-based problem-solving support, wellness and distress management planning, supported connections and signposting. An incremental approach will be taken to roll out the programme, meaning referral sites will become active in a phased way.

Referral pathways for phase 1 of the roll out have been identified as Education (Clydebank High School and St Peter the Apostle High School), Police Scotland and Primary Care.

Other initiatives supported by the additional funding included:

- The expansion of the Scottish Families Affected by Drugs/Alcohol Young Person's Routes Project. Working alongside West Dunbartonshire Alcohol and Drug Partnership and local organisations, the project has a co-production approach, supporting and working with 12-26-year-olds affected by someone else's alcohol or other drug use, to design and test out what works best to support the individual. The group meet weekly and there are many activities including football training, photography workshops and cooking classes.

- Parental support for families where a child has a new diagnosis of autism spectrum disorder delivering bespoke parenting programmes for parents and carers of children with complex needs and neurodiverse issues such as Autism. Training is delivered by a neurodiverse trainer.
- A Digital Route Map to provide young people and families with information about where to go to access help and raise awareness of the range of services and supports other than Child and Adolescent Mental Health Services (CAMHS) and awareness of service criteria for appropriate support to enable a prompt response to any mental health need raised by children, young people and their parents/carers.
- A number of physical activity programmes have been developed during 2021/22 to provide 'at risk' children and young people with access to local, free physical activity opportunities to support their mental health and wellbeing and are due to begin early in 2022/23.

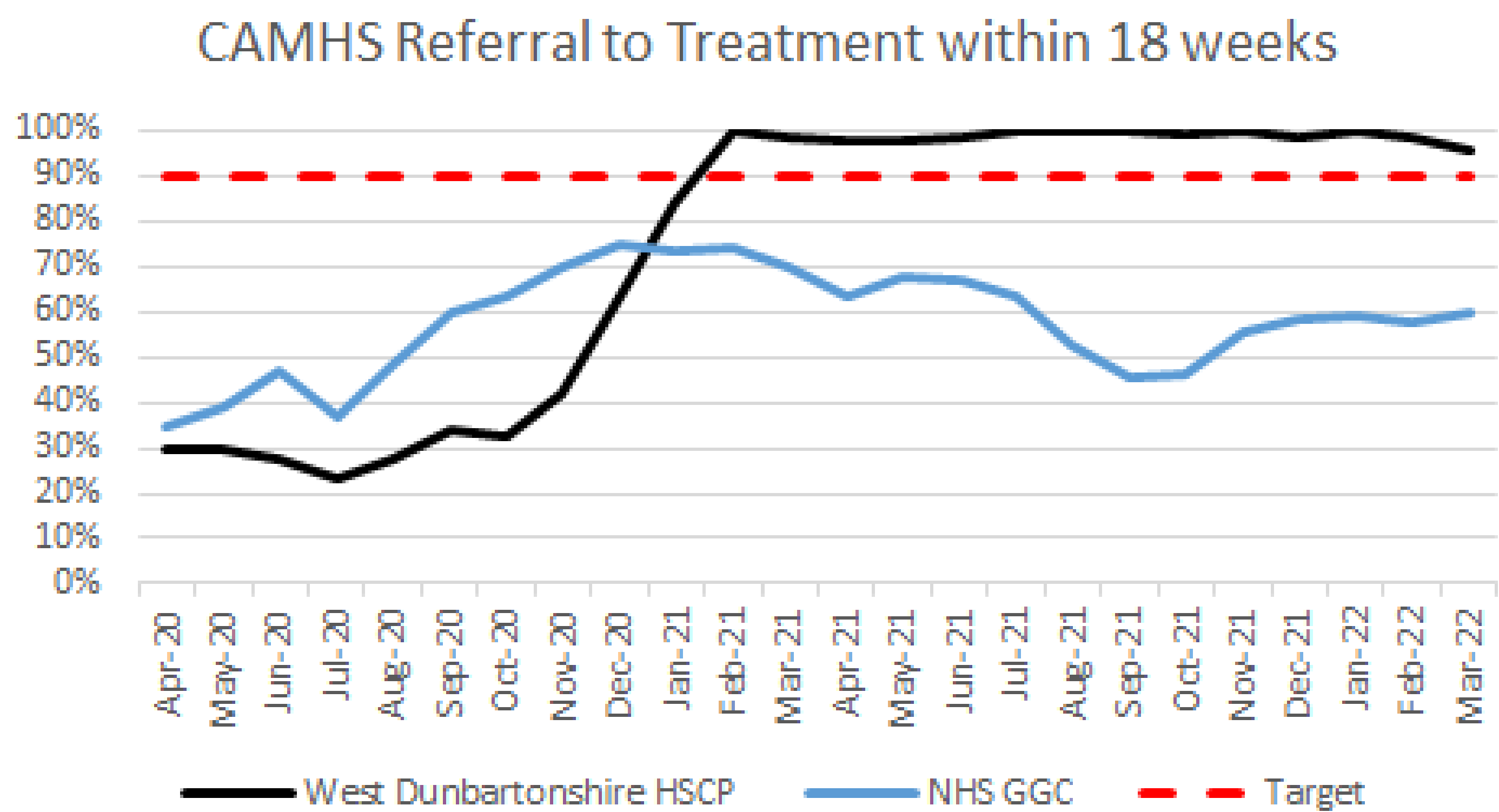


A comprehensive survey of secondary age children was carried out in West Dunbartonshire in October 2021 as part of a Planet Youth pilot. Planet Youth in Scotland is a partnership initiative, led by Winning Scotland, to learn more about what is needed to keep young people safe, healthy and happy. Planet Youth originated in Iceland in the 1990s, and has since been used all over the world to improve the lives of children and young people.

West Dunbartonshire is one of five Scottish pilot sites and the survey findings will be used to design interventions during 2022/23 to address the risk and protective factors identified through the survey and through action planning with local stakeholders including young people. In addition to supporting implementation of the West Dunbartonshire Substance Use Prevention Strategy the pilot interventions will also make a clear contribution to cross-cutting work to protect the mental health of children and young people.

In May 2021 and September 2021 the Scottish Government announced significant additional funding for Child and Adolescent Mental Health Services (CAMHS) through its Mental Health Recovery and Renewal Fund. To make most effective use of this funding NHS Greater Glasgow and Clyde and the 6 HSCPs within the Health Board area agreed to a centralised whole GGC approach to increasing the workforce in the initial stages. GGC-wide priorities agreed for Phase 1 of the funding were:

- Focusing on meeting the waiting times standards of 90% of children and young people starting treatment within 18 weeks of referral and to address any gaps in the CAMHS service specification.
- Expansion of transition timescales for CAMHS from age 18 up to the age of 25yrs old for targeted groups and those who wish it, focussing on joint planning and transitions with adult services initially for Eating Disorders, Trauma, Looked After Children, Learning Disabilities and Neurodevelopmental patient cohorts.
- Clearance of CAMHS waiting list backlog through supporting extension of the existing fixed term waiting list staffing in HSCP teams with substantive enhancement based on demand and capacity modelling and development of workforce plan.



While the GGC-wide picture fluctuates and sits well below the target, performance against the referral to treatment target has seen significant and sustained improvement within West Dunbartonshire from Summer 2020 onwards. Since February 2021 performance has far exceeded the 90% target, sitting at, or very close to, 100% in most months. Referral numbers did drop at the start of the pandemic, however during 2021/22 they have risen to almost pre-pandemic levels and show an increasing trend.

	CAMHS Referrals
2018/19	474
2019/20	482
2020/21	396
2021/22	446

Child and Adolescent Mental Health Services Feedback 2022

"I was listened to and was given the best help." Young person

"Having someone who understood my child's situation and were able to assist her in a professional way. She also needed someone outwith family to listen to her & someone to talk to regarding her problems and concerns." Carer

"The person I eventually worked with 1 to 1 was friendly and understanding."
Young person

Adversity, Trauma and Resilience

The West Dunbartonshire Adversity, Trauma and Resilience Programme aims to prevent childhood adversity and trauma and to mitigate the effects across an individual's life course where it has already occurred. A key component is to develop a trauma-informed West Dunbartonshire through supporting workforce development across the statutory and third sectors, in line with the National Trauma Training Programme developed by NHS Education Scotland.

The National Trauma Training Programme's overarching vision is to develop a trauma-informed and responsive nation and workforce, that:

- is informed by people with lived experience
- recognises the importance of wellbeing in the workforce
- recognises where people are affected by trauma and adversity
- responds in ways that prevent further harm
- supports recovery
- and can address inequalities and improve life chances

West Dunbartonshire's local Resilience Hub meetings, Resilience Film viewings and Trauma Training plans support the development of a trauma-informed workforce. The Resilience Hub is a community of practice with over 400 people. We held two online meetings in 2021/22. The theme for the first was 'Healing Trauma and Connecting People through Community Arts' and had 32 participants. Evaluation showed staff knowledge improved from 5.6 to 8.6 out of 10 after participating. The second Hub meeting focused on 'The First 1001 Days'. Fifty-one participants attended and the evaluation showed that staff knowledge had improved from 7.2 to 8.8 out of 10.

'The First 1001 Days'

Evidence from many branches of science shows us that development during the first 1001 days, from pregnancy until a child is two, lays the foundations for later learning, wellbeing, mental and physical health.

We now know that when experienced in this period, trauma can have a particularly significant impact on children's development.

The brain is particularly plastic and susceptible to influences during this time, so experiences can have greater impact on development with potentially widespread and long-term consequences.

The Resilience film is a documentary about Adverse Childhood Experiences (ACEs) and is a key resource to increase ACEs awareness among the workforce. Two online viewings were held in 2021/22, bringing the total number who have seen the film to approximately 1,200. The evaluation showed that staff knowledge of ACEs improved from 7.1 to 9.0 and 6.1 to 7.8, out of 10.

"It is a reminder that positive outcomes can be achieved despite significant ACEs." Resilience film viewer

Planning is underway to implement the national Trauma Training Programme locally. This is being coordinated by the local Trauma Champion alongside Scottish Trauma-Informed Leaders in Justice, Education and Human Resources.

Priority 4: Assets

Staff Health and Wellbeing



Creating a positive workplace and focusing on the health and wellbeing of our staff is a priority for the HSCP. We recognise that along with embracing new styles of working and tackling the challenges of digital technology, the pandemic has had an impact on both personal and professional lives as staff endeavour to cope with a wide range of issues and feelings, such as anxiety and isolation.

A large proportion of HSCP staff have been delivering frontline services to vulnerable people throughout the entire pandemic while those working remotely have seen the lines blur between family life and work life and the stresses this can entail. People's physical and mental health have been impacted by lengthy restrictions and the disruption to, and availability of, health care services.

Throughout the pandemic both employing organisations, West Dunbartonshire Council and NHS Greater Glasgow and Clyde, have developed a range of resources to enhance the supports in place for our workforce.

In 2020, the NHS Greater Glasgow and Clyde Mental Health and Wellbeing Group established the need for a single Peer Support Framework for all staff working in health and social care across the Health Board and the six HSCPs in Greater Glasgow and Clyde. This forms part of the wider strategy to prevent work-related emotional distress from developing into more significant mental health problems. The proposed model, competency framework, training programme and organisational support has been developed during 2021/22 and will result in all staff having access to peer support.

Peer supporters will provide an informed and confidential resource for staff to share their response to stressful events and respond in a non-intrusive, compassionate, non-judgmental and confidential manner in a supportive environment.

West Dunbartonshire Council ran a series of wellbeing webinars during 2021/22 which were available to all HSCP staff. These covered a number of topics including Supporting a Remote Workforce, Mindfulness, Yoga and The Importance of Sleep. Wellbeing Roundups are shared on a monthly basis and contain details of supports available and upcoming initiatives available to all staff. Alongside a number of online resources, NHS Greater Glasgow and Clyde have continued to hold Mental Health Check Ins in August 2021 and February 2022.

Future wellbeing initiatives will focus on supporting staff through the recovery phase and for some services the remobilisation phase, ensuring psychological support services in particular are promoted to all staff.

The National Wellbeing Hub and National Wellbeing Helpline are national initiatives which have been heavily promoted to HSCP staff. The helpline offers callers a compassionate and empathetic listening service based on the principles of psychological first aid, as well as advice, signposting and onward referral to local services if required.

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

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

West Dunbartonshire Health and Social Care Partnership

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

Whilst we do not have the information available to us to directly measure the effectiveness of these support mechanisms, comparison of two staff surveys, the Pulse Survey from 2020 and the iMatter Survey from 2021, demonstrates that staff feel they are cared about, are treated with dignity and respect and are appreciated.

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

West Dunbartonshire HSCP are committed to ensuring the dimensions identified in the Fair Work Framework are embedded within our culture and behaviours which will assume greater significance for our organisation as we evolve through the pandemic and are a key focus in our engagement with our workforce and Trades Union colleagues.

- **Effective Voice:** We foster an environment of open and ongoing dialogue with our workforce and Trades Union colleagues and seek out and listen to their views and ideas. In addition to this our HSCP workforce is invited on an annual basis to take part anonymously in the iMatter survey. In 2021, 62% of the HSCP workforce participated in this and the survey has already been rolled out again in 2022.
- **Opportunity:** Equal Opportunity is at the heart of both our NHS and West Dunbartonshire Council policies. We support access to opportunity for all through our recruitment and selection processes, modern apprenticeships and internships. We support our workforce to progress in their careers and everyone has access to a wide range of training and development opportunities.
- **Security:** There are collective arrangements in place for pay and terms and conditions of employment. Occupational Sick Pay and Pension arrangements are in place for our workforce and we have an established range of flexible working and family friendly policies in place to support staff who have caring and family commitments.
- **Fulfilment:** Learning and development opportunities are available throughout the organisation and we try to effectively utilise individual skill sets in the most effective way. We recognise that fulfilment is a key part in ensuring that we have a happy and engaged workforce and encourage creativity and innovation in our workforce and Trades Union colleagues.
- **Respect:** Mutual respect is an important aspect of our relationships with our workforce and Trades Union colleagues. This is supported through established policies and procedures. We strive to ensure that our workforce feel valued in ways other than through pay or position. Engagement with employees at all levels in the organisation and with our Trades Union colleagues is a priority.

HSCP Care Homes



Queens Quay Care Home which opened in November 2020 underwent its first inspection by the Care Inspectorate in December 2021. The care home, which was nominated for a Scottish Design Award in 2021, received an extremely positive inspection report at a very challenging time for care homes and particularly for a new care home where residents moved from the three existing homes in Clydebank.

Queens Quay Care Home

- How well do we support people's wellbeing? 5 - Very Good
- How good is our leadership? 4 - Good
- How good is our staff team? 5 - Very Good
- How good is our setting? 6 - Excellent
- How well is our care and support planned? 5 - Very Good
- How good is our care and support during the COVID-19 pandemic? 5 - Very Good

As we move through the phases of the pandemic, HSCP staff in our care homes are enjoying the opportunity to organise events with residents' families and friends, with Platinum Jubilee events planned in both homes. Intergenerational activities with local nurseries and schools are also resuming and we continue to encourage apprenticeships to nurture the concept that a career in a care home is a rewarding one, with career opportunities for progression.

Our two Care Homes have identified senior staff to complete the relevant training to allow them to be able to offer placement opportunities for preregistration Student Nurses. This is an exciting development as it will allow future nurses invaluable experiences within residential care settings, recognising the person-centred care that these homes deliver.

The multidisciplinary Quality Assurance visits to care homes continue to be completed every six months, facilitated by a Nurse Team Leader and a Senior Social Worker. This collaborative approach allows resultant reports, which are submitted to the Board Nurse Director of the Health Board, to be robust and comprehensive. The impact of these visits continues to build on our partnership working with the independent sector, linking with the new Care Home Collaborative, towards continuous improvement of care for those in our care homes.

West Dunbartonshire Health and Social Care Partnership

The District Nursing Team continue to work with care homes to deliver the Covid and Flu vaccination programme within the homes and are preparing for the Winter Vaccination Programme 2022 which will involve the vaccination of approximately 500 residents with both Flu and Covid vaccines across West Dunbartonshire care homes. District Nursing staff are also resuming pre-pandemic 'bite size' training sessions with staff, delivering sessions on palliative and end of life care, anticipatory care planning and any other topics identified by staff. This supports an integrated approach to care delivery and enhances relationships.

The Care Home Liaison Nurse role is to work with nursing staff in independent care homes, supporting them in complex nursing care situations e.g. tissue viability and end of life symptom management. This role continues to offer opportunities for partnership working with our independent care providers, promoting shared learning and ensuring best practice in nursing care.

West Dunbartonshire's Champions Board

West Dunbartonshire's Champions Board was established in November 2017 with funding from the national charity, Life Changes Trust. West Dunbartonshire Council has a statutory duty of care, as Corporate Parents, for our care experienced young people. The involvement and support from the Champions Board allows for the delivery of these duties to be encouraged and promoted.

The global pandemic has had a dramatic effect and negative impact on the Champions Board's ability to establish, maintain and develop long-lasting, trusting relationships between our care experienced young people and some of their many Corporate Parents.

That said, during the pandemic the Champions Board have held numerous online activities and events, including online cooking classes, online games, delivery of Christmas dinners, one to one messaging and wellbeing support services, and posting links to support services on our social media platforms.

In 2021/22 several care experienced young people were part of a national campaign for the recruitment of new Children's Hearings Scotland panel members, with our young people being part of the interview team. These were held online due to the pandemic.

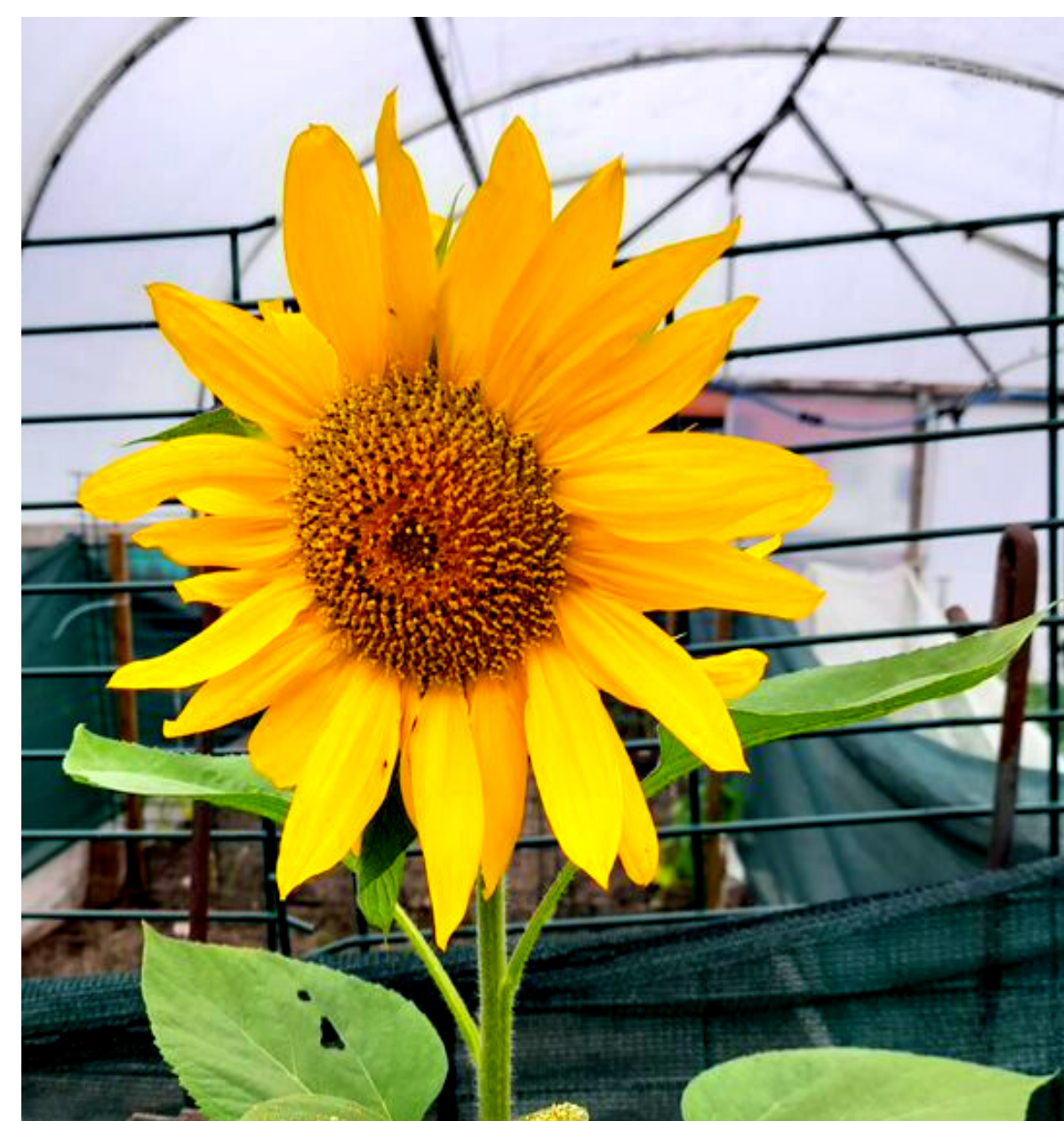
Champions Board staff have also been part of a national project in relation to care experienced people accessing their care records. The final draft of this document called 'Gold Standard – Right to Accessing Care Records' is due to be released in Autumn 2022, and included collaborative working alongside Aberdeen City Council, Who Cares? Scotland, Future Pathways, City of Edinburgh Council, CELCIS (Centre for Excellence for Children's Care and Protection) and Social Work Scotland.

Champions Board staff and young people are currently involved in several working groups and processes, including Children and Young People - Mental Health and Wellbeing, Community Funding Phase 6 – Children and Young People and will be involved in the new recruitment campaign for Children's Hearings Scotland Panel members from September 2022.

Going forward, the Champions Board realise the importance of returning to face-to-face working and engaging young people and Corporate Parents in further activities and events to re-establish existing relationships and make new ones. This will build on awareness of looked after young people and of how Corporate Parents can contribute to young people's improved outcomes. Working alongside our new Promise Team Lead, we are determined to ensure that the fundamentals within The Promise are met and that there are relevant changes made to current policies, procedures and processes which ensure a positive future for our care experienced young people.

Priority 5: Inequalities

Work Connect



Work Connect Specialist Supported Employment Service delivers a suite of meaningful activity to encourage recovery and positive lifestyles. It works to improve transitions into education, learning and work for people with a learning disability, autism, brain injury, poor mental health or in recovery from addiction. The service delivers a person-centred service within the Employability Pathway which includes: vocational profiling; benefits advice; help to prepare a CV; employability skills (sector specific and general); work experience placements; access to training, volunteering, college and employment opportunities and in work support; REHIS (Royal Environmental Health Institute of Scotland) food hygiene accreditation; practical skills and peer-led activity; structured engagement and meaningful activities for over 65s; co-ordination of people and services; promotion of non-discrimination and equality in the workplace; and training to staff/co-workers on disability issues.

With a base in Levensgrove Park, Levensgrove Horticulture Service is a partnership with West Dunbartonshire Council's Greenspace Services to establish training in horticulture and provision of community allotments. Levensgrove provides accessible acreage with green houses, polytunnels, raised beds, ground-works and a training room. There is an emphasis on experiential learning with a monitoring/coaching approach.

Work Connect Social Enterprise Cafes service provides volunteering, training and unpaid work experience opportunities for service users and is particularly beneficial in developing softer skills such as teamwork and communication, providing a route into education, training or employment.

Levensgrove Create is a service user-led group which assists in the development and delivery of non-horticultural activity within Levensgrove Training suite. It offers a range of vocational programmes, which is flexible and adapts to service users' needs. This programme reflects the evidenced employability pathway and offers clients opportunities to gain transferrable and recognised employability skills. Current activities include a creative space where people can explore and develop their creative side in a variety of artistic mediums including drawing, crafts, painting, and model making.

During 2021/22 Levensgrove Park have increased capacity for Work Connect, with a maximum of 45 clients able to be supported each week and 116 people were supported in total throughout the year. A very popular first Catering 4 Success eight week course was delivered with further courses planned for 2022/23.

The year also saw Work Connect service users featured in the Scottish Mental Health Arts Festival in May 2021. A portfolio of creative work and a documentary entitled 'Picture Normality' which was filmed around Levensgrove Park was created in collaboration with local artists. The film features a number of Work Connect service users exploring the notion of what is normality in the wake of a life-changing pandemic. It is the first time in 15 years that West Dunbartonshire has been represented in the national festival programme.

At the time of writing this report the Horticultural Service's greenhouse and polytunnels have produced a bountiful summer harvest of vegetables which service users will use in their catering enterprises and a bumper crop of sunflowers for park visitors to enjoy.

Tackling Inequalities

In February 2022 National Records of Scotland published their Healthy Life Expectancy in Scotland 2018-2020. Worryingly this report showed that, in comparison with the 2021 report, the healthy life expectancy from birth for males in West Dunbartonshire had decreased from 59.1 to 58.1 years and for women from 60.6 to 58.5 years. Healthy life expectancy is the number of years it is estimated an individual can expect to live in good health.

In addition, the emerging information on the unequal impacts of the pandemic on people with protected characteristics have reinforced the commitment and focus on improving implementation of the equalities agenda as an integral part of HSCP Recovery plans. Health and Social Care services remain under pressure due to the pandemic and demographic change, however it is critically important to focus on fairness and equity of services as they are redesigned with the people of West Dunbartonshire.

The Equality Act 2010 (the Act) harmonises and replaces previous equalities legislation and includes a public sector equality duty which replaces separate duties in relation to race, disability, and gender equality. The HSCP remains committed to integrating our obligations in respect of the equalities duties into our approach to strategic planning, performance management and into the day-to-day operational activities of the organisation.

Section 149 of the Equality Act 2010 (the public sector equality duty) referred to as the General Equality Duty ensures public authorities and those carrying out a public function consider how they can positively contribute to a more equal society through advancing equality and good relations in their day-to-day business, to:

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

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

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



West Dunbartonshire Health and Social Care Partnership

In April 2018 Scottish Government enacted the Fairer Scotland Duty which placed a legal responsibility on the HSCP to actively consider how to reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions. The Scottish Index of Multiple Deprivation measures deprivation across current income, employment, health and education, skills and training, housing, geographic access, and crime and confirms West Dunbartonshire has the joint third highest proportion of data zones 48 (40%) in the 20% most deprived. This means a large proportion of people living in West Dunbartonshire are more likely to experience conditions which can limit their life opportunities.

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

- Adoption of People-Centred Service Design Principles
- Reduce Inequalities

Key actions connected with this included:

- Development of a new HSCP policy development tool which includes equalities as early as possible in the policy development process.
- Adoption of the online West Dunbartonshire Equality Impact Assessment tool to make it easier to complete equality assessments at an earlier stage and more easily involve community and third sector representatives.
- Completion of an enhanced strategic needs assessment for adult and older people with an expanded population view section covering demographics, socio-economic issues, equalities and housing to ensure a strong data-informed approach to address equality considerations and ensure equality mainstreaming in the development of the forthcoming Strategic Plan.

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

- the creation of a refreshed Equalities Working Group with new Terms of Reference
- established regular pattern of meetings to drive forward the work of the Equalities Working Group
- review of best practice to embed a consistent approach to mainstreaming equalities issues across the HSCP
- creation of an Equalities Improvement Action Plan with key priorities of: leadership; training; data and access; communications; best practice; and awareness raising.

In November 2021, an update to the HSCP Board highlighted that progress has been made in relation to:

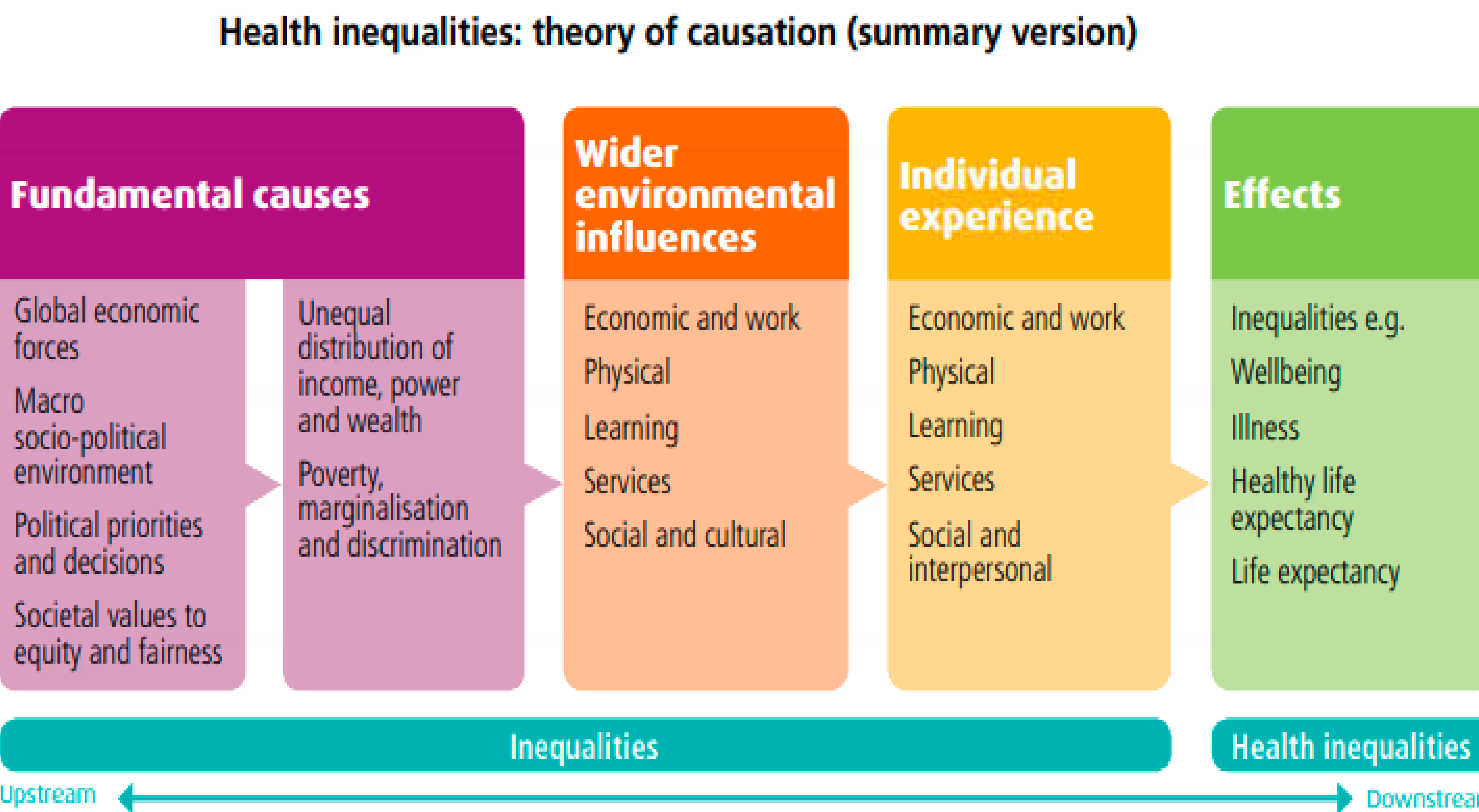
- Awareness raising and training by promoting the existing NHSGGC and WDC suite of Equalities Training.
- Development of training statistics across the HSCP workforce.
- Creation of bespoke training sessions for Equality Impact Assessments specific to HSCP situations
- Reviewing Equalities information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

West Dunbartonshire Strategic Needs Assessment for Adults and Older People is due to be published in June 2022 and makes stark reading in terms of equalities and health inequalities.

- Life expectancy is lower than the Scottish average.
- 29% of adults have limiting long term physical or mental health conditions in 2019.
- 23.2% of the population were prescribed drugs for anxiety, depression or psychosis in 2020/21.
- 41% are anticipated to be in fuel poverty by April 2022.
- Domestic abuse rates are the 2nd highest in Scotland.
- 42% of household heads will be 60+ by 2028 - highlighting our aging population.
- 51% of all dwellings are flats.

In addition to these West Dunbartonshire had the 2nd highest premature death rate, the 8th highest emergency admission to hospital rate and the 4th highest hospital unplanned bed day usage in Scotland in 2021, highlighting the complex health needs of our population. Rates of cancer, coronary heart disease, stroke, hypertension and substance use disorders are all higher in West Dunbartonshire than in NHS Greater Glasgow and Clyde and Scotland.

The NHS Health Inequalities Policy Review in 2013 states that 'inequalities are caused by a fundamental inequity in the distribution of power, money and resources. This has an impact on the opportunities for good-quality work, education and housing, etc. In turn, these determinants shape individual experiences and health throughout life.' This is illustrated in the figure below.

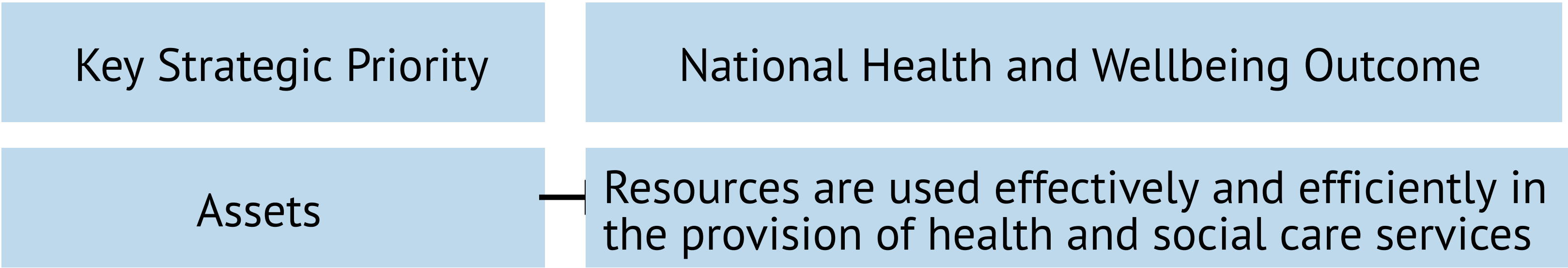


With the economic impact of the Covid-19 pandemic on individuals, communities and future funding and a cost of living crisis looming, the figure above becomes more concerning. Times ahead will be very challenging and the HSCP will strive to protect our people from the worst impacts of inequality where possible.

Our Strategic Needs Assessment will inform our next Strategic Plan and tackling inequality and health inequality will remain at the heart of our planning and service development, working to improve lives with the people of West Dunbartonshire.

Best Value and Financial Performance

The nine National Health and Wellbeing Outcomes are set out earlier within this report. This chapter aims to demonstrate the effective and efficient use of our financial resources as required by National Health and Wellbeing Outcome 9 as it aligns to one of our five key strategic priorities, as illustrated below.



The HSCP Board has a duty of Best Value, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between the quality and cost of health and social care services. The HSCP Board is supported by the Chief Financial Officer (CFO) who has the responsibility for the administration of the partnership’s financial affairs (s95 of the Local Government (Scotland) Act 1973). The CFO and the finance team provide advice, guidance and manage the totality of the financial resource across the partnership, promoting financial sustainability as well as working closely with a wide range of stakeholders including the Council, Health Board, neighbouring Health and Social Care Partnerships and the Scottish Government.

The financial reporting responsibilities of the CFO include preparing financial statements and performance reports. Financial performance is an integral element of the HSCP Board’s overall performance management framework, with regular reporting and scrutiny of financial performance at meetings of both the HSCP Board and its Audit and Performance Committee.

During 2021/22 the HSCP continued to face significant challenges in the face of the ongoing pandemic, these were magnified over the winter period with staff continuing to provide high standards of front line health and social care. The Scottish Government provided both COVID-19 and Winter Pressures funding for 2021/22, and has committed to some recurring and non-recurring funding to support the impact in 2022/23 and beyond.

The Annual Report and Accounts for the period 1 April 2021 to 31 March 2022 provides a detailed financial overview of the year and the levels of funding from all our partners. Some of the key tables and messages are extracted below including the final outturn position and the movement in reserves.

The HSCP Board approved the 2021/22 revenue budget on 25 March 2021 of £170.097m to deliver on all delegated health and social care services. This opening budget position is subject to many changes through the course of the financial year as further funding streams are received, in the main from the Scottish Government to support a range of policy commitments. As well as the core budget there is a further allocation of a “Set Aside Budget” which is made available by the Health Board to the HSCP Board, in respect of “those functions delegated by the Health Board, which are carried out within a hospital setting”. The proposed set aside budget at the 1 April 2021 was £30.851m, however this too is subject to change in line with actual activity and demand for these services by our West Dunbartonshire population.

While there were budget gaps identified, the HSCP Board accepted recommendations to balance the budget by the application of new funding streams, a number of operational adjustments and the application of reserves. All financial performance reports presented throughout the year to the HSCP Board are available on the HSCP website: <http://www.wdhscp.org.uk/>

Budget Performance 2021/22

The final 2021/22 budget available for delivering directly managed services was £190.985m (excluding Set Aside), which included £9.024m to address the Covid-19 pandemic. The total net cost of providing these services was £178.232m, resulting in a reported surplus of £12.753m (subject to audit). This is detailed in the table below along with comparative data for the last four financial years of the West Dunbartonshire HSCP Board on 1st July 2015.

Budget Performance 2021/22 (plus previous years 2017/18 to 2020/21)

2017/18	2018/19	2019/20	2020/21	West Dunbartonshire	2021/22	2021/22	2021/22
Net	Net	Net	Net	Integrated Joint Board	Annual	Net	Underspend/
Expenditure	Expenditure	Expenditure	Expenditure		Budget	Expenditure	(Overspend)
£000	£000	£000	£000	Consolidated Health & Social Care	£000	£000	£000
44,110	45,008	45,526	45,717	Older People, Health and Community Care	49,856	48,336	1,520
2,782	3,007	2,884	3,214	Physical Disability	3,528	3,106	422
20,901	22,511	24,899	25,500	Children and Families	26,449	26,033	416
9,034	8,949	9,431	10,244	Mental Health Services	11,471	10,575	896
2,921	2,568	2,885	2,933	Addictions	3,625	3,363	262
15,740	16,655	17,158	16,868	Learning Disabilities	18,085	17,933	152
1,597	1,351	1,301	1,392	Strategy, Planning and Health Improvement	2,022	1,501	521
23,962	25,738	27,427	29,955	Family Health Services (FHS)	29,532	29,532	0
19,887	19,383	19,432	19,003	GP Prescribing	19,969	19,690	279
5,777	6,254	6,370	6,247	Hosted Services - MSK Physio	6,899	6,528	371
741	755	824	719	Hosted Services - Retinal Screening	836	720	116
0	0	0	(6)	Criminal Justice - Grant funding	136	0	136
993	1,892	3,604	4,468	HSCP Corporate and Other Services	9,195	5,776	3,419
			5,840	Covid-19	9,024	4,781	4,243
283	270	281	329	IJB Operational Costs	358	358	0
148,728	154,341	162,022	172,423	Cost of Services Directly Managed by West Dunbartonshire HSCP	190,985	178,232	12,753
17,066	29,522	31,223	36,149	Set aside for delegated services provided in large hospitals	36,346	36,346	0
927	577	661	505	Assisted garden maintenance and Aids and Adaptions	527	527	0
11,997	11,289	11,021	11,467	Services hosted by other IJBs within Greater Glasgow and Clyde	11,042	11,042	0
(6,337)	(6,128)	(6,655)	(6,390)	Services hosted by West Dunbartonshire IJB for other IJBs	(6,672)	(6,672)	0
172,381	189,601	198,272	214,154	Total Cost of Services to West Dunbartonshire HSCP	232,228	219,475	12,753

The total cost of delivering all health and social care services amounted to £219.475m against funding contributions £232.228m, including notional spend and funding agreed for Set Aside of £36.346m, spend and funding managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptations of £0.527m and net spend and funding of Services hosted by other IJB’s with Greater Glasgow and Clyde of £4.370. This therefore leaves the HSCP Board with an overall surplus (including planned transfers to earmarked reserves) on the provision of services of £12.753m.

This surplus in funding is retained by the HSCP Board in reserve and is carried forward for use by the HSCP Board in later years. The reserves are classified as either:

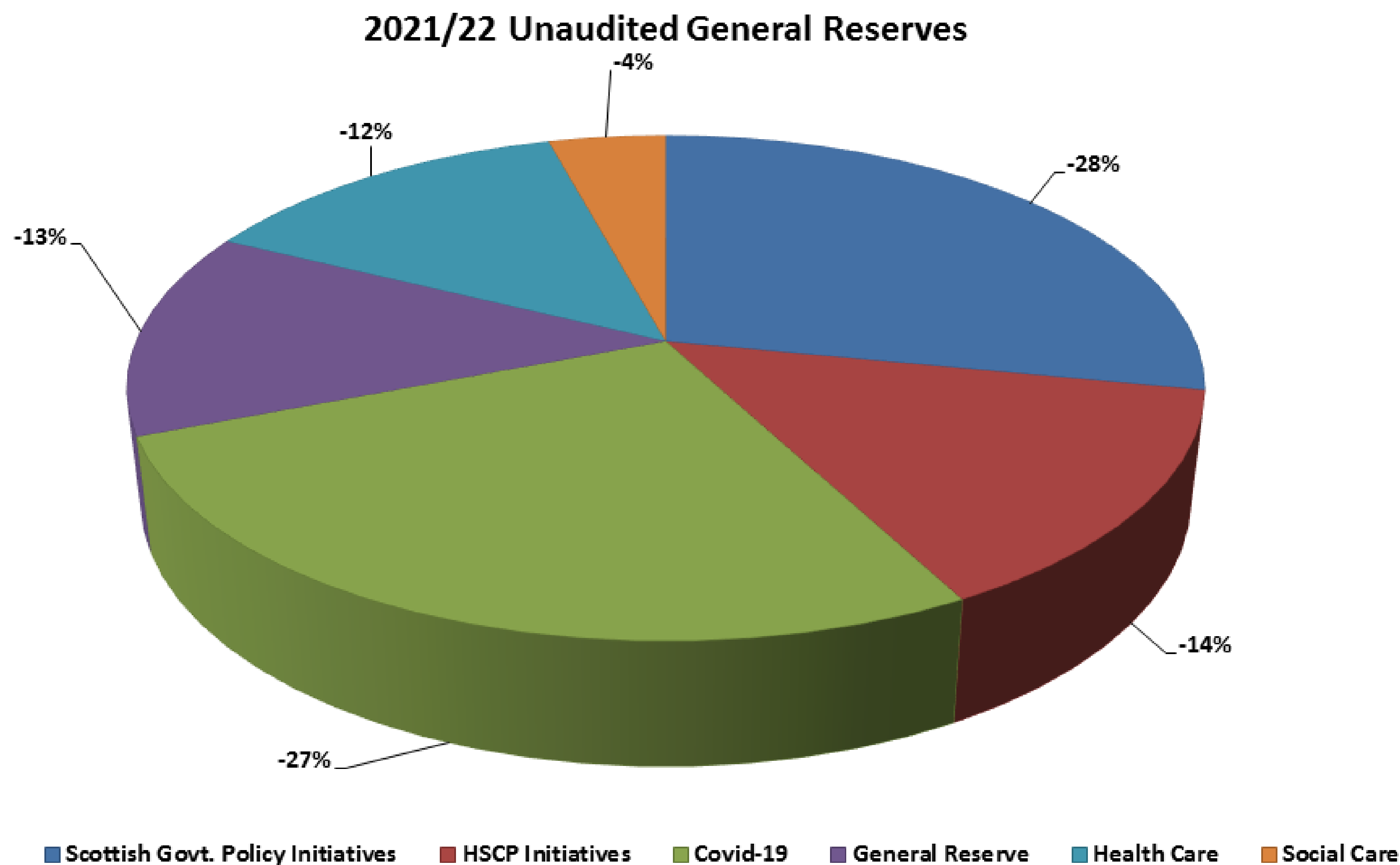
- Earmarked Reserves – separately identified for a specific project or ring fenced funding stream e.g. Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drug Partnership, Covid Recovery and Service Redesign and Transformation. Further explanation is provided under “Key Messages”; or
- Unearmarked Reserves – this is held as a contingency fund to assist with any unforeseen events or to smooth out the financial position of current year finances if approved savings programmes do not deliver as anticipated.

The HSCP Board have an approved Reserves Policy which sets out the legal basis for holding reserves and the process of applying those reserves. It is recognised reserves are a key element in demonstrating financial stability in the medium to long term. Therefore the current policy strives to hold 2% of total budget in unearmarked reserves, for 2021/22 this was approximately £3.9 million.

West Dunbartonshire Health and Social Care Partnership

The diagram below provides a high level representation on the type of reserves held to be utilised in the delivery of our strategic priorities and national policy commitments.

High Level Analysis of 2021/22 Earmarked and Unearmarked Reserves



The following sections below provide details on the main areas of under and overspends reported in 2021/22:

- The Set Aside outturn position is shown as a nil variance as remains a notional budget to the HSCP Board. While the actual activity or consumption of set aside resources for the West Dunbartonshire population is detailed above, there is no formal cash budget transfer by NHSGGC. The actual expenditure related to our HSCP for 2021/22 was calculated as £36.346m.
- COVID-19 – Scottish Government funding for the impact of COVID-19 on health and social care services was distributed to HSCPs and Health Boards based on costs captured within each individual organisation’s Local Mobilisation Plan, submitted on a quarterly basis. The table below provides a summary of the main expenditure categories and the income received. The final position was a transfer to earmarked reserves of £4.243m, to add to the £4.970m brought forward from 2020/21.
- Mental Health Services – underspend of £0.896m due to an underspend in core services arising from recruitment challenges, Mental Health Recovery and Renewal Funding and additional Action 15 funding in year.
- Addictions Services – underspend of £0.262m mainly due to the continued funding of fixed term posts from the Alcohol and Drug Partnership (ADP) reserves along with additional Scottish Government funding allocations in 2021/22. A commissioning group is being set up to support ongoing developments in relation to this service area and will be monitored through the Alcohol and Drug Partnership.
- Hosted Services – underspend of £0.487m due to ongoing recruitment challenges across both MSK Physiotherapy and Diabetic Retinal Screening.
- Physical Disability – underspend of £0.422m primarily due to reduction in costs within a number of Self-Directed Support Packages not being fully delivered due to COVID-19 restrictions or through individual choice. In addition only half planned respite was able to be accommodated. For 2022/23 all packages have now returned to pre-pandemic levels and some at enhanced levels.

West Dunbartonshire Health and Social Care Partnership

- HSCP Corporate and Other Services – the main components of the underspend relate to additional Primary Care funding allocated in year which will be held in an earmarked reserve to fund ongoing spend and Winter Pressures Funding received late in 2021 to be utilised to enhance Care at Home, Multi-Disciplinary Teams and additional Health Care Support Workers. Recruitment is underway but remains a challenge.
- Older People, Health and Community Care – this service grouping covers older people’s residential accommodation, care at home and other community health services. Residential accommodation realised a saving of £0.772m mainly due to recruitment challenges along with the impact of COVID-19 admission restrictions and delays in assessing clients for residential packages. For Care at Home services the additional Winter Pressures Funding, the application of COVID-19 funding and recruitment challenges realised a net saving of £0.516m after an increase in overtime and agency costs.
- Carers – significant work was completed in 2021/22 to implement the West Dunbartonshire’s Carers Strategy 2021 and the Carers Development Group is now fully established. However the full allocation of Scottish Government Carers Act implementation funding was not fully utilised, as some services including respite were impacted by COVID-19 restrictions and £0.591m will be transferred to an earmarked reserve to support carers in future years.

The movement in earmarked reserves is an overall increase of £12.541m, bringing the closing balance to £29.981m. There were a number of drawdowns and additions amounting to £8.173m and £20.715m respectively.

The movement in unearmarked, general reserves is an overall increase of £0.212m, bringing the closing balance to £4.579m which is slightly in excess of the 2% target as set out in the Reserves Policy.

The HSCP continued to detail its response to the COVID-19 pandemic within the Local Mobilisation Plan (LMP) and associated costs through the financial tracker returns to the Scottish Government. The final submission for 2021/22 was submitted in late April and detailed full year costs for the HSCP of £5.767m as detailed below.

2021/22 Covid-19 Spend against Funding

Covid-19	2020/21 £000's
Covid-19 Pressures	
Additional PPE	5
Flu Vaccination	7
Community Hubs	36
Additional Care Home Placements	7
Additional Capacity in Community	319
Additional Staff Costs	992
Staff Wellbeing	39
£500 Thankyou Payments	986
Additional FHS Prescribing	85
Additional FHS Contractor Costs	23
Social Care Provider Sustainability Payments	1,500
Increased costs of Service Provision	574
Loss of Income	392
Other	508
Unachievable Savings	1,084
Offsetting Cost Reductions	(1,014)
Remobilisation Costs	
Adult Social Care	35
Reducing Delayed Discharge	179
Other	10
Total Spend	5,767
Opening Earmarked Reserve for Covid Pressures	(4,970)
Grant Funding for Social Care £500 Thankyou Payment	(752)
Grant Funding for Third Party Provider £500 Thankyou Payment	(234)
Additional Funding from LMP Quarterly Returns	(131)
Further Covid Funding 2021/22	(8,893)
Total Income	(14,980)
Excess funding transferred to Earmarked Reserves	(9,213)

Medium Term Financial Outlook

Financial risk is one of the HSCP Board’s main strategic risks. The requirement to both remain within budget in any given financial year and identify savings and efficiencies in the medium to long term places significant risk on the HSCP Board’s ability to set a balanced budget and continue to deliver high quality services. Although underpinned by legislation, this risk may impact on the ability of the HSCP Board to ensure that the Best Value principles of economy, efficiency and effectiveness continue to be a top priority of the Board.

Throughout 2021/22 West Dunbartonshire HSCP Board continued to strive to deliver on its strategic priorities as well as responding to and adapting services as the impacts of the COVID-19 pandemic continued to dominate the daily lives of the people of West Dunbartonshire.

We have demonstrated our commitment to strong financial governance through our performance reporting and this annual report. The ability to hold reserves and add to them in 2021/22, supports our short and medium term position as we face the challenges 2022/23 will bring and the development of our new 2023 Strategic Plan, shaped by our Strategic Needs Assessment.

The first Medium Term Financial Plan (MTFP) was approved by the Board on 25 March 2020 covering the period from 2020/21 to 2024/25. This was refreshed as part of the 2022/23 Revenue Budget exercise and approved by the Board on the 21 March 2022 and covers the period 2022/23 to 2026/27.

The HSCP Board revenue budget for 2022/23 to deliver our strategic priorities is £219.442m, including £33.620m relating to set aside and £0.705m relating to budget managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptations. The budget identified a potential funding gap of £1.117m which will be addressed through an application of earmarked reserves (£0.349m), maintenance of the GP Prescribing budget (£0.357m) and a number of minor budget adjustments (£0.411m).

In 2022/23 the HSCP will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes and its Project Management Office (PMO). We will respond to these challenges by continuing to build on the strong governance frameworks already in place and continue to engage and collaborate with our stakeholders, manage and mitigate risk and invest in our workforce and communities.

The ongoing reaction to and recovery from the pandemic adds a further layer of risk to our financial stability going forward. The indicative budget gaps for 2022/23 and 2023/24 are detailed below and illustrate the scale of the risk. These will be subject to change as the full impact of the 2022/23 pay settlements for public sector workers is revealed in relation to the funding received as well as other inflationary and service demand pressures arising from the current cost of living crisis.

Indicative Budget Gaps for 2022/23 to 2024/25

Indicative Budget Gaps	2022/23	2023/24	2024/25
	£000	£000	£000
Indicative Revenue Budget	185,117	189,386	194,268
Indicative Funding (including application of earmarked reserves)	185,117	186,572	188,644
Indicative Budget Gaps	0	2,815	5,623

The challenging financial landscape for all of our funding partners (i.e. the Scottish Government, WDC and NHSGGC) in relation to ongoing COVID-19 costs, inflation, UK Government policy commitments (e.g. the 1.25% increase in National Insurance Contributions) and Scottish Government policy commitments (e.g. Mental Health Recovery and the National Drugs Mission), protracted the annual budget setting exercise. This was exacerbated by delays in the confirmation of local shares of national funding streams.

West Dunbartonshire Health and Social Care Partnership

The medium term financial plan sets out the broad key themes on how we will work towards minimising future pressures and remain financially sustainable. These are:

- Better ways of working – integrating and streamlining teams including the benefits of information technology to deliver services more efficiently will release financial savings and protect front line services;
- Community Empowerment - support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care;
- Prioritise our services – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it;
- Equity and Consistency of approach – robust application of Eligibility Criteria for new packages of care and review of current packages using the My Life Assessment tool; and
- Service redesign and transformation – build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with Housing services, third sector and local providers.

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

Through 2022/23 the Financial Performance Reports will continue to reflect all quantifiable variations against the approved budget as well as anticipating and reporting on any material changes or risks from the implementation of the Scottish Government's recent resource spending review: "Investing in Scotland's Future".

This review recognises that difficult choices lie ahead with regards to funding all public sector bodies in the face of rising inflation, a global economy recovering from a two year pandemic and the impact the war in Ukraine is having on the food and fuel supply chain.

Currently 44% of devolved resource spending in Scotland is for health and social care. The review commits to increased investment in frontline staffing and the establishment of the National Care Service.

We await the publication of the Scottish Government's refreshed Medium Term Health and Social Care Financial Framework to provide some realistic working assumptions for 2022/23 and beyond.

Good Governance

As stated above, the HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively, i.e. demonstrate Best Value.

The HSCP Board is the key decision making body, comprising of six voting members, with one from each partner organisation assuming the role of Chair and Vice Chair. West Dunbartonshire Council nominates three elected members and NHSGGC Health Board nominates three non-executive members. There are also a number of non-voting professional and stakeholder members on the HSCP Board. Stakeholder members currently include third sector, Carer and staff-side representatives; professional members include the Chief Officer and Chief Financial Officer.

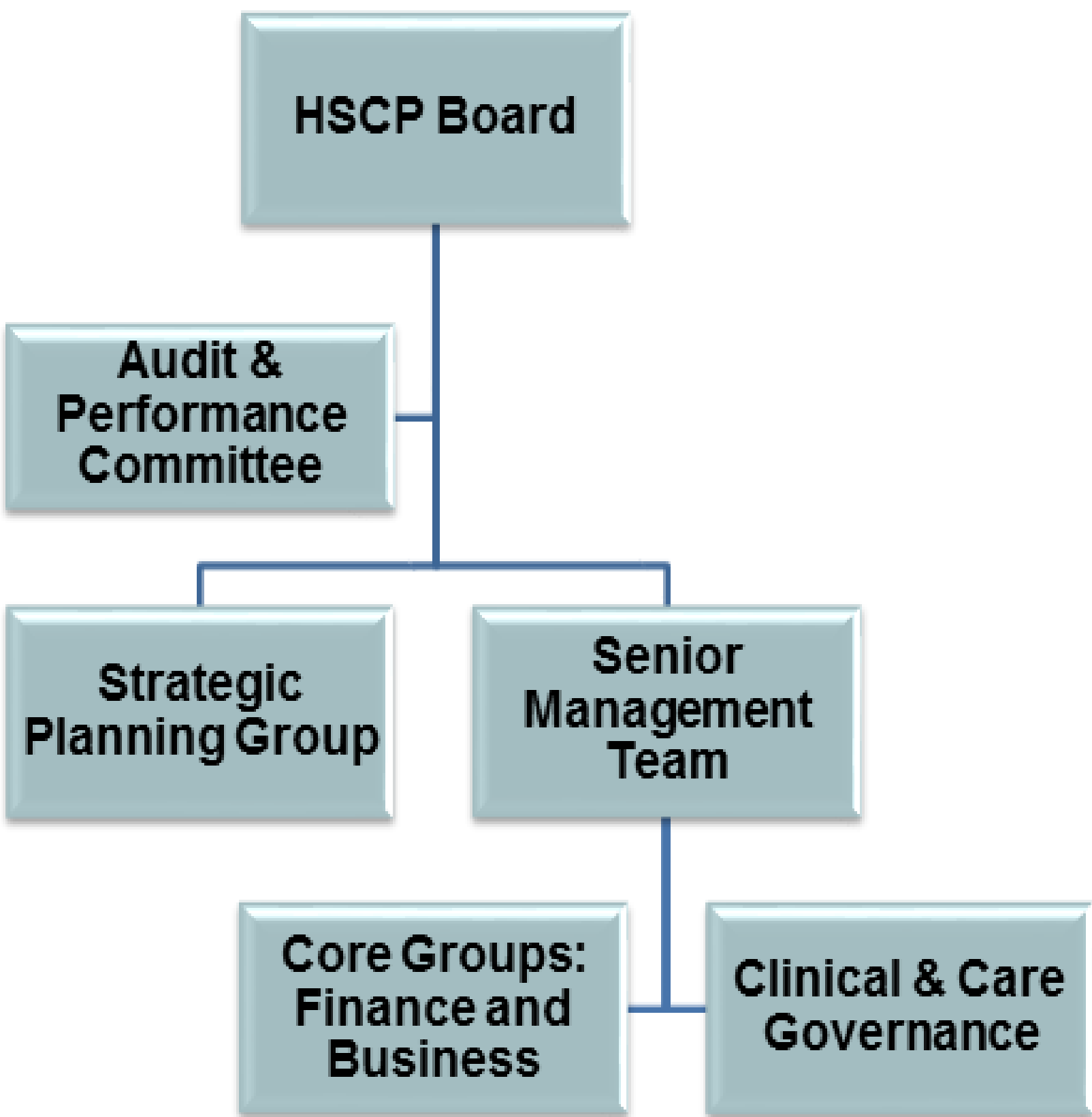
The HSCP Board is scheduled to meet six times per year and all agendas and meeting papers are available on the HSCP Board website.

While regular financial and performance reporting provides evidence of this, to fully meet this responsibility the HSCP Board continues to have in place robust arrangements for the governance of its affairs and the effectiveness of its functions, including the identification, prioritisation and the management of risk. It has an established Audit and Performance Committee to support the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge and promoting a culture of continuous improvement in performance.

In discharging this responsibility the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk to a reasonable level and to support the delivery of the HSCP Board’s policies, aims and objectives.

The Chief Internal Auditor reports directly to the HSCP Board’s Audit and Performance Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit and Performance Committee on any matter.

The business of the HSCP Board is managed through a structure of strategic and financial management core leadership groups that ensure strong integrated working. A summary of this is illustrated below.



Impact of Covid-19 Response on Governance Arrangements

The governance framework in which the HSCP Board operates has continued to be impacted by the partnership’s response to the Covid-19 pandemic. Business continuity processes of those charged with the delivery of health and social care services had to mobilise rapidly to support vital frontline services to meet the challenge of the pandemic and adapt, as appropriate, current governance frameworks.

The HSCP Board continued to work alongside partners to participate in the both the local and wider response to the pandemic.

The Chief Officer and the HSCP Senior Management Team, through their roles as senior operational leaders within WDC and NHSGGC formally contributed to the pandemic response and recovery plans by being key participants in Covid-19/Business Continuity response, tactical and strategic resilience groups.

Strategic	<ul style="list-style-type: none">• NHSGGC Strategic Executive Group (SEG)• WDC Strategic Resilience Group
Tactical	<ul style="list-style-type: none">•Acute Tactical Group•Recovery Tactical Group•HSCP Tactical Group
Operational	<ul style="list-style-type: none">•Mental Health Assessment Units•Community Assessment Centres•GP Covid Hubs

Governance 2021/22

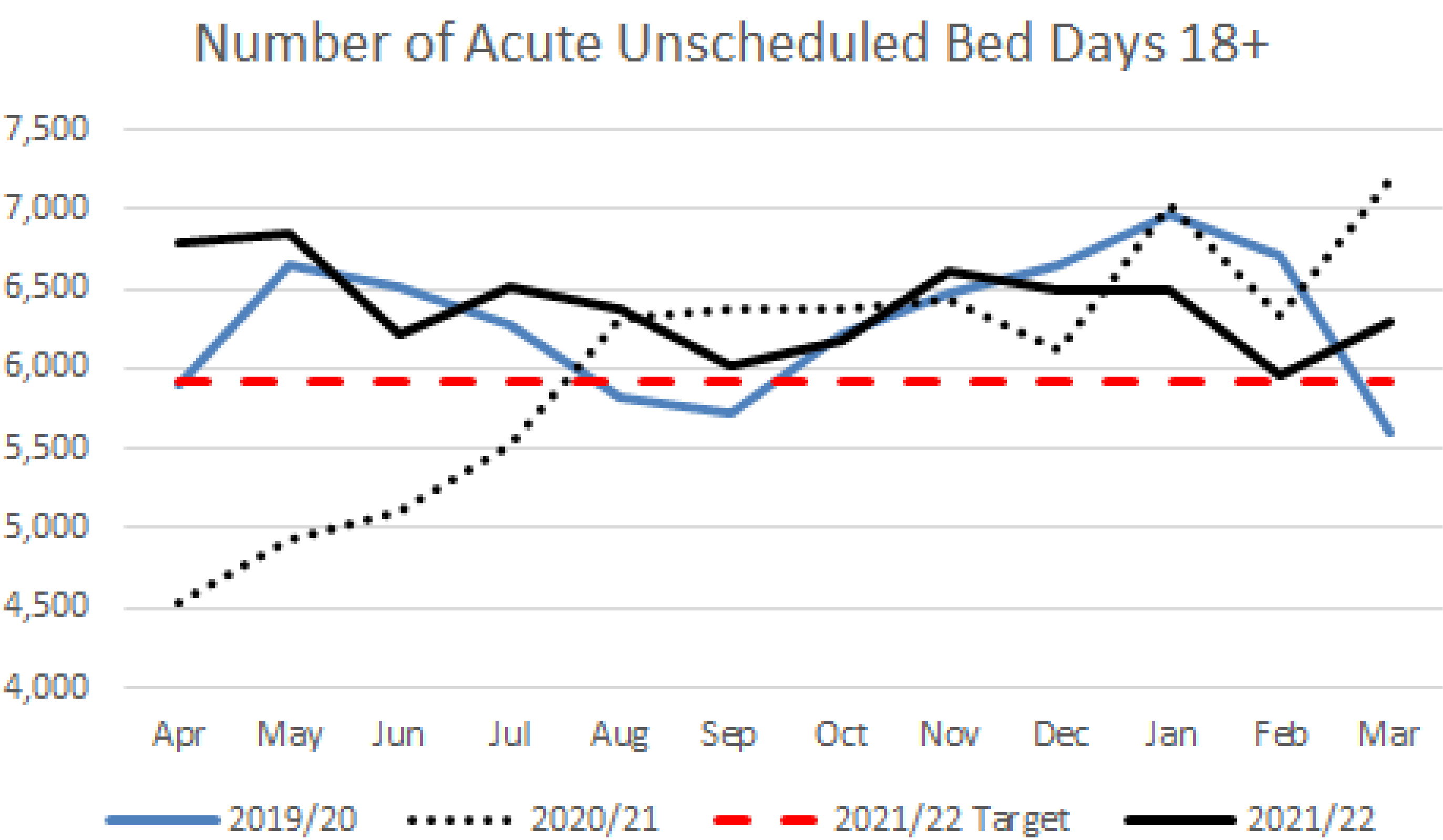
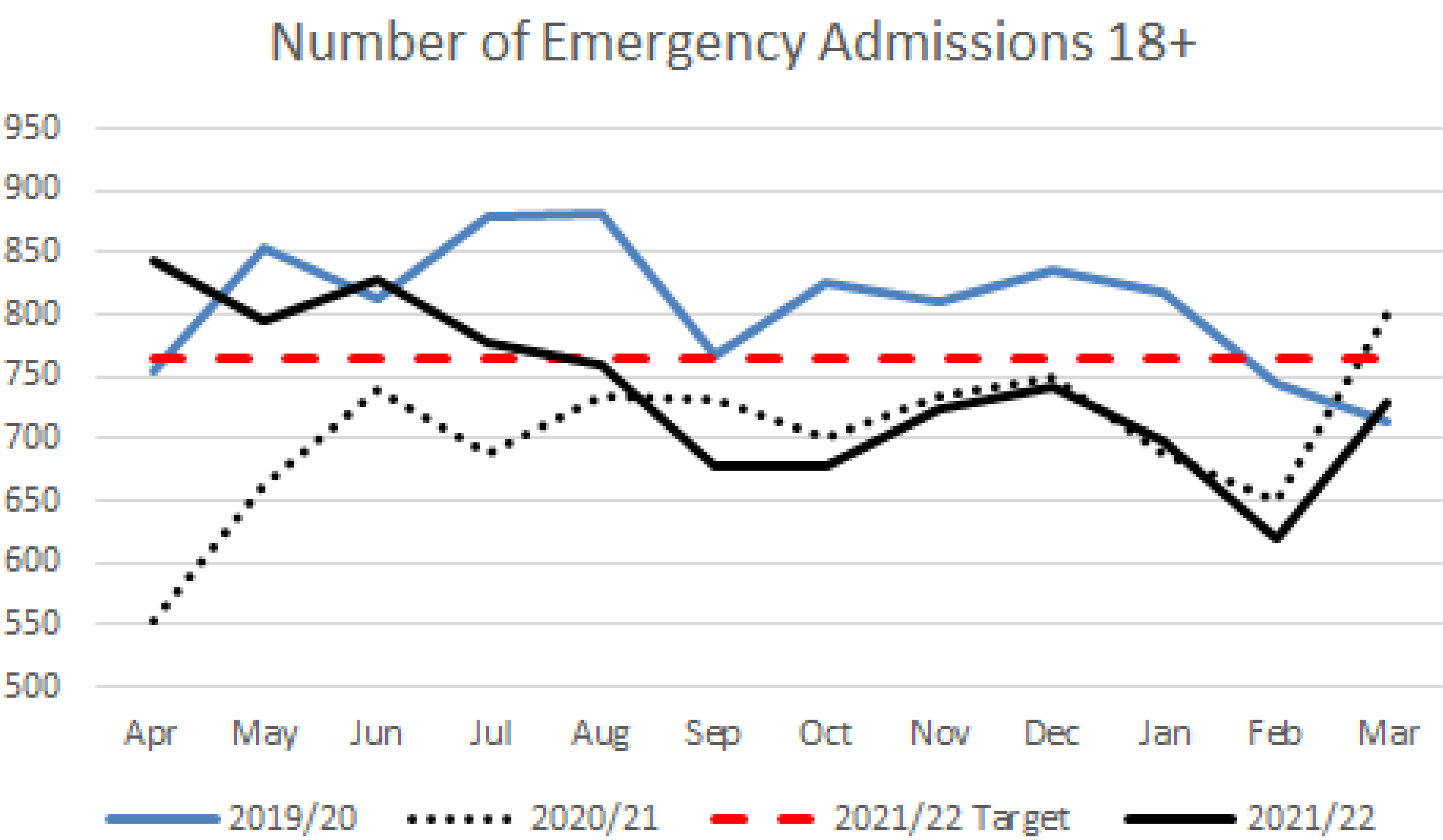
The 2021/22 Internal Audit Annual Report for the HSCP Board identifies no significant control issues and recognised there were examples of innovations, new business processes and solutions and new technology being embraced in order to deliver services to the community.

Overall the Chief Internal Auditor’s evaluation of the control environment concluded that reasonable assurance could be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2022 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself.

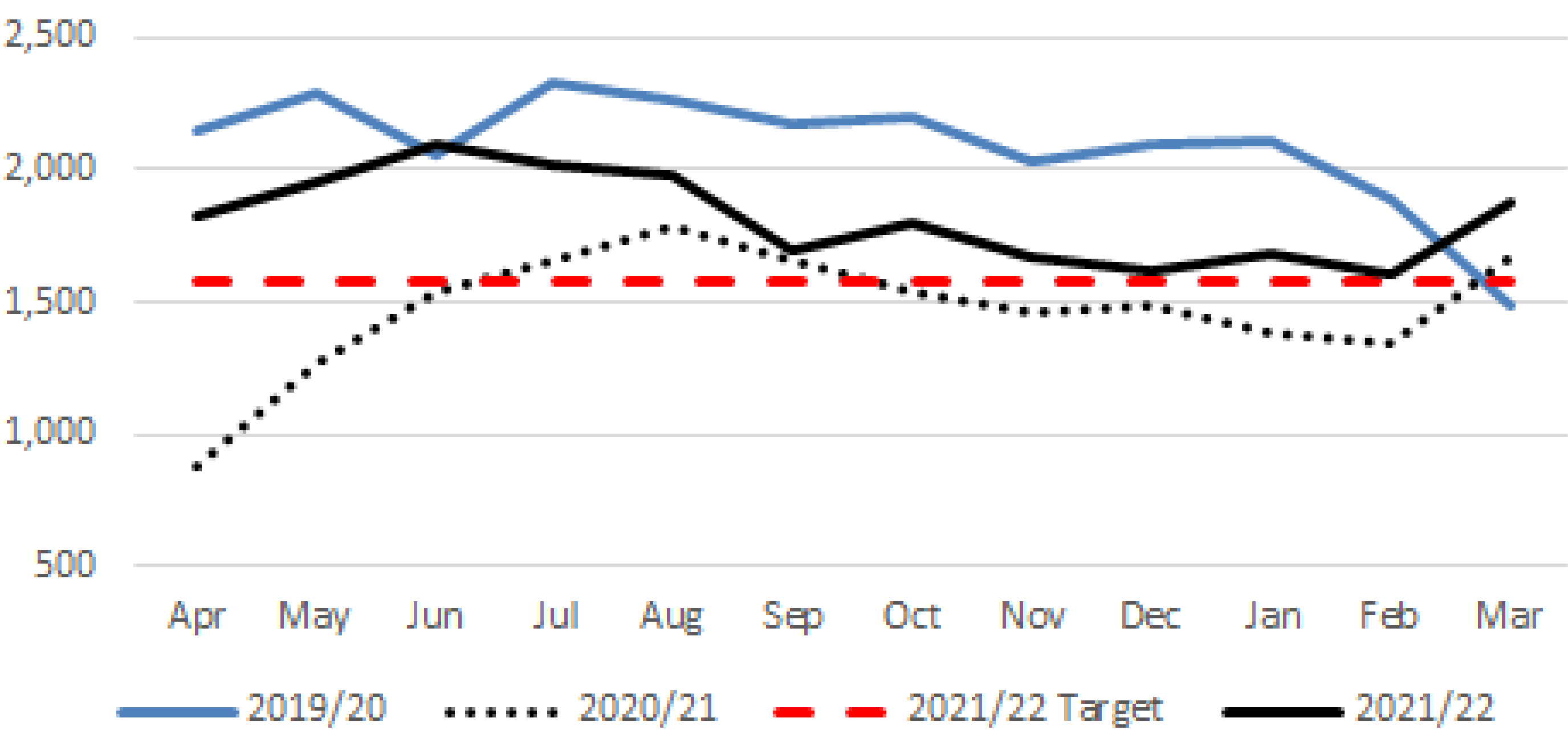
Appendix 1: Core Integration Indicators

Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2021/22	89.9%	90.9%	23	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible	2021/22	83.2%	78.8%	6	
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided	2021/22	75.1%	70.6%	6	
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	2021/22	77.2%	66.4%	3	
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	2021/22	77.5%	75.3%	12	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	2021/22	64.6%	66.5%	20	
NI-7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2021/22	85.7%	78.1%	2	
NI-8	% of carers who feel supported to continue in their caring role	2021/22	31.7%	29.7%	9	
NI-9	Percentage of adults supported at home who agree that they felt safe	2021/22	87.9%	79.7%	3	
NI-11	Premature mortality rate per 100,000 persons	2021	627.2	465.9	30	
NI-12	Rate of emergency admissions per 100,000 population for adults	2021	13,156	11,636	24	
NI-13	Rate of emergency bed days per 100,000 population for adults	2021	133,255	109,429	28	
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges	2021	96	110	10	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2021	90%	90.1%	19	
NI-16	Falls rate per 1,000 population aged 65+	2021	22.7	23	16	
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections	2021/22	87.7%	75.8%	2	
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home	2021/22	72.1%	64.9%	6	
NI-19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	2021/22	972	761	25	

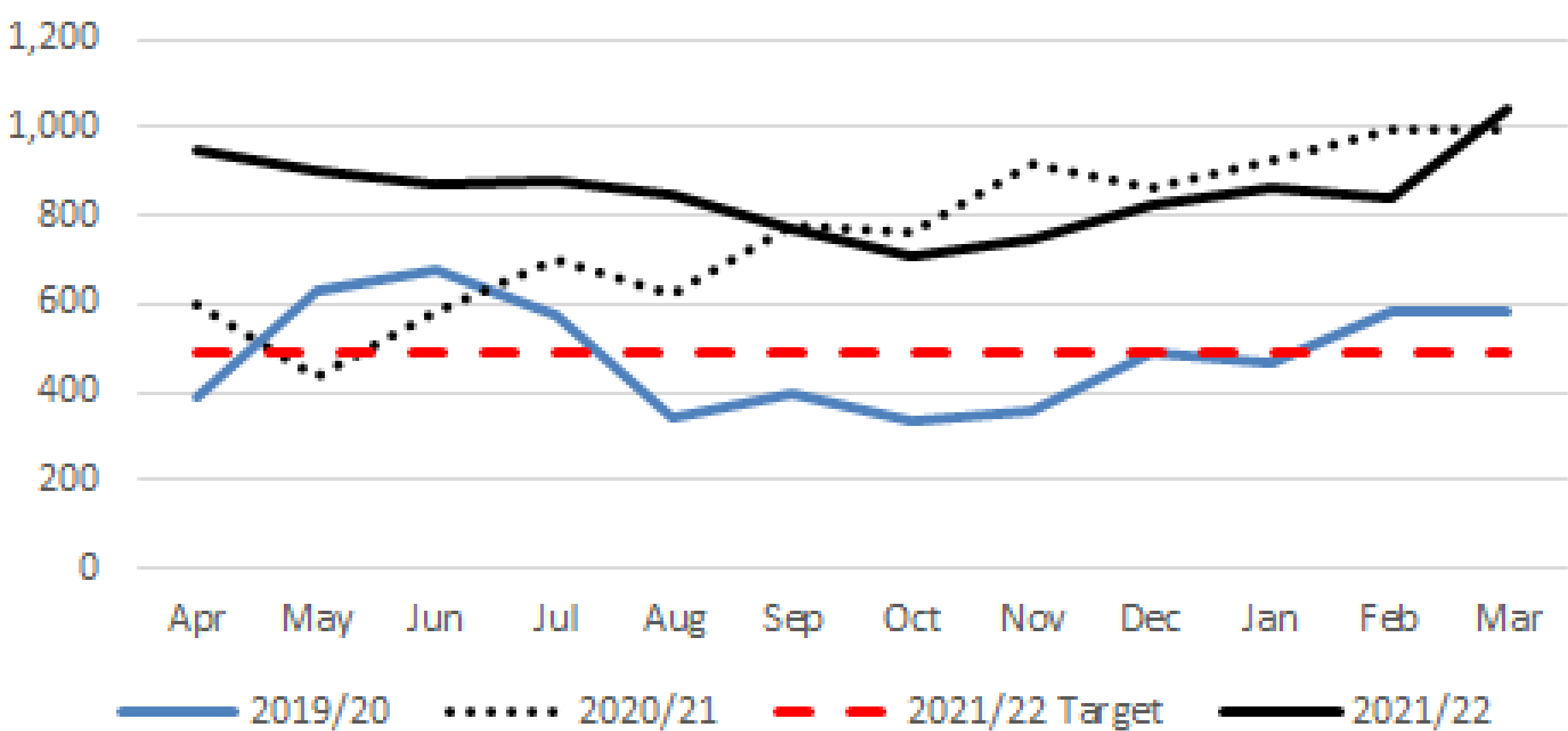
Appendix 2: Ministerial Steering Group Performance



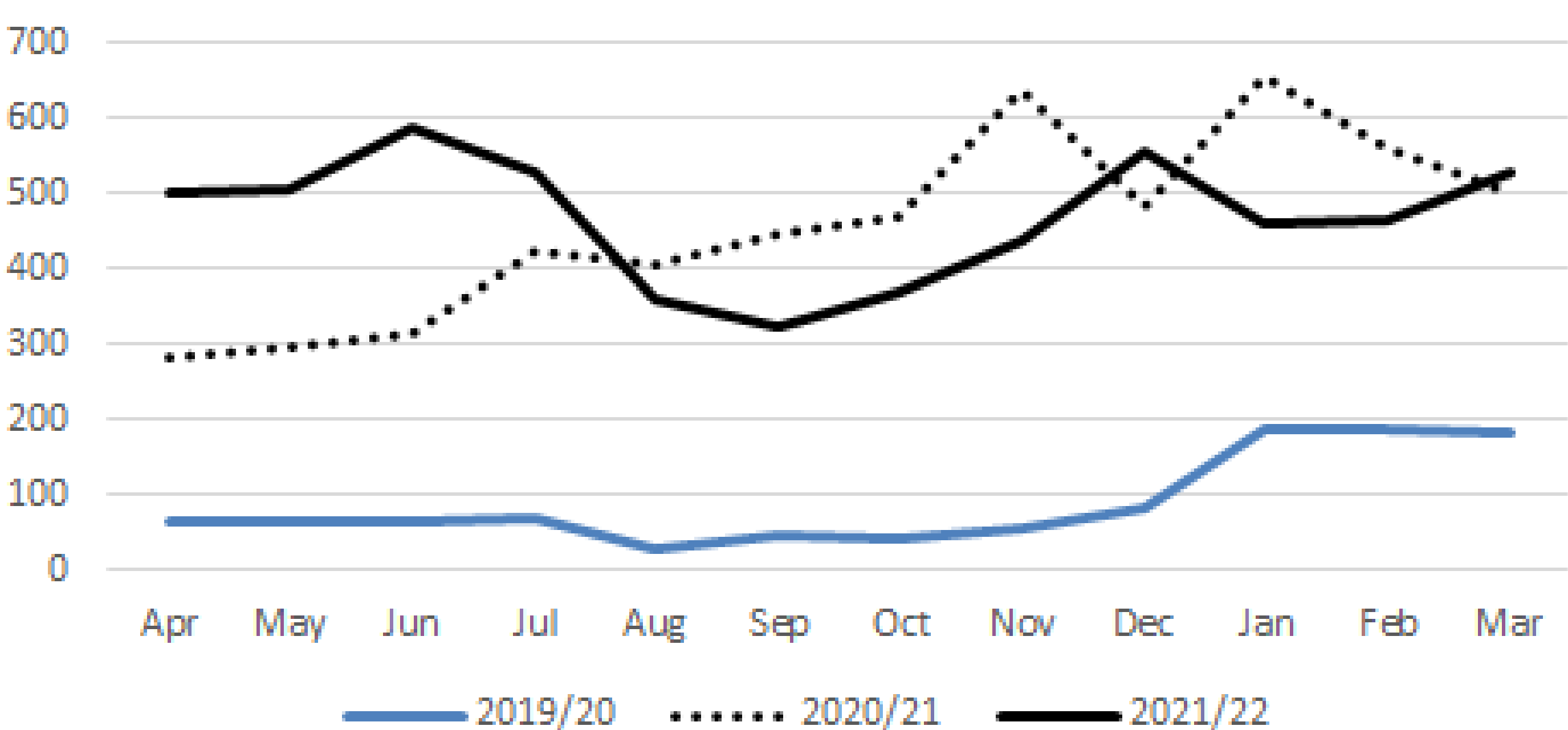
Number of Accident & Emergency Attendances
18+













Number of Delayed Discharge Bed Days 18+: All
Reasons







Number of Delayed Discharge Bed Days 18+:
Complex Codes


































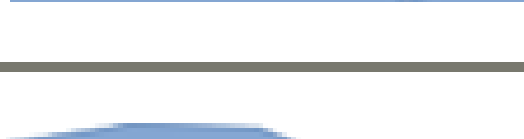


Appendix 3: Local Government Benchmarking Framework























Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
LGBF1	Balance of Care for looked after children: % of children being looked after in the Community	2020/21	88.17%	90.30%	20	
LGBF2	The gross cost of "children looked after" in residential based services per child per week £	2020/21	£2,885	£4,380	4	
LGBF3	The gross cost of "children looked after" in a community setting per child per week £	2020/21	£259.90	£382.18	4	
LGBF4	Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review	2020/21	78.92%	85.06%	29	
LGBF5	% Child Protection Re-Registrations within 18 months	2020/21	13.89%	6.95%	30	
LGBF6	% Looked After Children with more than one placement within the last year	2020/21	17.85%	16.79%	15	
LGBF7	Self directed support spend for people aged over 18 as a % of total social work spend on adults	2020/21	2.07%	8.13%	32	
LGBF8	Home care costs for people aged 65 or over per hour £	2020/21	£29.32	£27.62	20	
LGBF9	% of people aged 65 and over with long-term care needs who receiving personal care at home	2021	72.87%	61.71%	3	
LGBF10	Net Residential Costs Per Capita per Week for Older Adults (65+)	2020/21	£587	£432	25	

Appendix 4: HSCP Strategic Plan Key Performance Indicators

-  Target achieved
-  Target narrowly missed
-  Target missed by 15% or more
-  Data only - no target set

Priority 1: Early Intervention					
Performance Indicator	2020/21	2021/22			5 Year Trend
	Value	Value	Target	Status	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.60%	94.80%	95%		
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	98.10%	97.50%	95%		
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		
Percentage of child protection investigations to case conference within 21 days	72.80%	69.40%	95%		
Number of delayed discharges over 3 days (72 hours) non-complex cases	14	15	0		
Number of bed days lost to delayed discharge 18+ All reasons	9,177	10,260	5,839		
Number of bed days lost to delayed discharge 18+ Complex Codes	5,481	5,623	N/A		
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	6,885	7,392	4,417		
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	3,538	3,564	N/A		
Number of emergency admissions 18+	8,437	8,875	9,180		
Number of emergency admissions aged 65+	4,119	4,492	4,537		
Emergency admissions aged 65+ as a rate per 1,000 population	246.2	266.3	271		
Number of unscheduled bed days 18+	72,243	76,758	70,940		
Unplanned acute bed days (aged 65+)	51,056	54,016	48,626		
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	3,052	3,202	2,906		
Number of Attendances at Accident and Emergency 18+	17,677	21,782	18,800		
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25.60%	25.20%	24%		

Priority 1: Early Intervention					
Performance Indicator	2020/21	2021/22			5 Year Trend
	Value	Value	Target	Status	
Number of clients receiving Home Care Pharmacy Team support	1,379	1,248	1,030	✔	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services – WDHSCP	67%	33%	90%	❌	
Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	94.80%	95.20%	95%	✔	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	96.60%	94%	90%	✔	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	100%	70%	100%	❌	
Number of people receiving Telecare/Community Alarm service – All ages	1,986	1,918	2,200	⚠	
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	296	311	N/A		
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	61	59	N/A		
Number of patients with an eKIS record	21,101	20,509	N/A		

Priority 2: Access					
Performance Indicator	2020/21	2021/22			5 Year Trend
	Value	Value	Target	Status	
Number of people receiving homecare – All ages	1,340	1,425	N/A		
Number of weekly hours of homecare – All ages	10,309	10,519	N/A		
Total number of homecare hours provided as a rate per 1,000 population aged 65+	515	516	570		
Percentage of people aged 65 and over who receive 20 or more interventions per week	38.50%	38.10%	35%		
Percentage of homecare clients aged 65+ receiving personal care	98.30%	98.60%	95%		
Number of people aged 75+ in receipt of Telecare – Crude rate per 100,000 population	19,220	18,384	20,945		
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	14.50%	18.80%	30%		
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	37.10%	35.10%	32%		
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	74%	72%	98%		
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	65%	80.60%	80%		
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	7%	30.20%	80%		

Priority 3: Resilience					
Performance Indicator	2020/21	2021/22			5 Year Trend
	Value	Value	Target	Status	
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	98.40%	96%	90%	✔	
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	7	18	✔	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	58.30%	68.50%	90%	✘	

Priority 4: Assets					
Performance Indicator	2020/21	2021/22			5 Year Trend
	Value	Value	Target	Status	
Prescribing cost per weighted patient (Annualised)	£158.51	£168.58	£173.79	✔	
Compliance with Formulary Preferred List	78.22%	77.16%	78%	⚠	

Priority 5 – Inequalities					
Performance Indicator	2020/21	2021/22			5 Year Trend
	Value	Value	Target	Status	
Balance of Care for looked after children: % of children being looked after in the Community	88.17%	89%	90%	⚠	
Percentage of looked after children being looked after in the community who are from BME communities	73.30%	71%	N/A	📊	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	100%	75%	✔	

Appendix 5: Care Inspectorate Grades 2021/22

Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme
Queens Quay Care Home	No previous inspection			09-Nov-21	5 – Very Good	How well do we support people's wellbeing?
					4 – Good	How good is our leadership?
					5 – Very Good	How good is our staff team?
					6 – Excellent	How good is our setting?
					5 – Very Good	How well is care and support planned?
					5 – Very Good	How good is our care and support during the COVID-19 pandemic?
Areas for Improvement: 1 1. The provider should have their quality assurance systems reviewed and brought up to date. Staff should have training on the benefits of quality assurance and audits, so they understand how this helps them provide high levels of good quality care. This should include a full audit of all personal plans prior to transferring information to their new electronic 'Icare' system.						
West Dunbartonshire Fostering Service	26-Apr-18	4 – Good	Care and Support	10-Nov-21	3 – Adequate	How well is our care and support planned?
		N/A	Environment	↓	N/A	How good is our setting?
		5 – Very Good	Staffing		N/A	How good is our staff team?
		N/A	Management and Leadership		2 – Weak	How good is our leadership?
					2 – Weak	How well do we support people's wellbeing?
Requirements: 5 1. By 30 April 2022, the provider must ensure that all foster care families understand their role in relation to protecting the children and young people in their care. 2. By 30 April 2022, the provider must ensure that all children in need of permanent foster care have their assessments completed and plans carried out without unnecessary delay. 3. By 30 April 2022 , the provider must take steps to support young people to remain with their foster carers post 18 years. 4. By 30 April 2022, the provider must ensure the management vision for the service is communicated and that appropriate systems are in place to support quality assurance and improvement within the service. 5. By 30 April 2022, the provider must ensure a clear, outcome focused Child's Plan is in place and accessible to children using the fostering service.						
West Dunbartonshire Adoption Agency	26-Apr-18	4 – Good	Care and Support	10-Nov-21	3 – Adequate	How well is care and support planned?
		N/A	Environment	↓	N/A	How good is our setting?
		5 – Very Good	Staffing		N/A	How good is our staff team?
		N/A	Management and Leadership		2 – Weak	How good is our leadership?
					2 – Weak	How well do we support people's wellbeing?
Requirements: 3 1. By 1 February 2022, the provider must improve the quality of permanence planning for children to promote stability in children's lives. 2. By 30 April 2022, the provider must ensure that the management vision for the service is communicated and that the appropriate systems are in place to support quality assurance and improvement within the service. 3. By 30 April 2022, the provider must ensure a clear, outcome focused Child's Plan is in place with statutory timeframes recorded as part of the action planning.						

West Dunbartonshire
Health & Social Care Partnership

Annual Complaints Report 2021/2022

www.wdhscp.org.uk



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Introduction

West Dunbartonshire Health and Social Care Partnership (HSCP) aims to provide the best services possible for our citizens, however there will be instances where people feel dissatisfied with, or let down by, the service they receive. As an organisation we value any and all feedback we receive. Making a complaint to the HSCP gives us the opportunity to put things right for individuals and to improve our services. By investigating complaints and looking at any trends or patterns in complaints received, we can identify areas for improvement, gaps in service provision, training needs within the organisation or where particular groups may be experiencing similar dissatisfaction with our services. Often complaints can give us a fresh perspective: identifying issues or problems which we, working within the organisation, have not fully considered from a service user's point of view.

How we handle our complaints is essential to restoring positive relationships with people who feel let down by our services. This report will outline how we handled complaints during the period 1st April 2020 to 31st March 2021.

Model Complaints Handling Procedures

All public authorities in Scotland are required to produce, operate and report on a Model Complaints Handling Procedure (MCHP) in line with the Scottish Public Services Ombudsman's MCHP and Performance Framework.

Complaints about the functions and operation of West Dunbartonshire Health and Social Care Partnership Board are dealt with through the HSCP Board's MCHP which was developed during 2020/21 and was approved by the Board at their meeting on 26th November 2020. The HSCP Board's MCHP can be found on our website at [HSCP Board MCHP](#). The HSCP has a duty to report on any complaints managed under the HSCP Board's MCHP. There were no complaints received about the functions of the HSCP Board during 2021/22.

When a complaint is received by West Dunbartonshire HSCP about our services, and not the functions of the HSCP Board, a decision is taken whether to process the complaint under either West Dunbartonshire Council's MHCP or NHS Greater Glasgow and Clyde's MHCP depending upon which service areas are covered. For example a complaint about service provided by Children's Social Work Services would be managed under the Council's MCHP but a complaint about a Psychiatry service would be managed under the NHS MCHP. West Dunbartonshire Council and NHS Greater Glasgow and Clyde will include these HSCP complaints in their Annual Complaints Reports however in the interests of openness and transparency and to fully reflect on the HSCP's handling of complaints they will also be included in this report.

There are two stages to both the Council and NHS MCHPs:

Stage 1 Frontline Resolution

We aim to respond to complaints quickly. This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem. We will respond to a stage 1 complaint within five working days or less, unless there are exceptional circumstances. If the person making the complaint is not satisfied with the response they are given at this stage, they can choose to take their complaint to stage 2.

Stage 2 Investigation

Stage 2 deals with two types of complaint: those that have not been resolved at stage 1 and have been escalated to stage 2; and those complaints that clearly require investigation and so are handled from the onset as stage 2. For a stage 2 we will acknowledge receipt of the complaint within three working days and provide a full response as soon as possible, normally within 20 working days. If our investigation will take longer than 20 working days, we will inform the person making the complaint of our revised time limits and keep them updated on progress.

SPSO Performance Framework

The Scottish Public Services Ombudsman (SPSO) have developed a standardised set of complaints performance indicators which organisations are required to use to understand and report on performance in line with the MCHP. The consistent application and reporting of performance against these indicators will also be used to compare, contrast and benchmark complaints handling with other organisations, and in doing so will drive shared learning and improvements in standards of complaints handling performance.

Indicator 1: Learning From Complaints

Complaints are routinely reported to our Senior Management Team and through the HSCP's Clinical and Care Governance meetings. These reports cover volume of complaints, compliance with timescales and outcomes by service area. Further detail at this level is available at Appendix 1. Detail is also provided about the nature of each complaint by theme and any actions taken as a result of the complaint investigation and resolution.

During 2021/22 learning from complaints contributed to the following agreed actions:

- Multi Agency Risk Assessment Conference (MARAC) steering group is developing guidance for staff on recording against MARAC decisions.
- Improved communication /explanations particularly for families whose first language is not English.
- Proposal with Carers Centre to develop pathway and funding to improve speed of access to support for carers whilst awaiting full assessment via Social Work. Proposal for temporary additional staff to address waiting lists and allow more timeous allocation of cases.
- Information in a service user's file should make it clear if support is being provided from more than one funding source.
- Work is being undertaken to ensure that all service agreements are updated in our client system CareFirst. This will enable the sharing of important information between different teams.
- The process for contacting next of kin will be formally reviewed.
- The service is developing a more simplified client profile which will allow clients to share how they wish their care to be managed in an emergency.
- Community Mental Health Team to review discharge planning process to ensure inclusion of updated Staying Well Plan and longer term planning of phased discharge where appropriate.
- Requirement to raise awareness for Social Work staff around scope of involvement particularly when court order exists and ensure that any advice/guidance offered is not contrary or in relation to legal matters.
- A change to the filing system has been recommended to ensure outstanding queries are not lost to follow up.

More general learning which was agreed and was to be disseminated through team meetings and briefings was:

- Importance of staff communicating timeously, clearly and respectfully with service users and family members.
- The need to follow Data Protection Legislation in relation to sharing personal data with third parties.

Indicator 2: Volume of Complaints Received

This indicator counts all stage 1 complaints, whether they were escalated to stage 2 or not, plus all complaints which were treated on receipt as stage 2. West Dunbartonshire HSCP received a total of 96 complaints during 2020/21.

Indicator 3: Complaints Closed Within Timescale

Stage 1 complaints: 66 Stage 1 complaints received. The accurate recording of Stage 1 complaints, their outcomes and timescales across both West Dunbartonshire Council and NHS Greater Glasgow and Clyde systems is in early development stages and we will be improving our recording mechanisms during 2022/23 to more accurately report this figure.

For those stage 1 complaints that were not referred through the Information Team, who manage complaints, but made directly with frontline services, it would be anticipated that most would be dealt with as they arose however we do not yet have the data to evidence this.

Stage 2 complaints: 27% were closed within 20 working days, 8 of the 30 received. Complex complaints that cut across services often take longer to co-ordinate a response. We endeavour to keep people informed of any extension to timescales required to make a full response however this has not been carried out in every case during 2021/22.

Complaints escalated from stage 1 to stage 2: Of the 1 complaint escalated, it was closed within timescale i.e. 100%

Indicator 4: Average Time to Full Response

Stage 1 complaints: Due to the gaps in recording we are unable to report this for stage 1 complaints.

Stage 2 complaints: The average time to full response was 26 working days.

Complaints escalated from stage 1 to stage 2: The average time to full response after escalation was 18 working days.

Indicator 5: Outcomes of Complaints

Stage 1 complaints: Due to the gaps in recording we are unable to report this for stage 1 complaints however those complaints which have not been escalated to stage 2 have been resolved in some way.

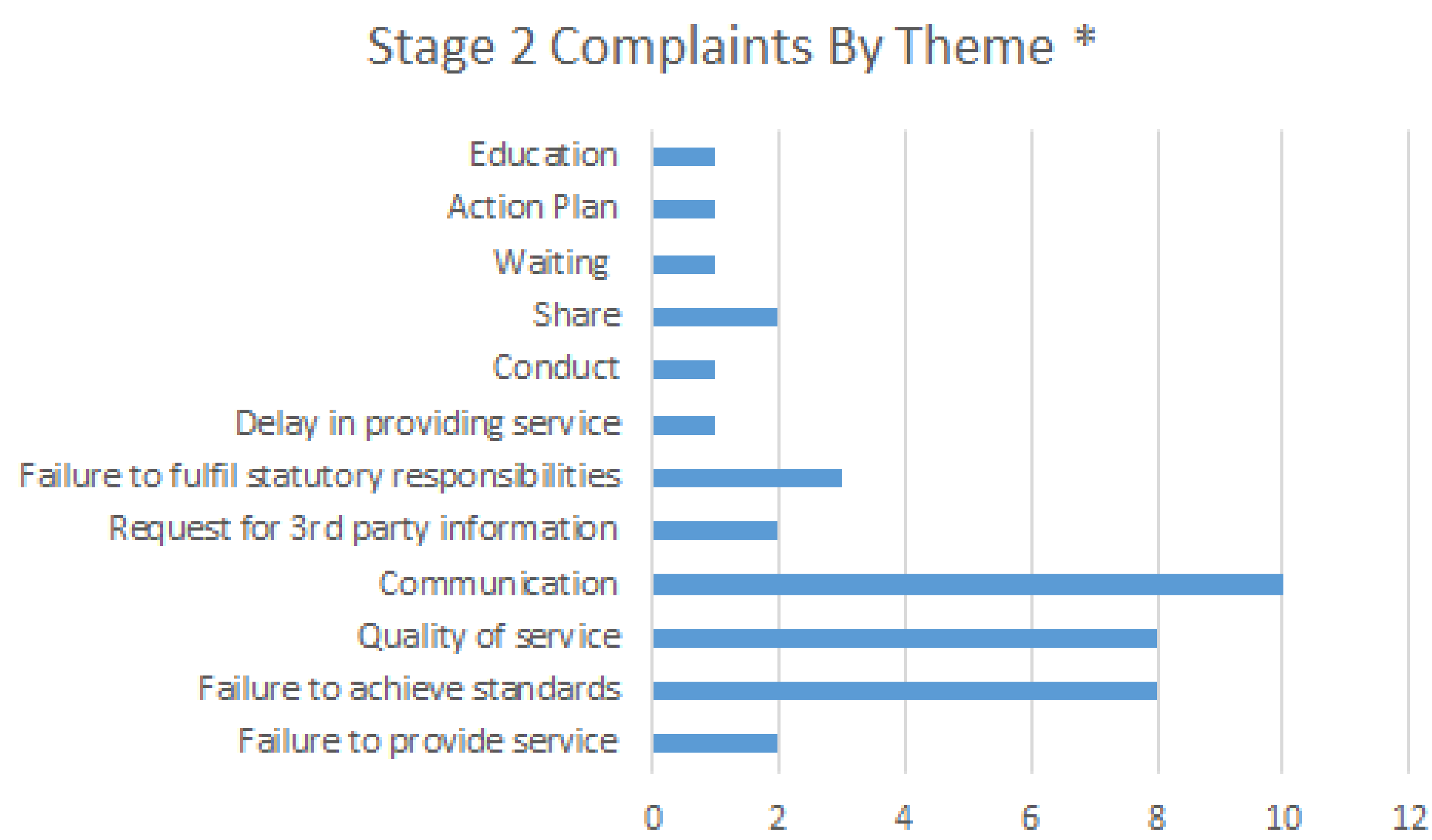
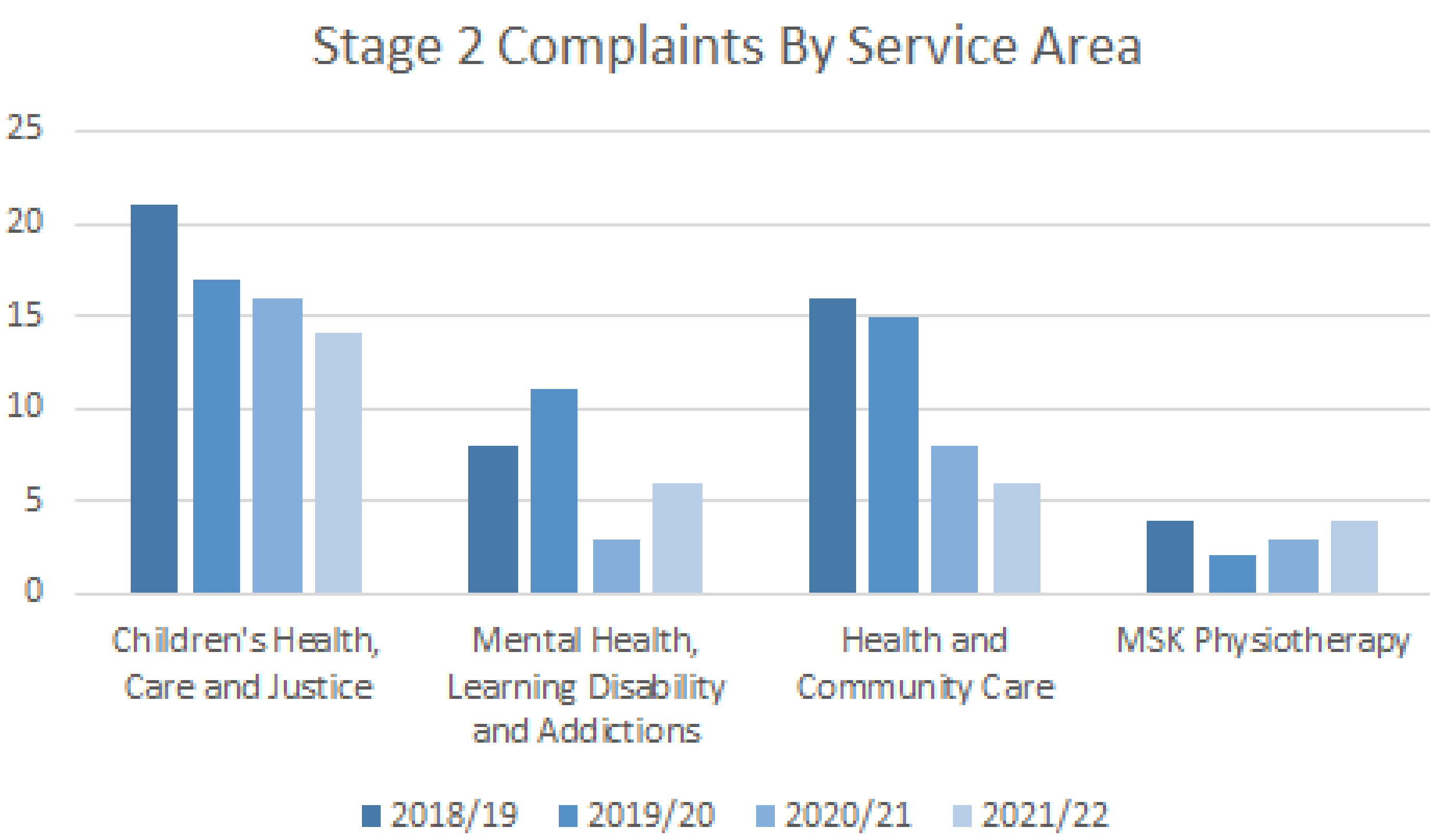
Outcome	Stage 2		Escalated to Stage 2	
	Number	%	Number	%
Upheld	0	0%	0	0%
Partially Upheld	12	40%	1	100%
Not Upheld	15	50%	0	0%
Unsubstantiated	0	0%	0	0%
Ongoing	3	10%	0	0%
Total	30	100%	1	100%

There are a further 3 indicators which are not required to be reported on but are recommended by the SPSO. These relate to raising awareness of complaints handling, lessons learned and identifying any barriers to making a complaint; staff training in frontline resolution, complaints handling and investigations; and customer satisfaction with their experience of making a complaint and their response.

Development work currently underway to review our processes and online and training resources should have an impact on these areas. We are also exploring ways to gather feedback on the complaints experience and whether this is feasible across both stage 1 and stage 2 complaints.

The HSCP is committed to making the complaints experience as easy and accessible as possible and to use our complaints as a valuable resource to improve services for the people of West Dunbartonshire.

Appendix 1: Stage 2 Complaints



* More than one theme may apply per complaint.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Val Tierney, Chief Nurse

27 September 2022

Subject: Clinical and Care Governance Annual Report 2021

1. Purpose

- 1.1 The Clinical and Care Governance (C&CG) Annual Report 2021 describes the C&CG oversight arrangements in West Dunbartonshire HSCP and the progress made in assuring and improving the quality of health and social care. The purpose of this report is to provide assurance that health and care governance systems are in place to support the HSCP in monitoring and improving the quality of health and care that it provides. This includes services that are hosted, provided jointly with partner organisations, or commissioned from external providers. The principle achievements, risks and challenges to care quality are reflected in the report.

2. Recommendations

- 2.1 Members of the Board are asked to note the report. This report will be sent to NHS Greater Glasgow and Clyde as all Health and Social Care Partnerships are requested to provide an Annual Report covering the role and remit of the group and any future plans for review and evaluation of care quality.

3. Background

- 3.1 C&CG is the process by which accountability for the quality of health and social care is monitored and assured and that staff are supported in continuously improving the quality and safety of care. This ensures that good performance is highlighted and poor performance is identified and addressed.
- 3.2 The aim in monitoring clinical and care quality aligned to the principles of good governance, is to engage and involve people in ensuring clinical and care quality is associated with public transparency, meaningful accountability requirements and robust organisational arrangements for clinical governance.
- 3.3 The report is structured around the three main domains set out in the National Quality Strategy: Safe, Effective, and Person-Centred Care. The report covers the main priority areas for West Dunbartonshire HSCP.
- 3.4 Each HSCP is requested by NHSGGC to provide an Annual Report of the C&CG activity.

4. Main Issues

- 4.1** The report describes West Dunbartonshire HSCP C&CG arrangements confirming these are in accordance with the C&CG Framework as set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details 'Five Process Steps to Support Clinical and Care Governance'

1. Information on the safety and quality of care is received
2. Information is scrutinised to identify areas for action
3. Actions arising from scrutiny and review of information are documented
4. The impact of actions is monitored, measured and reported
5. Information on impact is reported against agreed priorities

These align with the seven core components of C&CG as set out by NHS Greater Glasgow & Clyde:

1. Client-centred services
2. Developing and applying the knowledge base for professional practice
3. Safe and reliable services
4. Enhancing clinical effectiveness
5. Quality assurance and accreditation
6. Supporting and developing practitioners
7. Information, communication and co-ordination

- 4.2** The approach to C&CG within the HSCP is evolving in alignment with NHS Greater Glasgow and Clyde (NHSGGC) Health Board's statutory duty for care quality (The Health Act 1999) and West Dunbartonshire Council Social Work and Social Care governance framework. This approach recognises the complex interdependencies in delivering safe effective person centred care in an integrated context.

- 4.3** The report covers a period of unprecedented demand on health and care services caused by the ongoing Covid 19 pandemic.

- 4.4** Selected examples from service have been used to demonstrate the quality of service provision. These are not exhaustive, but illustrate the range of activity ongoing to realise the three quality ambitions of safe, effective, and person centred and reflect our efforts to strive for continuous quality improvement.

5. Options Appraisal

- 5.1** N/A

6. People Implications

- 6.1** There are no human resource implications

7. Financial and Procurement Implications

- 7.1** N/A

8. Risk Analysis

- 8.1 NHSGGC duty for care quality applies to all services provided with respect to prevention, diagnosis and treatment of illness and includes services that are provided jointly with partner organisations. This legal responsibility for quality of care is equal in measure to their other statutory duties.
- 8.2 Within the Health and Social Care Partnership the Chief Officer is accountable for ensuring the C&CG requirements specified in the approved integration schemes are appropriately discharged.
- 8.3 C&CG is the mechanism by which that responsibility is discharged. Failure to discharge these responsibilities risks breaching a statutory duty for care quality, and could also result in reputational risk to the organisation. Failure to assure C&CG across the new integrated arrangements could result in poor standards of care, poor outcomes for service users and their families.
- 8.4 The impact of the pandemic on the health and wellbeing of our community revealed itself throughout 2021 resulting in unprecedented demands on service provision and a need to respond at pace. These factors posed a credible risk to care quality making it critically important that we continued to strengthen our care assurance and oversight arrangements in order to secure robust assurance and remain vigilant to any emerging threats to care quality.
- 8.5 The Care Home sector remained particularly vulnerable to the impact of the pandemic. Enhanced support, oversight and assurance arrangements for local care homes ensured that emerging risks were identified early, robustly managed and care quality maintained. This has provided a solid foundation for partnership working to support ongoing quality improvement ambitions.
- 8.6 Ongoing efforts are required to strengthen and reintroduce our core audit and self - evaluation activity and to build capacity across the HSCP to improve standards of care and support achievement of our quality improvement goals.

9. Equalities Impact Assessment (EIA)

- 9.1 Not required as the report does not introduce new policy or strategy. Robust C&CG ensures that the needs of protected groups are considered. All aspects of C&CG seek to address avoidable variations in outcomes for service users.

10. Environmental Sustainability

- 10.1 N/A

11. Consultation

- 11.1 All service areas contributed to the report.

12. Strategic Assessment

- 12.1** Robust clinical and care governance contributes to the achievement of National Wellbeing Outcomes and West Dunbartonshire HSCP's strategic priorities and, the national quality ambitions of the delivery of safe, effective person centred care.

13. Directions

- 13.1** No direction required

Name Valerie	Valerie Tierney
Designation	Chief Nurse
Date	11/08/2022

Person to Contact: Val.Tierney@ggc.scot.nhs.uk

Appendices: Appendix 1: West Dunbartonshire HSCP C&CG Annual Report 2021

Background Papers: Nil

West Dunbartonshire
Health and Social Care Partnership
Annual Clinical & Care Governance Report
2021 v8

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Introduction

- 1.1 West Dunbartonshire Health and Social Care Partnership (HSCP) was established on 1st July 2015 as the Integration Authority for West Dunbartonshire in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 1.2 The Vision of West Dunbartonshire Health and Social Care Partnership is '*improving lives with the people of West Dunbartonshire*' through achievement of our stated strategic outcomes. [About Us - West Dunbartonshire HSCP \(wdhscp.org.uk\)](http://wdhscp.org.uk)
- 1.3 In 2020 the population for West Dunbartonshire was 88340, down 0.7% from 2019 (National Records for Scotland 2021). The numbers of births in West Dunbartonshire in 2021 was 771 which reflects a downward trend from the figure of 845 in 2019. In West Dunbartonshire, 18% of the population are aged 0-15, and 9.7% of the population are aged 16-24. In terms of overall size, the 45 to 64 age group remains the largest age in 2020, with a population of 25, 6646 (29%). People aged 65 and over make up 19% of West Dunbartonshire's population, which is similar to Scottish population. Currently West Dunbartonshire ranks the third most deprived area in Scotland with 40% of data zones being among the 20% most deprived areas of Scotland.
- 1.4 The approach to clinical and care governance within the HSCP is evolving in alignment with NHS Greater Glasgow and Clyde (NHSGGC) Health Board's statutory duty for care quality (The Health Act 1999) and West Dunbartonshire Council Social Work and Social Care governance framework. This approach recognises the complex interdependencies in delivering safe effective person centred care in an integrated context.
- 1.5 West Dunbartonshire HSCP Clinical and Care Governance Group (WDHSCP CCGG) works in accordance with the Clinical and Care Governance Framework¹ as set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details 'Five Process Steps to Support Clinical and Care Governance'

1. Information on the safety and quality of care is received
2. Information is scrutinised to identify areas for action
3. Actions arising from scrutiny and review of information are documented
4. The impact of actions is monitored, measured and reported
5. Information on impact is reported against agreed priorities

WDHSCP CCG also takes cognisance of the seven core components of Clinical and Care Governance as set out by NHS Greater Glasgow & Clyde:

1. Client-centred services
2. Developing and applying the knowledge base for professional practice
3. Safe and reliable services
4. Enhancing clinical effectiveness
5. Quality assurance and accreditation
6. Supporting and developing practitioners
7. Information, communication and co-ordination

- 1.6 The Health and Social Care Standards published in 2018² in response to the Public Service Reform (Scotland) Act 2010, set out what individuals can expect when using health, social work or social care services in Scotland. They aim to ensure better outcomes for everyone, that people are treated with respect and dignity, and that basic human rights are upheld. The Care Inspectorate, Health Improvement Scotland and

other scrutiny bodies all take cognisance of these standards in relation to their work around inspection and registration of health and care services.

- 1.7 The report covers an ongoing period of unprecedented demand on health and care services caused by the Covid 19 pandemic and also reflects subsequent recovery and remobilisation efforts.
- 1.8 The purpose of this report is to provide assurance that robust health and care governance systems are in place to support the HSCP in monitoring and improving the quality of health and care that it provides, including services that are provided jointly with partner organisations, or commissioned from external providers. The principle achievements, risks and challenges to care quality are reflected in the report.
- 1.9 Selected examples from service areas have been used to demonstrate the quality of service provision. These are not exhaustive, but illustrate the range of activity ongoing to realise the three quality ambitions of safe, effective, and person centred.

2. Clinical and Care Governance Arrangements

Figure 1 NHSGGC Corporate Level Clinical and Care Governance Arrangements.

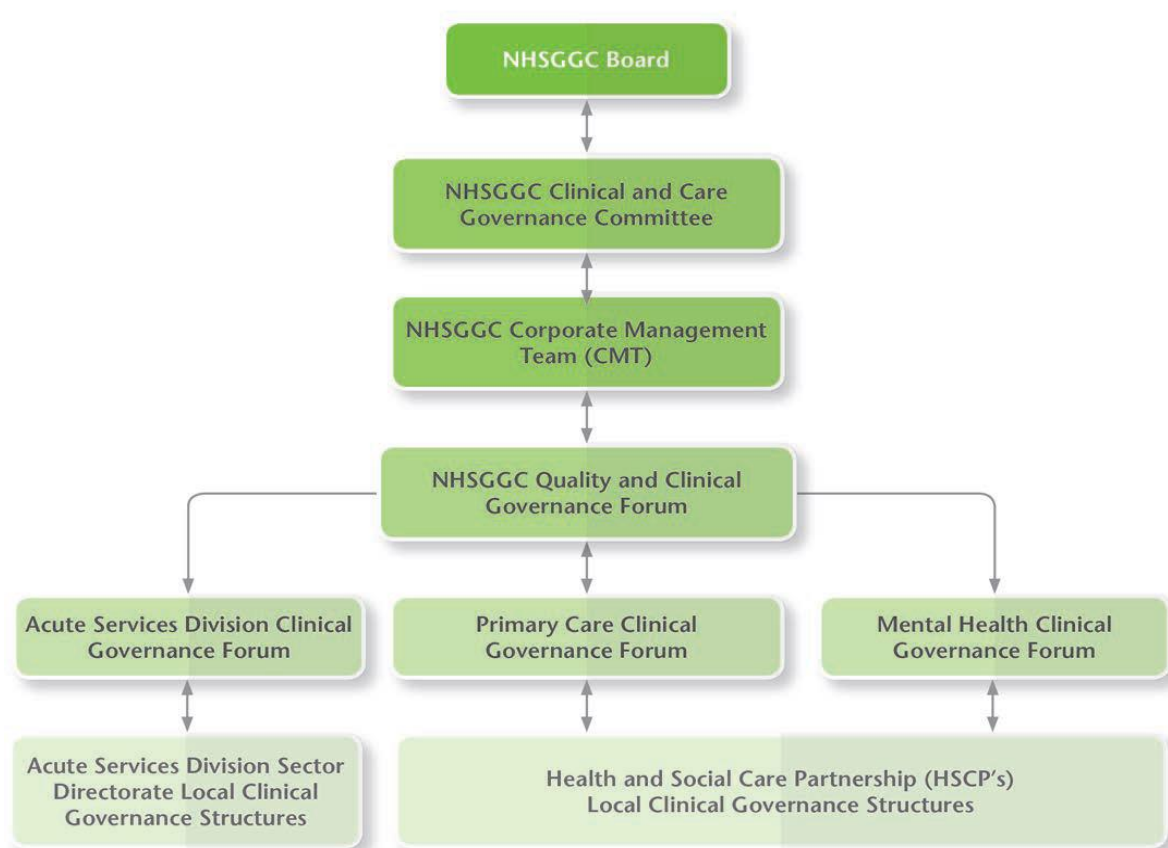
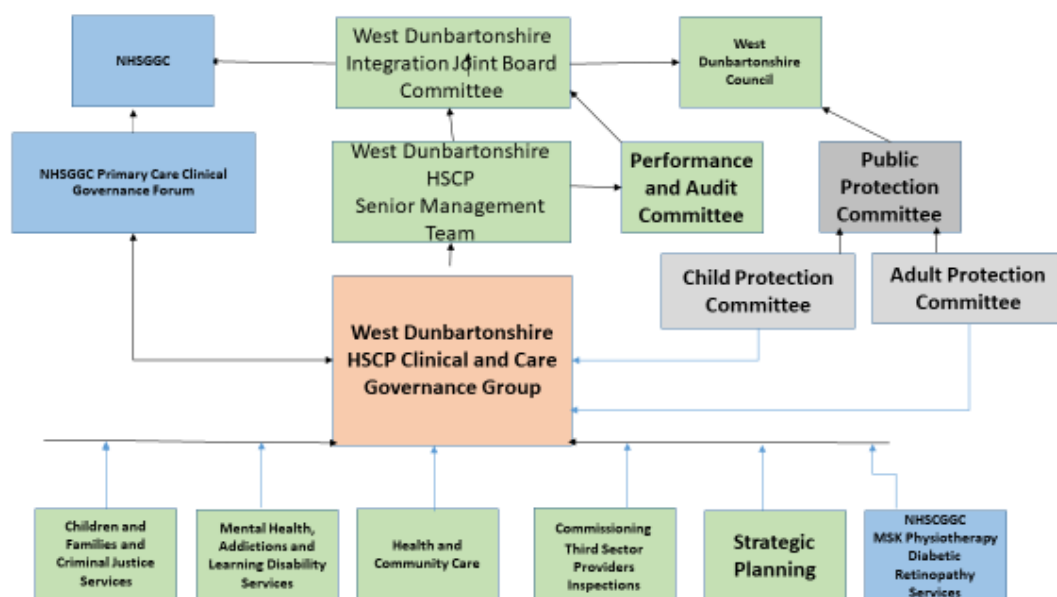


Figure 2: West Dunbartonshire HSCP Clinical and Care Governance Arrangements



2.2 The role of West Dunbartonshire HSCP Clinical & Care Governance Group is to

- a. Consider matters relating to strategic plan development, governance, risk management, service user feedback, complaints, standards, care assurance, education, professional registration, validation, learning, continuous improvement and inspection activity.
- b. Provide assurance to the Health & Social Care Partnership Board, the Council and NHSGGC, via the Chief Officer, that the professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.
- c. Review significant and adverse events and ensure learning is applied.
- d. Support staff in continuously improving the quality and safety of care.
- e. Ensure that service user / patient views on their health and care experiences are actively sought and listened to by services.
- f. Create a culture of quality improvement and ensure that this is embedded in the organisation by facilitating improvement activity including self-evaluation and clinical governance actions.
- g. Provide oversight and assurance regarding the quality and safety of care including public protection, inspections and contract monitoring.

2.3 The Clinical Director chairs the HSCP CCG group. The membership includes the Chief Social Work Officer, Chief Nurse, Lead Allied Health Professional, Pharmacy Lead, the Heads of Service from all HSCP services areas including hosted services and a representative from NHSGGC Clinical Risk Department.

2.4 Work has focused on inclusion of the social care quality and governance agenda to ensure this is fully reflected within the integrated partnership.

- 2.5 The Chief Social Work Officer has a core responsibility to provide professional oversight and leadership regarding the provision of social work services and to ensure that the social services workforce practices within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC). This complementary activity is captured within the Chief Social Work Officers Annual Report which is shared with the Clinical and Care Group to provide assurance on statutory social work functions.
- 2.6 The Clinical Director completes an exception report six times per year to submit to the Partnership Community Clinical and Care Governance Forum (PCCCGF). The exception report is shared with the HSCP Senior Management Team as per local governance arrangement's to ensure all pertinent matters are reported from respective services. HSCP Services also report to board wide Mental Health, Learning Disability, and Specialist Children's Services Governance Systems.

3. Safe

This section provides examples of key learning, improvements and good practice in relation to safe care.

The Covid 19 Pandemic

- 3.1 The Scottish Government changed the Civil Contingencies Act 2004 in order to add Integration Joint Boards to the list of Category One responders. These changes came into effect 16 March 2021. By including Integration Joint Boards as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board, there will be formal coordinated and appropriate arrangements in place for emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.
- 3.2 The HSCP continued to face a range of challenges with respect to the Covid 19 pandemic as we responded to changes in prevalence and related guidance, in order to ensure all appropriate safety measures and risk assessments were in place to minimise risk within the HSCP and the local population. Staff are our most valuable asset in delivering high quality care. They were vulnerable to the stress involved with delivering care during the Covid. In order to deliver quality patient care we recognised the importance of keeping in touch with all staff and responding quickly to the range of new stressors they may be experiencing. A range of measures were employed to keep staff and service users safe during the pandemic. These include, risk assessment of working and care environments, social distancing, testing, provision of personal protective equipment and immunisation.
- 3.3 Covid recovery planning was implemented as we moved through the Scottish Government Road Map using a phased approach to building back better and supporting our journey of continuous improvement.

Covid Vaccination

- 3.4 Covid immunisation is the most complicated, largest vaccination programme ever undertaken by NHS Scotland.
- 3.5 A Mass Covid 19 Vaccination programme was introduced to protect those at the highest risk from serious illness and death. A multi- disciplinary strategic oversight group provided tactical and professional leadership to facilitate delivery of West Dunbartonshire Mass Vaccination Programme which commenced in January 2021. The Joint Committee on Vaccination and Immunisation (JCVI) guidance on prioritisation was followed with the elderly and most clinically vulnerable being prioritised first. Additional support with transport was provided for those who required assistance to attend the vaccination centres. A communication strategy was developed and included a short animation to guide citizens through the vaccination centre experience in West Dunbartonshire. District Nurses delivered a house bound programme and General Practitioners worked in partnerships to ensure optimal uptake amongst all who were eligible for vaccination across West Dunbartonshire. Learning Disability Service Nurses completed Covid vaccinations for service users with complex needs who were unable to attend vaccination centres.
- 3.6 With the support of West Dunbartonshire Council & HSCP Colleagues the NHSGGC programme for Covid Immunisation progressed well within West Dunbartonshire. Table 1 provides a comparison of West Dunbartonshire Covid 19 vaccination uptake with Scotland (at July 2022 amongst those eligible for the vaccine).

Table 1

Total % of eligible population aged 18+ years who have Covid Vaccination	1 st Dose		2 nd Dose		3 rd Dose	
	Scotland	West Dunbartonshire	Scotland	West Dunbartonshire	Scotland	West Dunbartonshire
	91.8	93.3	88.8	90.0	78.7	77.5
Total % of population eligible aged 75 years + who have had 4 th dose Covid 19 vaccine	Scotland			West Dunbartonshire		
	Not available			93.4%		

Older Peoples Care Homes – Enhanced Assurance

- 3.7 Maintaining high quality care in Care Homes continued to be a key focus of work within the partnership. A number experienced Covid 19 outbreaks affecting both staff and residents, reflecting rates of Covid 19 in the local community. Care homes environments continue to be particularly susceptible to the coronavirus with elderly residents at risk of poorer outcomes due to pre-existing conditions. Encouragingly throughout 2021 most residents experienced only mild common cold type symptoms indicating the success of the vaccination programme in preventing the more severe complications of Covid -19 in this vulnerable group. A further round of booster immunisation for Covid 19 commenced in April 2022 for all eligible care home residents.
- 3.8 Care home staff were similarly affected by Covid 19. Care home business continuity plans, robust oversight arrangements, and the provision of mutual aid ensured that safe staffing levels were maintained and that there was no adverse impact on the quality of care received by residents.

- 3.9 West Dunbartonshire HSCP District Nursing staff provided further training and support to staff in care homes with a programme of bite size modules on subjects including infection control, urinary catheter care and recognising sepsis. This helped care home staff recognise the early signs of infection, and with earlier recognition and intervention, prevent admissions to hospital. The Older Adult Community Psychiatric Liaison Nurse has provided training on stress and distress behaviour, which enables staff to identify and support residents effectively within the care home.
- 3.10 NHSGGC Care Home Collaborative and WDHSCP have provided mutual aid to care homes where required. The reduction in the period of mandated self-isolation following infection or exposure to Covid-19 further mitigates the risk to safe staffing within care homes. HSCP day to day relationships continue with individual care homes, the HSCP multi professional Care Home Oversight Group continued to meet weekly throughout 2021.
- 3.11 West Dunbartonshire care homes introduced refreshment trollies which are decorated to look like an old "Ice Cream Van" to create an interest around nutrition and fluid intake. There are a variety of flavoured drinks. This helps residents increase fluid intake and minimise dehydration and also facilitates meaningful interaction.
- 3.12 Queens Quay Care Home was nominated for a Scottish Design award in August 2021, the results of which are awaited. It is a positive affirmation for the hard work and planning to be recognised on a national platform.
- 3.13 The HSCP District Nursing Team delivered Covid 19 vaccinations to all eligible care home residents
- 3.14 Table 2: Provides a summary of the grades awarded to West Dunbartonshire Care Homes inspected by the Care Inspectorate during the time period of this report.

Table 2: Care Inspectorate Activity – 01.04.21 – 31.03.22 Care Home for Older People

Care Home	Date of Insp	Grades						Comment
		KQ 1	KQ 2	KQ 3	KQ 4	KQ 5	KQ 7	
Kingsacre	12.07.21	4	4	4	4	4	4	0 – Areas for Improvement 0 - Requirement
Castle View	23.08.21	4	-	-	-	-	4	4 - Areas for improvement 0 - Requirements
Sunningdale	23.11.21	-	-	-	-	-	3	2 - Areas for improvement 1 - Requirement
Queens Quay	09.12.21	5	4	5	6	5	5	1 – Area for Improvement
Clyde Court	24.03.22	3	-	-	-	4	3	7 – Areas for improvement 1 - Requirement

Requirements Made by the Care Inspectorate

Sunningdale Care Home

One requirement to ensure equipment is effectively cleaned to protect residents from risk of infection.

Clyde Court Care Home

One requirement to regrading Infection Prevention and Control Procedures to ensure the environment and equipment are clean and safe for use. Infection Prevention Control Audits to be implemented and findings reviewed with appropriate action taken. Staff training on IPC to be updated/refreshed.

3.15 Table 3: Care Inspectorate Activity – 01.04.21 – 31.03.22 Home for Adults

Care Home	Date of Insp	Grades						Comment
		KQ 1	KQ 2	KQ 3	KQ 4	KQ 5	KQ 7	
Alderwood House	12.07.21	4	-	-	-	-	5	2 – Areas for Improvement
Alderwood House	15.02.22	3	-	-	-	-	3	2 – Areas for Improvement

One Requirement made by the Care Inspectorate in relation to an assessment of staff training needs and the service to develop a staff training plan to ensure all staff are appropriately training to fulfil their role within the service.

3.16 Table 4: Care Inspectorate Activity – 01.04.21 – 31.03.22 Housing Support Services

Care Home	Date of Insp	Grades						Comment
		KQ 1	KQ 2	KQ 3	KQ 4	KQ 5	KQ 7	
Joans Carers	07.10.21	3	-	-	-	-	2	2 – Areas for Improvement
Joans Carers	01.12.21	3	-	-	-	-	3	4 – Areas for Improvement

Requirements Made by the Care Inspectorate in relation to reviewing the scheduling system to reduce risk of missed visits and full implementation of new electronic scheduling and monitoring system.

- Review staff training and monitoring system;
- Review quality assurance systems to ensure routine monitoring of services;
- Review recruitment procedures to ensure all staff have the necessary recruitment checks completed prior to start date;
- Ensure all staff required to register with SSSC or other professional bodies do so within timescales required.

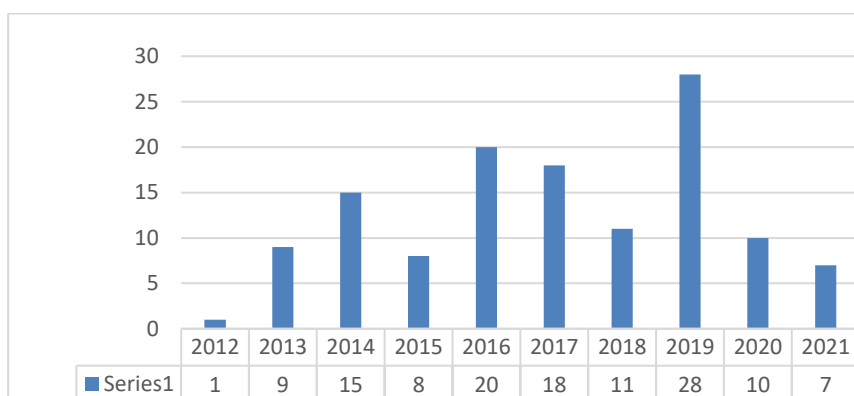
All requirements were confirmed as having been met at follow-up inspection on 01.12.21

- 3.17 The role and responsibilities of the Executive Nurse Directors with respect to older peoples care homes (accountability for provision of nursing leadership, professional oversight, implementation of infection prevention control measures, use of personal protective equipment (PPE) and quality of care) was extended to June 2022 with an expectation that the assurance process continues and that this should be multidisciplinary in its approach.
- 3.18 The HSCP undertook two rounds of Care Assurance Visits during 2021 (March and November) in West Dunbartonshire, reflecting earlier work within the care homes an approach of appreciative enquiry was adopted when using the NHSGGC Care Home Assurance Tool. We continue to work in partnership with the NHSGGC Care Home Hub to support continuous improvement in the standards of care within our care homes related to findings from the care assurance and Care Inspectorate inspections. All care homes who experienced out breaks of Covid 19 in 2021 received infection prevention control (IPC) visits from NHSGGC Care Home Hub ICP Nurses. This provided a further layer of assurance that IPC practice within care homes remained optimal. Care homes have also received support from the NHSGGC Hub in relation to pressure ulcer prevention and care and implementation of food fluid and nutrition standards.
- 3.19 Our multiagency Care Home Oversight group continued to meet weekly throughout 2021. This whole system support to protect residents and staff placed us in a strong position to work together to address ongoing challenges for the care home sector caused or exacerbated by the pandemic, including recruitment and retention of staff, staff absence, occupancy, sustainability and quality compliance.

Clinical and Care Risk Management System

Datix – what we have done to improve risk reporting and management

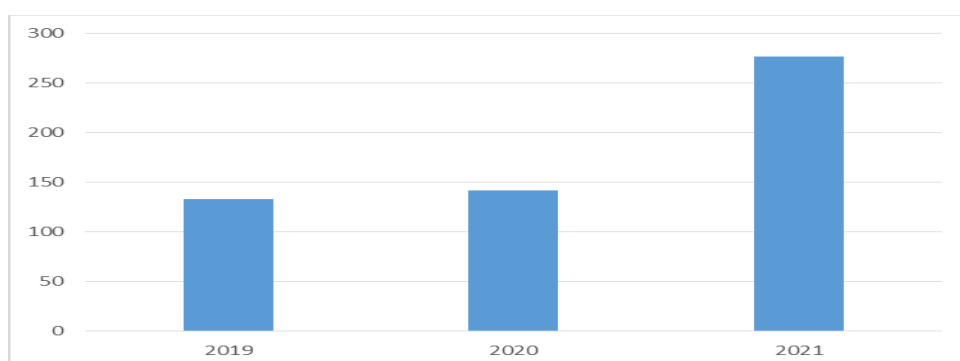
- 3.20 Datix is the NHS Greater Glasgow & Clyde integrated incident, risk management and patient safety system. The Risk Systems team report biannually to West Dunbartonshire HSCP. The results provide an overview of incidents reported across West Dunbartonshire HSCP by health colleagues including hosted services - Musculoskeletal Physiotherapy and Diabetic Retinal Screening Services.
- 3.21 NHSGCC Incident Management Policy mandates 28 calendar days from the date of reporting an incident to final approval. There were 141 overdue Datix ascribed to West Dunbartonshire HSCP Service areas at July 2021 dating from 2012.
- 3.22 Figure 3: Number of Overdue Incidents by the Year the Datix Incident was recorded



- 3.23 Overdue incidents primarily arose due to service redesign or staff changes where services had not informed the Datix Administrator of their new structures and reviewers and approvers. The Datix Infrastructure was therefore out of date with the risk to the organisation that incidents were overdue and had not been reviewed by a manager and the potential risk of a further incident recurring
- 3.24 A learning session was undertaken with the Extended Senior Management Team to ensure the services have the relevant Reviewer & Approver permissions configured. This ensures early identification of this risk, identification of emerging themes, promotes learning and prevents further incidents of a similar nature.
- 3.25 A focussed piece of work was undertaken to support the closure of overdue incidents particularly those greater than one year old. Where there was sufficient information to safely incidents were approved (n =127). Where there was a lack of information assistance was sought from the appropriate practitioner to ensure an investigation was undertaken to mitigate any potential ongoing risk prior to sign off. Fourteen overdue Datix remain under investigation. None precede 2020.

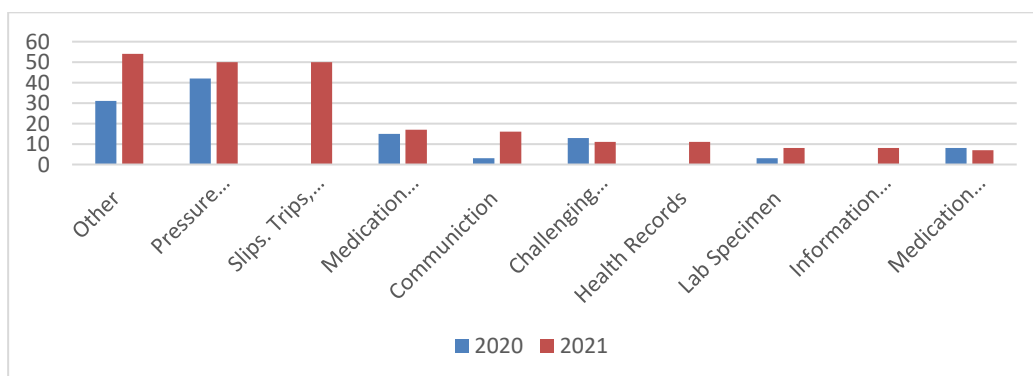
Datix Reporting – Number, Category and Severity

- 3.26 Figure 4 Number of incidents reported on Datix per year 2019-2021.



Following a slight decrease in incidents reported during the first half of 2021, 142 clinical incidents were reported between July and December 2021. This is a 6% increase on the previous reporting period Jan – June 2021. Total Datix incidents reported in 2021 n = 276. Slips, trips and falls have been included in the 2021 report which accounts for part of the increase in the number of incidents. The remainder of the increase may relate to improved awareness and reporting following the aforementioned improvement activity.

- 3.27 Figure 5 Datix Incidents by Category – Top 10 Incident Categories



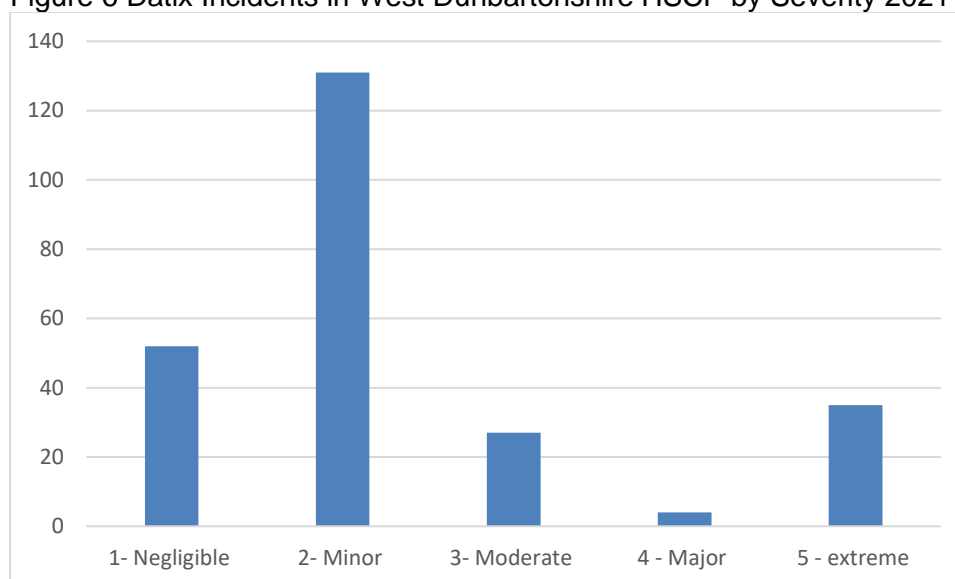
The highest category reported was 'other incidents'. The most common sub categories of these incidents were unexpected deaths which is explored further below. The other category was sudden deterioration and collapse and it was found that none of these incidents could have been anticipated. There were six events in relation to episodes of choking which occurred in Older Peoples Mental Health Services. This was either during meal times or on taking medication. No patient came to harm and appropriate review and care planning was evident in all cases to mitigate risk.

Pressure ulcer incidents were the joint second most frequently recorded category (with an increase in the previous reporting period of 19%). All pressure ulcers were acquired when the service user was on the District Nursing Caseload. They were recorded by community nursing teams and occurred in patient's homes. The NHSGGC 2019 Pressure Ulcer Prevention and Management Policy states that all grade 3 pressure ulcers should be reviewed and if deemed avoidable a significant adverse event review (SAER) should be commissioned. Two of the grade 3 pressure ulcers were classed as unavoidable which means that all care was provided as per policy and best practice. One was considered avoidable and a SAER has been commissioned.

3.28 Datix Incidents by Severity

The severity relates to the impact or consequences of the incident, ranging from negligible (1) to extreme (5). Mental Health and Addiction services experience the greatest proportion of extreme adverse outcomes following reported incidents.

Figure 6 Datix Incidents in West Dunbartonshire HSCP by Severity 2021



*The figures may increase when review of 11 outstanding incidents that occurred during 2021 are reviewed.

All incidents recorded as category 4 or 5 are reviewed to determine whether a significant adverse event review (SAER) ought to be undertaken to illicit learning that may be shared to prevent future recurrence.

Significant Adverse Event Reviews (SAER)

- 3.29 NHSGGC Management of Significant Adverse Events Policy highlights that SAE reviews should be commissioned within ten working days of an incident taking place and concluded within three months of the incident date. The new policy was introduced in November 2020 and a learning session was provided to the extended management team in WDHSCP facilitated by NHSGGC Clinical Risk department. The timeframes stipulated within the policy have proved challenging to achieve and activity has been undertaken within WDHSCP and across NHSGGC to monitor and improve performance in this respect policy requirements.
- 3.30 As at end of December 2021 there were twelve SAERS under review in West Dunbartonshire, with these reviews lasting from two months to three years. Delays can occur at each stage of the SAER process:
- Delays in commissioning the report (delays waiting for Post Mortem Results)
 - Delays in the investigation process (due to arranging interviews, annual leave, sickness absence)
 - Delays with quality assurance
- 3.31 Of the two SAERs which were concluded in 2021 the reviews took 348 and 496 days respectively. This reflects pressure across NHSGGC with respect to capacity to undertake reviews which can be complex and time consuming. A system wide approach to enhancing capacity to undertake SAER more timeously is underway.

Table 2 shows the outcomes of these SAE reviews. Following completion of a SAER a report is completed and learning shared across relevant services within the HSCP and across NHSGGC.

Table 2. SAE Review Outcomes

Investigation Outcome Codes	SAEs
1. Appropriate care: Well planned & delivered	
2. Issues identified but they did not contribute to the event	
3. Issues identified which may have caused or contributed to the event	2
4. Issues identified that directly related to the cause of the event	
Total:	2

If the outcome of a SAER is coded 2 or 3 then a learning summary is produced and this learning is disseminated across NHGGC. Two learning summaries were produced in relation to these SAE. The subsequent actions and improvements undertaken in West Dunbartonshire are detailed at 4.1

- 3.32 All three SAERs commissioned by WDHSCP during 2021 were commissioned within thirty days. This represents an improvement but further work is required to adhere to the policy timeframe of ten days.
- 3.33 Recommendations and actions following completion of a SAER are logged and are followed up by the Clinical Risk team with the relevant service, at three and six months, to ensure progress has been made. If after this timescale the recommendation is still outstanding, the issue will be highlighted via the appropriate management structure. Services can apply specific dates if a valid reason determines a longer or shorter time is required to complete the recommendation.

3.34 SAER actions West Dunbartonshire HSCP

During 2021

- 11 SAER actions were close – 2 Addictions and 9 for Community Mental Health
- 17 new SAER actions were opened during 2021 – 3 for Addiction services, 3 for Community Mental Health services, 10 for Older Adult Mental Health Services and 1 for Pharmacy. One action remains outstanding.

3.35 Mental Health Services have implemented the following SAER or Severity 4/5 recommendations re

- a. Two inpatient nurses have completed Medical Emergency Training (training for trainers) programme completed and will ensure ward staff have access to local onsite training.
- b. A consistent approach to multi-disciplinary team electronic recording processes is in place.
- c. Ensured that all NHS staff have access to Social Work Carefirst recording system.
- d. Raising staff awareness and required action in regards to Section 53 of the Adult Support and Protection Act definition of harm includes self-harm.
- e. Updated Community Mental Health Team Duty Manager Standard Operating Procedures.
- f. CRAFT (clinical risk assessment) compliance and monitoring is now in place.
- g. Staff ensure risk assessment are updated on a regular basis, all HSCP staff have completed CRAFT training.
- h. Introduction of a NON – Fatal Overdose pathway, information is shared directly via Scottish Ambulance Service. This pathway ensures patients are followed up on an urgent basis and linked directly in to treatment/support.

3.36 General Practitioners (GP) conducted a review of Emergency medical bag protocol in health centres with contents being updated following a Significant Event analysis in Clydebank Health centre. Regular discussion of Significant Event Analyses is undertaken at GP cluster meetings which enables learning points to be shared with all GP practices

Duty of Candour

3.37 Of the two SAE reviews that concluded during this reporting period, one met the threshold for organisational Duty of Candour (DoC). The key elements of the duty of candour requirements were met; the family received an apology, they were informed of the review and asked to participate in the review. However the final report was not shared with the family as service was unable to contact them. The second SAER to conclude during this time, while it did not meet the DoC threshold, the key elements required for DoC were met in terms of providing an apology, family involvement and sharing of the final report.

Public Protection

- 3.38 Through the wider Public Protection agenda, the Health and Social Care Partnership works to ensure that people, particularly those at risk, are kept safe from harm and risks to individuals and groups are identified and managed appropriately.
- 3.39 A range of measures are in place including multi agency strategic planning and operational services providing protections to children, young people and adults at risk. They also include robust management of high risk offenders through Multi Agency Public Protection arrangements (MAPPA).
- 3.40 We ensure knowledge skills and awareness across public protection continues to be promoted through single and multi-agency training programmes.

Adult Support and Protection

- 3.41 One of the key priorities for the HSCP and wider partners has been to develop a response to specific areas of harm initially focussing on financial harm and hate crime.
- 3.42 The joint inspection of Adult Support and Protection West Dunbartonshire Partnership took place in May and July 2021. The aim was to provide assurance about the local partnership area's effective operations of adult support and protection key processes, and leadership for adult support and protection. The full report can be found here [Joint-Inspection-of-Adult-Support-Protection-West-Dunbartonshire \(1\).pdf](#)
- 3.43 The Care Inspectorate concluded the partnership's leadership for adult support and protection was effective but with some areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.
- 3.44 The Care Inspectorate concluded the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement
- 3.45 An improvement plan has been developed and is being implemented. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and HMICS will help monitor progress implementing this plan.

Child Protection

- 3.46 An inspection of services for children at risk of harm in the West Dunbartonshire community planning partnership area took place between October 2021 and March 2022.
- 3.47 The aim was to provide assurance on the extent to which services, working together the partnership can demonstrate that:
 - a. Children and young people are safer because risks have been identified early and responded to effectively

- b. Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm
- c. Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.
- d. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The inspections also considered the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.

The full interim report can be accessed here: [Joint inspection of services for children and young people West Dunbartonshire May 2022.pdf careinspectorate.com](https://www.careinspectorate.com/joint-inspection-of-services-for-children-and-young-people-west-dunbartonshire-may-2022.pdf)).

3.48 The Key Messages from the report

- a. The partnership was responding effectively when concerns about children and young people were first identified
- b. Children and young people said they had an opportunity to develop a relationship with a key member of staff
- c. There are discrepancies between how staff saw their practice and what we saw in children and young people's records.
- d. Following the initial identification of harm, the quality of key processes was inconsistent
- e. From reading records, there was little evidence of children's views being solicited or taken into account when decisions were made that affected them.
- f. There was little follow up analysis of the impact of services to improve outcomes for children and young people at risk of harm
- g. To be more impactful, the child protection committee's oversight and scrutiny of data and quality assurance activity required development
- h. Strategic leaders needed to work collaboratively to understand their activity and its impact on children and young people at risk of harm

The partnership has been supported by the Care Inspectorate to develop a robust improvement plan and a multiagency executive oversight group will monitor progress.

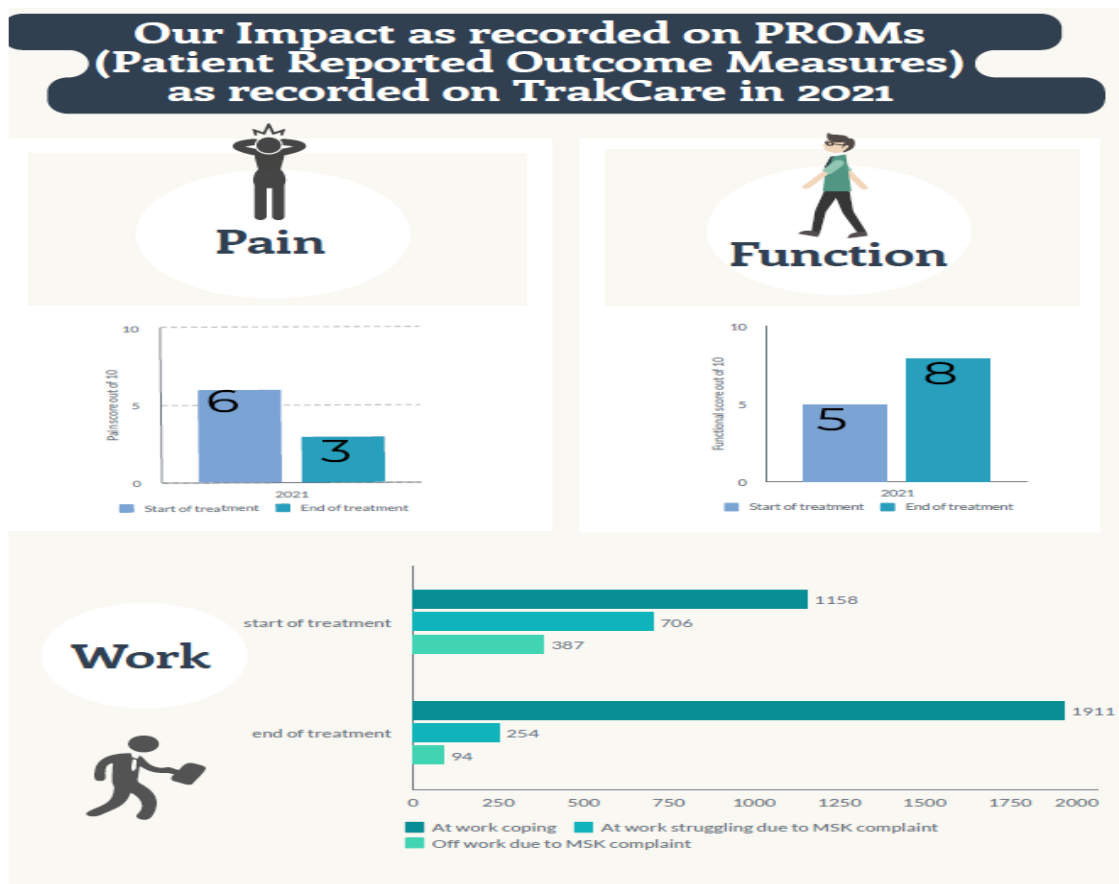
- 3.49 The Musculoskeletal Physiotherapy Service (MSK) introduced Electronic Patient Record/Active Clinical Notes (EPR/CAN). NHSGGC MSK service is the first in Scotland to shift to EPR/ACN. A complaint which was escalated to Ombudsman highlighted that other services/stakeholders were unable to access MSK Physiotherapy records to contribute and ensure the safe care of mutual patients. This shift to EPR/ACN will enhance the safety of patients by ensuring that patient clinical records are accessible to internal and external staff. EPR/CAN has been piloted within two MSK sites and will be rolled out by end December 2022 across NHSGGC.

4. Clinical and Care Effectiveness:

This includes examples of key learning, improvements and good practice in relation to effective care. This can include examples of improving the quality of care (quality improvement, implementing national standards and guidance/ clinical guidelines, or responding to inspection reports or service reviews).

- 4.1 Mental Health Services have implemented the following in response to SAER Recommendations –
- a. Two inpatient nurses have completed Medical Emergency Training for trainers programme. This ensures ward staff have access to local onsite training.
 - b. A consistent approach to multi-disciplinary team electronic record keeping.
 - c. Ensured all NHS staff have access to Social Work Care-first recording system to enhance information sharing.
 - d. Raised staff awareness in regards to Section 53 of the Adult Support and Protection Act, specifically, that the definition of harm includes self-harm.
 - e. Updated the Community Mental Health Team Duty Manager Standard Operating Procedures.
 - f. Ensured CRAFT (clinical risk assessment framework tool) compliance monitoring is in place.
- 4.2 Regular reviews take place of all drug and alcohol related deaths that occur within West Dunbartonshire. The most recent data confirmed a slight reduction in drug related deaths. Although it is noted there has been an improvement, further improvement is required. The introduction of the out of hours mobile unit will increase accessibility to treatment services and enhance local efforts to prevent drug related harms and deaths locally.
- 4.3 Medication Assisted Treatment (MAT) standards are being implemented locally, a steering group has been formed and a plan to ensure a whole system approach to the standards. The MAT standards define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland. The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system. To support implementation of the MAT standards the West Dunbartonshire Alcohol and Drug Partnership was the first area in Scotland to take forward human rights based awareness training with 300 staff across partner agencies having participated.
- 4.4 Learning Disability (LD) Services developed a Dynamic Support Register in line with the “Coming home: complex care needs and out of area placements 2018” report and The Coming Home Implementation report published in February 2022. The Team have seen an increase in nursing and health care support worker workforce to support increasing demands and address waiting list times. Work has also focussed on establishing clinics within the LD service for anti-psychotic monitoring and restarting clinics for weight management (face to face) and dementia review (face to face) that had previously been suspended due to Covid. Adult support and protection second worker training has been undertaken by health staff in response to an ASP audit and Learning Disability health staff now supporting WDHSCP ASP rota, as second worker, for LD clients.

- 4.5 NHSGGC Musculoskeletal (MSK) Physiotherapy Service collates Patient Reported Outcome Measures (PROMS) and the graphic below demonstrates the impact that the service makes on patient outcomes in regards to reduction of pain; improvement in function and successful return to work. This data demonstrates effectiveness of patient care within MSK service.



- 4.6 During the pandemic NHSGGC MSK service was meeting the Scottish Government waiting times target of 90% patients being seen within four weeks was due to significantly reduced demand on service provision. From March 2021 demand returned to pre Covid 19 levels. Service capacity was adversely affected by four separate periods of redeployment of staff to support acute colleagues in their pandemic effort. The service redeployed of 80%; 25%; 17% and 13% of the MSK workforce respectively. Reduced capacity coupled with increased demand means waiting times have risen dramatically in 2021/22. The service continues to see all patients who have urgent clinical need within four weeks, but patients have waited longer for a routine appointment.
- 4.7 Advanced Practice Physiotherapists (APP) were introduced to General Practice as part of the Scottish Government Primary Care Improvement Programme (PCIP), primarily to support GP practices in the management of patients with MSK conditions, with a view to releasing GP time for complex care management. NHSGGC now has 30wte APPs across 87 GP practices covering 44% of the GGC population. The NHSGGC GGC wide impact data can be accessed via the following link <https://create.piktochart.com/output/57279523-nhsggc-app-in-primary-care-activity-report-oct-dec-21>

- 4.8 The Health Visiting Team are accredited as a UNICEF Gold Baby Friendly Service³ for excellence in the support of infant feeding and parent infant relationships. The Team Contribute to the work of the National and Regional infant feeding Collaborative which aims to reduce the attrition rate of babies breast feeding at birth and 6 -8 weeks of age by 10%. The focus of this work is with mothers who live in Scottish Index of Multiple Deprivation (SIMD) most deprived areas. The Breast Feeding Support Worker provides additional early support to breast feeding mothers and the breast feeding friendly programme supports wider cultural change to support breast feeding within the community.

Excellence in Care

- 4.9 Excellence in Care⁴ is Scotland's national approach to assuring and improving nursing and midwifery care. The aim is to ensure people have confidence they will receive a consistent standard of high-quality of care no matter where they receive treatment or care. This Quality Management Approach ensures robust processes and systems for measuring, assuring, and reporting on the quality of care and practice. While routine audit activity was suspended during the pandemic as precedence was given to prioritising operational arrangements in accordance with responses required to mitigate against the effects of Covid 19, during 2021 we began re introducing audit schedules and work to develop this quality management and assurance approach across our nursing teams.

Primary Care

- 4.10 General Practitioners in West Dunbartonshire have progressed quality improvement activity across a range of clinical areas including atrial fibrillation screening, remote monitoring of blood pressure, and a post termination of pregnancy contraception support.

General Practitioners have also undertaken an audit of anticipatory care planning with local nursing care homes. Anticipatory care planning is applied to support those living with a long term condition to plan for an expected change in health or social status. It also incorporates health improvement and staying well. Strengthening practice in this area and planning ahead can help people feel more in control and able to manage any changes in their health and wellbeing in line with their expressed wishes.

Work to promote uptake of the Improving the Cancer Journey services increased referrals into the service from general practice. The service offers people a holistic assessment to discuss "what matters to you" at significant points in their cancer journey. It provides dedicated support to all people affected by cancer including families and carers.

- 4.11 The Pharmacy Team has made significant progress in the delivery of the General Medical Service contract. As of August 2021 every practice in West Dunbartonshire HSCP has their patients immediate discharge letters (IDL) processed by the pharmacy hubs and therefore 100% of IDLs in the HSCP are processed by the pharmacy team.

An audit conducted during that time West Dunbartonshire was above the GGC average for percentage of IDLs processed by the pharmacy team. During this same time period special requests were completed in nine GP practices as previously agreed at practice meetings. Overall West Dun had the 4th highest percentage of requests from the acute sector in GGC. The team have also re-introduced two HSCP

wide post myocardial infarct pharmacist led clinics and two HSCP wide chronic pain pharmacist led clinics to support the patients of the HSCP and utilise advanced practice skills of the pharmacists.

- 4.12 Child and Adolescent Mental Health Services (CAMHS) continue to develop the range and delivery of children and young people's community mental health supports and services. An action plan was developed using a 'whole-system' approach in line with Taskforce and National Framework recommendations. A new West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16yrs to 24yrs (26yrs for care experienced young people) has been introduced specifically to support young people who are experiencing 'emotional distress' but not requiring a clinical intervention. Three projects have been introduced to increase physical activity opportunities for at risk young people as defined by the national framework. The CAMH team contribute to the work of Scottish Families Affected by Drugs/Alcohol Young Persons Routes Project that uses a co-production approach, supporting and working with 12-26-year-olds affected by someone else's alcohol or other drug use. Parental support has been enhanced for parents and carers of children and young people with autistic spectrum disorder and other complex needs. A digital route map to provide young people and families with information how to support their mental health and emotional wellbeing, access help and, improve awareness of services.

5. Person-centred Care

This section provides examples of learning, improvements and good practice in relation to person-centred care. Examples are included on how we are improving care experience, in particular how we have responded to comments, complaints or feedback in our efforts to demonstrate learning and achieve improved outcomes.

- 5.1 West Dunbartonshire Alcohol and Drug Recovery Service are working alongside colleagues in Public Health Scotland in a test of change pilot for same day prescribing for Opiate Replacement Therapy. Implementation of Buvidal treatment (a long-acting injection) has had a positive impact on the recovery of a number of service users. Addiction staff offer support and guidance to help service users to make a well-informed choice when it comes to the right treatment for them. Patient now have a choice of three forms of Opiate Replacement Therapy.
- 5.2 Following a patient complaint and staff consultation Community Mental Health Teams introduced Mentalisation Based Therapists within the Community Mental Health Teams. Mentalisation-Based Therapy (MBT) is a psychodynamic therapy. The process of mentalising, or the capacity to understand how actions are influenced by mental states, is the focus of MBT.
- 5.3 A new Consultant Psychologist posts within Helensburgh Community Mental Health Team and Primary Care Mental Health Team allows greater number of patients to receive high intensity Psychological Services.
- 5.4 An Occupational Therapy Test of change within Older Peoples Mental Health Services has introduced the Rockwood Assessment to support more robust assessment of fitness to drive motor vehicles.
- 5.5 As part of a review of palliative care services review, the District Nurse Team engaged with families of those receiving palliative and end of life care. A feedback form from the quality improvement toolkit 'Releasing Time to Care' entitled 'how are we doing?' was used to gather feedback. A random sample of families with a family member receiving palliative care at home were selected to complete the form. Twenty

five forms were issued and eight responses were received (32%). Service User and Carer Feedback received included:-.

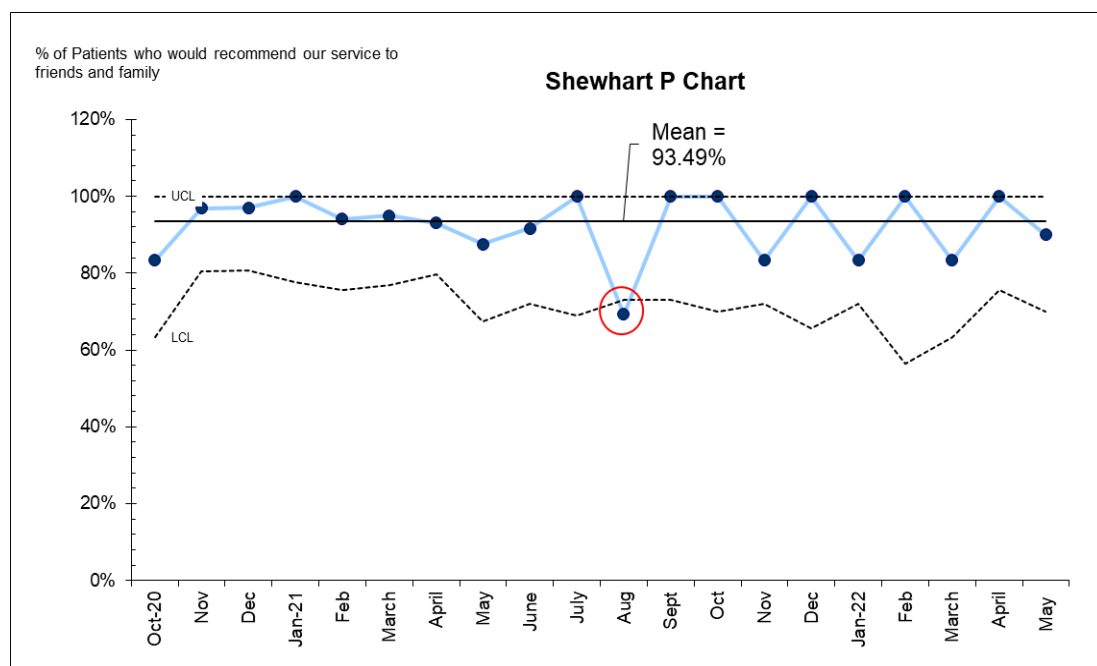
'Excellent care, attentive, quick, compassionate, dignity, respect, professional, quality of staff, genuine'.

We relied on District Nurses. On one occasion the Out of Hours Nurses didn't visit on request in the first instance, but subsequently did visit and were wonderful'.

However the section entitled 'What can we do better?' was left empty in all but one response which stated 'Nothing, can't think of anything, increase nurses, someone to answer calls rather than answer-phone'.

Families appear reluctant to give any negative feedback, despite reassurances that we can utilise any views to support future planning and service improvement. Efforts to develop feedback mechanisms for relatives and patients to complete are ongoing, with the option for staff to assist with completion. Digital solutions are also being explored with stakeholder involvement. This will support meaningful discussions between families and staff, and help identify and drive improvement from the perspective of service users and their families.

- 5.6 NHSGGC MSK physiotherapy service has created an opportunity for continuous feedback from patients via a webropol link. This is particularly geared to service user experience of virtual care. Data has been collected on 260 patient responses. The run chart below demonstrates the consistently high percentage of patients who would recommend the MSK service to family and friends.



Examples of the qualitative feedback received from patients is provided below:

'My first 3 consultations were by telephone with the 4th a face to face one. I can honestly say the face to face one was the most beneficial of them all. Although clear instructions were given on the telephone calls and followed up with email instructions, the actual hands on treatment on the face to face appointment provided some instant relief to the problem area. I just wish my initial appointment 6 weeks prior had been a face to face one and perhaps I would have experienced some much needed pain relief so much earlier'

'I've been very happy with the level and quality of service I've received in the video meetings, and email and landline correspondence and follow up telephone appointments'

The MSK service has produced and introduced a new website to provide patients with information on the management of their MSK conditions. The website is evidence based and can be accessed via the following link:

<https://www.nhs.uk/scot/hospitals-services/services-a-to-z/musculoskeletal-msk-physiotherapy/>

Patients were asked to provide feedback on the website. The feedback was largely positive. Negative comments were received around the need for a self-referral form which service users could complete and submit electronically. In response to these comments the service is working towards an electronic self-referral form which will be accessible on the website. This will enhance access to service provision and negate the need for submission of a paper self - referral form.

- 5.7 NHSGGC MSK Physiotherapy service led work on optimising Patient Centred Care through Effective and Efficient Use of Appointment Type (Virtual Patient Management (VPM) and Face to Face. The service was required to support the move to Virtual Patient Management (VPM) required at the start of the pandemic in order to minimise face to face contact with patients. A project group was established to ensure that there was the right blend of VPM vs Face to Face service provision moving forward. As part of the group work there was wide-scale consultation with key stakeholders. Stakeholders reported the following key issues

- That a face to face appointment was required at some point in the journey
- Improved clinical diagnosis and communication with face to face consultations

- VPM allowed increased flexibility, reduced time for travel and parking

The findings and subsequent change in practice are outlined below:

- All new patient appointments to be offered face to face but VPM new patient appointments to be available to support patient choice.
- Return patients to be a mixture of face to face and virtual appointments based on clinical need and patient choice.

Hearing lived experience is a priority within the HSCP Participation and Engagement Strategy with a commitment to ensuring all relevant equality groups are included. The pandemic revealed additional opportunities and challenges with digital engagement which we continue to develop and explore.

- 5.8 As part of the commitment to ensure that the views of children and young people continue to inform evaluation of care quality and drive service development a new online opportunity was developed in partnership with View Point. The online engagement tool includes a version for children with communication difficulties.
- 5.9 The HSCP has worked on modernising buildings with two new facilities opened over the last year with two new facilities recently opened, Queens Quay Residential Care Home and Clydebank Health and Care Centre. West Dunbartonshire Access Panel and a number of community groups were involved from the start of the design process to ensure the buildings are accessible to all.
- 5.10 A total of 96 complaints received by the HSCP between 01.04.21 and 31.03.22. Analysis of themes identified two key areas for improvement. The importance of regular review of systems and processes to ensure these remain fit for purpose. The importance of staff communicating timeously, clearly and respectfully with service users and family members.

At this time we have no mechanism to collate compliments and this is work we plan to develop alongside other mechanisms for service users and carers to provide feedback on their care experience.

- 5.11 As part of this process the HSCP participated in the national “What Matters To You,” campaign led by Health Care Improvement Scotland which aims to encourage more meaningful conversations between people who provide health and social care and the people who receive care and support. Asking what matters most to people involved with health and social care enhances the development of high quality compassionate support, care or treatment focused around what people really need and want. The campaign culminated in What Matters to You Day, we asked for the people of West Dunbartonshire to get involved by joining the conversation. An online survey was created to help us gather information from citizens to help us refine the services we provide to ensure that we meet the health and social care needs of the people we serve.

6. Conclusion

The report evidences how the HSCP Clinical and Care Governance Group has maintained oversight of the key areas of clinical and care quality, creating connections with all governance structures in the Partnership to assure the quality of care provided is commensurate with agreed standards.

The paper illustrates both achievements and challenges experienced with respect to maintaining and improving the quality of care delivered. The examples illustrated demonstrate the breadth of activity evident, across the HSCP and hosted services, in pursuit of the key quality ambitions of delivering safe, effective, high quality person centred care during a particularly testing period of time.

The scale and pace of change in the health and social care system as a result of the pandemic has exceeded anything we have experienced in the past. Service provision has changed at pace and some services may not return to their former delivery models. Health and Social Care Services remain under pressure due to Covid 19 and demographic change, it is therefore more important than ever that we continue to focus on the quality of care delivered as services adapt and evolve to meet the needs of our local community.

References

1. [Clinical and care governance framework: guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/clinical-and-care-governance-framework/guidance/pages/1-1-introduction.aspx)
2. [Health and Social Care Standards: my support, my life - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/health-and-social-care-standards/my-support-my-life/pages/1-1-introduction.aspx)
3. [Gold Award - A guide for services preparing for re-assessment \(unicef.org.uk\)](https://www.unicef.org/uk/gold-award)
4. [Excellence in Care \(healthcareimprovementscotland.org\)](https://www.healthcareimprovementscotland.org/)

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

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

27 September 2022

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

1. Purpose

- 1.1** The purpose of this report is to seek the approval of the HSCP Board with regard to the formal consultation response in respect of the [National Care Service \(NCS\) \(Scotland\) Bill](#)

2. Recommendations

- 2.1** It is recommended that the HSCP Board retrospectively approve the submission to the Scottish Government consultation on the National Care Service (NCS) (Scotland) Bill.

3. Background

- 3.1** On the 16 August 2022 the HSCP Board considered a paper on the National Care Service (Scotland) Bill and agreed:

“to instruct officers to draft a response to the ongoing consultation on the National Care Service on behalf of the HSCP Board, and given the deadline for submission to Scottish Government is the 2 September, which is before the next formal meeting of the Board, agree to delegate the approval of the submission to the Chair, Vice Chair and Chief Officer”.

4. Main Issues

- 4.1** The main issues in relation to the Bill were considered by the HSCP Board during an informal session on 10 August 2022 and again formally at a meeting of the HSCP Board on the 16 August 2022. The feedback provided by Board Members was collated and forms the response which can be found at Appendix I of this report.
- 4.2** In respect of the submission to Scottish Government Officers were unable to secure delegated approval for the response in line with the Scottish Government deadline of 2 September 2022.
- 4.3** All consultation response to be published and analysed by the Health, Social Care and Sport Committee have to be uploaded via the Scottish

Government Citizen Space platform. The Parliament now uses this platform as it helps them meet their accessibility standards by removing tables and footnotes etc. which some people find difficult to access.

- 4.4** As it was likely that this platform would shut down in line with the consultation deadline, Officers took a decision to submit a draft response highlighting that approval would be sought by the HSCP Board at its next meeting on the 27 September 2022. This was followed up with email correspondence to the Assistant Clerk to the Committee seeking confirmation that they would accept what would essentially be a late response from West Dunbartonshire HSCP. At the time of writing no further confirmation has been received.

5. Options Appraisal

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

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

- 8.1** At the time of writing the only risk associated with this work is the risk that the Scottish Government will not accept what may be perceived as a late response to the consultation.

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, the Monitoring Solicitor, the Chair and Vice Chair 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.

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Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
Date: 2 September 2022

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Appendix: West Dunbartonshire HSCP Board Response to National Care Service (Scotland) Bill Call for Views (Appendix 1)

Background Papers: None

West Dunbartonshire HSCP Board Response to National Care Service (Scotland) Bill Call for Views

Response Submitted 2 September 2022

Response ID: ANON-Z1FZ-UJEH-Q

1. General Introduction

The West Dunbartonshire Health and Social Care Partnership Board (The Board) welcomes the opportunity to respond to the call for views on the National Care Service (Scotland) Bill and would like to assure the Scottish Government that we would welcome the opportunity to be involved in future engagement work.

We would wish to express some disappointment that the themes which we identified as areas for constructive dialogue and improvement during the August 2021 “A National Care Service for Scotland Consultation” do not appear to be fully addressed through the introduction of the Bill.

The Board accept this is the direction of travel and acknowledges the positive benefits a National Care Service may bring, but remain of the view that constructive efforts focusing on the delivery of improvements within the current system could be expedited without the need for extensive structural reform. Our preference would have been an approach focussing on desired outcomes and the capacity to deliver these within existing structures before any consideration of organisational restructuring.

Recruitment and retention of staff at a local level is an ongoing challenge for HSCPs across Scotland and further uncertainty across the system risks undermining confidence and exacerbating the pressures on an already pressurised system.

The Board fully support the principle of fair work and improved terms and conditions for employees. The proposals in relation to workforce planning, staff training and development are welcome and supported by the Board.

The current model of two Partner employers within the integrated system is complex and challenging, therefore the prospect of all integrated staff falling under one employer is in many respects attractive. It is therefore disappointing to note that only local authority staff may be transferred into the National Care Service retaining the complexity of the current system.

2. Financial Memorandum

The provision of the Financial Memorandum is welcome, but note there remains a lack of clarity in respect of the costs associated with the Bill. The Board do have further concerns in respect of the level of due diligence undertaken, especially as not all services which could transfer to the National Care Service appear to be included in the Memorandum. Due to the level of uncertainty reflected in the Bill the value of

the financial memorandum is diluted. We recognise that this lack of clarity is referenced throughout the financial memorandum and question whether sufficient scrutiny can be applied to the financial implications of the Bill given this uncertainty.

The Board welcomes all the policy ambitions especially: the commitment to increase pay and improve terms and conditions for adult social care staff in commissioned services; to bring Free Personal Nursing Care rates in line with National Care Home Contract rates; the proposed removal of charging for non-residential care; the proposed increase in investment for social work services; the strong focus on early intervention and prevention and the proposed investment in data and digital solutions to improve social care support.

The Financial Memorandum does not appear to address how these commitments will be funded. There is a risk that the removal of, or significant reduction in, for example, residential care charges will have a significant impact on demand for residential services and the financial risk of this requires further consideration.

The prioritisation of prevention and early intervention is very welcome. However, this is not a new concept and it has been over a decade since the promotion of these principles by the Christie Commission. None the less the shift to early intervention and prevention remains challenging for many public bodies, not least of all because in order to achieve this within a constrained financial envelope funding must be diverted from other services. This is a significant challenge in health and social care when service users are used to receiving services in a particular way with significant financial resource supporting these packages of care. This should not be seen as a reason not to seek to achieve this ambition however further work is required to ensure robustness in relation to financial planning in order to achieve this.

Other areas of financial risk which are not explicitly clear in the Financial Memorandum relate to pensions (an area of significant concern for our staff currently employed by the local authority) and the transfer of assets and liabilities.

3. National Care Service Principles

West Dunbartonshire HSCP Board is supportive of the principles of the National Care Service and share the view that excellent health and social care services is an investment in society that is essential to the realisation of human rights, enables people to thrive and fulfil their potential and enables communities to flourish and prosper.

4. Accountability to Scottish Ministers

The Board note the proposal to establish a single national body with clear lines of accountability to Ministers and whilst supportive of many of the ambitions of the National Care Service remain concerned that the time and resources required to create an entirely new structure is best value.

Given the relative infancy of IJBs it is disappointing that there appears to be no further reflection in terms of how existing structures can be developed and

adequately resourced in order to meet the post Covid-19 challenges in relation to the delivery of integrated health and social care.

It is not clear how the creation of a National Care Service for Scotland will address the challenges in relation to the prioritisation of early intervention and prevention. It is recognised that one of the drivers for the proposed creation of a National Care Service is that it may reduce duplication within the public sector and therefore create efficiencies which may enable resources to be used in a different way. Conversely the centralisation of services and the risk of far greater prescription from central government, may become a barrier to really implementing the ambitions of the National Care Service, particularly in relation to empowerment and the potential erosion of localism.

The top down centralised approach outlined is considered to be a detriment to locally accountable decision making. Although West Dunbartonshire is small in geographic terms the nature of our communities is diverse, with the service users across our two HSCP localities differing in their nature and need. It is therefore vital that local accountability is maintained to ensure health and social care services are governed as close to the point of delivery as possible ensuring services can be developed in a way which reflects local needs and circumstances.

The HSCP Board is concerned about the lack of detail in the Bill in respect of governance and accountability. The Board welcomes the Scottish Governments stated approach to co-production but is concerned that the training and further detail expected over the summer months is still awaited. This risks undermining confidence in the Scottish Governments commitment to work with IJBs and other stakeholders in a co-productive manner. The Board would welcome an opportunity to engage in the work which will develop the detail around Local Care Board's specifically key issues such as membership and geographical spread.

5. Establishment and Abolition of Care Boards

As reflected in section four of this document The Board is concerned about the lack of detail in relation to the establishment of local Care Boards and would welcome an opportunity to engage in the co-production process to develop this further.

Beyond detailing that power will lie with Scottish Ministers to appoint and remove Care Board Members, there is a dearth of information in relation to the membership, voting rights, number, geographical area and governance of local care boards outlined in the Bill. It also appears that there is no requirement for Scottish Ministers to engage with local communities in relation to these matters.

It is the preference of The Board that Local Care Boards are co-terminus with local authority boundaries. This ensures decision making is as close to the point of service delivery as possible. This builds on existing IJB structures and enables the continuation of good work in relation to effective engagement with local community planning structures and the development of services in response to the specific needs of individual communities.

The Board is supportive of the statement that “planning at a local level will play an important part in ensuring that support and services meet the needs of people in their own communities. Combining national accountability with local expertise will ensure that the right balance can be struck in ensuring consistent and fair quality of service provision across Scotland.” However, the Bill is silent on how potential conflicts between what Ministers direct, and what ‘local expertise’ requires, might be navigated.

6. Strategic Planning and Ethical Commissioning

The Board welcomes the need for Care Boards to have a strategic plan setting out their vision, objectives and budgets for their care board area and incorporating an ethical commissioning strategy, this is very much in line with the current requirements and ambitions of existing IJBs.

It is helpful that this will also be a requirement for Special Care Boards, however The Board would seek assurances that the Scottish Government make every effort to ensure that local expertise remains a key element in both national planning and decision making forums. We welcome the focus on national improvement plans with planned outcomes which promote a whole systems approach.

We would ask that further reflection is once again given towards the potential tensions between local expertise and understanding and the ambitions of the National Care Service. It would be our preference that Local Care Boards retain the approval of Strategic Plans. The Board is not supportive of the creation of Ministerial powers to override local plans and believes this is a risk to fully embracing local co-design of services to meet local needs and demands and may erode existing person centred and rights based approaches.

The Board are extremely supportive of the focus in relation to ethical commissioning whilst acknowledging that a significant amount of work has already been undertaken within IJBs to actively promote and embed this approach. The policy commitment to drive up pay and conditions within the social care sector is of course fundamental to the successful implementation of an ethical commissioning strategy. As highlighted earlier in this document it is not clear within the Financial Memorandum that the Scottish Government have fully costed sufficient resources to effectively address this matter.

The proposal that the National Care Service will develop and manage a national procurement structure and standards has the potential to be a welcome development. There is an opportunity to have far greater collaboration at a regional and national level with greater scrutiny placed on large national providers. However, a far greater emphasis needs to be placed on best value and there is a balance to be achieved in terms of supporting smaller local providers, ensuring the market is broad and vibrant whilst strengthening local scrutiny and accountability within a national framework.

A set of centrally driven standards which are too prescriptive may unintentionally erode other core values within health and social care. However done well, a more

visionary national agreement rooted in the principles of Self-Directed Support has the potential to shift the balance of power to service users at a local level with market facilitation ensuring a sustainable variety of providers, services and support whilst providing service users with increased choice and control.

Further reflection is required on how a new framework could empower commissioners to adopt relational as opposed to transactional practice, enabling choice and outcomes as opposed to compliance and outputs. Recognising diverse needs at a local level and encouraging innovation to meet local challenges.

The Bill brings no clarity in respect of the future role of Scotland Excel within this proposed new framework. Given the current function of Scotland Excel it is not clear why a National Care Service must be established to achieve these aims.

The principles of community wealth building should be built into any commissioning framework.

7. National Care Service Charter

The Board welcomes the National Care Service Charter and is fully supportive of the ambitions therein. We feel that the introduction and implementation of such a Charter could be expedited without the requirement for major structural change.

8. Independent Advocacy

The Board welcomes the focus on independent advocacy and in line with our earlier comments about the tensions between localism and centralism would seek assurances that the provision of a national service will lead to an improved level of local services ensuring all those who are entitled to advocacy receive a high quality of service provision.

9. Complaints

The issues of localism and centralism are a theme within this response and in relation to complaints, there remains no information in respect of the evidence base which has driven the proposal that there will be a national point of access for information re complaints.

The Board and the Clinical and Care Governance Group already receive comprehensive reports in respect of complaint handling ensuring robust local oversight and scrutiny. Reporting on complaints is also a feature of Annual Performance Reports ensuring public transparency and scrutiny at a national level by external auditors.

Central and fundamental to existing procedures is that services seek a first stage resolution as close to front line service delivery as possible. This ensures a personalised approach and seeks to resolve issues for service users at an early juncture. It is not clear what the creation of a national point of access is seeking to

achieve in terms of improvement and the Bill provides no evidence based rationale for this proposal.

10. Inclusion of Children's Services and Justice Services

West Dunbartonshire HSCP Board has gone beyond its basic delegation and has included children's services and justice within its model. This has led to more positive outcomes for young people with children and families practitioners and addictions practitioners working together in a more collaborative way.

11. Health and Social Care Information

The Board fully supports the introduction of integrated health and social care records. A nationally consistent, integrated and accessible electronic record would facilitate improved information sharing and usage between partners and support better outcomes.

As highlighted in our previous consultation response there is currently an inability to share information between agencies which has slowed the pace of integration and created major gaps in the information needed to inform improvements in social care

The introduction of compatible and accessible ICT systems, improved information recording and a greater emphasis on appropriate data sharing is seen as a key area for improvement.

12. Rights To Breaks for Carers

The Board greatly values the contribution of unpaid carers across its localities, and supports the ambition within the Bill.

13. Implementation of Anne's Law

The Board supports the implementation of Anne's Law, allowing a designated visitor into care homes to support loved ones and recognise that care homes are individuals' homes and there is a need to guard against reducing them to clinical settings.

14. Regulation of Social Services

The principle that the regulation and scrutiny functions operate independently from a National Care Service is welcomed.

There is a complex landscape of regulatory bodies across the health and social care system, the proposal that regulatory bodies are revisited to ensure they are fit for purpose is welcome in the spirit of improvement but recognised to require significant commitment of resources.

The Board would wish to stress that standards should be equal across health and social care services and that inspection/regulatory regimes should be aligned and

congruent. The complex regulatory nature of health and social care was exemplified during the pandemic which care home interventions coming from multiple routes.

Any new proposals must have a focus on local intelligence and local relationships must be strong and effective.

Further reflection is therefore required in respect of the need for two separate regulators, if there is a case for a single regulation body.

In order to truly achieve quality improvement within any regulatory framework Local Care Boards must be supported to build far greater internal capacity in both quality assurance and quality improvement approaches.

15. Final Provisions

The HSCP Board are concerned that there remains significant gaps in the details surrounding the creation of National Care Service and had expected that more detail would have been set out within the Bill. Given the proposed speed of change and implementation, this does not provide the Board with the confidence that the required level of detail has been developed in order to make effective progress in the best interests of our service users.

The Bill relies heavily on future secondary legislation which by its nature is more limited in the breadth of scrutiny. The decision-making powers conferred on Ministers to make the statutory changes required to fulfil the vision and ambition of the National Care Service, informed through a to-be-established co-design process of which we have no detail, makes full public and parliamentary scrutiny almost impossible.

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
BOARD**

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

27 September 2022

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

1. Purpose

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

2. Recommendations

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

- Note content of report
- Seek a subsequent full year report in March 2023.

3. Background

- 3.1.** A full comprehensive background to the community mental health supports and services for children and young people was provided to HSCP Board on 21st March 2022. The [report](#) provided the political context and supporting framework, details of ongoing research and engagement, service planning and the full financial overview including Directions.

4. Main Issues

Glasgow University Review of Community Mental Health Supports for Children & Young People

- 4.1.** Glasgow University was commissioned by West Dunbartonshire Health & Social Care Partnership to undertake a comprehensive review and analysis of children & young people's community mental health and wellbeing services and supports. [Phase 1 report](#) published May 2021, sought to understand the prevalence of collaboration within West Dunbartonshire and explored how different sectors worked together in supporting children and young people's mental health and emotional wellbeing.

- 4.2. Phase 2 took place during August and January 2022 and sought the views of parents and carers of children and young people on their local needs in relation to community mental health & wellbeing supports and services. The research explored their experiences of accessing mental health support, mental health information, and their understanding of the resources within the local area.
- 4.3. The [final report and executive summary](#) published June 2022 sets out key findings and six areas for development being considered by the working group and wider system to inform action planning processes for children & young people's community mental health & wellbeing supports and services.
- 4.4. The six areas for further development include:
1. Increase the visibility of services operating at community level.
 2. Explore more effective communication strategies between statutory and newly introduced services.
 3. Create training opportunities for parents regarding supporting their young people, and their own mental health.
 4. Introduce social support groups for families, particularly for those who are facing similar issues with mental health conditions of children.
 5. Explore the potential of a community hub to support families in the local area.
 6. Continue to consult with young people regularly regarding issues that affect them, and let them know what happened as a result of their responses.

Distress Brief Intervention Service

- 4.5. The West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16yrs to 24yrs (26yrs for care experienced young people) is specifically to support young people who are experiencing 'emotional distress' and not requiring clinical interventions. A report to the [HSCP Board on 22nd November 2021](#) (Item 11) outlined the details of this "ask once, get help fast" service for young people.
- 4.6. The delivery group (sub-group of Nurture DIG) continues to learn from the national programme and other associate programme areas and is taking an incremental approach to implementation.
- 4.7. Phase 1 referral pathways were limited to General Practice, Education (2 sites) and Police Scotland. All primary care practices were briefed on referrals protocols and offered a series of follow up support sessions. Work is ongoing to enable referrals via SCI Gateway for GP practices only.
- 4.8. The two secondary education referral pathways commenced in March 2022 with all Pastoral Care Staff in Clydebank High School & St Peter the Apostle High School trained. Discussions have commenced with the

three remaining secondary sites to enable referral pathways in each of these sites.

4.9. Referral pathways from the HSCP Crisis Team, wider Primary Care teams including Community Link Workers, Scottish Fire & Rescue, Scottish Ambulance Service and local third sector youth organisations are all under development.

4.10. The service commenced taking referrals from the 1st of March 2022 with a total of 11 referrals made to date.

5. People Implications

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

6 Financial and Procurement Implications

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

7. Risk Analysis

7.1 Current year (£231,000) spend and commitments aligned to plans still awaiting confirmation from Scottish Government of carry forward arrangements.

8. Equalities Impact Assessment (EIA)

8.1 An EIA of the Distress Service is underway and expected to be in place by September. This will ensure the service being provided meets the diverse needs of children and young people, and the individual needs of the population of LGBT+ children, children with disabilities, children with Additional Support Needs and those with a range of neurodevelopmental needs.

9. Environmental Sustainability

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

10. Consultation

10.1 Consultation findings and areas for further development are outlined in section 4.3 and 4.4 and will be considered by the Children and Young People Community Mental Health & Wellbeing Supports and Services Working Group.

11. Strategic Assessment

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

12. Directions

12.1 No direction required

Lesley James

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

26th August 2022

Person to Contact: Lauren McLaughlin, Health Improvement Lead

Email: lauren.mclaughlin@ggc.scot.nhs.uk

Appendices: None

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

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

27 September 2022

Subject: Implementation of Directions Policy

1. Purpose

- 1.1** The purpose of this report is to provide the HSCP Board with an update on the implementation of the Directions Policy, which was approved by the HSCP Board on the 23 September 2020 and implemented on the 30 September 2020.

2. Recommendations

It is recommended that the HSCP Board:

- 2.1** Note the progress made in respect of the implementation of the Directions Policy.
- 2.2** Note that the Directions Policy has been reviewed by Officers and there are no recommended changes.

3. Background

- 3.1** On the 23 September 2020 the HSCP Board approved a new Directions Policy to ensure compliance with the practice set out in statutory guidance, strengthening performance monitoring, accountability, quality and sustainability of services. This Policy was implemented on the 30 September 2020.

4. Main Issues

- 4.1** Directions are the legal basis on which the Local Authority and Health Board deliver services that are under the control of the HSCP Board. As a legal requirement, the use of Directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.
- 4.2** The HSCP Board makes decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions necessitate Directions to the Health Board or Local Authority, or both, and may indeed require the delivery partners to carry out a function jointly.
- 4.3** The Scottish Government noted that many IJBs had a minimalist approach to Directions and had an insufficiently robust audit trail. Furthermore, significant variation had developed over how Directions were being used across Scotland. As such, the Scottish Government issued statutory guidance on the matter, to clarify its expectations and to aid the development of local policy.
- 4.4** The revised statutory guidance on Directions underpins the Direction Policy.

The Policy complies with the guidance by setting out a clear framework for the issuing and review of Directions and confirming governance arrangements.

- 4.5** Between January and May 2022 Internal Audit conducted an audit of the implementation of the Direction Policy. This was in accordance with the 2021/22 Internal Audit Plan, as agreed by the West Dunbartonshire HSCP Audit and Performance Committee.
- 4.6** The objective of this audit was to provide the Audit and Performance Committee with an assessment of the adequacy and effectiveness of the governance, risk management and controls surrounding the key risks in relation to the Boards policy on Directions. The report, published in June 2022, identified one AMBER issue which Internal Audit considered to be individually significant and, two GREEN issues which if implemented by management would enhance the control environment. The full report can be found in Appendix I of this report.
- 4.7** All the actions highlighted in the Internal Audit Report, have been addressed, with further assurance provided by reference back to the original implementation action plan as shown in Appendix II of this report.
- 4.8** There is a requirement to review the Directions Policy every two years, or sooner in the event of new guidance or good practice becoming available. The Internal Audit report has supported a review of the Policy by the Head of Strategy and Transformation. No changes to the Policy are recommended as part of this review as the Policy remains compliant with the most recent Scottish Government Guidance.
- 4.9** In respect of governance the HSCP Board Audit and Performance Committee have responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report, and escalating key delivery issues to the HSCP Board. On the 27 September 2022, the Audit and Performance Committee considered a version of this report along with an update on the delivery of Directions issued to 31 March 2022. The outcome will be provided to the HSCP Board by means of a verbal update.

5. Options Appraisal

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

6. People Implications

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

7. Financial and Procurement Implications

- 7.1** There are no financial or procurement implications 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 EIA 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 is not required in respect of the recommendation within this report.

11. Consultation

- 11.1** The Chief Officer, Chief Finance Officer, Monitoring Solicitor, Internal Auditor and the Senior Management Team have been consulted on this report.

12. Strategic Assessment

- 12.1** The recommendation within this report supports the HSCPs strategic priority pertaining to access, by ensuring there is full transparency in respect of the HSCP Boards scrutiny process.

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: 13 September 2022

Person to Contact: Margaret-Jane Cardno
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West Dunbartonshire Health and Social Care Partnership

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Appendix: Implementation of HSCP Board Directions Policy Internal Audit Report (Appendix 1)

Policy Implementation Action Plan (Appendix 2)

Background Papers: [Board Approval of Directions Policy Item 11 23 September 2020](#)

IMPLEMENTATION OF HSCP BOARD DIRECTIONS POLICY

MAY 2022

FINAL REPORT

Control Environment Opinion:

SATISFACTORY

In our opinion *isolated* areas of control weakness were identified which, whilst not systemic, put some service objectives at risk.

	RED	AMBER	GREEN
FINDINGS	0	1	2

Final Distribution

To: Beth Culshaw, Chief Officer, WD HSCP Board
Margaret-Jane Cardno, Head of Strategy and Transformation

cc: Julie Slavin, Chief Financial Officer, WD HSCP Board
Audit Scotland

1. EXECUTIVE SUMMARY

Introduction

This audit was conducted between January and May 2022 in accordance with the 2021/22 Internal Audit Plan, as agreed by the West Dunbartonshire HSCP Audit and Performance Committee.

Background

The West Dunbartonshire Health and Social Care Partnership Board (HSCPBoard) requires the West Dunbartonshire Health and Social Care Partnership (HSCP) to implement its strategic plan by delivering a range of defined services. To facilitate these arrangements the HSCPBoard issues binding Directions to its key delivery partners, West Dunbartonshire Council and Greater Glasgow & Clyde NHS Board. These Directions are made under the Public Bodies (Joint Working) (Scotland) Act 2014.

Directions made by HSCPBoard to partner organisations enable stakeholders to easily identify major decisions taken by the HSCPBoard and help them understand changes being made to services. It is therefore important that Directions made by the HSCPBoard fully comply with the HSCPBoard's policy and procedures on Directions, which were approved by the HSCPBoard on 23 September 2020.

Objectives

The objective of this audit is to provide the HSCPBoard Audit and Performance Committee with an assessment of the adequacy and effectiveness of the governance, risk management and controls surrounding the key risks in relation to the HSCPBoard's policy on Directions.

Scope & Approach

The review focussed on the high level processes and procedures in relation to the HSCPBoard's policy on Directions and concentrated on identified areas of perceived higher risk, such as not fully complying with the policy and not adequately reporting on the progress being made with implementing the policy. To facilitate this process it was planned that the scope of the audit focussed on the key risks outlined in the agreed Terms of Reference set out at Appendix 1.

The audit approach was planned to fall in line with the agreed Terms of Reference and included:

- Review of HSCP Board and Audit & Performance Meeting Minutes and the HSCPBoard Directions Policy.
- Review of Directions Policy Action Plan.
- Review of Process of Issuing of agreed Directions and of the Directions Log.

Summary Findings

There was one AMBER issue which we consider to be individually significant and which is summarised in the following table. This issue is set out in more detail at Section 2 of this report, together with management's intended action to strengthen the control environment. In addition, two GREEN issues were identified which if implemented by management would enhance the control environment. These are set out in more detail at Section 2 of this report. (The audit Grading Criteria is provided in Appendix 2).

AMBER	<u>Adequacy of Reporting on the implementation of the HSCP Board Directions Policy</u>
	<p>The HSCP Board approved the Directions Policy on 23 September 2020. An implementation action plan was put in place to implement the new policy. This included the requirement to introduce and maintain a Directions Log and that the log would be reviewed twice a year by the Audit and Performance Committee and the HSCP Board.</p> <p>The audit has identified that although a Directions Log has been introduced and maintained, the log has not yet been reported to the Audit and Performance Committee or the HSCP Board to carry out their scrutiny roles in relation to the implementation of the Directions Policy. In addition, there has been no follow up report presented to HSCP Board on the implementation action plan progress.</p>

Conclusions

The overall control environment opinion for this audit review was **Satisfactory**. Specific audit issues highlighted were as follows:

- Currently, although a Directions Log has been introduced and maintained, the log has not yet been reported to the Audit and Performance Committee or the HSCP Board to carry out their scrutiny roles in relation to the implementation of the Directions Policy. In addition, there has been no follow up report presented to HSCP Board on the implementation action plan progress.

Acknowledgements

The co-operation and assistance of all staff during the audit was greatly appreciated.

Andi Priestman
Chief Internal Auditor

Sheila Bronson
Internal Auditor

2 DETAILED FINDINGS

FINDING		RISK/IMPACT/RULE BREACH	AGREED ACTION	RESPONSIBILITY DUE DATE
AMBER	<p><u>Adequacy of Reporting on the implementation of the HSCP Board Directions Policy</u></p> <p>The HSCP Board approved the Directions Policy on 23 September 2020. An implementation action plan was put in place to implement the new policy. This included the requirement to introduce and maintain a Directions Log and that the log would be reviewed twice a year by the Audit and Performance Committee and the HSCP Board.</p> <p>The audit has identified that although a Directions Log has been introduced and maintained, the log has not yet been reported to the Audit and Performance Committee or the HSCP Board to carry out their scrutiny roles in relation to the implementation of the Directions Policy. In addition, there has been no follow up report presented to HSCP Board on the implementation action plan progress.</p>	<p>The HSCP Board and Audit and Performance Committee has not received formal assurance on the implementation of the Directions Policy in order to scrutinise the level of compliance with the policy requirements.</p>	<p>A report on the Directions Policy Implementation Action Plan will be taken to the September 2022 meeting of the HSCP Board.</p> <p>The Directions Log to go to the September 2022 meeting of the HSCP Audit & Performance Committee for review.</p> <p>Review of Directions Log will be included on forward plans for the HSCP Audit & Performance Committee for the agreed twice a year reviews of Directions Log.</p>	<p>Head of Strategy & Transformation HSCP</p> <p>30 September 2022</p>

	FINDING	RISK/IMPACT/RULE BREACH	AGREED ACTION	RESPONSIBILITY DUE DATE
GREEN	<p><u>HSCP Board Meeting Minutes</u></p> <p>The audit identified that HSCP Board Meeting minutes do not specifically record when a Direction has been approved during a meeting.</p>	Where HSCP Board meeting minutes do not record the approval by HSCP Board of Directions there is a risk that that meeting attendees and other internal and external stakeholders may not be able to easily identify if a Direction has been approved which could result in a Direction not being issued to the relevant organisation.	Minutes of the HSCP Board Meeting will specifically record Directions approved during the meeting and issuing of approved Directions to be included in the Rolling Action List for HSCP Board meetings.	Head of Strategy & Transformation HSCP 30 September 2022
GREEN	<p><u>HSCP Committee Reports Template</u></p> <p>Testing identified general compliance with use of the revised Committee Report template however some reports did not include the relevant section on Directions though it was noted that for a number of reports a Direction was not applicable.</p>	Where the Directions section is not included within the report, there is a risk that the requirement for a Direction has not been properly considered, included or issued.	Reminder to be sent to all officers of the need to complete the relevant section of the report template, including confirmation if no Direction is required.	Head of Strategy & Transformation HSCP 30 September 2022

Terms of Reference**Overall Audit Objective**

To review the adequacy and effectiveness of the governance, risk management and controls surrounding the West Dunbartonshire Health & Social Care Partnership Board (HSCPb) Directions policy which mitigate the key risks detailed below.

Risks

- 1 Adequate arrangements are not in place to completely and effectively implement the WD HSCPb's Directions Policy.
- 2 Adequate arrangements are not in place to regularly provide key stakeholders with accurate and relevant information regarding the implementation of the WD HSCPb's Directions Policy.

Internal Audit Report Findings – Risk/Impact Grading Criteria

<div>Report Grading & Criteria</div> <div>Business Risk/Impact (Actual or Potential)</div>	GREEN <ul style="list-style-type: none"> Process improvements/efficiencies may be actioned if it is cost-effective or at management's discretion – in consultation with IA. To be managed by the appropriate service manager. Low risk - can be prioritised to fit in with wider business activities and priorities (normally start within 6 months of audit) Will not be reported in any Committee papers. 	AMBER <ul style="list-style-type: none"> Mandatory - corrective action must be taken (some exceptions agreed by IA) To be overseen to completion by Head of Service. Remedial action to address an amber issue should start within a “reasonable” timescale (normally within 3 months of audit) Will be reported in Audit Committee papers. 	RED <ul style="list-style-type: none"> Mandatory – immediate corrective action must be taken. To be overseen to completion by a member of the Corporate Mgmt Team. Remedial action to address a red issue should start immediately. Will be reported in Audit Committee papers.
Financial <i>Actual or potential loss which will impact either the Income & Expenditure Account or Balance Sheet within any twelve-month period (i.e. loss of profit or loss of asset)</i>	<ul style="list-style-type: none"> Process improvement identified which will enhance operational efficiency. Non-material control weakness. 	<ul style="list-style-type: none"> Material impact at Service level. 	<ul style="list-style-type: none"> Material impact at Corporate Level.
Reputation <i>Actual or potential impact to the reputation of the Council in the external environment. This includes the views held by the regulator.</i>	<ul style="list-style-type: none"> Isolated, non-systemic, or restricted scope events that may have a limited impact on our standing with any of our business partners/stakeholders. 	<ul style="list-style-type: none"> Events that may tarnish our reputation with a specific customer, group or third parties. Moderate impact on our standing with our key partners/stakeholders. 	<ul style="list-style-type: none"> Strong likelihood of or actual adverse comment in the national media. Significant impact on our standing with any of our key partners/stakeholders
Legal & Regulatory <i>Actual or potential impact arising from operational/management failure that leads to a failure to comply with regulation or legislation.</i>	<ul style="list-style-type: none"> Isolated, non-systemic, or limited scope events which statutory body would not consider the need for additional supervision activity. 	<ul style="list-style-type: none"> Events that may lead statutory body to consider increasing level of supervision activity; and damaging the ongoing relationship. 	<ul style="list-style-type: none"> Events/breaches resulting in the strong likelihood of increased levels of supervision from a statutory body.
Operational <i>Actual or potential impact arising from any operational/management failure that leads to an inability to maintain a quality service to any of the Council's stakeholders (staff, service users, customers, suppliers, regulators etc)</i>	Impact upon the delivery of a Service area's plan/objectives, such as: <ul style="list-style-type: none"> Affecting a small number of stakeholders. Small (non-systemic) errors, omissions or delays in operational plans, processes, projects or systems. Non-material failure at Service level. 	Impact upon the delivery of a Service area's plan/objectives, such as: <ul style="list-style-type: none"> Affecting a moderate number of stakeholders. Non-material systemic errors, omissions or delays in operational plans, processes, projects or systems. Material Control failure impacting at Service level. 	Impact upon the delivery of the Council's Corporate objectives: <ul style="list-style-type: none"> Affecting a significant number of stakeholders. Material systemic errors, omissions or delays in strategic or operational plans, processes, projects or systems. Material control failure impacting at Corporate level.
Timescale for start of agreed action	Discretionary (6 months)	Reasonable (3 months)	Immediate

Internal Audit Report – Overall Environment Opinion

Strong	In our opinion there is a sound system of internal controls designed to ensure that the service is able to achieve its objectives.
Satisfactory	In our opinion isolated areas of control weakness were identified which, whilst not systemic, put some service objectives at risk.
Requires improvement	In our opinion systemic and/or material control weaknesses were identified such that some service objectives are put at significant risk.
Unsatisfactory	In our opinion the control environment was considered inadequate to ensure that the service is able to achieve its objectives.

Appendix 2

APPENDIX 2
Policy Implementation Action Plan
Based on extract from HSCP Board Paper 23 September 2020

Guidance Requirement	Action (agreed 23 September 2020)	Update (July 2022)
A standard covering report format, which includes a brief section requiring the report author to decide and record if the report requires a direction to be issued to the Health Board, the local Authority or both, or that no direction is required	The amended committee report template will comply.	<p>This action was completed upon implementation of the Policy and the committee report template compliant.</p> <p>In June 2022 Internal Audit highlighted that where a Direction was not required report authors were, in some instances, removing this section of the committee report. Report authors have received additional advice and support and the report template has been further improved to provide a standard form of words.</p>
Directions should include detail on the required delivery of function and financial resources	We will adopt a standard template approach to framing directions which meets the core recommendations of the guidance	Action complete.
The content of a direction should be informed by the content of a report on the function(s) approved by the HSCP Board and should be contained in the same report, using a standard format	We will ensure that each direction issued will have an associated report, which details the background and reason-giving rise to the direction.	Action complete.
Directions should be issued as soon as practicable following approval by the HSCP Board, usually by the IJB Chief Officer to the Chief Executive of either the Health Board or the Local Authority, or both.	The Chief Officer will formally issue a direction on behalf of the HSCP Board through an email communication with one or both of the respective Chief Executives, copying in the HSCP	Awaiting confirmation.

Each in their role as accountable officers to the relevant statutory body	Chief Finance Officer, HSCP Board Chair and Vice Chair.	
A log of all direction issued, revised, revoked and completed should be maintained. This log should be periodically reviewed by the HSCP Board and used as part of performance management processes, including audit and scrutiny	Introduce and maintain a direction log. Given that, directions are likely to support strategic decisions, service redesign and medium-term actions the log will be reviewed twice a year by Audit and Performance and HSCP Board.	<p>The Directions Log has been developed and maintained.</p> <p>In June 2022 Internal Audit noted that neither the HSCP Board or the Audit and Performance Committee had reviewed the action log.</p> <p>This has been addressed in the September 2022 reporting cycle and the forward planner updated to capture the requirement to report to the Audit and Performance Committee on a six monthly basis.</p>
In addition to the above, the guidance describes the form directions will typically take, asking that directions describe the: – Scope and scale of the function – Finance involved – Scale and nature of change – Those impacted by the change – patients, people who use the services, carers, local communities, staff or others – Timescale for delivery	Introduce a direction template that will be completed by report authors and accompany reports to HSCP Board and Audit and Performance	Action complete.

Appendix 3

APPENDIX 3 DIRECTIONS CATEGORISED AS AMBER

<u>Direction Number/Date of Issue</u>	<u>Functions Covered</u>	<u>Those Impacted</u>	<u>Resources Committed</u>	<u>Update</u>
HSCP B000001MJC26112020 26 November 2020	Direction to implement WDHSCP's Local Carers Strategy.	Carers both adult and young carers, patients, people who use services, local communities, staff and others.	Funding will come from the SG Carers Act funding. Specific funding will be agreed and allocated after completion of the detailed carers' strategy implementation action Plan	Good progress has been made in the development of the Action Plan and an annual report was presented to the HSCP Board in January 2022 outlining progress regarding implementation. There has been unavoidable delay in recruiting to the Unpaid Carers Liaison Officer position due to NHSGGC job evaluation panel having been stood down during the pandemic. This has had an adverse impact on the pace of implementation of the action plan. Interviews for this post have now taken place and a preferred candidate has been identified.
HSCP B000019JB21032022 21 March 2022	Direction to implement a pilot to streamline Self-Directed Support (Direct Payment / Option 1) for Unpaid Adult Carer Short Breaks	Carers both adult and young carers, patients, people who use services, local communities, staff and others. The direction is intended to reduce the impact of caring on unpaid carers by providing access to short breaks. Carers will have identified individual outcomes they expect to achieve which aggregately	WDC is directed to invest the £0.266m earmarked reserves in the pilot of streamlined access to SDS Option 1 (Direct payment) for unpaid carers. Approve the approach to the pilot described in the proposal 2. Agree for the HSCP Board to receive an update on the progress of the pilot six	Delays have been experienced in respect of the recruitment of the Unpaid Carers Liaison Officer and the SDS Lead. These have now been addressed with the SDS Lead recently taking up post and a preferred candidate identified for the role of Unpaid Carers Liaison Officer.

		<p>will support the HSCP to deliver on its strategic priorities of early intervention, supporting access to services and tackling inequalities and, ultimately, the vision of “Improving lives with the people of West Dunbartonshire”. The direction speaks to National health and wellbeing outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.</p>	<p>months post implementation 3. Approve the £0.266m earmarked reserves to be invested in the pilot of streamlined access to SDS Option 1 (Direct Payment) for unpaid carers.</p>	
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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Monthly Covid-19 Meeting of Joint Staff Forum

Date: Thursday 30th June 2022, 1 p.m. – 2.30 p.m.

Venue: Microsoft Teams

DRAFT MINUTE

Present: Diana McCrone (chair); Andrew McCready; Audrey Slater; Beth Culshaw; David Smith; Debbie Scanlan; Fiona Taylor; Gillian Bannatyne; Jennifer Ogilvie; Lesley James; Margaret Wood; Michelle McAloon; Moira Wilson; Morag Weir; Samantha Stirling; Sylvia Chatfield.

Apologies: Debbie Duffy; Helen Little; Julie Slavin; Leeanne Galasso; Margaret McCarthy; Margaret-Jane Cardno; Peter O'Neill; Richy Kennedy; Shirley Furie; Val Tierney.

In Attendance: Hazel Slattery (minutes).

Item	Description	Action
1.	<p>Welcome, Introductions, Apologies</p> <p>D McCrone welcomed everyone to the meeting, introductions made. Apologies noted.</p> <p>G Bannatyne was welcomed to her first meeting of the JSF, G Bannatyne has taken over from S McFarlane, who has been promoted within Unison. Members asked for S McFarlane's contributions to be noted and wished him well in his new role.</p>	
2.	<p>Standing Agenda Items</p> <p>a) Minutes of Last Meeting</p> <p>Minutes were submitted to IJB, D McCrone highlighted that minutes should not be submitted without ratification from this forum.</p> <p>Point clarified under service updates in relation to mental health, sentence should be reworded.</p> <p>b) Rolling Action List</p> <p>Rolling action list updated.</p>	

c) Chief Officer Update

B Culshaw provided update to members. Locally there are increasing levels of Covid infection, pockets of absence have been noted in some areas, and gaps in staffing will continue to be monitored. Care Homes remain relatively stable.

Since we last met the first IJB with new elected members has taken place, papers will be circulated, next meeting of the IJB will take place on 16th August 2022, and the meeting will be streamed.

Queens Quay has now been formally opened, a number of elected members and IJB Board Members were invited to attend. B Culshaw thanked teams and staff for organising and ensuring the event went smoothly.

Official opening of Clydebank Health Centre is taking place next week. The Cabinet Secretary will be attending along with the Chair of NHS Board, B Culshaw highlighted staff efforts for getting us to this point despite the pandemic.

In terms of the National Care Service, the Bill was introduced on 20th June, over the next 4 weeks Scottish Government are keen to engage with partners to further develop and inform the National Care Service. At the moment it is proposed that Adult Service are included. Discussions are still ongoing on whether Children's Services and Criminal Justice are included in the National Care Service. B Culshaw suggested that a presentation is provided at the next meeting by MJ Cardno.

**Action:
MJC**

In relation to finances there has been a lot of interest in the financial position since we last met, Scottish Government have announced a spending review, in the coming years public sector funding will be under significant pressures. There are a number of unknowns in relation to finance i.e. pay awards which will have an impact on financial availability. From a HSCP perspective managers are reviewing previous budget commitments, where they should stand going forward and reviewing reserves funding. J Ogilvie added that the financial performance update reports include a full and transparent analysis of reserves with the appendix extending over 7/8 pages, albeit we are always keen to improve quality of information provided. As advised by B Culshaw all reserves are currently being reviewed and an update will be reported to the August HSCP Board.

D Smith advised that a local public meeting it was stated that the Labour Group are looking to "get their hands on" the HSCP reserves. B Culshaw advised that Labour are bringing a proposal to the next

meeting of the IJB in August. A McCready asked if Labour were hoping to use HSCP reserves for other services. B Culshaw advised that decisions will be debated at the IJB.

D Smith advised that the Joint Trade Unions submitted an FOI re the amount of money spent on external care providers. Joint Trade Unions were concerned about the amount of expenditure in this area. B Culshaw welcomed any questions. L James advised that all HSCPs continually look at creating capacity in local areas reducing the amount of money spent on external care placements; this is a priority area for L James. B Culshaw added that funding has been used to support care at home and support elderly people at home. M Wood added that trade unions are keen for services to be developed locally.

d) Guest Speaker

No guest speaker this month.

e) HR Report

A Slater circulated the HR report prior to the meeting. Absence rates have decreased across both NHS and WDC. Reasons for absence could not be provided for NHS. WDC top 3 reasons for absences are minor illness, personal stress and acute medical condition. Both organisations are concerned over long term absences. Managers and staff are being provided with support to ensure a safe return to work.

Covid absence figures are detailed within the report. NHS have 10 positive cases, 1 isolating and 1 off due to a reaction to the vaccine.

- KSF and PDP

The number of reviews that require to be carried out have decreased since last month, 460 reviews still require to be carried out. Compliance rates are provided within the circulated report.

- Statutory and Mandatory Training

There are slight increases across the Board, over 95% of staff have completed Information Governance training. A Slater asked managers to continually encourage and provide staff with time to complete statutory and mandatory training. Fire Safety is sitting at 88.6% - this needs to improve.

- Leavers

A Slater advised that 7 members of NHS left in May, 17 members of staff have left WDC. Breakdown of figures provided within the report. June figures are not yet available.

- HR Updates

A workplace adjustment passport has been developed in NHS Greater Glasgow & Clyde and is available to support to those who have a disability or a long-term health condition. This is a framework to help and support employees with reasonable adjustments.

Managers were asked to ensure that records are up to date on EeSS.

The new HR self-service portal in NHS GGC is now live. The staff intranet page has been updated within HR Connect. Implementation group is keen to hear of any feedback, link is provided for feedback within the circulated report.

The current cost of living crisis was also recognised, links were provided within the report to support those who are struggling. Resources are also available for WDC staff.

Within WDC Workshops are being arranged for deaf awareness and sign language; notes of interest are being invited.

The first meeting of the recruitment and retention group along with a series of dates have now been arranged.

A Slater advised that the draft Workforce Plan has been sent to the IJB. The plan will be shared with members of the JSF on the understanding that it is a draft plan. Comments will be received from the IJB and reflected within the plan before being shared with the NHS and Scottish Government. Once comments have been received from both organisations a final draft would then be submitted to the IJB for approval and final sign off. It is anticipated that the plan will be signed off towards the end of 2022.

AS

D Smith highlighted that stress at work assessments have increased, however absence levels are showing staff are absent with personal stress, trade unions are dealing with a number of work related stress issues rather than personal stress. A Slater will seek further information from L Galasso on the recording of stress.

D Smith asked if there was job recruitment freeze. A Slater advised that there is no recruitment freeze in place.

- iMatter

iMatter has now closed, around 58% of staff have completed the survey. Paper forms have still to be included in participation rates.

Action planning starts on 4th July 2022, M Wilson has offered to support group and 121 sessions to managers.

f) Service Updates

I. Mental Health, Addictions and Learning Disabilities

S Chatfield advised members that across her service area there are some staffing issues. There are vacancies within Mental Health, national recruitment challenges were noted. Addiction Services are also facing recruitment issues, a programme is in place to recruit to posts. Learning Disabilities have recruited a senior social worker. The Clinical Director for Learning Disabilities has commended the recruitment work that has taken place.

With regards to the supervision policy, the survey has now closed, results are being analysed. All managers have been asked to complete a template detailing members of staff and when supervision has taken place. Once received this will also be analysed. Further details will be provided once analysis has taken place. M Wood added that trade unions are delighted that the supervision policy has now been put in place along with scrutiny.

II. Health and Community Care

F Taylor provided update to members. Care at Home re-design is progressing. Sub Groups have approached other HSCP areas to see how they have implemented a service re-design, looking at what has worked well and what hasn't. F Taylor thanked trade unions for providing nominated representatives to support this work.

F Taylor highlighted the impact the cost of living crisis is having on front line members of staff, especially with the rise in petrol costs. F Taylor met with front line staff this morning discussing the challenges they are facing on a day to day basis while carrying out their roles. Staff are working hard especially during the holiday period, F Taylor is keeping in contact with managers to ensure that staff take their annual leave whilst ensuring that cover is in place for services.

III. Children's Health, Care and Criminal Justice

Justice Services have minimal vacancies. A reconfiguration of the budget has enabled an additional senior post to be created to support the team. National debate is ongoing regarding the use of ViSOR (information sharing system). Staff are required to volunteer to undergo an extensive vetting process with Police Scotland to use ViSOR. There is national concern around the usage of ViSOR; implementation of ViSOR has been delayed for 6 months. Work on ongoing with Assets Team to source a suitable location for Justice

Service when the lease for Bridge Street comes to an end in April 2024.

Specialist Children's Service face continual issues around staff vacancies specifically in relation to psychology posts which are nationally difficult to recruit to. There are a number of retirements within the Health Visiting service.

L James was pleased to share that the IJB agreed funding for a number of posts within Children and Families, the posts are line with recent fostering and adoption and inspection of joint services inspections, the new posts will enhance quality assurance and planning.

Children & Families JCC took place this week, unfortunately only one trade union member attended. A draft proposal will be provided to all trade unions re accommodation including contact spaces for families and touch point spaces for staff at each end of the authority. A date has been set to discuss this further. A written briefing will be provided for members for further consultation. M Wood advised that she did not receive an invitation to the recent JCC, H Slattery will check the invitation list. D Smith asked for his apologies to be noted as he at the last minute had to attend another meeting. D Smith thanked L James for her work since starting her post, her level of honesty and sharing of information has been well received. Trade Unions should be provided with a briefing on any driver for changes.

IV. Strategy & Transformation

D Smith asked if there had been any update on recruitment within Strategy & Transformation. B Culshaw advised that the SDS Lead, Cheryl Taylor has now started, one of the data lead posts has also been recruited. John Burns has been confirmed as the Planning Manager however no start date as yet, this will leave a gap within the Service Improvement Leads team.

V. MSK

The service have managed to secure accommodation within the Queen Elizabeth site. Solutions are still being discussed in relation to Vale of Leven.

3. Trade Union Updates

D McCrone advised that from an NHS point of view, temporary measures relating to the Government DL have been lifted in relation to Covid. A Slater will circulate new guidance which will take place from end of August.

NHS side have still to agree a position on pay award, staff have been offered 5% increase, and trade unions will be providing a position statement.

D Smith advised that a learning contract has been made across WDC and HSCP. A proposal has been made to provide funding to attend courses on burn out after Covid. All courses will be short inputs, awareness raising. B Culshaw asked for a copy of the agreement. A Slater and D Smith will arrange a meeting for next week.

DS

4. Any Other Business

a) Three key elements for Area Partnership Forum

- Cost of living crisis and impact on staff
- Learning agreement
- Recognising and praising efforts of staff
- National Care Service

5. Date of Next Meeting

Thursday 18th August 2022

2 p.m.

MST