

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Tuesday, 15 November 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, 16 Church Street, Dumbarton, G82 1QL.

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: 8 November 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, 15 NOVEMBER 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 - 11

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

(b) ROLLING ACTION LIST 13

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 AUDITED ANNUAL ACCOUNTS 2021-2022 15 - 119

Submit report by Julie Slavin, Chief Financial Officer, presenting Members with the audited Annual Accounts for the year ended 31 March 2022.

7 2022-2023 FINANCIAL PERFORMANCE UPDATE REPORT 121 - 159

Submit report by Julie Slavin, Chief Financial Officer, presenting an update to Members on the financial performance as at period 6 to 30 September 2022, projected to the financial year end.

8/

8 ALLOCATION OF CHILDREN AND YOUNG PEOPLE'S 161 - 227
RESIDENTIAL CARE COSTS

Submit report by Julie Slavin, Chief Financial Officer, providing Members with an update on the progress of West Dunbartonshire Council's 2022/23 budget proposal on the split of residential care costs between HSCP and Education budgets and seeking a recommendation on next steps.

9 WINTER OVERVIEW

Fiona Taylor will present a brief verbal presentation providing an overview of the HSCP approach to winter pressures.

10 PROGRESS REPORT CARERS (SCOTLAND) ACT 2016 229 - 240

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, detailing the current position in relation to the ongoing work of the Carers Development Group and to seek the Boards approval in respect of the use of resources associated with the Carers (Scotland) Act 2016.

11 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 241 - 308

Submit report by Lesley James, Chief Social Work Officer, with the Chief Social Work Officer's (CSWO) Annual Report for 2021-22 (Appendix 1) which provides information on the statutory work undertaken on the HSCP Board's behalf, including a summary of governance arrangements, service delivery, resources and workforce.

12 DEMENTIA STRATEGY UPDATE 309 - 316

Submit report by Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction, providing an update on progress of West Dunbartonshire HSCP Dementia steering group Dementia strategy implementation.

13 DEVELOPMENT AND ENGAGEMENT REGARDING 317 - 352
HSCP STRATEGIC PLAN 2023-2026

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, updating Members on active and proposed engagement and to seek the Board's comments on the draft HSCP Strategic Plan 2023-2026.

14 INTEGRATED WORKFORCE PLAN

353 - 399

Submit report by Michelle McAloon, Head of Human Resources providing Members with the final three year Integrated Workforce Plan for approval following feedback from the Scottish Government being considered and incorporated.

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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Tuesday, 27 September 2022 at 3.06 p.m.

- Present:** Lesley Rousselet, Rona Sweeney and Michelle Wailes, 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; John Kerr, Housing Development and Homelessness Manager and Helen Little, Lead Allied Health Professional.
- Attending:** 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; 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; Nigel Ettles, Principal Solicitor and Ashley MacIntyre and Lynn Straker, Committee Officers.
- Apologies:** Apologies for absence were intimated on behalf of Margaret-Jane Cardno, Head of Strategy and Transformation; Audrey Slater, Head of People and Change and Lynn Ratcliff, Police Scotland.

Michelle McGinty in the Chair

ADJOURNMENT

The Chair adjourned the meeting for a short comfort break. The meeting reconvened at 3.19 p.m. with all those listed in the sederunt present.

DECLARATIONS OF INTEREST

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

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.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 16 August 2022 were submitted and approved as a correct record.

ROLLING ACTION LIST

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

VERBAL UPDATE FROM CHIEF OFFICER

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

2022/23 FINANCIAL PERFORMANCE REPORT

A report was submitted by the Chief Financial Officer providing an update on the financial performance based as at period 4 to 31 July 2022.

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

- (1) to note the updated position in relation to budget movements on the 2022/23 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and approve the direction for 2022/23 back to partners to deliver services to meet the HSCP Board's strategic priorities;
- (2) to 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%);
- (3) to note the projected outturn position of £0.754m underspend (0.41%) for 2022/23, including all planned transfers to earmarked reserves;

- (4) to note that the forecast costs for Covid-19 for 2022/23 were currently estimated to be £4.100m (including the costs of the £500 thank-you payments) and that the Scottish Government had indicated that there would be a mechanism for returning surplus funds;
- (5) to note the update on the monitoring of savings agreed for 2022/23;
- (6) to note the current reserves balances;
- (7) to note the update in the capital position and projected completion timelines; and
- (8) to 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.

WEST DUNBARTONSHIRE HSCP ANNUAL PERFORMANCE REPORT 2021-2022

A report was submitted by the Head of Strategy and Transformation providing an overview of the HSCP's performance in planning and carrying out integrated functions. The Annual Performance Report was produced for the benefit of Partnerships and their communities including a complaints management overview for the year 2021/22.

After discussion and having heard the Chair in further explanation, the Board agreed to approve for publication the West Dunbartonshire HSCP Annual Performance Report 2021/22 and the Annual Complaints Report 2021/22.

CLINICAL AND CARE GOVERNANCE ANNUAL REPORT 2021

A report was submitted by the Chief Nurse providing detail on the Clinical and Care Governance (C&CG) Annual Report 2021 which described the C&CG oversight arrangements in West Dunbartonshire HSCP and the progress made in assuring and improving the quality of health and social care.

After discussion and having heard the Chief Nurse in further explanation and in answer to a Member's questions, the Board agreed that the report 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.

NATIONAL CARE SERVICE (NCS) (SCOTLAND) Bill

A report was submitted by the Head of Strategy and Transformation seeking approval with regard to the formal consultation response in respect of the National Care Service (NCS) (Scotland) Bill.

After discussion and having heard the Chief Officer in further explanation, the Board agreed that the HSCP Board retrospectively approve the submission to the Scottish Government consultation on the National Care Service (NCS) (Scotland) Bill.

UPDATE ON SCOTTISH GOVERNMENT FUNDING FOR CHILDREN AND YOUNG PEOPLE COMMUNITY MENTAL HEALTH SUPPORTS AND SERVICES UPDATE

A report was submitted by the 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.

After discussion and having heard the Head of Children's Health, Care and Justice and Chief Social Worker in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the content of the report; and
- (2) to seek a subsequent full year report in March 2023.

IMPLEMENTATION OF DIRECTIONS POLICY AND REVIEW OF DIRECTIONS LOG

A report was submitted by the 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 30 September 2020 and 31 March 2022.

After discussion and having heard the Chair in further explanation, the Board agreed:-

- (1) to note the progress made in respect of the implementation of the Directions Policy;
- (2) to note that the Directions Policy had been reviewed by officers and that there were no recommended changes; and
- (3) to seek a further report on the work of the Carers Development Group in November 2022.

MINUTES OF MEETING FOR NOTING

The Draft Minutes of Meeting for Joint Staff Forum (JSF) held on 30 June 2022 were submitted for information.

The meeting closed at 3.59 p.m.

DRAFT

WEST DUNBARTONSHIRE HSCP BOARD
ROLLING ACTION LIST

Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

15 November 2022

Subject: Audited Annual Accounts 2021/22

1. Purpose

- 1.1** To present for consideration to the Health and Social Care Partnership Board the audited Annual Accounts for the year ended 31 March 2022.

2. Recommendations

- 2.1** Members are asked to consider the audited Annual Accounts for the period 1 April 2021 to 31 March 2022 and recommend their approval for final signature by the Chair, Chief Officer and Chief Financial Officer.

3. Background

- 3.1** The Local Authority Accounts (Scotland) Regulations 2014 require that the Board or Committee responsible for overseeing and providing independent assurance on the internal control environment and the financial governance arrangements of the Partnership Board must consider the audited annual accounts and approve them for signature to the HSCP Board no later than 30 September immediately following the financial year end. For the 2021/22 financial year, this date was extended to 30 November 2022 using the flexibilities contained within the Coronavirus (Scotland) Act 2020.
- 3.2** The HSCP Board's Audit and Performance Committee has the responsibility for:
- The financial governance and accounts of the Partnership Board, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors.
- 3.3** The Audit and Performance Committee met on the 15 November and considered both the proposed 2021/22 Annual Audit Report and management's letter of representation to the external auditors (ISA580).

4. Main Issues

- 4.1** The 2021/22 Annual Accounts (Appendix 1) present the governance arrangements, management commentary, financial performance and the financial statements of the HSCP Board, including the level of usable funds that are being held in reserve to manage, unanticipated financial pressures

from year to year which could otherwise impact on the ability to deliver on the Strategic Plan priorities.

- 4.2** The audit of the 2021/22 Annual Accounts has now been completed by the HSCP Board's external auditor, Audit Scotland and the final set of accounts is appended to this report.
- 4.3** The Audit and Performance Committee considered the proposed Annual Audit Report (Appendix 2) issued by our external auditors and noted that the final audit opinion is that the 2021/22 financial statements give a "true and fair view" of the HSCP Board's financial position for the year ended 31 March 2022 and the accounts have been properly prepared in accordance with regulations and guidance and the financial reporting framework.
- 4.4** The committee has provided assurance to the HSCP Board that the 2021/22 audited accounts can be recommended for final signature by the Chair, Chief Officer and Chief Financial Officer. The independent auditor's report, including their basis for opinion is contained within the appended accounts.
- 4.5** During the course of the audit there were a number of presentational adjustments identified which have been accepted and incorporated into the final, audited version. There is no change to reported surplus of £12.753m as set-out within the draft accounts in June 2022.
- 4.6** After consideration of the 2021/22 audited accounts, members are asked to recommend their approval for final signature by the Chair, Chief Officer and Chief Financial.

5. Options Appraisal

- 5.1** None required

6. People Implications

- 6.1** None associated with this report.

7. Financial and Procurement Implications

- 7.1** The HSCP Board achieved a surplus of £12.753m in 2021/22, which will be retained in accordance with the Integration Scheme and Reserves Policy.
- 7.2** Integrated Joint Boards are specified in legislation as 'section 106' bodies under the terms of the Local Government Scotland Act 1973, and consequently are expected to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom. The following audited annual accounts comply with the code.

8. Risk Analysis

- 8.1** The Annual Accounts identify the usable funds held in reserve to help mitigate the risk of unanticipated pressures from year to year.

9. Equalities Impact Assessment (EIA)

- 9.1** None required.

10. Environmental Sustainability

- 10.1** None required.

11. Consultation

- 11.1** This report has been completed in consultation with the HSCP Board's external auditor's Audit Scotland.

12. Strategic Assessment

- 12.1** This report is in relation to a statutory function and as such does not directly affect any of the strategic priorities.

13. Directions

- 13.1** None required.

Julie Slavin – Chief Financial Officer

Date: 4 November 2022

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC
Offices, Dumbarton G82 1QL
Telephone: 07773 934 377
E-mail: julie.slavin@ggc.scot.nhs.uk

Appendices: Appendix 1: HSCP Board's Annual Accounts for the year ended 31 March 2022
Appendix 2: External Audit's draft 2021/22 Annual Audit Report

Background Papers: HSCP Audit and Performance Committee June 2022 – Unaudited Annual Report and Accounts 2021/22

Localities Affected: All

West Dunbartonshire Integration Joint Board

Commonly known as
West Dunbartonshire
Health and Social Care Partnership
Board

Annual Report and Accounts 2021/22

www.wdhscp.org.uk

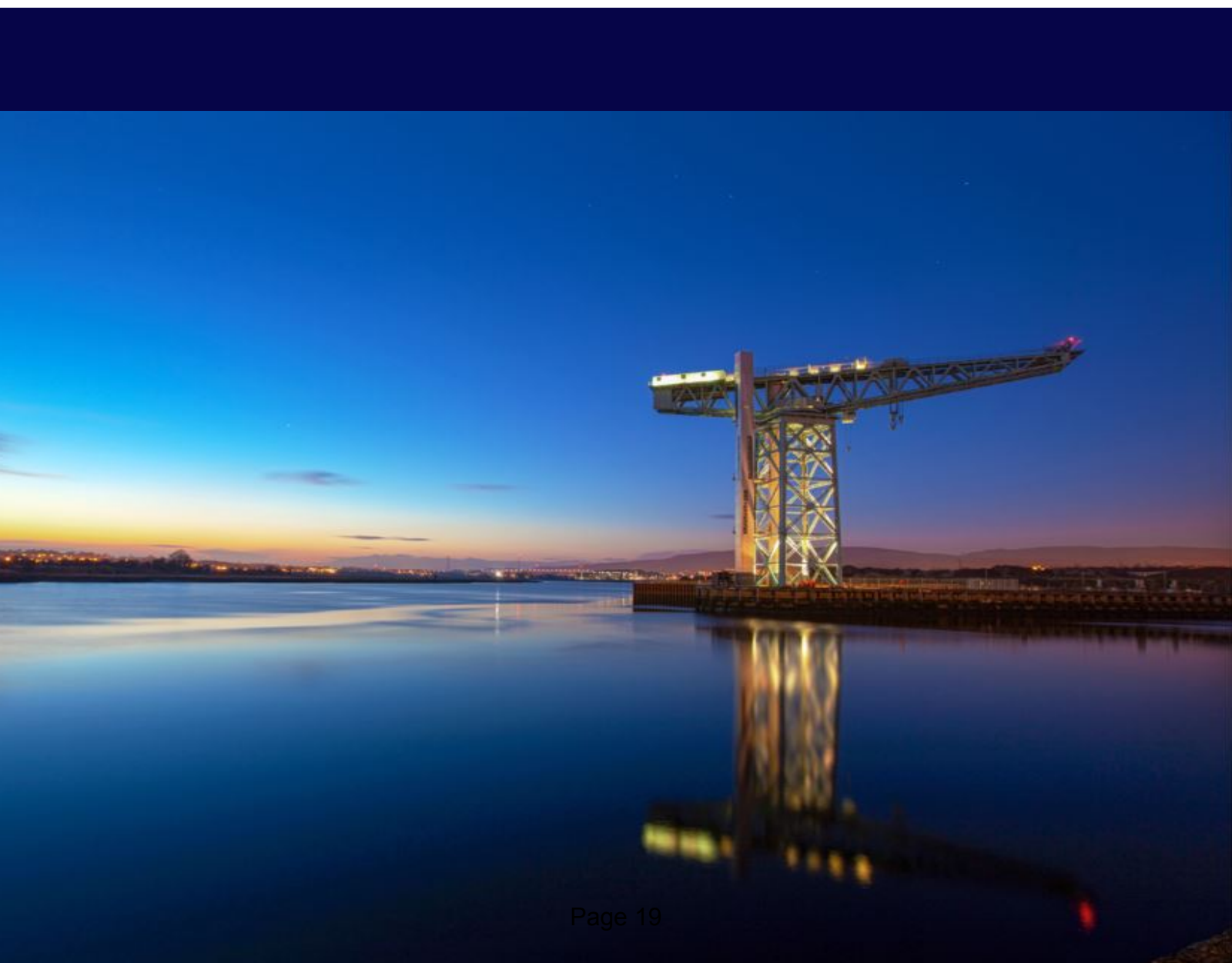


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MANAGEMENT COMMENTARY

Introduction

Welcome to the West Dunbartonshire Integration Joint Board's (IJB), hereafter known as the Health and Social Care Partnership Board (HSCP Board), Annual Report and Accounts for the year ended 31 March 2022.

The main purpose of this publication is to report on the financial position of the HSCP Board through a suite of financial statements, supported by information on service performance and to provide reassurance that there is appropriate governance in place regarding the use of public funds.

The Management Commentary aims to provide an overview of the key messages in relation to the HSCP Board's financial planning and performance for the 2021/22 financial year and how this has supported the delivery of its strategic priorities as laid out in the Strategic Plan. The commentary also outlines the future challenges and risks which influence the financial plans of the HSCP Board as it delivers high quality health and social care services to the people of West Dunbartonshire.

The Management Commentary discusses our:

- Remit and Vision;
- Strategic Planning for Our Population;
- COVID-19 Pandemic Impact and Response;
- Performance Reporting, including our Highlights and Challenges for 2021/22;
- Recovery and Renewal;
- Financial Performance for 2021/22; and
- Conclusion



West Dunbartonshire HSCP Board – Remit and Vision

The Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. The West Dunbartonshire IJB, commonly known as the HSCP Board was established as a “body corporate” by Scottish Ministers’ Parliamentary Order on 1st July 2015.

The HSCP Board’s Integration Scheme sets out the partnership arrangements by which NHS Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council (WDC) agreed to formally delegate all community health and social care services provided to children, adults and older people, criminal justice social work services and some housing functions. West Dunbartonshire also hosts the MSK Physiotherapy Service on behalf of all six Glasgow HSCPs and the Diabetic Retinal Screening Service on behalf of NHSGGC. This way of working is referred to as “Health and Social Care Integration”. The full scheme can be viewed [here](#) (see Appendix 1, 1).

Exhibit 1: HSCP Board’s Delegated Services

Children & Families Social Work	Children’s Specialist Health Services	Community Addiction Services	Community Older People’s Services
Family Health Services	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
Looked After Children	Community Pharmacy Service	Musculoskeletal (MSK) Physiotherapy	Diabetic Retinal Screening

The 2014 Act requires that Integration Schemes are reviewed within five years of establishment; the current scheme was revised during 2019/20 in partnership with the other five HSCPs within Greater Glasgow and Clyde. While the revisions were noted and approved for consultation by the HSCP Board and WDC in February 2020, they were delayed being approved by NHSGGC. Throughout 2021/22, a working group made up of representatives from all six Glasgow HSCPs and NHSGGC have recommenced this work to move to the consultation stage in late 2022. Meantime, the current Integration Scheme remains in force.

Over the medium to long-term the HSCP Board has a clear vision for the West Dunbartonshire community.

**Improving lives with the people of
West Dunbartonshire**

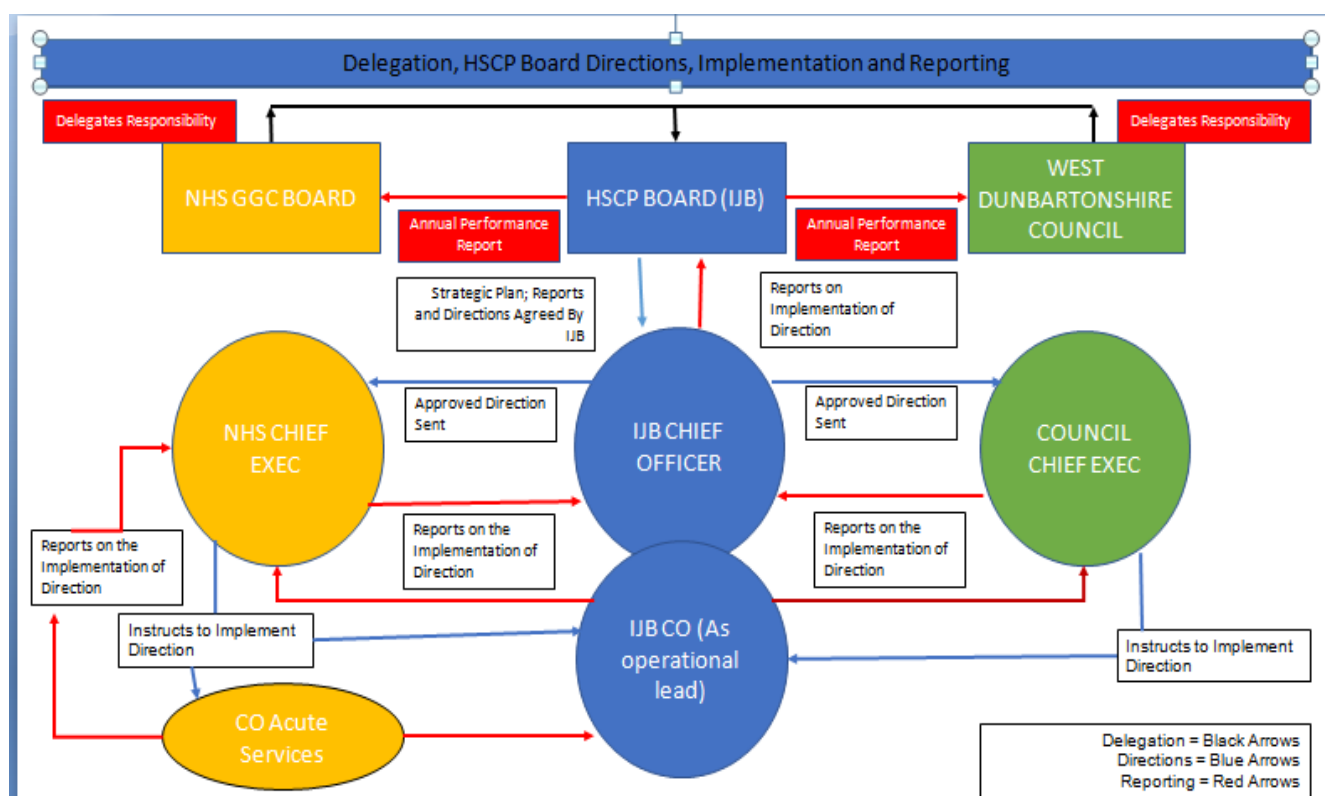
West Dunbartonshire HSCP Board's Strategy and Business Model

The HSCP Board's over-arching priority is to support sustained and transformational change in the way health and social care services are planned and delivered. The delivery of our vision is structured around our five key strategic priorities of: **Early Intervention**; **Access**; **Resilience**; **Assets** and **Inequalities** discussed below.

The HSCP Board is responsible for the strategic planning of the integrated services as set out within Exhibit 1 above. It is also responsible for the operational oversight of the Health and Social Care Partnership (HSCP), which is the joint delivery vehicle for those integrated services delegated; and through the Chief Officer, is responsible for the operational management of the HSCP. Directions from the HSCP Board to the Council and Health Board govern front-line service delivery in as much as they outline:

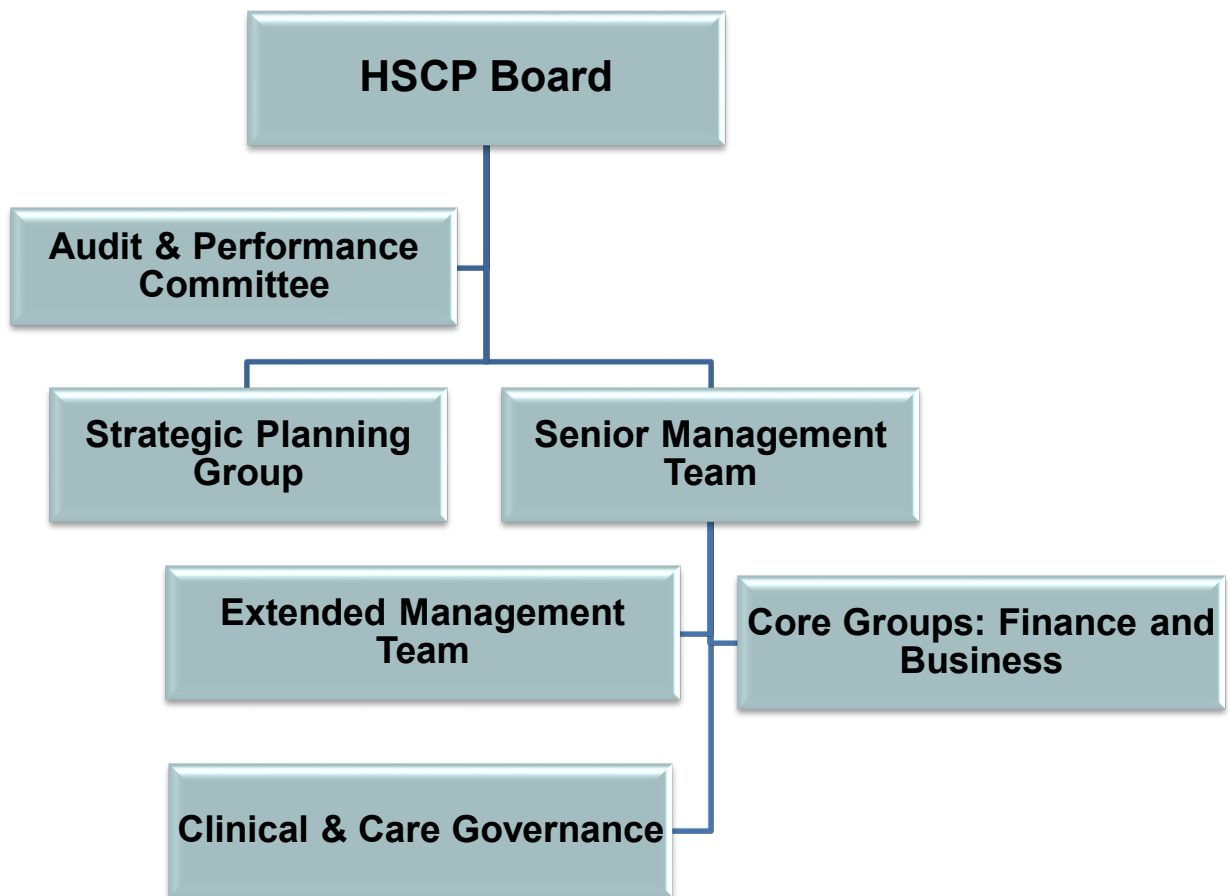
- What the HSCP Board requires both bodies to do;
- The budget allocated to this function(s); and
- The mechanism(s) through which the Council or Health Board's performance in delivering those directions will be monitored.

Exhibit 2: Integration Arrangements via Directions



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.

Exhibit 3: High Level Overview of Structure



Strategic Planning for Our Population

West Dunbartonshire lies north of the River Clyde encompassing around 98 square miles of urban and rural communities across the two localities of Clydebank and Dumbarton & Alexandria. The area has a rich past, shaped by its world famous shipyards along the Clyde, and has significant sights of natural beauty and heritage from Loch Lomond to the iconic Titan Crane as well as good transport links to Glasgow. It has a population of just fewer than 89,000 which accounts for approximately 1.6% of the Scottish population.



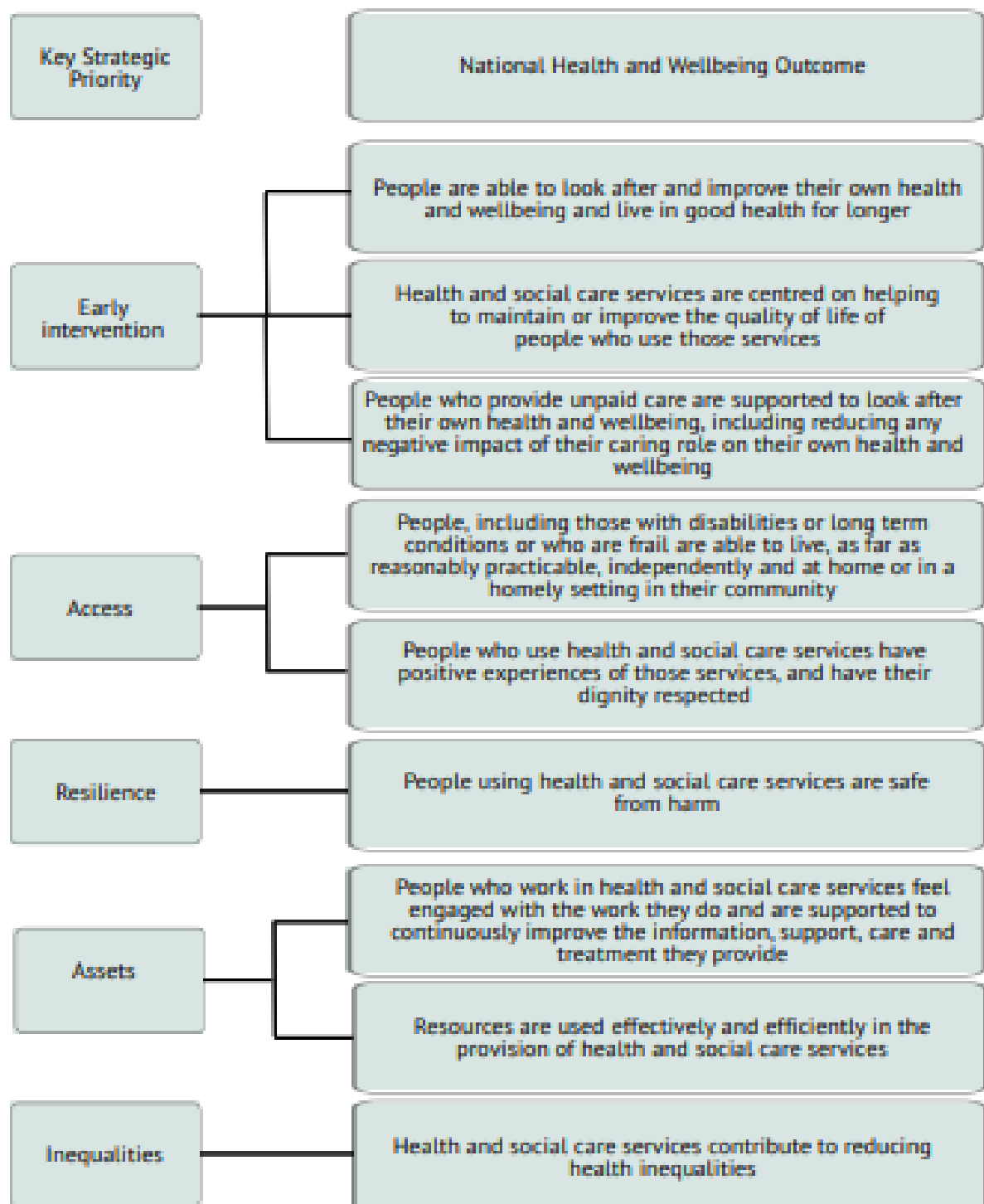
The HSCP Board's primary purpose is to set the strategic direction for the delegated functions through its Strategic Plan. Our third Strategic Plan was approved in March 2019, covering the three year period 2019 – 2022 and can be viewed [here](#) (see Appendix 1, 2.). The Plan, developed by the Strategic Planning Group, describes how we will use our resources to continue to integrate services in pursuit of national and local outcomes. There are nine [National Health and Wellbeing Outcomes](#) (see Exhibit 4 below) which provide the strategic framework for the planning and delivery of integrated health and social care services.

The review of the new Strategic Plan for 2022 to 2025, was set in the context of a significant period of disruption and change for the health and social care sector as a result of: COVID-19 recovery planning and re-mobilisation; the impact of the Independent Review of Adult Social Care and the consultation on a National Care Service for Scotland. As such, on the 22 November 2021 the HSCP Board agreed to extend the extant Strategic Plan for a period of 12 months from March 2022. Positive steps have been taken during this period to further develop the Strategic Planning Group to publish a "Strategic Needs Assessment" (SNA) (see below for further details) as the first phase of developing a new Strategic Plan for publication on the 1 April 2023.

In the meantime the pandemic response has not impacted on our vision despite a refocusing of priorities to protect our most vulnerable and their carers within their homes.

The current Strategic Plan identified **five key Strategic Priorities** aligned to the HSCP Board's vision for working with the people of West Dunbartonshire to address its health and social care needs and mapped these to the National Health and Wellbeing Outcomes.

Exhibit 4: HSCP Board's 5 Strategic Priorities aligned to National Health and Wellbeing Outcomes



West Dunbartonshire's demographic profile is well documented within the current strategic plan. The plan clearly sets out the scale of the challenge around effective delivery of health and social care services in West Dunbartonshire in particular tackling multi-morbidity, poverty, addiction, domestic violence and mental health. As the full impact of the health, social care and economic consequences of the COVID-19 pandemic reveal themselves the Strategic

Planning Group, as referred to above, commissioned a new Strategic Needs Assessment to position itself to continue to respond positively and plan for the future new model of service delivery.

To further support the members of the Strategic Planning Group, consideration was given to Audit Scotland's, November 2018, update report on progress of Health and Social Care Integration, which highlighted strategic planning as central to the role that Integration Authorities have in commissioning and helping redesign local health and care services.

The report recommends strengthening strategic planning processes to support data driven decision-making in collaboration with partners and relevant stakeholders fostering a commitment to new ways of working.

This is even more crucial in the COVID-19 recovery phase and the Strategic Planning Group worked with Healthcare Improvement Scotland to deliver a series of 'Good practice in Strategic Planning' sessions.

The good practice framework for strategic planning that underpinned the sessions emphasised the importance of undertaking a Strategic Needs Assessment. The West Dunbartonshire HSCP [Strategic Needs Assessment 2022](#) (see Appendix 1, 3) has taken a 'population view' by using an epidemiological approach to describe:

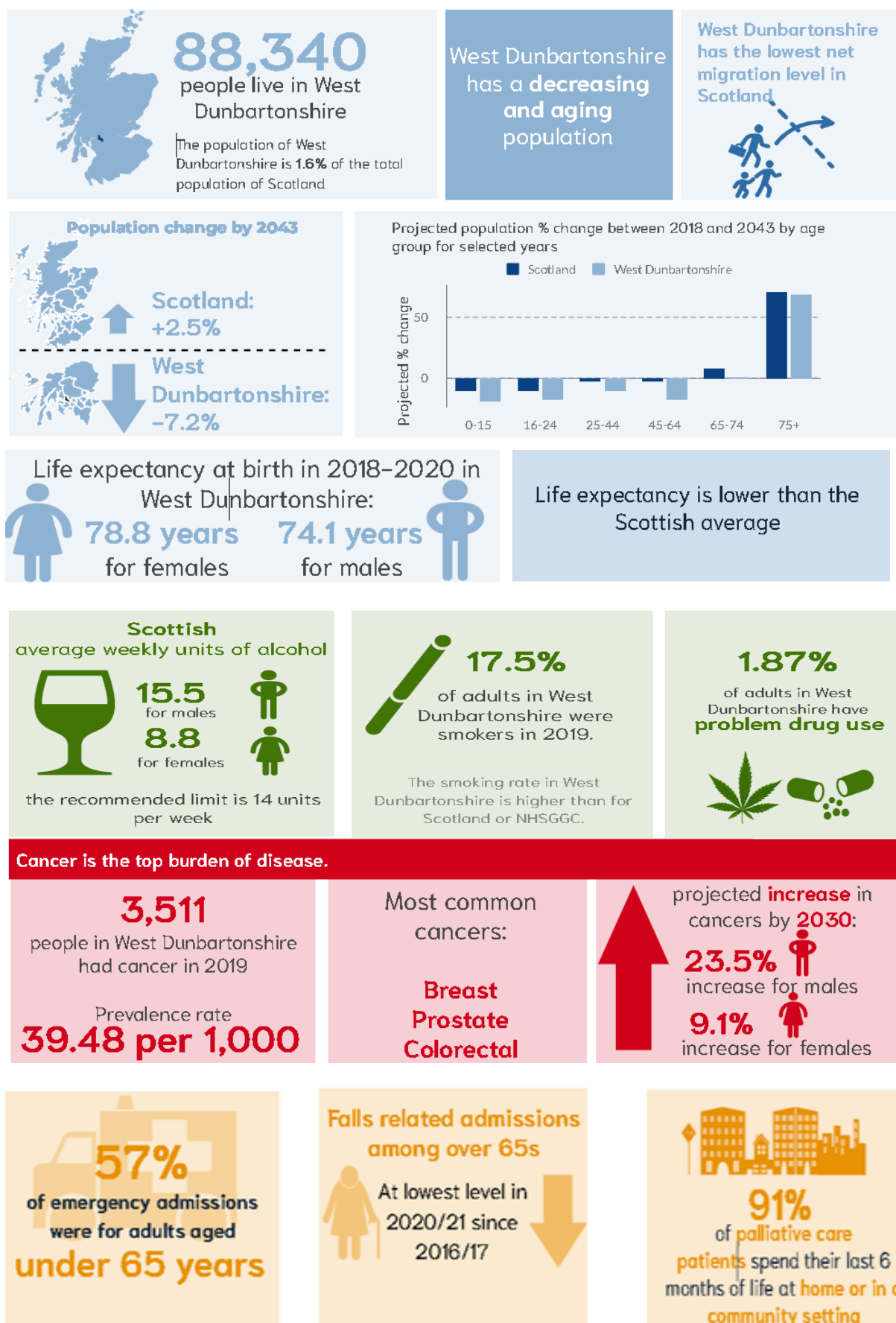
- Health and Social Care provision in the community;
- Why some population groups or individuals are at greater risk of disease e.g., socio-economic factors, health behaviours; and
- Whether the burden of diseases are similar across the population of West Dunbartonshire's localities.

The main sections are structured around:



The SNA includes data for the financial year 2020/21 in which Scotland adopted emergency measures due to COVID-19. Therefore the data should be interpreted in the context of the disruption the pandemic had on health and social care services and the impact on individuals' health. An extract of some of the key statistics is provided below within Exhibit 5.

Exhibit 5: Extract from [SNA Executive Summary](#) (see Appendix 1, 4)



COVID-19 Impact and Response 2021/22

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 services as outlined below.

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 levels of funding are highlighted through the financial statements, in particular the movement in reserves.

- Mental Health Services continued to provide support face to face, by telephone or virtually. The service mitigated small levels of absence due to COVID-19 through working across localities, use of staff bank and overtime shifts to ensure cover. The continuation of the Mental Health Assessment Units maximised access to services and prioritised the most at risk patients in the community.
- Addiction Services continued to provide services offering a hybrid model of options to provide treatment and support. These were a mix of face to face, by telephone or virtually and were assessed based on individual need, to ensure that caseloads continued to be managed in a safe and effective manner.
- Learning Disabilities integrated teams continued to provide a wide range of services including nursing, psychology, psychiatry, physiotherapy, occupational therapy, speech and language therapy and social work, as well as through the Dumbarton Centre, Supported Housing, Respite services, Community Connections and Work Connect.
- Multi professional care assurance visits to all care homes within West Dunbartonshire continued. While there continued to be some COVID-19 positive residents and staff, the impact of vaccination, use of personal protective equipment and stringent infection control measures meant that outbreaks were small and contained.
- The Care at Home Service continued to work closely with the Hospital Discharge team to ensure that anyone due to be discharged from hospital was not delayed due to waiting for Care at Home to be in place. Services have returned to pre-pandemic levels.
- PPE Hubs continued to provide all required personal protective items, sanitisers and Lateral Flow Device Test Kits to our own HSCP services, those commissioned from the independent and third sector, personal assistants and carers.
- Community Assessment Centres in Clydebank and Alexandria remained open until March 2022. The centres were co-ordinated and delivered by our local GPs, Clinical Directors and Community Care staff, reflecting strong local commitment in the provision of service.
- The new Clydebank Health and Care Centre opened in February, cementing strong partnership working with the HSCP Board, NHS GGC and WDC in regenerating the Clydebank Waterfront as part of the Queen's Quay Development. Sitting alongside the new Queen's Quay Care Home, which was fully operational throughout 2021/22, both of these exceptional facilities have been nominated for national design awards.

Exhibit 6: Other HSCP Service Delivery Highlights 2021/22



57,643 District Nursing Visits ↑9%



446 referrals to Child and Adolescent Mental Health Services



10,519 care at home hours per week



325 people supported to die at home or in a homely setting



198,079 Covid-19 vaccine doses



1,248 supported with medication by Homecare Pharmacy Team

Musculoskeletal Physiotherapy Patient Outcome Measures

		Start	End		Start	End	
Pain		6/10	3/10	Work	52%	85%	At work coping
Function		5/10	8/10		31%	11%	At work struggling
					17%	4%	Off work

4,910 referrals to MSK Physiotherapy

Child Health Reviews Completed by Health Visitors

97.0%
1st visit

99.5%
6-8 weeks

94.6%
13-15 months

88.2%
30 months

89.5%
4-5 years



4,801,400 gloves



1,411,050 masks



875,600 aprons



99,661 home test kits

Performance Reporting 2021/22

The HSCP Audit and Performance Committee receive a Quarterly Public Performance Report at each meeting, which provides an update on progress in respect of key performance indicators and commitments. These can be viewed [here](#) (see Appendix 1, 5).

The Joint Bodies Act also requires all IJBs to produce an Annual Performance Report (APR), by the 31 July. The report content is governed by the 2014 Act and must cover the HSCP Board's performance against the nine national outcomes and 23 national indicators.

The Coronavirus (Scotland) Act 2020 has made provision to allow an extension to the APR publication deadline until 30 September 2022. The 2021/22 APR was presented to the HSCP Audit and Performance Committee in September for approval and publication thereafter. As an interim measure the data included within this report is derived from the latest version of the quarterly performance report presented to the Audit and Performance Committee (Item 12) on the 27 June and covers both quarter 3 for publication and quarter 4 in draft. The report can be viewed [here](#) (see Appendix 1, 6).

The performance report has 43 performance indicators; these include a suite of challenging targets which demonstrates how our performance compares to local and national targets. Ongoing measurement against this suite of indicators provides an indication of how the HSCP Board is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.

Importantly they help to demonstrate how the HSCP Board is ensuring best value in respect of ensuring good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.

It is recognised that the factors influencing changes in performance can be various and complex. Our response to the COVID-19 pandemic, and the changes in activity and demand, in some services from our population continued to be the key influencing factor throughout 2021/22. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.

Some key areas of performance (as defined by the Scottish Government) over the past year are detailed below.

KEY



























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

Exhibit 7: Extract from 2021/22 Annual Performance Report

Strategic Priority and associated Performance Indicators	2020/21 Value	2021/22 Value	2021/22 Target	Status	5 Year Trend
Early Intervention					
Number of acute bed days lost to delayed discharges (including AWI) aged 65 years and over	6,885 (full year)	7,392	4,417		
% of children on the Child Protection Register with a completed and current risk assessment	100.0%	100.0%	100.0%		
% of carers who feel supported to continue in their caring role when asked via their Carer Support Plan	94.8%	95.2%	95.0%		
% of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	67.0%	33.0%	90.0%		
Access					
% of people aged 65 and over who receive 20 or more interventions per week	38.5%	38.1%	35.0%		
% of identified patients dying in hospital for cancer deaths (Palliative Care Register)	14.5%	18.8%	30.0%		
% of Community Payback Orders attending an induction session within 5 working days of sentence	65%	80.6%	79.5%		
Resilience					
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	98.4%	96.0%	90.0%		
% of patients who started Psychological Therapies treatments within 18 weeks of referral	58.3%	68.5%	90.0%		
Assets					
Prescribing cost per weighted patient (Annualised)	£158.51	£168.58	£173.39		
Inequalities					
Balance of Care for looked after children: % of children being looked after in the Community	88.17%	89.0%	90.0%		

Performance Highlights 2021/22

Addiction Services

During 2021/22 The Alcohol and Drug Partnership (ADP) has implemented several improvements to governance arrangements. This has provided a clear emphasis on performance management, commissioning and procurement, and partnership working that focuses on service delivery. The ADP has also had a specific focus on the improvement recommendations by the Scottish Government and endorsed by COSLA, which seeks to support the national mission to tackle drug deaths within Scotland.

The ADP has taken forward the implementation of the Medicated Assisted Treatment (MAT) Standards from April 2022. These new standards will enhance access to alcohol and drug services and will also ensure that those accessing services can involve their families within the decision making process. In addition the ADP has been successful in a recent application for additional funding to support people with severe and multiple complex needs.

Advocacy services will provide a dedicated rights based advocacy service to support the delivery of the MAT Standards. This service will have two appointed employees embedded across all Addiction Services in West Dunbartonshire.

Mental Health and Wellbeing in Primary Care (MHWPCS)

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

Dementia Post-diagnostic Support

The Scottish Government provided specific funding for its on-going national commitment to support individuals (and their families) with a dementia diagnosis. This new service has been commissioned from Alzheimer's Scotland, with the aim being to empower people living with dementia, and those who care for them, with the tools, connections, resources and plans they need to live as well as possible and prepare for the future.

District Nursing

In 2021/22 The District Nursing Service supported 325 people on the Palliative Register to die at home or within a residential care home. This is 75% of those who were expected to die within a year of diagnosis (cancer and non-cancer) and is comparable to the 2020/21 figure. All those with a palliative diagnosis are encouraged to complete an Anticipatory Care Plan in collaboration with loved ones so that they can articulate their wishes, including their preferred place of care when their condition deteriorates. This information is shared with all relevant health and social care professionals to ensure that these wishes are upheld. However there are occasions where this becomes unachievable, usually due to unexpected changes in their

medical condition. These reasons are collated and reviewed so that any potential remedial interventions can be implemented across the service.

Community Treatment and Care Services (CTAC)

As part of our Primary Care Improvement Plan (PCIP), the HSCP has expanded existing Treatment Room services to include activity previously undertaken by GP Practices. By shifting this activity from GP Practices the aim is that Practice resources can be targeted appropriately to allow them to develop the Expert Medical Generalist role as defined within the Memorandum of Understanding.

Led by a Senior Nurse, over the past 11 months there has been a 66% increase in CTAC activity, averaging at 1,816 appointments per month over our three Health and Care Centres. Two specific areas of care previously delivered within GP Practices, are now delivered by the CTAC service: phlebotomy / biometrics and administration of Vitamin B12 injections. This has shifted 1,257 Vitamin B12 injections from GP practices across the HSCP to CTAC which accounts for 420 appointments per month.

Performance Challenges 2021/22

Exhibit 7 provides an extract of strong and improving performance in some areas as we move from responding to the pandemic into recovery and renewal of services. The 2021/22 Annual Performance Report, brings this performance to life with real examples of how HSCP services positively impact on our service users and their families.

The following summary is intended to provide a snapshot in relation to the challenges the HSCP has experienced during the pandemic. While teams across the HSCP have embraced innovative new approaches delivering services under varying COVID restrictions and supported a number of external inspections, increasing demand for services versus staffing resources has remained a challenge. The Scottish Government have acknowledged recruitment and retention of Health and Social Care staff as a national issue.

Our Workforce

Recruitment and retention of health and care staff is challenging and has been recognised as a strategic risk. To support workforce sustainability we have worked with our employing partners NHSGGC and WDC to offer a variety of flexible working packages and have earmarked funding for additional training and development.

We have strong links with local colleges and have plans to enhance the existing programme to prepare job seekers for work in the care sector and support their development to progress their careers in health and social care.

Child Protection

During 2021/22 Children's services were the focus of a number of inspection regimes, directly in terms of adoption and fostering and as part of a joint inspection in relation to Community Planning arrangements in respect of "Children at Risk of Harm". In response to this work improvement plans have been developed and these will be regularly monitored by the Audit and Performance committee. Timescales for a number of key stages in the Child Protection journey are now routinely monitored through the implementation of the Child Protection Minimum Dataset which is being analysed and reported to the Child Protection Committee on

a quarterly basis. This rich dataset enables the identification of trends, areas for improvement and any recording gaps. Independent audit activity is currently underway in respect of children who have been subject to child protection registration in the last 12 months using the Care Inspectorate audit tool.

Adult Support and Protection

In the period May – July 2021 a joint inspection of Adult Support and Protection took place. The focus of this inspection was on whether adults at risk of harm in the West Dunbartonshire area were safe, protected and supported. The outcomes were published in September 2021 and are the subject of an improvement plan which is monitored by the Audit and Performance Committee. Positive improvement actions have taken place over the period including extensive training across all staffing levels ensuring that there is strong governance and clarity around adult support and protection procedures. Procedures have been updated with regard to the duty system and audit work is being implemented, the outcomes of which will be reported to the Adult Protection Committee. This will provide assurance that improvement actions have been embedded into practice.

Delayed Discharge

The HSCP continues to maintain a significant focus on this area of work to ensure hospital discharge is managed in a safe and timely manner. Daily meetings between all six HSCPs and the Health Board are in place and these meetings provide peer support and leadership, as well as transparency and accountability across the system. Weekly multi-disciplinary meetings with a focus on all West Dunbartonshire delays are in place and local data is continually monitored to identify areas for improvement.

Musculoskeletal (MSK) Physiotherapy

During the winter period the service experienced a sharp rise in patients waiting over the four week target, albeit all patients categorised as urgent continued to be seen within the deadline. The service has been significantly impacted by COVID-19 specifically the wave of the Omicron variant, with unprecedented levels of sickness absence and the service redeploying 13% of its available workforce to support the acute sector. Positive actions have been taken and all patients requiring a first appointment continue to predominantly be managed by Virtual Patient Management in the first instance. The service continued to remobilise face to face provision based on clinical decision making/clinical need and orthopaedic post-operative patients are now escalated for face to face at first point of contact. Due to the ongoing infection control and social distancing requirements face to face capacity in Physiotherapy sites across Greater Glasgow and Clyde during this period was in the region of 30% of normal service provision.

Criminal Justice

This service was adversely affected by the COVID-19 pandemic, specifically the Omicron variant which resulted in some disruption of the service during the winter period. High levels of sickness absence rates were experienced by both staff and service users and steps have also been taken to address issues pertaining to staff turnover. Good progress has been made during this period to refurbish the unpaid work workshop which will facilitate further opportunities to expand the service and provide increased opportunities for service users.

Psychological Therapies

Waiting times for psychological therapies continue to be challenging. During the period the service experienced a number of vacancies across the teams which impacted on caseload

capacities. Positive steps have been taken to recruit a Consultant Psychologist and an additional whole time equivalent Mental Health Therapist. These actions have increased the number of assessments and treatment capacity. In addition the service have quickly processed vacancies to ensure minimal impact on waiting times and longest waits have been offered appointments across the area as capacity allows. From a governance perspective the service continues to monitor waiting times and identify improvement opportunities via the local Psychological Therapies monitoring group.

Recovery and Renewal 2021/22 and Future Years

On the 21 March 2022 the HSCP Board approved a series of operational [Service Delivery Plans 2022/23](#) (Item 12) (see Appendix 1, 7). These plans, developed by each operational service, support and promote effective service management and communicate a clear and obvious road map for both internal and external stakeholders on how the HSCP will implement its Strategic Plan over the 2022/23 financial year.

These one year plans were developed to support the HSCP Board to monitor progress for the period of the extension of the Strategic Plan. When the new Strategic Plan is published on the 1 April 2023, this will be supported by the publication of three year Service Delivery Plans covering the life time of the strategy.

These plans are intended to be dynamic, working documents and will change and adapt in response to emerging issues and are a continuation of the HSCPs COVID-19 Recovery and Renewal Plan “Keep Building Better – A Journey of Continuous Improvement” which was approved by the HSCP Board on the 23 September 2020.

The COVID-19 pandemic has brought both significant challenges and exciting opportunities to the HSCP. As we move into 2022/23 and transition from recovery to business as usual in a post COVID world, it is recognised that there will be an increase in demand for, and a backlog of, statutory services all of which will have wide ranging resource implications, primarily staffing and financial.

These challenges and resource implications were acknowledged by the Scottish Government in their recently published “Investing in Scotland’s Future: Resource Spending Review”, see extract below:

“This review begins a journey of reform to meet the most pressing issues facing Scotland over the medium-term. This means that rather than a uniform increase across portfolios, this spending review prioritises delivery of the commitments made in the Programme for Government and Bute House Agreement, specifically:

- ***Reform to improve outcomes for children currently living in poverty;***
- ***Reform to help achieve the just transition to a net zero and climate resilient society where we play our part in tackling the global climate crisis;***
- ***Reform in the way we experience our public services as we recover from the COVID-19 pandemic; and***
- ***Transformation of our economy to enable growth, opportunity and a sustainable outlook for our future.”***

In the face of health and social care reform with the move to a National Care Service, the HSCP Board will continue to work with all its partners, including the Scottish Government, to deliver on its strategic priorities. Successful and strong integration of health and social care services will address the challenges faced by the people of West Dunbartonshire by ensuring that people have access to the services and support they need, so that their care feels seamless to them, and they experience good outcomes and high standards of support.

Financial Performance 2021/22

The Statement of Accounts contains the financial statements of the HSCP Board for the year ended 31 March 2022 and has been prepared in accordance with The Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at each meeting of the HSCP Board. The full year financial position for the HSCP Board can be summarised as follows:

Table 1: Summary Financial Position 2021/22

1 April 2021 to 31 March 2022	West Dunbartonshire Council	Greater Glasgow & Clyde Heath Board	Total
	£000	£000	£000
Funds Received from Partners	(75,452)	(152,406)	(227,858)
Funds Spent with Partners	76,072	139,033	215,105
(Surplus)/Deficit in Year 2021/22	620	(13,373)	(12,753)

The Comprehensive Income and Expenditure Statement (CIES) on page 46 details the cost of providing services for the year to 31 March 2022 for all health and care services delegated or hosted by the HSCP Board.

The total cost of delivering services amounted to £215.105m against funding contributions £227.858m, both amounts including notional spend and funding agreed for Set Aside of £36.346m, (see Note 4 "Critical Judgements and Estimations" page 51). This therefore leaves the HSCP Board with an overall surplus (including planned transfers to earmarked reserves) on the provision of services of £12.753m, the composition of which is detailed within Note 13 "Usable Reserve: General Fund" page 56.

The HSCP Board's 2021/22 Financial Year

The HSCP Board approved the 2021/22 revenue budget on 25 March 2021. The report considered by members, set out the funding offers from our partners NHS GGC and WDC as well as specific funding streams from the Scottish Government totalling £1.177m for support to Carers and Scottish Living Wage and Free Personal Care uplifts. A total indicative net revenue budget of £170.097m (excluding Set Aside) was approved.

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.

Throughout the 2021/22 financial year there were a significant number of budget adjustments to account for additional Scottish Government funding on both a recurring and non-recurring basis. This included full funding of all in-year COVID-19 costs and new funding to support winter and beyond systems pressures. See tables below.

Table 2: Budget Reconciliations 2021/22

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved on 25 March 2021	97,853	72,244	170,097
Rollover Budget Adjustments	(204)	507	303
COVID-19	9,024	0	9,024
Primary Care	2,866	0	2,866
Adult and Older People Services	2,735	1,777	4,512
Children's Services	1,115	103	1,218
Family Health Services	1,553	0	1,553
Other	1,118	617	1,735
Reported Budget 2021/22	116,060	75,248	191,308
Funded from Earmarked Reserves	0	(323)	(323)
Funded from Partner Organisations	116,060	74,925	190,985

The regular financial performance reports provide members with a detailed analysis of progress of savings programmes, significant variances and reserves activity. All financial performance report isolated COVID-19 related costs and all projections were heavily caveated as the response to COVID-19 moved from response, to recovery and back to response when in late 2021 as the new Omicron wave impacted on infection rates.

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 in Table 3.

The costs detailed have been fully funded by the Scottish Government. In addition to the opening earmarked COVID-19 reserve of £4.970m, the Scottish Government issued a letter to HSCP Chief Financial Officers and NHS Board Directors of Finance on 25 February 2022, detailing "Further COVID-19 funding for 2021/22". In total £981m of funding was made available for NHS Boards (£362m) and Integration Authorities (£619m) to meet current costs and support the continuing financial impact of the pandemic. The HSCP Board's share of the £619m was £8.893m, and as the 2021/22 opening reserve was sufficient to cover 2021/22 COVID-19 costs, this additional funding will be carried forward within an earmarked reserve as directed by the Scottish Government in line with the appropriate accounting arrangements.

Table 3: COVID-19 Spend against Funding 2021/22

COVID-19 - Expenditure	2021/22 £000's
Additional Staff Costs	1,206
£500 Thankyou Payments	986
Social Care Provider Sustainability	1,500
Additional Capacity in Community	319
Increased costs of Service Provision	574
Mental Health Services	80
Digital & IT costs	194
FHS Prescribing and Contractor Costs	108
Loss of Income	392
Other	408
Total Spend	5,767
COVID-19 - Income	2021/22 £000's
Opening Earmarked Reserve	(4,970)
Further COVID-19 Funding 2021/22	(8,893)
Additional Funding from LMP Quarterly Returns	(131)
£500 Thank You Funding (Social Care)	(986)
Total Income	(14,980)
Closing Earmarked Reserve	(9,213)

We continue to follow the Local Authority (Scotland) Account Advisory Committee (LASAAC) guidance on Accounting for Coronavirus (COVID-19) Grants and Funding Streams and our treatment of the £14.980m funding and associated costs of £5.767m of costs reflects this.

The £500 “thank you” payment announced by the Scottish Government in late 2020, to be paid to health and social care and other staff supporting the pandemic spans two financial years. All eligible NHS employees received their payments in 2020/21 and as the HSCP Board was deemed to acting as “principal”, these costs were included within the Comprehensive Income and Expenditure Account. However in the case of Local Authority employees and external providers the HSCP Board was deemed to be acting as an “agent”. Therefore the table above contains the cost of these payments offset by the income received for information purposes only. The 2021/22 Comprehensive Income and Expenditure Statement (see page 46) has removed this expenditure and associated income.

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. None of the costs associated with this PPE is included within the HSCP Board's 2021/22 accounts.

We continued to provide financial support to our commissioned services and third sector partners in line with approved principles issued by the Scottish Government and CoSLA on Provider Sustainability. Through our claims process established in 2020, residential and non-residential services could submit claims, with the appropriate supporting evidence, for additional costs related to PPE, staff sickness cover, agency staffing costs and administrative support for staff and visitors LFD testing.

Final Outturn Position 2021/22

The latest Financial Performance Report ([Item 6](#)) (see Appendix 1, 8.) issued to the HSCP Board on 21 March 2022, projected a total underspend of £10.382m (5.49%) for the financial year ended 31 March 2022. This figure includes planned transfers to/from earmarked reserves along with transfers to general reserves with the components parts of this underspend (further explained below) being an underspend of £10.761m for health care and an overspend of £0.379m for social care.

The financial statements contained within these annual accounts finalise the outturn position for 2021/22 as at 31 March 2022. Again as above, including planned transfers to/from reserves and after accounting for all known adjustments, the recorded position is an underspend of £12.753m which is a movement of £2.371m mainly related to additional Scottish Government funding for primary care, addictions and mental health services recovery, further staff savings from turnover and recruitment challenges and reduction in projected COVID-19 related costs.

The June meeting of the HSCP Board considered the 2021/22 Final Outturn Report which contained a suite of detailed appendices providing members with information on all budget transfers, significant variances across HSCP integrated services, progress on the achievement of previously approved savings and a line by line breakdown of all earmarked reserves movements.

The HSCP Board received monitoring information on approved savings and service redesign efficiencies totalling £2.372 million. Due to the complexities involved in delivering on some programmes and the impact of the COVID-19 pandemic, the total savings span the financial years 2018/19 to 2021/22. The final outturn position reports that approximately 54% (£1.288m) of savings were delivered as planned (with £0.892m savings achieved as planned and £0.396m achieved from reserves and underspends) and 46% (£1.084m) were covered from COVID-19 funding.

Table 4 provides a high level summary of the final outturn position.

Table 4: Final Outturn against Budget 2021/22

West Dunbartonshire Integration Joint Board Consolidated Health & Social Care	2021/22 Annual Budget £000	2021/22 Net Expenditure £000	2021/22 Underspend/ (Overspend) £000
Older People, Health and Community Care	49,856	48,336	1,520
Physical Disability	3,528	3,106	422
Children and Families	26,449	26,033	416
Mental Health Services	11,471	10,575	896
Addictions	3,625	3,363	262
Learning Disabilities	18,085	17,933	152
Strategy, Planning and Health Improvement	2,022	1,501	521
Family Health Services (FHS)	29,532	29,532	0
GP Prescribing	19,969	19,690	279
Hosted Services - MSK Physio	6,899	6,528	371
Hosted Services - Retinal Screening	836	720	116
Criminal Justice	136	0	136
HSCP Corporate and Other Services	9,195	5,776	3,419
COVID-19	9,024	4,781	4,243
IJB Operational Costs	358	358	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	190,985	178,232	12,753
Set aside for delegated services provided in large hospitals	36,346	36,346	0
Assisted garden maintenance and Aids and Adaptions	527	527	0
Total Cost of Services to West Dunbartonshire HSCP	227,858	215,105	12,753

The Comprehensive Income and Expenditure Statement (CIES) on page 46 is required to show the surplus or deficit on services and the impact on both general and earmarked reserves. The final position for 2021/22 was an overall surplus of £12.753m with £0.212m transferred to general reserves and £12.541m transferred to earmarked reserves. Earmarked reserves are detailed in Note 13 of these accounts on page 56 coupled with some additional information detailed below in the “Key messages”.

While the CIES provides actual expenditure and income values for services in 2021/22 and their comparison to the previous financial year, it does not highlight the reported budget variations as the HSCP Board would consider them. Therefore the table above is presented to provide additional detail and context to the key financial messages listed below.

The key explanations and analysis of budget performance against actual costs are detailed below:

- 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 share related to our HSCP for 2021/22 was calculated as £36.346m. This figure includes expenditure related to COVID-19; staff costs, increased bed activity, changes to pathways, cleaning, testing, equipment and PPE, all fully funded by the Scottish Government.
- **COVID-19** – the Scottish Government funding for COVID-19 is received via NHSGGC and transferred to HSCPs in line with the LMP process of submitting financial information. However the vast majority of COVID-19 related expenditure is with Social Care Services. As the accounting for the HSCP's integrated services are contained within both partners' ledger systems, the required funding is transferred at the year-end. The final position was a transfer to earmarked reserves of £4.243m
- **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.
- **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, MDTs and additional Health Care Support Workers. Recruitment is underway but recruitment remains a challenge for all HSCPs and Health Boards.
- **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, as reported to the 21 February 2022 HSCP Board 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.

Key Risks, Uncertainties and Financial Outlook

The HSCP Board Financial Regulations confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The HSCP Board Financial Regulations can be viewed [here](#) (see Appendix 1, 9).

The HSCP Board's Risk Management Strategy and Policy was reviewed and updated during 2021 as part of a scheduled update, which was undertaken in tandem with Internal Audit's planned review of the current risk management processes. The outcome of the audit and the supporting revised Risk Management Strategy and Policy documents were presented to the 24 June 2021 HSCP Audit and Performance Committee (Item 7) for their approval and can be viewed [here](#) (see Appendix 1, 10). This approval was ratified by the HSCP Board at its meeting on 20 September 2021.

The internal audit opinion was that the overall control environment was "Satisfactory" and three improvement actions were identified which were incorporated into the revised Strategy & Policy. These improvement actions and their progress are summarised below:

- Strengthen risk management training opportunities, particularly around monitoring – all HSCP staff undertakes risk management training through their employing organisations of WDC and NHSGGC. This is an ongoing action supported by better monitoring data for managers to follow-up with staff;
- Strategic Risk recording – the revised policy included adopting a 5x5 risk evaluation matrix. This has been amended within the WDC Pentana system which hosts the HSCP Board's Strategic Risk Register; and
- Strengthen Operational Risk Registers and ensure they underpin the strategic risks and mitigating actions – all service areas undertook refresher training on the identification and management of operational risks. All operational risk registers were updated by May 2022 and will be revised annually.

The Strategic Risk Register is reviewed by the Audit and Performance Committee before consideration by the HSCP Board bi-annually. The latest review was March 2022 (Item 7) and the full report can be viewed [here](#) (see Appendix 1, 11).

Both the Audit and Performance Committee and the HSCP Board agreed in March that it was acceptable to remove "Brexit" as an individual strategic risk as any future impact was covered under other identified strategic risks i.e. Financial Sustainability, Procurement and Commissioning and Workforce Sustainability. The current 10 key strategic risks are summarised below with an extract of the main Financial Sustainability risk and mitigating actions to reduce the likelihood and impact of the risk.

- Financial Sustainability/Resource Allocation and Savings Targets;
- Procurement and Commissioning;
- Performance Management Information;
- Information and Communication;

- Outcome of External Scrutiny: Inspection recommendations;
- Delayed Discharge and Unscheduled Care;
- Workforce Sustainability;
- Waiting Times;
- Brexit;
- Risk of Future Pandemic – COVID-19 Variations; and
- Public Protection: Legislation and Service Risk

Table 5: Extract of Strategic Risk Register

Strategic Risks	Extract from Mitigation Actions
Financial Sustainability: Failure to deliver HSCP Board priorities within approved budget incorporating allocated savings targets.	<ul style="list-style-type: none"> • Senior Management Team regular review of monthly monitoring reports, application of earmarked reserves, turnover and vacancies. • Detailed financial performance reporting to the HSCP Board. • Active engagement with partner bodies in budget planning process – WDC, NHSGGC, Scottish Government. • Delivery and refresh of a medium to long term budget strategy to reflect impacts of new demand and service improvement programmes.
Procurement and Commissioning: Failure to manage contracting arrangements and fail to demonstrate Best Value	<ul style="list-style-type: none"> • HSCP working with WDC and NHSGGC Procurement Teams to progress procurement pipeline work. • All budget managers and commissioners of service attend procurement training. • Active recruitment to fill Commissioning Manager post.

To further support the HSCP Board's assurance processes around the management of risk the Chief Internal Auditor's "Internal Audit Annual Strategy and Plan 2022-23" was approved by the Audit and Performance Committee on 7 March 2022. This sets out the internal audit approach to annual audit planning as risk-based and aligns it to the HSCP Board's strategic planning processes and management's own risk assessment. The full report (Item 11) can be viewed [here](#) (see Appendix 1, 12)

Reserves

The HSCP Board has the statutory right to hold Reserves under the same legal status as a local authority, i.e. "A section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes..., it is able to hold reserves which should be accounted for in the financial accounts and records of the Partnership Board". Reserves are generally held to do three things:

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

Reserves are a key component of the HSCP Board's funding strategy. Also, Integration Authorities ability to hold reserves has been recognised by the Scottish Government as a mechanism to provide advance funding to cover known policy commitments and UK Government Barnett consequential to support the COVID-19 response. It is essential for the medium to longer term financial stability and sustainability of the Board that sufficient useable funds are held for the reasons detailed above and to earmark specific funding to deliver on Scottish Government priorities.

Unearmarked (General) Reserve

The HSCP Board's Reserves Policy, which can be viewed [here](#) (Appendix 1, 13) recommends that its aspiration should be a general reserves level of 2% of its net expenditure (excluding Family Health Services). This would equate to approximately £3.956m, and for 2021/22 the final position is £4.579m (see Note 13: Usable Reserve: General Fund) which is approximately 0.31% in excess of the recommended target.

There is precedent for being above the 2% target, when in June 2021 the HSCP Board agreed that due to the uncertainties around the future impacts of COVID-19 and recovery and renewal of services, raising the general reserve level to 3% was a prudent approach. The HSCP Board considered and noted the current level at the June meeting when these accounts were considered with the current level of reserves policy retained at 2% of net expenditure (excluding Family Health Services) as detailed above.

Earmarked Reserves

Our overall movement in reserves is covered above in the "2021/22 Final Outturn against Budget" section. Detailed analysis of the movements in earmarked reserves is available at Note 13 Useable Reserves – General Fund.

The majority of the increase in reserves relates to specific ring-fenced funding we have received from the Scottish Government during 2021/22. This is a continuation of the approach taken by the Scottish Government in 2020/21. The scale and timing of the funding received which made it difficult to secure full spend before the financial year end.

An example of this is the financial support for "Winter Planning Pressures" which was announced in October 2021 but actual individual funding allocations not confirmed until November 2021. The HSCP Board considered a report on 22 November 2021 on the various funding streams and expected outcomes. The Board very much welcomed this funding totalling £3.025m, including pay uplift to externally commissioned adult social care workers of £10.02/hr from 1 December 2021. The Scottish Government recognised the risk associated with employing additional social care staff (e.g. social workers, care at home and residential care workers) and other support for multi-disciplinary teams in a short time period, given the impact of the pandemic on health and social care staff recruitment and retention, as well as competing for staff with neighbouring Integration Authorities. Of the £3.025m funding received in 2021/22 only £0.589m was spent, with the remaining funding transferred to earmarked reserves as directed by the Scottish Government in line with appropriate accounting practice.

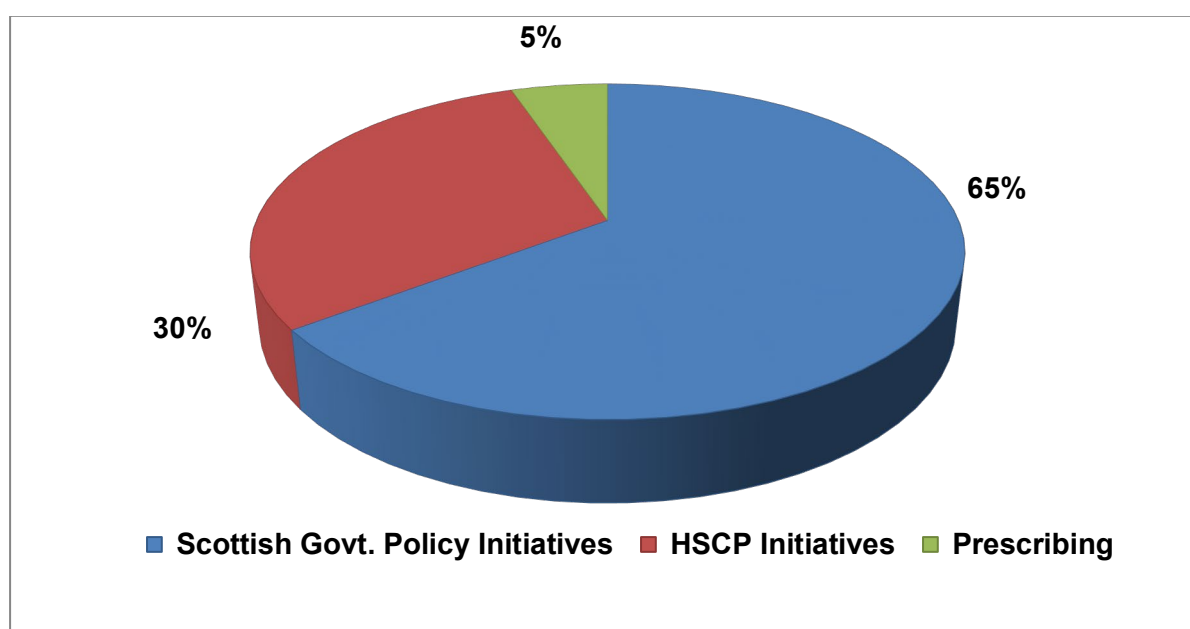
We started the year with £17.440m earmarked reserves and during the year £7.832m was drawn down to cover COVID-19 costs and the delivery of the Primary Care Improvement

Programme and Mental Health Action 15 priorities. We also added £20.373m to earmarked reserves throughout the year with the main areas being for late allocation of Scottish Government funding for future COVID-19 costs and Winter Pressures funding.

As well as the new Winter Pressures reserve, the other new reserves are for: Mental Health Recovery and Renewal of £0.853m; new complex care packages of £0.560m arranged after the 2022/23 budget was agreed and £0.714m to support the delivery of action plans agreed to deliver on Care Inspectorate recommendations from statutory inspections across Fostering and Adoption Services and the Joint Inspection of Children at Risk of Harm. In line with our governance arrangements the Audit and Performance Committee have considered and monitored the progress of the action plans.

A profile of the 2021/22 earmarked closing balance of £29.981m is detailed in Figure 1 below:

Figure 1: Profile of Earmarked Reserves



The analysis shows that:

- 65% relate to Scottish Government funding for COVID-19 recovery and renewal and Scottish Government policy commitments including Primary Care Improvement, Mental Health Action 15, Alcohol and Drugs Partnership, Scottish Living Wage, Carers and Free Personal Care (under 65). The flow of funding for some of these policy commitments is linked to quarterly returns detailing the activity and cost of various programme strands;
- 30% relate to HSCP initiatives to support service redesign and transformation, community engagement and recovery and renewal in services; and
- 5% relates to reserves held for prescribing to mitigate potential volatility in pricing and short supply issues which have been skewed through the last two years of responding to the COVID-19 pandemic. While prescribing activity increased in 2021/22 when compared to 2020/21 volumes it has not returned (and may not) to pre-pandemic levels.

Financial Outlook – Medium Term Financial Plan

The HSCP Board approved the indicative 2022/23 Revenue Budget on the 21 March 2022. As part of this report, the Medium Term Financial Plan (MTFP) was refreshed to cover the period 2022/23 to 2026/27. The full budget report and MTFP (Item 5) can be viewed [here](#) (see Appendix 1, 14).

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.

Both WDC and NHSGGC complied with the Scottish Government directives on funding to the HSCP Board for 2022/23. For WDC the direction was at least roll-over of the 2021/22 recurring budget (i.e. flat cash) plus share of allocated funding for social care, an significant element of which came from the health portfolio. For NHSGGC the direction was a pass through of the same 2% uplift provided to health boards.

For health services the 2% uplift was accepted on the basis that pay and other inflation was set at 2%, excluding Prescribing budgets. Pre-pandemic, prescribing budgets increased by between 4%-6% each year, however given the reductions in items prescribed over the last two financial years and the substantial earmarked reserve, no uplift was applied in 2022/23.

In relation to the legislation governing Integration Authorities, it requires HSCP Board and NHSGGC to put in place arrangements to support set aside arrangements for unscheduled care and is subject to external assessment. The Board approved the Unscheduled Care Commissioning Plan on 21 March 2022 which aims to deliver on a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation.

The WDC flat cash allocation for social care services, in essence, required the HSCP Board to cover all inflationary pressure (circa £2.9m) for pay awards and commissioned services, national insurance uplifts and demographic pressure, from a combination of service efficiencies from previously approved savings and redesign programmes, baseline adjustments and residual Scottish Government funding to support Integration Authorities.

The actions taken above and approved by the HSCP Board would have allowed a balanced budget to be set. However; WDC at their own 2022/23 budget setting meeting on the 9 March 2022, accepted a suite of savings proposals that included an option to transfer £2.2m of additional costs to the HSCP Board by changing the previously agreed allocation of costs for children and young people residential placements of 50/50 HSCP/Education to 80/20 HSCP/Education, subject to a joint review.

The joint review has yet to be completed and the HSCP Board has recognised that this poses a significant risk to our 2022/23 budget position and is an additional recurring pressure in future years if the level of current placements remain at a similar level. It is anticipated that if

the review concludes a greater share of costs are borne by the HSCP, general reserves or a realignment of earmarked reserves will have to be utilised in 2022/23 in lieu of a sustainable recovery plan being drafted and agreed by the HSCP Board and our partners, NHS GGC and WDC. Given the potential scale of financial challenge any recovery plan and future budget plans will impact on front line service delivery.

The MTFP would also require to be revised to account for this change.

The current 2022/23 – 2026/27 MTFP (approved in March 2022) considers a number of scenarios that may impact on future funding levels. An extract of these is provided below:

Table 6: Extract from MTFP – Indicative Budget Gaps for 2022/23 to 2026/27

Indicative Budget Gaps	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
Indicative Revenue Budget	185.117	189.386	194.268	199.274	204.415
Indicative Funding (including application of earmarked reserves)	185.117	186.572	188.644	189.622	191.779
Indicative Budget Gaps	Nil	2.815	5.623	9.652	12.635

(As stated above these reported gaps do not account for the potential £2.2m transfer of residential placement costs for Children and Young People)

The plan also 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.

Conclusion

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.

In 2022/23 we will respond to these challenges by continuing to build on the strong governance frameworks already in place as documented within the Governance Statement and continue to engage and collaborate with our stakeholders, manage and mitigate risk and invest in our workforce and communities.

Michelle McGinty
HSCP Board Chair

Date: 15 November 2022

Beth Culshaw
Chief Officer

Date: 15 November 2022

Julie Slavin
Chief Financial Officer

Date: 15 November 2022

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Health and Social Care Partnership Board

The Health and Social Care Partnership Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved at a meeting of the HSCP Board on 15 November 2022.

Signed on behalf of the West Dunbartonshire Health & Social Care Partnership Board.

Michelle McGinty
HSCP Board Chair

Date: 15 November 2022

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- kept proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the West Dunbartonshire Health and Social Care Partnership Board as at 31 March 2022 and the transactions for the year then ended.

Julie Slavin CPFA
Chief Financial Officer

Date: 15 November 2022

REMUNERATION REPORT

Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJB's in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

It discloses information relating to the remuneration and pension benefits of specified WDHSCP Board members and staff. The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and Chief Financial Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Membership of the HSCP Board is non-remunerated; for 2021/22 no taxable expenses were claimed by members of the partnership board.

Health and Social Care Partnership Board

The six voting members of the HSCP Board were appointed, in equal numbers, through nomination by Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. Nomination of the HSCP Board Chair and Vice Chair post holders alternates, every 3 years, between a Councillor from WDC and a NHSGGC Health Board representative.

The HSCP Board does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant nominating organisation.

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2021/22 no voting member received any form of remuneration from the HSCP Board as detailed below.

Table 7: Voting Board Members from 1 April 2021 to 31 March 2022

Voting Board Members 2021/22	Organisation
Allan Macleod (Chair until 30 June 2021 and then Vice Chair 1 July to 31 July 2021)	NHS Greater Glasgow & Clyde Health Board
Marie McNair (Vice Chair until 31 May 2021)	West Dunbartonshire Council
Denis Agnew (Vice Chair from 1 June until 30 June and then Chair from 1 July 2021)	West Dunbartonshire Council
Rona Sweeney (Vice Chair from 1 July 2021)	NHS Greater Glasgow & Clyde Health Board
Audrey Thompson (until 30 June 2021)	NHS Greater Glasgow & Clyde Health Board
John Mooney	West Dunbartonshire Council
Jonathan McColl (from 1 June 2021)	West Dunbartonshire Council

Michelle Wailes (from 1 July 2021)	NHS Greater Glasgow & Clyde Health Board
Dr Lesley Rousselet (from 1 July 2021)	NHS Greater Glasgow & Clyde Health Board

Senior Officers

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board has to be appointed and the employing partner has to formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board.

Ms Culshaw is employed by WDC, and holds an honorary contract with NHSGGC.

Chief Officer and Chief Financial Officer Posts funding is included equally in the partner contributions.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included below.

Table 8: Remuneration

Restated Total Earnings 2020/21 £	Senior Officers	Salary, Fees & Allowance £	Compensation for Loss of Office £	Total Earnings 2021/22 £
116,880	B Culshaw Chief Officer	118,292	0	118,292
86,378	J Slavin Chief Financial Officer	91,052	0	91,052

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Table 9: Pension Benefits

Senior Officers	In Year Contributions		Accrued Pension Benefits		
	For Year to 31/03/2021	For Year to 31/03/2022		For Year to 31/03/2021	For Year to 31/03/2022
	£000	£000		£000	£000
B Culshaw Chief Officer	23	23	Pension	9	11
			Lump Sum	0	0
J Slavin Chief Financial Officer	18	19	Pension	7	9
			Lump Sum	0	0

The officers detailed above are all members of the NHS Superannuation Scheme (Scotland) or Local Government Scheme. The pension figures shown relate to the benefits that the person has accrued as a consequence of their total public sector service, and not just their current appointment. The contractual liability for employer pension's contributions rests with NHS Greater Glasgow & Clyde and West Dunbartonshire Council. On this basis there is no pension liability reflected on the HSCP Board balance sheet.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Table 10: Pay Bands

Remuneration Band	Number of Employees 31/03/2021	Number of Employees 31/03/2022
£85,000 - £89,999	1	
£90,000 - £94,999		1
£115,000 - £119,999	1	1

Michelle McGinty
HSCP Board Chair

Date: 15 November 2022

Beth Culshaw
Chief Officer

Date: 15 November 2022

ANNUAL GOVERNANCE STATEMENT

Introduction

The Annual Governance Statement explains the HSCP Board's governance arrangements as they meet the requirements of the "Code of Practice for Local Authority Accounting in the UK" (the Code) and reports on the effectiveness of the HSCP Board's system of internal control, including the reliance placed on the governance frameworks of our partners.

Scope of Responsibility

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. The Board also aims to cultivate a culture of continuous improvement in the performance of its functions and to make arrangements to secure best value.

To meet this responsibility the HSCP Board has 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, performance and governance and associated assurance through a process of constructive challenge and continuous improvement across the partnership.

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. Reliance is also placed on Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council's (WDC) systems of internal control that support compliance with both partner organisations' policies and promotes the achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

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.

In 2017 the HSCP Board adopted governance arrangements that are consistent with the Chartered Institute of Public Finance and Accounting (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". Based on the framework's seven core principles a Local Code of Good Governance is in place which is reviewed annually and evidences the HSCP Board's commitment to achieving good governance and demonstrates how it complies with the recommended CIPFA standards. A copy of the code is available [here](#) (Appendix 1, 15.) on the HSCP website.

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.

Virtual (remote) meetings have continued since March 2020 and temporary governance arrangements in relation to decision making were put in place at that time as follows:

- The suspension of normal governance arrangements during the COVID-19 pandemic and accept the alternative Board meeting arrangements; and
- Delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, be enacted "if required", to meet immediate operational demand on decisions normally requiring Board approval.

Throughout 2021/22 the HSCP Board and Audit and Performance Committee met as planned with all meetings taken place on a virtual platform (accessible by press and public on request). As public health restrictions on social distancing eased from June 2022 meetings moved to a hybrid model with some members and officers attending meetings in person while others contribute remotely.

The schedule of weekly meetings with the Chief Officer, Chief Financial Officer, Chair and Vice Chair of the HSCP Board continued for the first quarter of 2021/22, however no decisions were required to be made using the temporary decision making powers.

The HSCP Board continued to work alongside partners to participate in the both the local and wider response to the pandemic. Amendments to the Civil Contingencies Act 2004, effective from 16 March 2021, awarded Integration Joint Boards with Category One Responder status. This status already applied to Local Authorities and NHS Bodies.

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. See below:

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

The response included the implementation and continued support of service areas that had to adapt to the challenges and risks of the pandemic. These were captured on the COVID-19 Risk Register and the Local Mobilisation Plan.

The Scottish Government required that NHSGGC and each of the six HSCPs within Glasgow's boundary prepared a Local Mobilisation Plan (LMP). The LMP and associated Financial Cost Tracker set out the impact of the pandemic on services and their response as well as considering new service areas that required to be established to support health and care services. Examples include two COVID-19 Hubs (Clydebank and Dumbarton) to distribute the necessary Personal Protective Equipment (PPE), two Community Assessment Centres (Clydebank and Renton) to support the clinical assessment and testing of people referred with potential COVID-19 symptoms, a Mental Health Assessment Unit, as an alternative to presentation at Emergency Department and the creation of vaccination teams to support the delivery on the ongoing vaccination programme.

The financial costs aligned to the LMP were submitted at least quarterly to the Scottish Government and formed the basis of all funding received. The final position is set-out in detail within these accounts and confirms that full funding was received in 2021/22 to cover all COVID-19 related costs (including response and recovery) as well as advance funding for 2022/23 to support continued recovery and renewal of services.

Purpose of the Governance Framework

The governance framework is comprised of systems and processes and cultures and values by which the HSCP is directed and controlled. It is not static and is updated to reflect new legislative requirements and best practice.

The system of internal control is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. It enables the HSCP Board to monitor and evaluate the achievements of the strategic objectives laid out within its Strategic Plan and consider whether these have been delivered in an appropriate and cost effective manner.

Governance Framework and Internal Control System

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.

The main features of the HSCP Board's governance framework and system of internal control is reflected in its Local Code, with the key features for 2021/22 summarised below:

- The HSCP Board is formally constituted through the Integration Scheme agreed by WDC and NHSGGC and approved by Scottish Ministers. The scheme sets out the local governance arrangements, including definition of roles, workforce, finance, risk management, information sharing and complaints;
- The HSCP Board has two governance sub-committees; Audit and Performance Committee (scheduled to meet in public four times per year) and the Strategic Planning Group;
- The scope, authority, governance and strategic decision making of the HSCP Board and Audit and Performance Committee is set out in key constitutional documents including the HSCP Strategic Plan 2019 – 2022, terms of reference, code of conduct, standing orders and financial regulations, directions policy, records management and complaints handling;
- The Performance Management Framework commits to regular performance and financial reporting to the HSCP Board and Audit and Performance Committee. These reports review the effectiveness of the integrated arrangements including delivery of the strategic priorities and the financial management of the integrated budget;
- The Medium Term Financial Plan 2022/23 – 2026/27 outlines the financial challenges and opportunities the HSCP Board faces over the next five years and provides a framework which will support financial sustainability;
- Weekly Chief Officer reports considered by the SMT and used as the basis for reporting at an executive level to our partners at corporate management teams and formal Organisational Performance Reviews (OPRs);
- Clinical and Care Governance Group – provide oversight and scrutiny of all aspects of clinical and care risk and effectiveness as well as how patient centred care is delivered.
- The Risk Management Strategy, including the risk management policy and strategic risk register, are scrutinised bi-annually by the Audit and Performance Committee with level of risk, its anticipated effect and mitigating action endorsed before being referred to the HSCP Board;
- The Reserves Policy is reviewed as part of the annual budget setting process and has identified a reasonable level of both general and earmarked reserves;
- A performance appraisal process is in place for all employees and staff who are also required to undertake statutory and mandatory training to reinforce their obligations to protect our service users, including information security; and
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings, recommendations and associated action plans by Audit Scotland, Ministerial Strategic Group, our external and internal auditors and the Care Inspectorate.

The governance framework described, operates within the system of internal financial controls, including management and financial information, financial regulations, administration (including segregation of duties), management supervision and a system of delegation and accountability. Development and maintenance of these systems is undertaken by the Council and the Health Board as part of the operational delivery arrangements of the HSCP.

Compliance with Best Practice

The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement *"The Role of the Chief Financial Officer in Local Government (2010)"*. To deliver these responsibilities the Chief Financial Officer must be

professionally qualified and suitably experienced and lead and direct a finance function that is resourced and fit for purpose.

The HSCP Board complies with the requirements of the CIPFA Statement on *“The Role of the Head of Internal Audit in Public Organisations 2010”*. The HSCP Board’s appointed Chief Internal Auditor has responsibility for the internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service generally operates in accordance with CIPFA *“Public Sector Internal Audit Standards 2013”*.

The HSCP Board’s Audit and Performance Committee operates in accordance with CIPFA’s *“Audit Committee Principles in Local Authorities in Scotland”* and *“Audit Committees: Practical Guidance for Local Authorities (2018)”*.

Review of Adequacy and Effectiveness

The HSCP Board is committed to continuous improvement and is responsible for conducting at least annually, a review of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who has the responsibility for the development and maintenance of the governance environment and the work of internal and external audit and other review agencies including the Care Inspectorate.

HSCP Board’s Local Code Review

As stated above the HSCP Board adopted its own local code in 2017. Annually, since 2018 this is reviewed each year by the Chief Financial Officer and the Senior Management Team as part of the year end assurance processes for both partner organisations and the HSCP Board. For the 2022 review the Audit and Performance Committee which met on 27 June 2022 noted the outcome that there were no areas assessed to be non-compliant and around three quarters were considered fully compliant. A copy of the 2022 review is available [here](#) (See Appendix 1, 16)

There have been a number of improvement actions identified each year and an update on these is provided below. This year’s review has reflected the HSCP continued response to the global health emergency and its priority to safeguard the delivery of essential services has impacted on the full delivery of some of the improvement actions, but there is still demonstrable progress. The priority for 2022/23 will be to progress these ongoing actions and new actions to further strengthen the governance framework.

New June 2022 Actions

Improvement Action	Lead Officer(s)	Target Date
Review to current Scheme of Officer Delegation in line with the required review of the HSCP Board’s Standing Orders.	Chief Financial Officer and Head of Strategy and Transformation	March 2023
Review the Terms of Reference of the Audit & Performance Committee	Chief Financial Officer	December 2022

Update on Previously Agreed Actions

Improvement Action	Lead Officer(s)	Target Date	June 2022 Review
Refresh and update local Self Directed Support arrangements.	Head of Strategy and Transformation	September 2020 Revised March 2023	Part Complete: The HSCP Board received a comprehensive update on the 21 March 2022. Positive progress includes: <ul style="list-style-type: none"> • The recruitment of an SDS Lead, due to join the HSCP on the 6 June 2022. • The My Life Assessment Tool has completed a successful pilot period
In partnership with NHSGGC, Scottish Government and GGC IJBs agree on methodology that allows Set Aside resources to be quantified and reflect actual activity to comply with legislation on the use of this resource in shifting the balance of care.	Chief Financial Officer	On-going subject to the Scottish Government funding the current financial gap identified at NHSGGC level.	Complete: Data sets are produced which provides actual HSCP activity across the defined specialities and the associated cost. This is reflected in the 2021/22 HSCP Board Annual Accounts. The Unscheduled Care Commissioning Plan was also agreed in 2021/22 by all 6 GGC IJBs and NHSGGC.
Review the effectiveness of the new Strategic Planning Group (SPG)	Head of Strategy and Transformation	October 2020 Revised March 2023	Part Complete: The Strategic Planning Group has undergone a series of development sessions supported by Healthcare Improvement Scotland. Self-evaluation activity will be undertaken early 2023.
Develop a robust Commissioning Plan driven by new Strategic Plan 2019 - 2022	Head of Strategy and Transformation	October 2020 Revised March 2023	Part Complete: The HSCP Board has agreed their approach to Strategic Planning. The Strategic Needs Assessment (JSNA) is complete and the SPG is meeting regularly to develop the Strategic Plan. The Commissioning Plan will be published in line with this work in March 2023.
Ministerial Strategic Group Review on the Progress of Integration Action Plan – from May 2019 Self Evaluation	Chief Officer	Multiple actions Revised September 2023	Part Complete: The HSCP Board considered progress on the delivery of the MSG Action Plan on 19 August 2021. This report identified a number of areas where the actions/improvements had been implemented and those with work on-going.

HSCP Board's 2021/22 Audit Plan and Update on 2020/21 Actions

The HSCP Board's Annual Audit Plans for 2020/21 and 2021/22 were developed to support assurance of the Board's Governance Framework.

The HSCP Board's Chief Internal Auditor presents updates on the progress of the Audit Plan and associated actions at each meeting of the Audit and Performance Committee. These are summarised below:

Internal Audit Undertaken	Overall Opinion of Control Environment	Update of Actions
June 2021 Risk Management Process: Assess the adequacy and effectiveness of the governance and controls of key risks.	Satisfactory Two Green ratings One Amber rating: Operational Risk Registers not documented consistently across services.	Target Date March 2022: Complete All HSCP Services undertook refresher training on preparation of operational risk registers. All refreshed and new operational risk registers align with the HSCP Board's strategic risks and will be reviewed annually.
June 2022 Directions Policy: Review the adequacy and effectiveness of directions.	Satisfactory Two Green ratings One Amber rating: The HSCP Board and Audit and Performance Committee have not received formal assurance on the implementation of the policy and level of compliance.	Target Date September 2022: Complete The Directions Log was presented to the September 2022 meeting of the Audit and Performance Committee and going forward there will be a review of the log twice a year.

West Dunbartonshire Council and NHSGGC Health Board

Also supporting the review of the HSCP Board's governance framework are the processes of internal controls of West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

Within WDC Chief Officers complete a Local Code of Governance Checklist which is a self-assessment against each aspect of council's local code. These are considered by the Chief Internal Auditor and inform each Chief Officer's Certificate of Assurance as well as the Council's Governance Statement.

Within NHSGGC a similar process is in operation which required the Chief Officer to complete a "Self-Assessment Checklist" covering all the key areas of the internal control framework.

Other reviews to support continuous improvements and the control environment include the work undertaken by WDC & NHSGGC internal audit teams. Any specific control issues emerging from these audits are considered through each organisation's own Audit Committee and recommendations on improvements agreed. The HSCP Board are updated on any

control issues that would impact on HSCP service performance through regular performance and financial updates reports.

Progress of actions is reviewed through the partner organisations own corporate management teams of which HSCP senior officers are members of. There is also regular review by the HSCP Chief Internal Auditor, Chief Officer, Chief Financial Officer and the Senior Management Team and the monthly Core Finance Group meeting.

Update on Previous Governance Issues

The 2020/21 Annual Governance Statement did not identify any significant control issues for the HSCP Board. Updates of previous HSCP Board governance issues are mainly covered under the “Review of Adequacy and Effectiveness” section above. The remaining previously reported governance issues are updated below:

- Improve sickness absence rates – this is ongoing with targeted interventions for areas with higher absence levels to support line managers and ensure individual absences are being managed in an appropriate manner to support return to work;
- Strengthen budget setting arrangements with WDC and NHSGGC and produce a robust Medium Term Financial Plan (MTFP) – the 21 March 2022 HSCP Board agreed its 2022/23 budget based on an indicative offer from NHSGGC and a formal offer from WDC including consideration of additional 2022/23 (and future years) budget pressure related to a review of the established equal split of costs of children’s residential school placements. The Board also approved its second MTFP 2022/23 to 2026/27 based on both known pressures and predicted future costs and funding constraints; and
- Progress with service reviews within Learning Disability Services, Children and Families and Care at Home to ensure services are fit for the future, post pandemic – staffing challenges and the autumn 2021 resurgence of COVID-19 infections mainly linked to the emergence of the Omicron variant required services to re-focus on response which impacted on the progress of reviews. The Care at Home review did continue at pace and should be complete by the end of 2022/23. The Children and Families and Learning Disability Services reviews have underwent some initial scoping and will continue when sufficient staffing resources are secured.

Governance Issues 2021/22

The 2021/22 Internal Audit Annual Report for the HSCP Board identifies no significant control issues. As stated above the HSCP Board must also place reliance on the Council and Health Board’s internal control framework. The Council’s Internal Audit Annual Report has concluded a review of the Council’s control procedures in key areas with the overall opinion being generally satisfactory with some improvement needed.

As stated above under “Review of Adequacy and Effectiveness” the Chief Officer of the HSCP completes a self-assessment of the HSCP’s operational performance against the WDC local code. The council’s Chief Internal Auditor has considered this and has identified some areas for improvement which form part of the WDC Annual Governance Statement and progress will be monitored through the Performance Management Review Group (PMRG) and the WDC Audit Committee. These include:

- Strengthen consistency of monitoring improvement activity across both internal and external inspection;
- Strengthen training and development of staff using approved earmarked reserves to support training coordinator and course materials;
- Consider HSCP succession planning as part of the 2022/23 integrated workforce plan; and
- Strengthen self-evaluation processes through capturing feedback from complaints process to inform service improvements across the HSCP.

The Health Board's internal auditor has now been received, and the opinion is one that reasonable assurance can be placed on the adequacy and effectiveness of the current governance and control systems and processes.

Conclusion and Opinion on Assurance

Overall the Chief Internal Auditor's evaluation of the control environment concluded that; based on the audit work undertaken, the assurances provided by the Chief Officers of the HSCP Board, West Dunbartonshire Council and Greater Glasgow and Clyde Health Board, the review of the local code and knowledge of the HSCP Board's governance, risk management and performance monitoring arrangements:

"It is my opinion, based on the above, that reasonable assurance can 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."

COVID-19

The significant incident in late March 2020 continued to test how well the HSCP Board's risk management, governance and internal controls framework operated during 2021/22.

There were examples of innovations, new business processes and solutions and new technology being embraced in order to deliver services to the community. This was achieved using amended governance arrangements, new ways of decision-making, leadership and implementation including virtual meetings and secure remote access to systems to allow employees to work from home. The Chief Officer and the senior management team were actively involved in the local resilience planning through their dual roles in West Dunbartonshire Council and NHS Greater Glasgow and Clyde."

Assurance and Certification

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP Board's governance arrangements.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principal objectives will be identified and actions taken to mitigate their impact and deliver improvement.

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Management Team throughout the year.

Michelle McGinty
HSCP Board Chair

Date: 15 November 2022

Beth Culshaw
Chief Officer

Date: 15 November 2022

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2020/21 Gross Expenditure £000	2020/21 Gross Income £000	2020/21 Net Expenditure £000	West Dunbartonshire Integrated Joint Board Health and Social Care Partnership	2021/22 Gross Expenditure £000	2021/22 Gross Income £000	2021/22 Net Expenditure £000
Consolidated Health & Social Care						
52,222	(6,505)	45,717	Older People Services	55,489	(7,153)	48,336
3,379	(165)	3,214	Physical Disability	3,290	(184)	3,106
27,302	(1,802)	25,500	Children and Families	27,514	(1,481)	26,033
13,244	(3,000)	10,244	Mental Health Services	13,711	(3,136)	10,575
3,556	(623)	2,933	Addictions	3,950	(587)	3,363
17,600	(732)	16,868	Learning Disabilities Services	18,679	(746)	17,933
30,074	(119)	29,955	Family Health Services (FHS)	29,875	(343)	29,532
19,003	0	19,003	GP Prescribing	19,691	(1)	19,690
6,451	(204)	6,247	Hosted Services - MSK Physio	6,740	(212)	6,528
719	0	719	Hosted Services - Retinal Screening	734	(14)	720
2,338	(2,344)	(6)	Criminal Justice	2,349	(2,349)	0
6,413	(553)	5,860	Other Services	7,863	(586)	7,277
5,840	0	5,840	Covid	4,781	0	4,781
329	0	329	IJB Operational Costs	358	0	358
188,470	(16,047)	172,423	Cost of Services Directly Managed by West Dunbartonshire HSCP	195,024	(16,792)	178,232
36,149	0	36,149	Set aside for delegated services provided in large hospitals	36,346	0	36,346
505	0	505	Assisted garden maintenance and Aids and Adaptions	527	0	527
225,124	(16,047)	209,077	Total Cost of Services to West Dunbartonshire HSCP	231,897	(16,792)	215,105
0	(222,821)	(222,821)	Taxation & Non-Specific Grant Income (contribution from partners)	0	(227,858)	(227,858)
225,124	(238,868)	(13,744)	Total Comprehensive Income and Expenditure	231,897	(244,650)	(12,753)

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the HSCP Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movement in Reserves During 2021/22	Unearmarked Reserves £000	Earmarked Reserves £000	Total General Fund Reserves £000
Opening Balance as at 31st March 2021	(4,367)	(17,440)	(21,807)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2021/22	(212)	(12,541)	(12,753)
Closing Balance as at 31st March 2022	(4,579)	(29,981)	(34,560)

Movement in Reserves During 2020/21	Unearmarked Reserves £000	Earmarked Reserves £000	Total General Fund Reserves £000
Opening Balance as at 31st March 2020	(2,809)	(5,254)	(8,063)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2020/21	(1,558)	(12,186)	(13,744)
Closing Balance as at 31st March 2021	(4,367)	(17,440)	(21,807)

BALANCE SHEET

The Balance Sheet shows the value of the HSCP Board's assets and liabilities as at the balance sheet date. The net assets are matched by the reserves held by the HSCP Board.

2020/21 £000	BALANCE SHEET	Notes	2021/22 £000
21,807	Short Term Debtors	9	34,728
21,807	Current Assets		34,728
0	Short Term Creditors	10	0
0	Provisions	11	(168)
0	Current Liabilities		(168)
21,807	Net Assets		34,560
(4,367)	Usable Reserves: General Fund	13	(4,579)
(17,440)	Usable Reserves: Earmarked	13	(29,981)
(21,807)	Total Reserves		(34,560)

The audited accounts were issued on 15 November 2022.

Julie Slavin CPFA
Chief Financial Officer

Date: 15 November 2022

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

1.1 General Principles

The Financial Statements summarises the HSCP Board's transactions for the 2021/22 financial year and its position at the year-end of 31 March 2022.

The HSCP Board was established under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

The HSCP Board is a specified Section 106 body under the Local Government (Scotland) Act 1973 and as such is required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

1.3 Funding

The HSCP Board is primarily funded through contributions from the statutory funding partners, WDC and NHSGGC. Expenditure is incurred as the HSCP Board commission's specified health and social care services from the funding partners for the benefit of service recipients in West Dunbartonshire and service recipients in Greater Glasgow and Clyde, for services which are delivered under Hosted arrangements.

1.4 Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash and therefore has not produced a cashflow statement for these annual accounts. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding

balance due to or from each funding partner, as at 31 March 2022, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

1.5 Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March 2022 is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

1.6 Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March 2022 due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March 2022, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March 2022, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

1.7 Reserves

The HSCP Board's reserves are classified as either Usable or Unusable Reserves.

The HSCP Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2022 shows the extent of resources which the HSCP Board can use in later years to support service provision or for specific projects.

1.8 Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding HSCP Board member and officer responsibilities. Greater Glasgow and Clyde Health Board and West Dunbartonshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

1.9 VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

2. Prior Year Re-Statement

No prior year re-statement has taken place.

3. Accounting Standards Issued Not Yet Effective

The Code requires the disclosure of information relating to the expected impact of an accounting change that will be required by a new standard that has been issued but not yet adopted.

The HSCP Board considers that there are no such standards which would have significant impact on its Annual Accounts.

4. Critical Judgements and Estimation Uncertainty

Within Greater Glasgow and Clyde, each IJB has responsibility for services which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risks and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which West Dunbartonshire IJB accounts have been prepared and is based on the Code of Practice.

In responding to COVID-19 the IJB has been required to act as both principal and agent. An assessment of all COVID-19 expenditure has been undertaken and this assessment has concluded that the IJB acted as agent in relation to both the PPE supplied by National Services Scotland and the £500 thankyou payments made to Local Authority employees and external providers. In line with the Code, this expenditure has been excluded from the accounts.

The Annual Accounts contain estimated figures that are based on assumptions made by West Dunbartonshire IJB about the future or that which are otherwise uncertain. Estimates are made using historical expenditure, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates made. In applying these estimations, the IJB has no areas where actual results are expected to be materially different from the estimated used.

5. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Financial Officer on 15 November 2022. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2022, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

6. Expenditure and Income Analysis by Nature

Table 11: Expenditure and Income Analysis

2020/21	West Dunbartonshire Integration Joint Board Health & Social Care Partnership Consolidated Health & Social Care Services	2021/22
£000		£000
76,252	Employee Costs	79,848
1,002	Property Costs	1,056
1,138	Transport	1,294
4,334	Supplies and Services	4,388
53,954	Payment to Other Bodies	56,247
24,473	Prescribing	19,691
24,422	Family Health Services	29,971
2,868	Other	2,501
27	Audit Fee	28
505	Assisted Garden Maintenance and Aids and Adaptations	527
36,149	Set Aside for Delegated Services Provided in Large Hospitals	36,346
(16,047)	Income	(16,792)
(222,821)	Taxation and non-specific grant income	(227,858)
(13,744)	Surplus on the Provision of Services	(12,753)

There are no statutory or presentational adjustments which reflect the WDHS CP Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

7. Taxation and Non-Specific Grant Income

The funding contribution from the NHS Greater Glasgow and Clyde Health Board shown below includes £36.346m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the Health Board which retains responsibility for managing the costs of providing the services. The HS CP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

Table 12: Taxation and Non-Specific Grant Income

2020/21 £000	Taxation and Non-Specific Grant Income	2021/22 £000
(115,295)	NHS Greater Glasgow and Clyde Health Board	(116,060)
(70,872)	West Dunbartonshire Council	(74,925)
(36,149)	NHS GGCHB Set Aside	(36,346)
(505)	Assisted garden maintenance and Aids and Adaptions	(527)
(222,821)	Total	(227,858)

8. Hosted Services

Consideration has been made on the basis of the preparation of the 2021/22 accounts in respect of MSK Physiotherapy and Retinal Screening Services hosted by West Dunbartonshire HSCP Board for other IJBs within the NHSGGC area. The HSCP Board is considered to be acting as a “principal”, with the full costs of such services being reflected in the 2021/22 financial statements. The cost of the hosted services provided to other IJBs for 2021/22 is detailed in the table below:

Table 13: Services Hosted by West Dunbartonshire HSCP

2020/21 £000			2021/22 £000
Net Expenditure of Other IJB Activity	Host Integration Joint Board	Service Description	Net Expenditure of Other IJB Activity
5,733	West Dunbartonshire	MSK Physiotherapy	6,014
657	West Dunbartonshire	Retinal Screening	658
6,390		Cost to GGC IJBs for Services Hosted by WD	6,672

Similarly, other IJBs' within the NHSGGC area act as the lead manager (or host) for a number of delegated services on behalf of the WD HSCP Board. The table 14 details those services and the cost of providing them to residents of West Dunbartonshire, based on activity levels, referrals and bed days occupied.

Table 14: Services Hosted by Other HSCPs

2020/21 £000 Net Expenditure by WD HSCP	Host Integration Joint Board	Service Description	2021/22 £000 Net Expenditure by WD HSCP
624	East Dunbartonshire	Oral Health	768
653	East Renfrewshire	Learning Disability	310
3	East Renfrewshire	Augmentative and Alternative Communication	4
301	Glasgow	Continence	309
656	Glasgow	Sexual Health	615
1,448	Glasgow	Mental Health Central and Specialist Services	1,660
1,039	Glasgow	Addictions - Alcohol and Drugs	1,066
818	Glasgow	Prison Healthcare	870
183	Glasgow	Health Care Police Custody	194
4,880	Glasgow	General/Old Age Psychiatry	4,572
14	Renfrewshire	General/Old Age Psychiatry	14
4	Inverclyde	General/Old Age Psychiatry	7
525	Renfrewshire	Podiatry	373
281	Renfrewshire	Primary Care Support	280
11,429		Cost to WD for Services Hosted by Other IJBs	11,042

9. Debtors

2020/21 £000	Short Term Debtors	2021/22 £000
0	NHS Greater Glasgow and Clyde Health Board	0
21,807	West Dunbartonshire Council	34,728
21,807	Total	34,728

10. Creditors

2020/21 £000	Short Term Creditors	2021/22 £000
0	NHS Greater Glasgow and Clyde Health Board	0
0	West Dunbartonshire Council	0
0	Total	0

11. Provisions

As part of the 2022/23 budget setting exercise the HSCP Board agreed to make provision for un-recovered charges (bad debt) for specific social care delegated services.

2020/21 £000	Provisions	2021/22 £000
0	Bad Debt Provision	168
0	Total	168

12. Related Party Transactions

The HSCP Board has related party relationships with the Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

Both NHSGGC and WDC provide a range of support services to the HSCP Board which includes legal advice, human resources support, some financial services and technical support. Neither organisation levied any additional charges for these services for the year ended 31 March 2022.

Transactions with Greater Glasgow and Clyde Health Board

2020/21 £000		2021/22 £000
(151,444)	Funding Contributions Received from the NHS Board	(152,406)
143,009	Expenditure on Services Provided by the NHS Board	139,033
(8,435)	Net Transactions with NHS Board	(13,373)

Transactions with West Dunbartonshire Council

2020/21 £000		2021/22 £000
(71,377)	Funding Contributions Received from the Council	(75,452)
65,739	Expenditure on Services Provided by the Council	75,714
329	Key Management Personnel: Non-Voting Members	358
(5,309)	Net Transactions with West Dunbartonshire Council	620

Key Management Personnel: the non-voting Board members employed by the WDC and NHSGGC and recharged to the HSCP Board include the Chief Officer, the Chief Financial Officer and the Chief Social Work Officer. In addition to the non-voting members other key management personnel recharged to the HSCP Board include the Head of Planning & Health Improvement and two staff representatives. Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

13. Useable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

Balance as at 31 March 2021 £000	Total Reserves	Transfers Out 2021/22 £000	Transfers In 2021/22 £000	Balance as at 31 March 2022 £000
	Scottish Govt. Policy Initiatives			
(4,970)	Covid	4,781	(9,024)	(9,213)
(1,559)	Primary Care	1,414	(2,247)	(2,392)
(1,574)	Adult and Older People Services	984	(4,005)	(4,595)
(422)	Children's Services	143	(289)	(568)
(266)	Carers Funding	0	(591)	(857)
(842)	Other	5	(943)	(1,780)
	HSCP Initiatives			
(1,706)	Service Redesign & Transformation	161	(714)	(2,259)
0	Complex Care	0	(560)	(560)
(300)	Community Empowerment	0	0	(300)
(4,517)	Recovery / Renewal in Services	344	(1,403)	(5,576)
0	Other	0	(318)	(318)
	Prescribing			
(1,284)	Prescribing	0	(279)	(1,563)
(17,440)	Total Earmarked Reserves	7,832	(20,373)	(29,981)
(4,367)	Total Unearmarked Reserves	714	(926)	(4,579)
(21,807)	Total General Fund Reserves	8,546	(21,299)	(34,560)
	Overall Movement			(12,753)

14. **External Audit Costs**

In 2021/22 the HSCP Board incurred external audit fees in respect of external audit services undertaken in accordance with the Code of Audit Practice:

2020/21 £000		2021/22 £000
27	Fees Payable	28

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the West Dunbartonshire Integration Joint Board as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2021/22 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 18 July 2016. The period of total uninterrupted appointment is 6 years. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Financial Officer and West Dunbartonshire Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the West Dunbartonshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The West Dunbartonshire Integration Joint Board audit and performance committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;

- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Financial Officer is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Fiona Mitchell-Knight FCA
Audit Director
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

APPENDIX 1: LIST OF WEBSITE LINKS

1. <http://www.wdhscp.org.uk/media/1215/wdhscp-integration-scheme-may-2015.pdf>
2. <http://www.wdhscp.org.uk/media/2158/hscp-strategic-plan-2019-2022.pdf>
3. <http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf>
4. <http://www.wdhscp.org.uk/media/2522/west-dunbartonshire-sna-summary.pdf>
5. <http://www.wdhscp.org.uk/about-us/public-reporting/performance-reports/>
6. <http://www.wdhscp.org.uk/media/2533/audit-and-performance-committee-papers-27622.pdf>
7. <http://www.wdhscp.org.uk/media/2492/document-pack-bookmarked-and-agenda-hscp-board-21-march-2022.pdf>
8. <http://www.wdhscp.org.uk/media/2492/document-pack-bookmarked-and-agenda-hscp-board-21-march-2022.pdf>
9. <http://www.wdhscp.org.uk/media/2356/wd-hscp-board-financial-regulations.pdf>
10. <http://www.wdhscp.org.uk/media/2423/audit-and-peformance-papers-24621.pdf>
11. <http://www.wdhscp.org.uk/media/2488/hscp-audit-and-performance-committee-07-03-22.pdf>
12. <http://www.wdhscp.org.uk/media/2488/hscp-audit-and-performance-committee-07-03-22.pdf>
13. <http://www.wdhscp.org.uk/media/2305/reserves-policy-april-2020.pdf>
14. <http://www.wdhscp.org.uk/media/2493/document-pack-bookmarked-and-supplementary-agenda-hscp-board-21-march-2022.pdf>
15. <http://www.wdhscp.org.uk/media/2432/wdhscp-local-code-of-good-governance.pdf>
16. <http://www.wdhscp.org.uk/media/2533/audit-and-performance-committee-papers-27622.pdf>

West Dunbartonshire Integration Joint Board

Proposed 2021/22 Annual Audit Report



 AUDIT SCOTLAND

Prepared for West Dunbartonshire Integration Joint Board and the Controller of Audit
November 2022

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Key messages

2021/22 annual accounts

- 1 Our audit opinions on the annual accounts of West Dunbartonshire Integration Joint Board are unmodified. The financial statements give a true and fair view of transactions and were properly prepared in accordance with the financial reporting framework.
- 2 The management commentary, the audited part of the remuneration report and the annual governance statement were consistent with the financial statements and prepared in accordance with proper accounting practices

Financial management and sustainability

- 3 Joint Board's across Scotland were operating in a volatile and challenging environment in 2021/22. The Integration Joint Board (IJB) had to prioritise its health and social care response to the Covid-19 pandemic against the backdrop of workforce and financial challenges.
- 4 Covid-19 had a significant impact on the 2021/22 year-end outturn. The joint board received £14.980 million of Covid-19 related funding, of which £8.893 million was received late in the financial year. Unspent Covid-19 funding of £9.213 million significantly contributed to an overall underspend of £12.753 million for 2021/22.
- 5 The joint board has effective budget monitoring arrangements in place.
- 6 The medium to long-term financial plan was updated to reflect the impact of Covid-19 and the wider challenges facing the joint board. In the worst-case scenario, a budget deficit of £18.725 million is forecast by 2026/27.
- 7 Unspent Covid-19 funding has significantly increased the joint board's reserves. As at 31 March 2022, it holds total reserves of £34.560 million, of which £29.981 million is earmarked for specific purposes.
- 8 There are significant workforce pressures within both partner organisations.

Governance, Transparency and Best Value

- 9 The governance arrangements are appropriate and operate effectively.
- 10 The joint board is progressing approval of the revised integration scheme.

- 11** The IJB demonstrates some aspects of Best Value, but arrangements could be enhanced through the introduction of a formal Best Value review.
- 12** Overall, key performance indicators in 2021/22 show similar levels of performance when compared to 2020/21. There are significant challenges in reducing delayed discharges.

Introduction

1. This report summarises the findings arising from the 2021/22 audit of West Dunbartonshire Integration Joint Board (the IJB).
2. The scope of the audit was set out in our [Annual Audit Plan](#) presented to the 7 March 2022 meeting of the Audit and Performance Committee.
3. This report comprises the findings from:
 - the audit of the West Dunbartonshire Integration Joint Board's 2021/22 annual accounts
 - consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#)

Adding value through the audit

4. We add value to the IJB, through audit, by:
 - identifying and providing insight on significant risks, and making clear and relevant recommendations
 - sharing intelligence and good practice through our national reports ([Appendix 3](#)) and good practice guides
 - providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability.

Responsibilities and reporting

5. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation and putting arrangements in place for governance and propriety that enable it to successfully deliver its objectives.
6. Our responsibilities as independent auditor appointed by the Accounts Commission are established by the Local Government in Scotland Act 1973, the [Code of Audit Practice 2016](#) and supplementary guidance, and International Standards on Auditing in the UK.
7. As public sector auditors we give independent opinions on the annual accounts. Additionally, we conclude on:

- the appropriateness and effectiveness of the IJB's performance management arrangements,
- the suitability and effectiveness of corporate governance arrangements, and
- the financial position and arrangements for securing financial sustainability.

8. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice 2016](#) and supplementary guidance.

9. This report raises matters from our audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

10. Our annual audit report contains an agreed action plan at [Appendix 1](#) setting out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from previous years and the progress made.

Audit appointment from 2022/23

11. The Accounts Commission is responsible for the appointment of external auditors to local government bodies. 2021/22 is the last year of the current appointment round.

12. The procurement process for the new round of audit appointments was completed in May 2022. For the period 2022/23 to 2026/27, Mazars will be the appointed auditor for the IJB. We are working with the new auditors to ensure a well-managed transition.

New Code of Audit Practice

13. A new [Code of Audit Practice](#) applies to public sector audits for financial years starting on or after 1 April 2022. It replaces the Code issued in May 2016.

14. The Code outlines the objectives and principles to be followed by all auditors. The audit of financial statements is covered by auditing standards, so the Code focuses more on the wider dimension objectives and responsibilities of public sector auditors. It is a condition of their appointment by the Auditor General for Scotland or the Accounts Commission that auditors adhere to the requirements of the Code.

Auditor Independence

15. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must comply with professional

standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

16. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2021/22 audit fee of £27,960, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

17. This report is addressed to both the West Dunbartonshire Integration Joint Board and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course. We would like to thank the management and staff who have been involved in our work for their co-operation and assistance during the audit.

1. Audit of 2021/22 annual accounts

The principal means of accounting for the stewardship of resources and performance

Main judgement

Our audit opinions on the annual accounts of West Dunbartonshire Integration Joint Board are unmodified. The financial statements give a true and fair view of transactions and were properly prepared in accordance with the financial reporting framework.

The management commentary, the audited part of the remuneration report and the annual governance statement were consistent with the financial statements and prepared in accordance with proper accounting practices.

Our audit opinions on the annual accounts are unmodified

18. The IJB's annual accounts for the year ended 31 March 2022 were approved by the joint board on 15 November 2022. As reported in the independent auditor's report:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the Remuneration Report, Management Commentary and the Annual Governance Statement were all consistent with the financial statements and properly prepared in accordance with the relevant regulations and guidance.

The unaudited annual accounts were submitted for audit in line with the agreed timetable

19. We received the unaudited annual accounts on 30 June 2022 in line with the agreed audit timetable. The working papers provided to support the accounts were of a good standard. Finance staff provided good support to the audit team which helped ensure the final accounts audit process ran smoothly.

There were no objections raised to the annual accounts

20. The Local Authority Accounts (Scotland) Regulations 2014 require local government bodies to publish a public notice on its website that includes details

of the period for inspecting and objecting to the accounts. This must remain on the website throughout the inspection period. The IJB complied with the regulations. There were no objections to the 2021/22 annual accounts.

Our audit testing reflected the calculated materiality levels

21. We apply the concept of materiality in both planning and performing the audit and in evaluating the effect of identified misstatements on the audit and in forming the opinion in the auditor's report. We identify a benchmark on which to base overall materiality, such as gross expenditure, and apply what we judge to be the most appropriate percentage level for calculating materiality values.

22. The determination of materiality is based on professional judgement and is informed by our understanding of the entity and what users are likely to be most concerned about in the annual accounts. In assessing performance materiality, we have considered factors such as our findings from previous audits, any changes in business processes and the entity's control environment including fraud risks.

23. Our initial assessment of materiality for the annual accounts was carried out during the planning phase of the audit. This was reviewed and revised on receipt of the unaudited annual accounts and is summarised in [Exhibit 1](#).

Exhibit 1 Materiality values

Materiality level	Amount
Overall materiality: This is the figure we use in assessing the overall impact of potential adjustments on the financial statements. It has been set at 1.5% of gross expenditure for the year ended 31 March 2022.	£3.478 million
Performance materiality: This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement, we calculated performance materiality at 70% of planning materiality.	£2.435 million
Reporting threshold: We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.	£0.105 million

Source: Audit Scotland

We have a significant finding to report on the audited annual accounts

24. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices. We have one significant finding detailed in [Exhibit 2](#).

Exhibit 2

Significant finding from the audit of the annual accounts

Issue	Resolution
<p>1. Significant balance in reserves</p> <p>The balance held in reserves for future spending amounted to £34.560 million as at 31 March 2022. This represents an increase of £12.753 million in 2021/22.</p> <p>The significant increase is mostly attributable to £8.893 million Covid-19 related funding received from the Scottish Government late in the financial year. This has been carried forward for use in 2022/23 in an earmarked ring-fenced reserve, and there are conditions on how this money can be spent. This funding is included as an underspend against budget in the annual accounts.</p> <p>In September 2022, the Scottish Government commenced discussions with all IJBs regarding the possible clawback of reserves, although these discussions are at an early stage.</p>	<p>For information only.</p> <p>IJBs across Scotland have recorded large increases to their reserves position in 2021/22. We recognise that the board has received regular updates on the reserves position and there are plans for their use.</p> <p>Further comment on the reserves position is detailed in paragraphs 49. to 54.</p>

Source: Audit Scotland

25. In addition to our finding in [Exhibit 2](#), we identified one further less significant issue, detailed below:

- Hospital acute services (set-aside):** In the unaudited accounts, the prior year set aside expenditure figure for hospital acute services, and corresponding NHS Greater Glasgow and Clyde income contribution, had been restated in the comprehensive income and expenditure statement. Both figures were increased by £0.096 million. This was due to prior year set aside data incorrectly including activity related to the Royal Hospital for Children. As the restatement was not material, a restatement was not required, in accordance with International Accounting Standard (IAS) 8. This has been adjusted in the audited accounts.

26. We have obtained audit assurances over the identified significant risks of material misstatement to the financial statements, identified in our 2021/22 Annual Audit Plan. [Exhibit 3](#) summarises the audit procedures we performed during the year to obtain assurances over the risks and conclusions from the work completed.

Exhibit 3

Significant risk of material misstatement in the financial statements

Audit risk	Assurance procedure	Results and conclusions
<p>1. Risk of material misstatement due to fraud caused by the management override of controls</p> <p>As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p>	<p>Assurances obtained from the external auditors of West Dunbartonshire Council and NHS Greater Glasgow and Clyde over the completeness, accuracy and allocation of income and expenditure.</p> <p>Evaluated any unusual material transactions identified through our audit testing for any evidence of management override of controls.</p>	<p>Results & Significant Judgements: Testing of income and expenditure transactions was carried out by the external auditors of the IJB's partner bodies.</p> <p>No issues were reported in the assurances obtained which would have an impact on the processing of IJB transactions or our audit approach. There were also no unusual material transactions identified.</p> <p>Conclusion: There was no evidence of management override of controls from the work performed.</p>
<p>2. Hospital acute services (set-aside)</p> <p>The "set-aside" is the Joint Board's share of the delegated acute services provided by NHSGGC hospitals on behalf of the Joint Boards. It reflects actual cost and activity data. In 2020/21, audit testing identified a material error in the IJB's set-aside figure. This error was due to a change in the formatting of the central Health Board spreadsheet. The accounts were amended to show the correct figures. Due to the</p>	<p>Review and testing of the calculation of the set aside figure in the accounts.</p>	<p>Results & Significant Judgements: The set aside figure for delegated services provided in large hospitals was £36.346 million.</p> <p>The detailed working paper supporting the calculation was subject to review and audit testing. No errors were identified.</p> <p>Conclusion: There were no errors identified in the 2021/22 set aside figure.</p>

Audit risk	Assurance procedure	Results and conclusions
error, this will be an area for audit focus in 2021/22.		

There were no material misstatements identified in the annual accounts

27. There were no misstatements identified in the annual accounts. In accordance with normal audit practice, a number of presentational and disclosure amendments were discussed and agreed with management.

Financial and performance reporting in the management commentary has improved

28. The management commentary that accompanies the annual accounts should clearly explain how the IJB has performed against its budget and how this is reconciled to the financial statements.

29. In previous years, we reported that the overall presentation and accessibility of information in the accounts could be enhanced through greater use of infographics and trend analysis over time.

30. Improvements have been made to the management commentary in 2021/22 by introducing infographics, which present highlights from the joint board's performance over the year. There remains scope to further enhance how information is presented in the annual report, focusing on key messages and summarising information. This would improve the readability of the report and give a more accessible picture of performance.

Our audit work addressed the wider dimension risks identified in our 2021/22 Annual Audit Plan

31. The [Code of Audit Practice 2016](#) requires auditors to consider the wider dimensions of public sector audit (financial management, financial sustainability, governance and transparency and value for money). Within our 2021/22 Annual Audit Plan, under this responsibility, we identified wider dimension risks in relation to:

- Planning for financial sustainability
- Service pressures
- Workforce sustainability
- Governance arrangements
- Integration scheme

32. [Appendix 2](#) summarises the audit procedures we performed during the year to obtain assurances over these risks and the conclusions from the work

completed. Further details of our work in relation to the audit dimensions is included in sections 2 to 5 of this report.

Reasonable progress was made on prior year recommendations

33. The joint board has made reasonable progress in implementing our prior year audit recommendations made in our 2020/21 Annual Audit Report. This includes actions brought forward from previous years. For actions not yet implemented, revised responses and timescales have been agreed with management, and are set out in [Appendix 1](#).

2. Financial management and sustainability

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Main judgements

Joint Board's across Scotland were operating in a volatile and challenging environment in 2021/22. The Integration Joint Board (IJB) had to prioritise its health and social care response to the Covid-19 pandemic against the backdrop of workforce and financial challenges.

Covid-19 had a significant impact on the 2021/22 year-end outturn. The joint board received £14.980 million of Covid-19 related funding, of which £8.893 million was received late in the financial year. Unspent Covid-19 funding of £9.213 million significantly contributed to an overall underspend of £12.753 million for 2021/22.

The joint board has effective budget monitoring arrangements in place.

The medium to long-term financial plan was updated to reflect the impact of Covid-19 and the wider challenges facing the joint board. In the worst-case scenario, a budget deficit of £18.725 million is forecast by 2026/27.

Unspent Covid-19 funding has significantly increased the joint board's reserves. As at 31 March 2022, it holds total reserves of £34.560 million, of which £29.981 million is earmarked for specific purposes.

There are significant workforce pressures within both partner organisations.

Covid-19 funding received late in the financial year contributed to an underspend of £12.753 million

34. The joint board does not hold assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer and Chief Finance Officer. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records.

35. The Covid-19 pandemic had a significant impact on the IJB's 2021/22 budget. In 2021/22, the IJB had £14.980 million of Covid-19 related funds available (including income carried forward from the previous year), with £8.893 million of this received late in the financial year. The IJB utilised £5.767 million of this funding with the remaining £9.213 million transferred to an earmarked ring-fenced reserve, and there are conditions on how this money can be spent.

36. The late receipt of Covid-19 funding significantly contributed to the IJB returning an overall underspend of £12.753 million against a budgeted breakeven position, as shown in [Exhibit 4](#). The IJB has earmarked £12.541 million of this underspend for specific purposes with the remaining £0.212 million unearmarked.

Exhibit 4 Performance against budget

IJB budget summary	Budget £m	Actual £m	Variance £m
Net Expenditure on Services Directly Managed by WDIJB	170.097	178.232	8.135
Funded by			
Contribution from NHS Greater Glasgow & Clyde Health Board	(97.853)	(116.060)	(18.207)
Contribution from West Dunbartonshire Council	(71.921)	(74.925)	(3.004)
Use of Earmarked Reserves	(0.323)	0	0.323
Surplus of Income over Expenditure	0	(12.753)	(12.753)

Source: Audit Scotland

There are effective budget monitoring arrangements in place

37. Detailed budget monitoring reports were submitted to meetings of the joint board throughout the year. The reports included the year to date and forecast year-end outturn position, including detailed information on additional Covid-19 related funding and expenditure. Progress towards meeting agreed savings targets were also monitored as part of these reports.

38. The budget reports provided members with a comprehensive overview of the IJB's financial position. To support effective scrutiny by members, the Chief Financial Officer has presented a summarised dashboard view of key figures, alongside the standard budget reports, at key points during the financial year. This has improved the budget reporting arrangements in place.

39. We observed that senior management and members receive detailed and timeous financial information on the IJB's financial position and have concluded the IJB has effective budget monitoring arrangements in place.

£2.372 million savings and service redesign efficiencies, were planned but only £0.892 million was achieved

40. As part of the 2021/22 budget, the joint board approved £2.372 million of savings and service redesign efficiencies. The final outturn report presented to the June 2022 Board reported that £0.892m of savings were achieved as planned. £1.084 million was covered by Covid-19 funding and the remaining £0.396 million was covered by other IJB underspends and earmarked reserves.

41. Where possible, the IJB should aim to identify where recurring savings can be made to address the forecast future year budgets gaps in [Exhibit 5](#). The achievement of budgeted savings and service redesign efficiencies will be important for services to be financially sustainable in the future.

Financial systems of internal control operated effectively

42. The IJB does not have its own financial systems and instead relies on partner bodies' financial systems. All financial transactions are processed under the partner bodies' internal controls.

43. As part of our audit approach, we sought assurances from the external auditor of NHS Greater Glasgow & Clyde. We are also the auditor of West Dunbartonshire Council. The audits of the health board and council identified no significant weaknesses that could result in a risk to the annual accounts of the IJB.

44. The IJB also received their own assurances from the Section 95 Officer of the council and Chief Financial Officer of the health board. These assurances provided confirmation that the charges for services commissioned by the IJB accurately reflect the income and expenditure recorded in the partner' bodies financial systems in 2021/22.

The IJB has updated its medium to long-term financial plan to reflect the impact of Covid-19 and the wider challenges it faces

45. Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered. We previously reported that the medium to long-term financial plan should be updated to reflect the longer-term financial impact of Covid-19 on health and social care services.

46. In March 2022, the Board approved a revised medium-term financial plan covering the period 2022/23 to 2026/27. This sets out anticipated income and expenditure based on assumptions around pay inflation, service demand, demographic changes and pressures resulting from the impact of Covid-19. Scenario planning has been used to project potential future budget gaps based on the likely, worst case and best-case

scenarios, [Exhibit 5](#). The plan also includes indicative financial data for the period to 2031/32.

47. All IJBs are operating in an environment of significant uncertainty which constrains longer term financial planning. The Scottish Government's plans to introduce a new National Care Service, the funding share of pay awards, and single year funding settlements make future income difficult to forecast.

48. The financial plan contains five broad themes setting out the IJB's plans to address the budget gaps: better ways of working, community empowerment, prioritise our services, equity and consistency of approach, and service redesign and transformation. Through the use of reserves, the IJB has appointed three service improvement leads to progress service redesign.. It is important that the joint board further develops financial and service redesign plans to ensure its resources are aligned to agreed priorities and the necessary service redesign and transformational changes are progressed. The extent of the challenges faced by the IJB means that services will need to change if they are to be sustainable in the future.

Recommendation 1

The joint board's financial plans forecast significant budget gaps in future years. The IJB should further develop financial and service redesign plans to ensure that services are financially sustainable in the future.

Exhibit 5

Scenario planning to project potential future budget gaps

Indicative budget gap	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
Best	0.833	3.562	7.522	10.435
Likely	2.815	5.623	9.652	12.635
Worst	8.492	11.445	15.602	18.725

Source: West Dunbartonshire Integration Joint Board Medium Term Financial Plan 2022/23–2026/27

The IJB has total reserves of £34.560 million as at 31 March 2022. Covid-related funding has significantly increased the reserves position in the past two financial years.

49. The joint board holds two types of reserves, earmarked and unearmarked reserves. Earmarked reserves are held for a known commitment or for a

specific purpose in the future. Unearmarked reserves provide a contingency fund to manage the impact of unexpected events or emergencies. The IJB holds £4.579m of unearmarked reserves, £0.623 million above the two per cent of net expenditure (excluding Family Health Services) target set in the IJB's reserves policy.

50. At 31 March 2022, the earmarked reserves balance amounted to £29.981 million compared to £17.440 million at 31 March 2021. The substantial increase in 2021/22 is primarily due to an underspend of Covid-19 funding received by the Scottish Government, to be spent in future years. As is the case in many other integration joint boards, this year's reserves balance is significantly higher than at any other point in the joint board's history, [Exhibit 6](#).

Exhibit 6

West Dunbartonshire IJB's reserves, 2017/18 to 2021/22

	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m
Total Unearmarked Reserves	1.705	2.457	2.809	4.367	4.579
Total Earmarked Reserves	4.43	4.723	5.254	17.440	29.981
Total Reserves	6.142	7.180	8.063	21.807	34.560

Source: West Dunbartonshire Integrated Joint Board annual accounts 2017/18 to 2021/22

51. Of the earmarked reserves held, 65% is for Scottish Government policy initiatives such as Covid-19 funding. These funds are largely ring-fenced which restricts their use. This ring-fenced funding contains non-recurring elements.

52. There are ongoing sustainability challenges of using non-recurring income, held in reserves, to fund recurring expenditure. The non-recurring nature of this funding means that, for example, the IJB is generally advertising for fixed-term, rather than permanent posts which can be more difficult to fill. Difficulties in recruiting staff has been a significant factor in the joint board drawing down £7.832 million of the £8.968 million it forecast to use from earmarked reserves in 2021/22.

53. An additional challenge arises from the fact that, in September 2022, the Scottish Government commenced discussions with IJBs regarding the possible clawback of reserves to meet future funding pressures. These discussions are at an early stage so further information will be required to support the IJB in making informed decisions on the use of reserves.

54. Proposals which would utilise £1.489 million of reserves were presented to the August 2022 Board by the Chief Financial Officer, however these proposals were not agreed by members. There is a risk this impacts on the delivery of the IJB's strategic priorities. The IJB has earmarked £29.891 million of its reserves

although delivery of these plans may be constrained by national recruitment challenges. Members will be required to take difficult decisions in the future, recognising that a clear plan and effective management of the IJB's reserves will be key to maintaining financial sustainability and ensuring the effective delivery of services.

West Dunbartonshire Council is negotiating with the IJB to change the funding split of residential care costs

55. As part of West Dunbartonshire Council's 2022/23 budget, a proposal was agreed to negotiate the funding split of residential child placements with the IJB. The council's budgeted assumptions would increase the IJB's share of costs from 50% to 80%, resulting in a £1.365 million cost increase for the IJB in addition to a further £0.725 million of budget pressure to be met by the joint board's Covid reserves. Since then, the Scottish Government has indicated that Covid reserves should not be used for this particular purpose by the IJB. In October 2022, West Dunbartonshire Council further amended its proposals for these costs to be allocated on a 72% HSCP and 28% council basis in 2022/23, on a recurring basis.

56. The council's proposals were considered as part of the IJB's 2022/23 budget-setting process, but were not agreed by the joint board in March 2022 as a full review of the costs split had not yet been undertaken. The budgetary implications of these proposals require the agreement of the IJB, health board and council, and agreement has not been reached.

The council intends to abolish charges for non-residential care, and has proposed that the IJB covers the lost income through its reserves.

57. At the June 2022 West Dunbartonshire Council meeting, a motion was passed with an intention to abolish £1.510 million of non-residential care charges. The power to set or abolish these charges lies with the local authority. The council's aim was that the IJB would cover this loss of income through its unearmarked reserves. At the August 2022 meeting of the IJB, members did not agree to fund this with unearmarked reserves. The council has not formally abolished charges, and the implications of any future decisions would need to be reflected in the budgetary requirements of the council and the IJB.

There are significant workforce pressures within both partner organisations

58. There are significant workforce pressures within both the NHS and social care. In its February 2022 [NHS in Scotland 2021](#) report, in the context of the scale and pace of remobilisation, Audit Scotland noted the risk of workforce issues in the NHS. This included concerns about staff wellbeing, sustainability because of retirements, recruitment challenges, and the need to ensure the appropriate skills mix. From a social care perspective, Audit Scotland's 2022 [Social Care](#) briefing highlighted that the social care workforce has high vacancy rates with many services facing recruitment problems. Together with the

increasing demand for social care, this presents a risk to the capacity and quality of social care services.

59. The workforce challenges experienced nationally are replicated within both West Dunbartonshire IJB partner organisations. These issues have the potential to impact on the delivery of the IJB's Strategic Plan and plans to redesign services. The IJB's Strategic Risk Register reflects the significance of the workforce sustainability risk with this risk assessed as unacceptable, the highest rating. Actions are being undertaken to address this risk with internal audit due to complete a review of workforce planning arrangements as part of its 2022/23 internal audit plan.

The Scottish Government's proposals for a new National Care Service have the potential to significantly change the way that IJBs are structured and operate

60. Following the publication of the [Independent Review of Adult Social Care](#) in February 2021, work is currently under way nationally to develop and implement a new National Care Service (NCS). The Scottish Government expects the new NCS to be operational by 2026. These proposals have the potential to significantly change the way that IJBs are structured and operate.

61. In its January 2022 [Social Care](#) briefing, Audit Scotland noted stakeholders concerns about the extent of the proposals for reform and the time it will take to implement them. Many of the current issues experienced by the social care sector, for example the workforce pressures, cannot wait for the Scottish Government to implement a new NCS.

62. Members have been kept informed on the potential impact of the new NCS through a series of joint board papers and two informal board sessions. Following board approval, the IJB provided a formal response to the consultation on a NCS for Scotland. The response, agreed in November 2021, noted that "whilst supportive of many of the ambitions within the consultation document, [the IJB] would wish further detail to allow reflection on whether the time and resources required to create an entirely new structure is best value".

4. Governance, transparency and Best Value

The effectiveness of scrutiny and oversight and transparent reporting of information. Using resources effectively and continually improving services.

Main Judgements

The governance arrangements are appropriate and operate effectively.

The joint board is progressing approval of the revised integration scheme

The IJB demonstrates some aspects of Best Value, but arrangements could be enhanced through the introduction of a formal Best Value review.

Overall, key performance indicators in 2021/22 show similar levels of performance when compared to 2020/21. There are significant challenges in reducing delayed discharges.

Governance arrangements are appropriate and operate effectively overall

63. The IJB's governance framework has been adapted as a result of the Covid-19 pandemic. Meetings of the Audit and Performance Committee and the Board have continued as planned but have taken place remotely throughout 2021/22. Since June 2022, meetings have been delivered through a hybrid model with some members and officers attending in person while others contribute remotely.

64. The joint board operates in a difficult and uncertain strategic context and faces significant financial pressures, a lack of certainty and flexibility over long-term funding, and the prospect of major service reforms. Collaborative leadership was critical to the pandemic response by harnessing the resources of the community and partners.

65. The current financial outlook will inevitably place strain on the ability of the joint board to make funding decisions collaboratively to support recovery and improve outcomes for residents. Complex problems need a 'whole systems approach', so it is vital that members and partners promote open, collaborative and partnership working.

66. We reported in our 2021/22 Annual Audit Plan, based on our attendance at a recent Board meeting, that the length of a Board meeting we attended provided limited opportunities for members to discuss and scrutinise agenda items. During the course of our audit, we have observed that members have been provided with sufficient time and opportunities to properly scrutinise officers' reports and challenge decisions made. We can conclude that this particular board meeting was not representative of the overall governance environment throughout 2021/22.

67. We consider that governance arrangements are appropriate and support effective scrutiny, challenge and decision-making. We can conclude that effective governance has been demonstrated in 2021/22.

The IJB audio streams meetings to improve the openness and transparency of its activities and decision making

68. There continues to be an increasing focus on demonstrating the best use of public money. Openness and transparency in how a body operates and makes decisions is key to supporting understanding and scrutiny. Transparency means that the public has access to understandable, relevant, and timely information about how the body is taking decisions and using resources.

69. The IJB has its own website which includes the schedule of meetings and the agenda, reports, and minutes for each meeting of the Integration Joint Board and Audit and Performance Committee. Agenda and papers are posted in advance of meetings to allow members of the public access to these.

70. The IJB have improved the openness and transparency of its activities and decision making. The August 2022 meeting of the Board was the first to be audio streamed. All future meetings of the Board and Audit and Performance Committee will be audio streamed, with recordings available on the West Dunbartonshire Council website. Including the audio streamed meetings on the IJB website, or including a link to the recordings, would enhance arrangements further.

71. We conclude that the IJB demonstrates a commitment to openness and transparency.

Internal audit provided a reasonable level of assurance over the adequacy and effectiveness of the systems of governance, risk management and internal control

72. Internal audit provides the joint board with independent assurance on the organisation's overall risk management, internal control and corporate governance processes. The internal audit function for the IJB is provided by West Dunbartonshire Council, overseen by the Shared Service Manager – Audit and Fraud.

73. Public Sector Internal Audit Standards require the "chief audit executive", which for the IJB is the Shared Service Manager – Audit and Fraud, to provide an internal audit opinion to inform the annual governance statement. Internal audit issued its Annual Assurance Report to the IJB in June 2022 which

included the opinion that “reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control for the year ending 31 March 2022”.

The joint board is progressing approval of the revised integration scheme

74. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the partner bodies carry out a review of the integration scheme within five years of establishment. While the IJB approved a revised scheme in February 2020, the necessary approvals required by the health board were delayed by the Covid-19 pandemic.

75. A consistent integration scheme has been developed across the six integration joint boards which make up the Greater Glasgow and Clyde Health Board area. Following public consultation, final approval of the revised scheme of integration by Scottish Ministers is expected by March 2023. We have been advised that a review of the Board’s Standing Orders and Scheme of Officer Delegation will be concluded following the approval of the integration scheme.

The joint board has extended its strategic plan by a further year due to the disruption caused by the pandemic

76. The Public Bodies (Joint Working) (Scotland) Act 2014 requires IJBs to review their strategic plans every three years. Given the significant period of disruption caused by Covid-19, the board agreed in November 2021 to extend the Strategic Plan by a period of 12 months to March 2023.

77. The Strategic Plan should set out how resources will be directed to secure better health and wellbeing outcomes. The IJB’s Strategic Planning Group is progressing an action plan and we understand the IJB remain on track to present its updated Strategic Plan 2023 – 2026 to the Board by March 2023. Work already undertaken includes the completion of strategic needs assessments (SNA’s) for adults and children’s services. The IJB should use the data from the SNA’s, alongside the feedback from the planned consultation with the public and strategic partners, to inform the future strategic plan.

The IJB demonstrates aspects of Best Value, but arrangements could be enhanced through the introduction of a formal review of Best Value

78. IJBs have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

79. There are effective performance management arrangements in place. The Audit and Performance Committee has continued to monitor the key performance targets in the existing strategic plan through quarterly performance reporting. Clear and measurable performance targets are in place which provide an indication of the IJB’s progress against its strategic objectives.

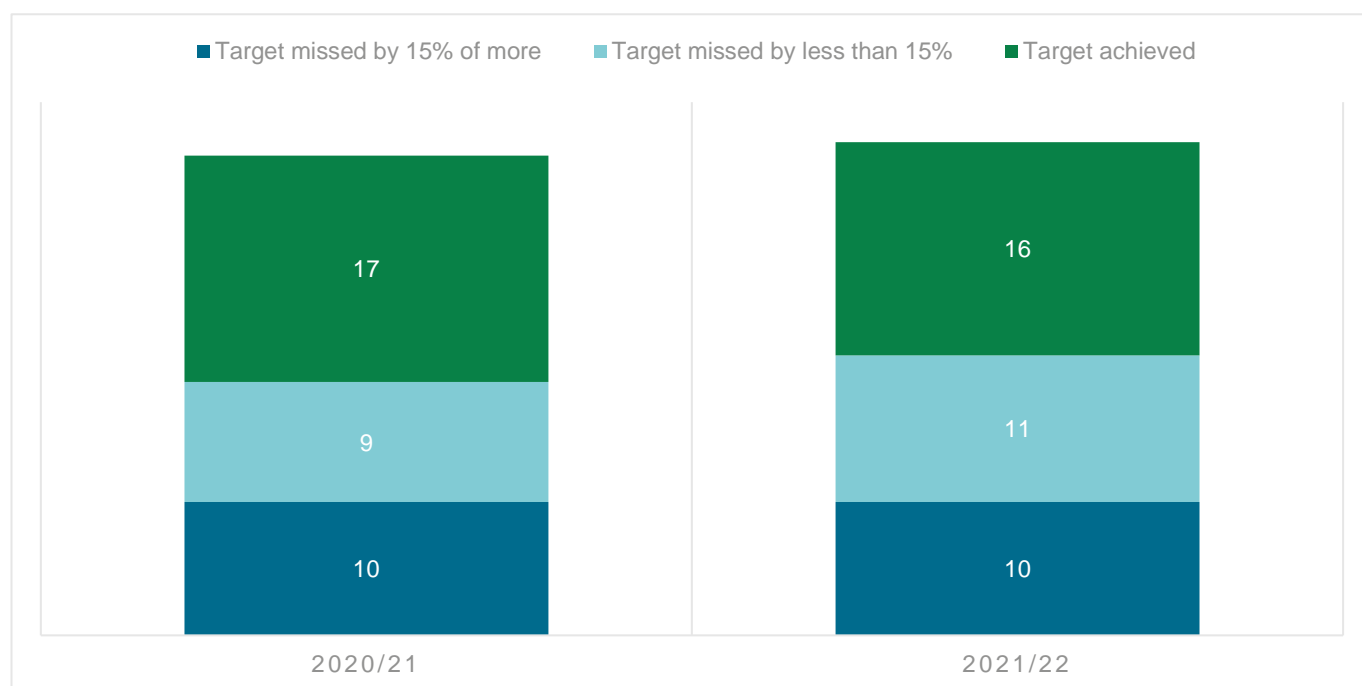
80. Internal audit conducted a review of the IJB's performance management arrangements focussing on the high-level processes and procedures in place. Areas of best practice were identified in the layout, timing and presentation of quarterly performance information. Two low risk issues were identified in relation to key processes and cross-referencing of exception reporting to relevant performance indicators.

81. We have previously recommended that the IJB should agree a mechanism for undertaking a periodic and evidenced formal review of how it is achieving Best Value. This is still to be established as we have reported in [Appendix 2](#). There is an opportunity for the IJB to develop a Best Value review mechanism which complements and supports the implementation of the new strategic plan.

Overall, key performance indicators in 2021/22 show similar levels of performance when compared to 2020/21. There are significant challenges in reducing delayed discharges.

82. The Public Bodies (Joint Working) (Scotland) Act 2014 requires IJB's to produce an annual performance report covering areas such as: assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, and the inspection of services.

83. The 2021/22 Annual Performance Report was approved by the IJB ahead of the extended 30 September 2022 deadline. Overall, key performance indicators in 2021/22 show similar levels of performance compared to 2020/21, [Exhibit 7](#). In 2021/22, 57% of targets were missed. This compares to 53% of targets missed in 2020/21.

Exhibit 7**Key Performance Indicators**

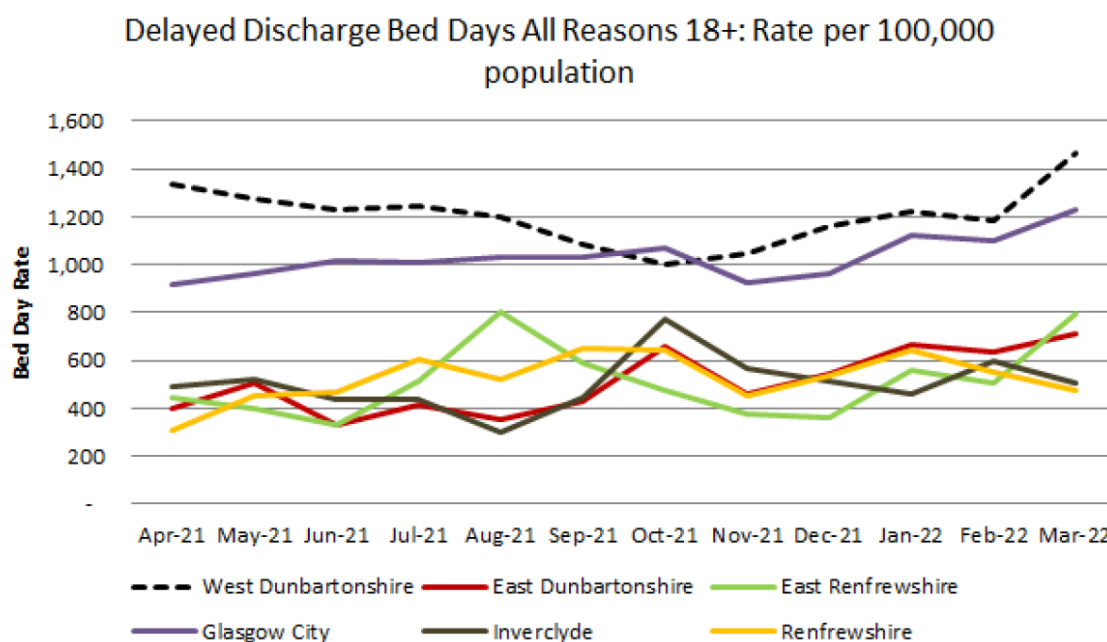
Source: West Dunbartonshire Integrated Joint Board Annual Performance Reports 2020/21 & 2021/22

84. The Covid-19 pandemic has had a substantial impact on performance measures, particularly for services which were temporarily suspended or required to operate at a reduced level. All services had to adapt quickly to new ways of working. It is therefore important to consider the IJB's performance in the context of the pandemic which has created significant pressures on services.

85. There are significant challenges in reducing delayed discharges. A delayed discharge is where a person has been deemed medically fit for discharge from hospital back home or to a care home, but a discharge is unable to take place. Delayed discharges are indicative of other pressures being experienced in the health and social care system, for example lack of services within the community or availability of appropriate care home placements. West Dunbartonshire IJB has the highest rate of adult delayed discharge in the NHS Greater Glasgow and Clyde health board area, [Exhibit 8](#).

Exhibit 8

Delayed Discharge Bed Days All Reasons 18+: Rate per 100,000 population



Source: West Dunbartonshire Integration Joint Board Annual Performance Report 2021/22

86. The IJB has introduced targeted improvement actions with the aim of improving delayed discharge performance. Daily meetings are in place within the West Dunbartonshire discharge team and there is evidence of data being analysed to understand the reasons for delays and identify areas for improvement. These measures showed some signs of early progress in quarter two and three of 2021/22, but performance has since declined.

87. Further work is required by the IJB to ensure key performance targets are being met. The impact of the pandemic has been significant, with West Dunbartonshire having the highest death rate from Covid-19 in Scotland up until June 2022. It is recognised that the IJB is operating in a challenging environment with staffing pressures, increased demand for services, and the ongoing impact of the pandemic. It is essential that there is a clear focus on shaping services that support the IJB and its partner bodies in meeting the needs of the people of West Dunbartonshire.

National performance audit reports

88. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2021/22 we published some reports which may be of direct interest to the IJB as outlined in [Appendix 3](#).

89. During 2021/22 we noted that relevant national reports were considered by members. Findings and recommendations in national reports relevant to the IJB were included in papers of the Audit and Performance Committee. We welcome this positive response to the national reports.

Appendix 1. Action plan 2021/22

2021/22 recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>1. Sustainability of services</p> <p>The medium to long-term financial plan projects significant budget gaps in future years.</p> <p>While the financial plan contains broad themes setting out how budget gaps will be addressed, transformation and service redesign plans require further development.</p> <p>Risk: Services are not financially sustainable in the future.</p>	<p>The joint board's financial plans forecast significant budget gaps in future years. The IJB should further develop financial and service redesign plans to ensure that services are financially sustainable in the future.</p> <p>Paragraph 48</p>	<p>In 2020/21 the IJB invested (through reserves) in the creation of 3 Service Improvement Leads. They have been supporting Heads of Service, including redesign plans for Care at Home (advanced), Learning Disability (just commenced) and Children & Families (being scoped).</p> <p>For the HSCP to progress redesign effectively improvement capacity needs substantiated.</p> <p>The IJB in approving the new Strategic Plan 2023-2026, will set clear priorities to address the demand for services that can be safely and effectively delivered within the financial resources available.</p> <p>Responsible officer:</p> <p>Operational Heads of Service.</p> <p>Agreed Date:</p> <p>Service redesigns will cover a 3-to-5-year period with key target dates incorporated.</p>

Follow-up of prior year recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>PY 1. Management Commentary</p> <p>The 2020/21 management commentary included a significant amount of detailed narrative. This can obscure the key messages for the reader.</p> <p>Risk: The accounts are not readily accessible to users.</p>	<p>Management should review the format and content of the 2021/22 management commentary to make it more accessible for readers of the accounts.</p> <p>Officers should consider the appropriate use of infographics and trend analysis</p>	<p>Complete</p> <p>Financial and performance reporting in the management commentary has been improved. Infographics have been introduced which has improved the accessibility of information.</p> <p>This action will be ongoing as reporting develops further, but it is appropriate to close this action point based on the progress made.</p>
<p>PY 2. Review of Standing Orders</p> <p>Standing orders are in place to regulate the procedures and business of the Joint Board.</p> <p>Current standing orders were reviewed in 2015. The review of the standing orders is currently dependent on when the revised Integration Scheme is approved by the Health Board and the Scottish Government.</p> <p>Risk: The current standing orders do not reflect the arrangements of the IJB.</p>	<p>The IJB should undertake a prompt review of the standing orders following the Health Board and Scottish Government approval of the revised Integration Scheme</p>	<p>Outstanding</p> <p>Revisions to the integration scheme are yet to be concluded. Final approval of the revised scheme of integration is expected by March 2023.</p> <p>Revised management action:</p> <p>A pan-GGC working group has concluded the review and revision of the February 2020 version of the schemes. These will now be consulted on across local authority areas and NHSGGC. It is anticipated that the revised schemes will be approved by the end of March 2023. A full review of standing orders will follow this approval.</p> <p>Responsible Officer:</p> <p>Head of Strategy and Transformation and Chief Financial Officer.</p> <p>Revised Date:</p> <p>June 2023</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>PY 3 (2019/20). Revised financial plans to reflect Covid-19</p> <p>Both the 2020/21 budget and the medium-term financial plan were developed prior to the Covid-19 pandemic.</p> <p>There remains a risk that the additional funding may not be sufficient to cover all the additional costs, and lost income, incurred by the IJB.</p>	<p>The Board should ensure that that 2020/21 budget and medium-term financial plan are revisited as there is more certainty around the short, medium and longer-term financial impact of Covid-19 on health and social care services. Contingency plans should also be developed to assist it in responding to any potential shortfall in Scottish Government funding for Covid-19 costs.</p>	<p>Complete</p> <p>A revised medium-long term financial plan was approved by the Board in March 2022. This reflects the impact of Covid-19 and the wider challenges faced by the IJB.</p> <p>We have recommended in 2021/22 that the joint board should further develop financial and service redesign plans</p>
<p>PY4 (2019/20). Use of outcome data to shape future plans</p> <p>As the IJB continues to gather more data on care pathways and outcomes, it is important to harness this information to drive further progress in shifting the balance of care.</p> <p>There is also the opportunity to share and exchange this data with other IJBs across Scotland to learn from experiences elsewhere.</p>	<p>When developing future plans, the IJB should ensure they consider all available data to inform where they can best direct resources to deliver the improved outcomes for residents.</p>	<p>Partially complete</p> <p>Detailed strategic needs assessments (SNA), which draw on a significant amount of data, have been prepared for adults and children's services. It will be important that the SNA findings are appropriately reflected in the ambitions of the new strategic plan.</p> <p>Revised management action:</p> <p>This action is well advanced. A recent internal audit of the performance management framework has been positive.</p> <p>Best practice events have been undertaken with the Strategic Planning Group (SPG) supported by Healthcare Improvement Scotland. The data captured by the SNAs has been analysed and considered by the SPG and used to draft the Strategic Plan 2023-2026.</p> <p>The IJB will consider this draft at the November board. This will be followed by a</p>

Issue/risk	Recommendation	Agreed management action/timing
		<p>period of engagement before final approval is sought in March 2023.</p> <p>Responsible Officer:</p> <p>Head of Strategy and Transformation</p> <p>Revised date:</p> <p>31 March 2023</p>
<p>PY5 (2018/19). Savings Targets</p> <p>The IJB was expected to make savings of £1.216 million in 2018/19. An update on progress against these savings was presented to the August 2018 Board, showing a projected saving of £0.960 million for the year-end. However, no further individual updates were reported throughout the year or at year-end other than within the projected outturn position.</p> <p>There is a risk that the IJB is not achieving its savings targets.</p>	<p>The IJB should continue to improve on its mechanism for monitoring and reporting on its progress against efficiency savings targets on a regular basis.</p>	<p>Complete</p> <p>The Board received updates on progress against planned savings throughout 2021/22 as part of financial performance reports. The final savings position was reported to the June 2022 Board.</p>
<p>PY6 (2018/19). Best Value</p> <p>While there is evidence of elements of Best value being demonstrated by the IJB, there is no mechanism for formal review, and it is not being reported through the Annual Performance Report.</p> <p>Risk: Non-compliance with requirements outlining the content of the Annual Performance Report. Opportunities for continuous improvement are being missed.</p>	<p>The IJB should agree a mechanism for undertaking a periodic and evidenced formal review of how it is achieving Best Value. This should be included and reported through the Annual Performance Report.</p>	<p>Partially Complete</p> <p>We have reported in prior years that improvements have been made to the Annual Performance Report to better demonstrate how the IJB is delivering Best Value.</p> <p>A mechanism for undertaking a formal, and regular, review of Best Value is not yet in place.</p> <p>Revised management action: The HSCP has drafted a Quality Improvement Framework based on the public sector</p>

Issue/risk	Recommendation	Agreed management action/timing
		<p>improvement framework. Once implemented this this will support a formal review of Best Value arrangements.</p> <p>Responsible Officer:</p> <p>Head of Strategy and Transformation</p> <p>Revised date:</p> <p>September 2023</p>

Appendix 2: Audit dimension risks

The table below sets out the audit dimension risks that we identified in our 2021/22 annual audit plan together with a summary of the audit procedures we performed during the year to obtain assurances over these risks and the conclusions from the work completed.

Audit dimension risks

Description of risk	Audit response to risk	Results and conclusions
<p>1. Planning for financial sustainability</p> <p>There remains uncertainty around financial sustainability as the wider impact of Covid-19 is not yet known. The IJB's medium-term financial plan was last updated prior to the onset of the Covid-19 pandemic in March 2020. Further updates were delayed as a result of its impact.</p> <p>Risk: Without a revised financial plan, the Joint Board may not effectively plan the financial sustainability of its service.</p>	<p>Monitor progress in developing a revised medium-term financial plan.</p> <p>Assess the revised financial plan and conclude whether this includes appropriate scenario planning to address identified budget gaps and service pressures.</p> <p>Consider budget monitoring reports, including progress in realising efficiency savings.</p> <p>Review of the Joint Board's year-end reserves position, including the earmarking of reserves.</p>	<p>Results: The IJB updated its medium to long-term financial plan in March 2022. Under the worst-case scenario, a budget gap of £18.725 million would arise in 2026/27.</p> <p>The IJB has effective budget monitoring arrangements in place. Of £2.372 million of budgeted savings and service redesign efficiencies, £0.892 million was achieved as planned.</p> <p>The IJB reserves have increased in 2021/22 by £12.753 million to £34.560 million as at 31 March 2022. The significant increase is mostly attributable to £8.893 million Covid-19 related funding received from the Scottish Government late in the financial year.</p> <p>Conclusion: Further work is required to ensure the financial sustainability of services, refer Recommendation 1.</p>

Description of risk	Audit response to risk	Results and conclusions
<p>2. Service pressures</p> <p>The Covid-19 pandemic continues to place significant pressure on the health and social care services commissioned by all Joint Boards and delivered by their partners.</p> <p>Unprecedented demand reflects the significant backlog of service users and patients seeking health and social care services. As a result some key performance targets, for example in delayed discharges have not been met.</p> <p>Risk: Covid-19 pressures may exceed the Joint Board's commissioning ability and also each partner's ability to meet the levels of service user and patient demand in West Dunbartonshire.</p>	<p>Review progress against strategic objectives reported within the IJB's Annual Performance Report.</p> <p>Review quarterly performance reports to assess the extent the Board is meeting service performance targets.</p> <p>Monitor progress in development of operational delivery and improvement plans which reflect learning from the pandemic and the shift to the balance of care.</p>	<p>Results: Service pressures, and the impact on performance, has been detailed in paragraphs 82 to 87 of this report.</p> <p>Conclusion: Overall, key performance indicators show similar levels of performance when compared to 2020/21. The Covid-19 pandemic has had a substantial impact on performance measures.</p>
<p>3. Workforce sustainability</p> <p>An appropriately resourced and skilled workforce is fundamental to the Joint Board's ability to meet service demands.</p> <p>In common with other health and social care bodies, the Joint Board is facing significant workforce pressures. This is due to a combination of unfilled vacancies in both health and social care, but also high levels of staff absence due to the direct impact of Covid-19, or increasingly, wellbeing issues and individual health concerns that may have been</p>	<p>Monitor reports taken to the Joint Board and the Performance and Audit Sub-Committee in respect of workforce sustainability</p> <p>Review financial monitoring and performance reports to identify issues arising due to workforce sustainability</p>	<p>Results: Refer paragraph 58 and 59.</p> <p>Conclusion: There are significant workforce pressures within both partner organisations. The IJB's Strategic Risk Register reflects the significance of the workforce sustainability risk. Internal Audit is due to complete a review of workforce planning arrangements as part of its 2022/23 Internal Audit Plan.</p>

Description of risk	Audit response to risk	Results and conclusions
<p>exacerbated during the pandemic.</p> <p>Risk: The Joint Board is unable to sustain services due to significant workforce pressures.</p>		
<p>4. Governance arrangements</p> <p>It is essential that the Board provides effective scrutiny and oversight of the IJB's operations.</p> <p>We observed the most recent Board meeting. It was a very short meeting and, in our opinion, provided limited opportunities for members to discuss and scrutinise the agenda items.</p> <p>Risk: Meetings of the IJB do not provide adequate opportunity for members to scrutinise and challenge decisions.</p>	<p>We will continue to attend Board meeting to assess if effective governance is demonstrated.</p>	<p>Results: See paragraph 63 onwards.</p> <p>Conclusion: Governance arrangements are appropriate and operate effectively. Subsequent board meetings have provided members with greater opportunity to scrutinise and challenge decisions made at the Board.</p>
<p>5. Integration scheme</p> <p>It is a statutory requirement that the local authority and health board carry out a review of the integration scheme within five years of the establishment of the Joint Board. While a revised scheme was considered by the Joint Board in February 2020, this has not been subject to approval by the health board or Scottish Ministers. When approved, changes to the integration scheme will need to be reflected in the Joint Board's standing orders.</p> <p>Risk: The Integration Scheme and Standing Orders</p>	<p>Monitor progress in the approval and implementation of the revised integration scheme.</p> <p>Review updated standing orders and assess whether they accurately reflect the terms of the revised integration scheme.</p>	<p>Results: See paragraphs 74 to 75.</p> <p>Conclusion: Final approval of the revised scheme of integration is expected by March 2023.</p>

Description of risk	Audit response to risk	Results and conclusions
do not reflect the current operation of the Joint Board.		

Appendix 3. Summary of 2021/22 national performance reports and briefing papers

May

[Local government in Scotland Overview 2021](#)

June

[Covid 19: Personal protective equipment](#)

July

[Community justice: Sustainable alternatives to custody](#)

September

[Covid 19: Vaccination programme](#)

January

[Planning for skills](#)

[Social care briefing](#)

February

[NHS in Scotland 2021](#)

March

[Local government in Scotland: Financial Overview 20/21](#)

[Drug and alcohol: An update](#)

[Scotland's economy: Supporting businesses through the Covid 19 pandemic](#)

West Dunbartonshire Integration Joint Board

Proposed 2021/22 Annual Audit Report

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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

15 November 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 as at period 6 to 30 September 2022, projected to the financial year end.

2. Recommendations

- 2.1 The HSCP Board is recommended to:

- a) **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;
- b) **Note** the reported revenue position for the period 1 April 2022 to 30 September 2022 is reporting an underspend position of £0.288m (0.31%);
- c) **Note** the projected outturn position of £0.728m underspend (0.39%) for 2022/23, including all planned transfers to earmarked reserves;
- d) **Note** that the forecast costs for Covid-19 for 2022/23 are currently estimated to be £3.946m (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;
- e) **Note** the update on the monitoring of savings agreed for 2022/23;
- f) **Note** the current reserves balances;
- g) **Note** the update in the capital position and projected completion timelines; and
- h) **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 £186.469m 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 month 6 financial tracker for 2022/23 was submitted on 25 September 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. These costs are trailed through the LMP and an exit plan will be developed.

Table 1 - Summary of Covid-19 Costs and Funding to 30 September 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	50
Flu Vaccination & Covid-19 Vaccination (FVCV)	70	180
Additional Staff Costs (Contracted staff)	124	701
Additional Staff Costs (Non-contracted staff)	12	164
Additional PPE	0	1
Additional Capacity in Community	53	160
Adult Social Care	166	499
Children and Family Services	1	849
Homelessness and Criminal Justice Services	32	95
Reducing Delayed Discharge	60	160
Covid-19 Financial Support for Adult Social Care Providers	97	501
Digital & IT costs	28	138
Loss of Income	79	238
Other	2	206
Staff Wellbeing	0	4
Total Spend	724	3,946
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	(8,489)	(5,344)

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 £3.946m (including £0.077m relating to final social care £500 thankyou payments) leaving a projected balance of £5.344m. This is a further reduction from the £4.100m reported to the September Board mainly relating to provider sustainability payments.

4.4 As reported to the September HSCP Board, the Scottish Government plan to reclaim surplus Covid funding and redistribute this across the health and social care sector to meet current Covid priorities and other cost pressures. Please refer to the Emergency budget review in sections 4.28 – 4.30 below.

Summary Position

4.5 The current year to date position as at 30 September 2022 is an underspend of £0.288m (0.31%). The projected outturn position, with all identified Covid-19 costs being fully funded from reserves, is a potential underspend of £0.728m (0.39%). The consolidated position is presented in greater detail within Appendix 3, with the individual Health Care and Social Care reports detailed in Appendix 4.

4.6 Members should note that the projected underspend takes into account £8.593m of expenditure to be drawn down from earmarked reserves. Summary detail on the anticipated level of reserves is provided within Appendix 6.

4.7 The summary position is reported within Table 2 below which identifies the projected 2022/23 budget underspend of £0.728m (0.39%). This will be subject to change as the year progresses; and there is a decision made on the outcome of the review of the Children and Families, Residential Placements allocation from the current 50/50 split (see Item x on this agenda).

Table 2 - Summary Financial Information as at 30 September 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	109,801	51,750	51,765	(15)	114,867	(5,066)	(5,032)	(34)	-0.03%
Social Care	110,888	50,040	49,398	642	109,315	1,573	310	1,263	1.14%
Covid-19	0	0	78	(78)	3,946	(3,946)	(3,869)	(77)	0.00%
Expenditure	220,689	101,790	101,241	549	228,128	(7,439)	(8,591)	1,152	0.52%
Health Care	(5,019)	(3,248)	(3,248)	0	(5,019)	0	0	0	0.00%
Social Care	(29,201)	(4,920)	(4,659)	(261)	(28,698)	(503)	(2)	(501)	1.72%
Covid-19	0	0	0	0	(77)	77	0	77	0.00%
Income	(34,220)	(8,168)	(7,907)	(261)	(33,794)	(426)	(2)	(424)	1.24%
Health Care	104,782	48,502	48,517	(15)	109,848	(5,066)	(5,032)	(34)	-0.03%
Social Care	81,687	45,120	44,739	381	80,617	1,070	308	762	0.93%
Covid-19	0	0	78	(78)	3,869	(3,869)	(3,869)	0	0.00%
Net Expenditure	186,469	93,622	93,334	288	194,334	(7,865)	(8,593)	728	0.39%

- 4.8** Analysis on the projected annual variances in excess of £0.050m is contained within Appendix 5. These include ongoing recruitment and retention challenges which increases the level of vacancies offset by increased demand for children and families residential and community placements, external older people's residential placements and increased volumes and average cost per item GP prescribed item.

Update on Pay Awards

- 4.9** The currently reported annual budget for both Health and Social Care services includes an estimation of the 2022/23 pay impact. 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.
- 4.10** As previously reported, these assumptions fell short of the various offers put to local government and health board staff groups and the potential budget gaps are set out in Table 5 below.

Local Authority Pay Award

- 4.11** Following discussions with the First Minister, the Depute First Minister, Scottish Government and CoSLA, an updated offer was 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.
- 4.12** Full detail of the updated offer was provided to HSCP Board members at the September HSCP Board and following consultation the offer was accepted by a majority of Local Authority staff. National discussions around the terms of particular elements of this offer, namely the additional day of annual leave and the payment of SSSC fees, have now been resolved and staff will receive the pay award on 28 November and 9 December depending on pay frequency.
- 4.13** On 7 October 2022 the Local Government & Analytical Services Division of the Scottish Government confirmed, in a letter to Directors of Finance, £140m of recurring revenue funding to support the local government pay offer of which the West Dunbartonshire share equates to £2.551m. It was further confirmed on 19 October 2022 that this includes staff currently delegated to Integrated Joint Boards (IJB's) with an extract of the 19 October letter (Appendix 9) is provided below:

"In order to provide clarity, I can confirm the funding provided by the Scottish Government was intended to support all staff directly employed by local government, including those currently delegated to Integrated Joint Boards (IJBs).

While individual local authorities have autonomy to allocate funding based on local needs and priorities, the Scottish Government provided funding based

on the total local government workforce and we would expect IJBs to receive their proportionate share of this funding in respect of those delegated staff.”

- 4.14** While negotiations with the Council are ongoing regarding the pass through of the HSCP share of this funding it has been calculated that, based on a proportionate allocation of staffing costs, the HSCP share of this funding could equate to circa £0.684m.

Health Care Pay Award

- 4.15** 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 previously advised this was scheduled to be followed by a formal ballot across NHS Boards and private contractors in Scotland from 3 October 2022 to 31 October 2022.
- 4.16** On 21 October 2022, following negotiations between the Scottish Government and NHS Unions, NHS staff have been offered an updated pay award of £2,205 representing an average 7% pay uplift. The offer would mean the lowest paid staff seeing a rise of more than 11%, with qualified nursing staff receiving up to 8.45%, helping the lowest paid staff through the cost of living crisis.
- 4.17** If agreed, the pay uplift, which amounts to circa £480m, will be backdated to 1 April 2022 and will benefit more than 160,000 employees including nurses, paramedics, allied health professionals and healthcare support staff.
- 4.18** 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). While the Emergency Budget Review announced by the Scottish Government on 2 November 2022 (covered in more detail in sections 4.28 to 4.30 of this report) has indicated that a funding envelope of £400m has been identified (due to resource reprioritisation of existing Health and Social Care budgets), there has been no formal indication of funding at this time.

Update on Reserves

- 4.19** Analysis of reserves is detailed in Appendix 6 and identifies that at this time is anticipated that £8.593m will be drawn down from earmarked reserves to fund expenditure in 2022/23.
- 4.20** As detailed in section 4.4 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 £5.344m 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 £13.938m.

Housing Aids and Adaptations and Care of Gardens

- 4.21** 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.
- 4.22** These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.
- 4.23** The summary position for the period to 30 September 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 30 September 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	228	(76)	455	0	0.00%
Aids & Adaptations	250	83	53	30	138	112	44.80%
Net Expenditure	705	235	281	(46)	593	112	15.89%

2022/23 Capital Expenditure

- 4.24** 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:
- i) Special Needs - Aids & Adaptations for HSCP clients;
 - j) Criminal Justice Adaptations;
 - k) Replace Elderly Care Homes and Day Care Centres;
 - l) Community Alarm upgrade; and
 - m) Replacement of Care First

Budget Gap Analysis

- 4.25** 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.
- 4.26** Table 5 details the potential financial impact of a number of burdens ranging from pay uplifts (as discussed in section 4.9 to 4.18), the removal of non-residential charges, 2023/24 budget preparation and the ongoing review of children and families residential care to complex care packages and commissioning risks.
- 4.27** Following the Scottish Government letters of 7 and 19 October 2022, the HSCP will continue to negotiate with the council for a share of funding for

agreed social care pay uplifts. Table 5 shows, however, that this funding falls far short of the cost of implementing the pay award. If balance of this cost and all remaining potential burdens were to be realised (and unfunded) in 2022/23 the forecast underspend of £0.728m could change to a forecast overspend of £5.194m. 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 £6.768m to £9.064m.

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	0	(833)	(2,815)	(8,492)	(3,562)	(5,623)	(11,445)
Forecast Surplus @ September 2022	728						
2022/23 Pay Award Funding							
Social Care (share of £140m - WDC share £2.551m for all Council staff)	684	684	684	684	684	684	684
Health Care (TBC)							
Anticipated Funding Uplift from Partners							
Social Care (Flat Cash)		0	0	0	0	0	0
SLW Funding from Scottish Government		1,132	1,313	1,440	1,184	1,392	1,545
Health Care		1,464	1,098	732	1,494	1,120	747
Burdens Identified at September 2022							
Pay Inflation							
2022/23 Pay Award Impact	(3,747)	(3,935)	(3,935)	(3,935)	(4,131)	(4,131)	(4,131)
2023/24 and 2024/25 Pay Award Impact		(2,663)	(3,329)	(3,861)	(2,031)	(2,539)	(2,946)
Children & Families Review	(1,522)	(2,245)	(2,245)	(2,245)	(2,358)	(2,358)	(2,358)
Impact of Posts Funded from Reserves		(584)	(584)	(584)	(995)	(995)	(995)
WFU Officers		(150)	(150)	(150)	(150)	(150)	(150)
Removal of Non Residential Charging		(1,485)	(1,485)	(1,485)	(1,540)	(1,540)	(1,540)
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)
Recurring Savings at September 2022		3,051	3,051	3,051	2,647	2,647	2,647
Revised Budget Gap @ September 2022	(4,578)	(7,601)	(10,633)	(17,227)	(10,886)	(13,867)	(20,509)

Emergency Budget Review

4.28 In August 2022 the Scottish Government announced that they would undertake a budget review to set out how it would meet the requirement to balance its 2022/23 budget and to identify any additional resources to address the cost of living crisis this year and next. A number of fiscal decisions taken by the UK Government has had a further detrimental impact of the finances of the Scottish Government resulting in an emergency budget review being published on 2 November 2022.

4.29 In addition to the package of savings totalling £560m announced in September the emergency budget review identified further savings of £615m with the total savings identified now at £1.175bn. It has been forecast that the cost of funding public sector pay offers will be in the region of £714m of which £660m is set aside for local authority and health staff with the detail of this provided below.

- a) £260m to support the local government pay offer with £140m and £120m allocated as revenue and capital funding respectively;
- b) £70m to support NHS pay offers for doctors and dentists; and
- c) £330m to support NHS pay offers for agenda for change staff.

4.30 Included within the further savings of £615m is £400m which relates to reprioritisation of resources within the Health and Social Care portfolio. While the high level detail provided states that any funding secured from re-prioritisation of health and social care funding will remain within the health and care portfolio the review lacks the granular detail required to fully appreciate how the decisions made will impact at a local level. The high level detail of the £400m contained within the review is provided in Table 6 below.

Table 6 – Resource Reprioritisation with Health and Social Care portfolio

Health and Social Care	£m	Description
Covid	116.0	A range of actions relating to Covid expectations on vaccinations, test and protect, PPE and additional capacity to drive down additional costs
Social Care and National Care Service (NCS) re-profiling	70.0	Continuing to progress the commitment to fair work and adult social care, with a one-off saving released this financial year as we work with stakeholders on delivery mechanisms for future years. Re-phasing of NCS development from the Financial Memorandum based on recruitment profile and data and digital investment.
Primary Care	65.0	This has been achieved by a reduction in the planned growth rate for the Primary Care Improvement Fund, including a one-off utilisation of reserve funding held by integration authorities. In addition it includes re-phasing of some elements of the planned enhancements to community optometry and audiology services.
Re-phasing and pausing of other programmes	63.0	Includes Scottish Trauma Network, Genomics programmes and improvement programmes on older people, clinical audit and education and development.
Mental Health	38.0	This has included continuing to support overall increases to mental health spending as well as delivery of dementia, learning disability and autism services, and cross cutting trauma work at level of last years spend. Within the revised budget we will seek to focus on progressing existing commitments including clearing CAMHS and psychological therapies waiting times backlogs.
SG Staff Reductions and other central savings	21.0	Includes vacancy freezes and tightening of recruitment controls at a central level. This does not apply to NHS staff.
Digital	14.0	Reprioritising work across projects such as Digital prescribing and Microsoft Office updates.
Population Health	13.0	Re-phasing of commitment to double investment in sport, reprioritisation of health improvement spending.
Total	400.0	

2023/24 to 2025/26 Budget Setting

- 4.31** The SMT are working in partnership with the finance team to inform initial 2023/24 to 2025/26 budget projections which include reflecting the priorities set out within the Strategic Plan, current pressures which will impact on future years, known transition packages and demographic pressures. Estimations of additional costs linked to Scottish Government policy and Covid-19 remobilisation and recovery as well as the full year impact of 2022/23 management and baseline adjustments are being fully considered within draft budgets.
- 4.32** Indicative social care funding and the HSCP medium term financial plan have been used as a baseline with regard to our anticipated funding settlements (flat cash) from West Dunbartonshire Council. There are no indications as yet regarding an uplift from NHSGCC; however a board wide assumption of 2% has been built into estimates at this time.
- 4.33** Anticipated funding settlements from our partner organisations and estimated cost pressures result in the following budget gaps for 2023/24 as detailed below:
- d) Social Care – £7.550m
 - e) Health Care – £3.083m
- 4.34** Budgetary assumptions include no funding for the consequences of ongoing responding, adapting and planned recovery from the pandemic and which will continue to present financial challenges into 2023/24 and beyond.
- 4.35** In 2022/23 public sector pay agreements only cover a single year and while the pay uplift for social care staff for 2022/23 have been agreed negotiations regarding the pay uplift for health care staff are ongoing. Assumptions on the level of pay award for public sector staff in general remain unknown. The likely scenario contained within the MTFP was a 3% uplift; however based on 2022/23 negotiations current working assumptions are 5% for both health care staff and social care staff. For the HSCP a 1% variation in pay equates to approximately £0.800m.
- 4.36** There is also a degree of uncertainty across health and social care and the public sector in general and current assumptions around the settlement from Scottish Government and the resulting impact on financing offers from our funding partners. This is based on officers' estimates around the likely position. It should be noted that settlement figures for 2023/24 are expected to be provided, again for a single year, in mid-December 2022.
- 4.37** A further potential complication in funding announcements for Integration Authorities is outcome of the ongoing debate on the National Care Service which was one of the key recommendations of the Independent Review of Adult Social Care, the results of which were published in February 2021.

- 4.38** Both WDC and NHSGGC are continuing to work through their own budget setting processes and the Chief Officer and Chief Financial Officer attend both officer and elected administration budget working groups. They each have a range of scenarios which assesses the potential level of budget gap including impact any additional gap may have on the HSCP Board's funding offers.
- 4.39** In April the Heads of Service were issued with a range of information and planning assumptions and asked to prepare a range of high level savings options which could be considered initially by the SMT to be further developed and considered as the impacts of the pandemic lessened and recovery commenced. The work surrounding the submission and consolidation of these options are ongoing at this time and is extremely challenging given the demographic profile of West Dunbartonshire. The new Strategic Plan 2023-2026 will have to provide clear strategic direction through the setting of its priorities to communicate to all stakeholders the difficult decisions that will have to be made.
- 4.40** In February 2023 the HSCP Board will receive a comprehensive update on the anticipated budget gaps with a range of recommendations on how to address any gap including a range of savings options and the application of reserves in the short term.

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** The impact of fiscal decisions made by the UK Government along with the Emergency Budget Review, as the Scottish Government seeks to balance its budget and fund a number of additional financial pressures such as public sector pay negotiations, places upon the HSCP a wider risk linked to the sustainability of current funding streams 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. One key area of financial risk is the cost of production and distribution of drugs. The GP Prescribing budget for 2022/23 is already projecting pressure due to these factors.
- 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 30 September 2022 (as detailed within Appendix 1) will require the issuing of a revised direction, see Appendix 8.

Julie Slavin – Chief Financial Officer

Date: 6 November 2022

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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
	Appendix 9 – 19 October 2022 Letter re Pay Funding
Background Papers:	2022/23 Annual Budget Setting Update – March 2022 HSCP Board
	2022/23 Financial Performance Update – August 2022 HSCP Board
	2022/23 Financial Performance Update – September 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
Period 5 to 6 Adjustments			
Sesp Chd Eat Up - West D	50		50
Apremilast Cam Acute M5 June22	11		11
Camchp47 Pcip Tr 1 Wdhscp	433		433
Camchp52 Ou Students Wdhscp	10		10

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Camchp61 Smoking Prevention	70		70
Gvp22067 Apremilast July	14		14
Revised Budget 2022/23	104,782	82,036	186,818
Budget Funded from Earmarked Reserves		(349)	(349)
Budget Funded from Partner Organisations	104,782	81,687	186,469

West Dunbartonshire Health & Social Care Partnership
Financial Year 2022/23 Period 6 covering 1 April 2022 to 30 September 2022
Monitoring of Efficiencies and Management Adjustments 2022/23

Appendix 2

Efficiency Detail	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	180	80		100
2019/20 Savings Based on 27 March Council Meeting				
Learning Disability - Out of Authority Repatriation Part Year	35	35		
Physical Disabilities - Charging £10 for Day opportunity	16			16
2020/21 Baseline Budget Adjustments				
Reduction to taxis for social work clients	20			20
Review of Residential Placements reflecting work of Service Improvement Leads	150			150

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Monitoring of Efficiencies and Management Adjustments 2022/23

Appendix 2

Efficiency Detail	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
Part Year Reduction in Care at Home budget reflecting work of Service Improvement Leads	181			181
2020/21 Approved Savings delayed until 2021/22				
Admin Saving	238			238
2021/22 Recurring Savings				
TRFS Staying Well Group	13	13		
Redetermination Adjustment for Community Placement	68	68		
2021/22 Approved Savings				
Review of foster carer strategy	215			215
Reduction in external property leases	30		30	
Care at Home service improvement project	425			425
2022/23 Approved Savings				
Reduction in external care home beds reflecting current level of service	890	563		327
Total Savings to be Monitored	2,597	759	30	1,808

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	15,629	15,286	343	31,797	364	(321)	685	2.13%
Care at Home	14,631	7,773	7,790	(17)	13,905	726	757	(31)	-0.21%
Physical Disability	2,686	1,593	1,511	82	2,521	165	0	165	6.14%
Childrens Residential Care and Community Services (incl. Specialist)	26,742	13,217	13,457	(240)	27,736	(994)	(513)	(481)	-1.80%
Strategy, Planning and Health Improvement	1,959	920	791	129	1,701	258	0	258	13.17%
Mental Health Services - Adult and Elderly, Community and Inpatients	9,986	4,599	4,494	105	10,465	(479)	(687)	208	2.08%
Addictions	2,723	1,503	1,503	0	3,425	(702)	(703)	1	0.04%
Learning Disabilities - Residential and Community Services	13,177	9,026	9,044	(18)	13,523	(346)	(312)	(34)	-0.26%
Family Health Services (FHS)	30,010	15,250	15,250	0	30,010	0	0	0	0.00%
GP Prescribing	20,210	9,665	9,868	(203)	20,616	(406)	0	(406)	-2.01%
Hosted Services	7,788	3,698	3,603	95	8,087	(299)	(489)	190	2.44%
Criminal Justice (Including Transitions)	0	120	105	15	25	(25)	(51)	26	0.00%
Resource Transfer	17,096	8,548	8,548	0	17,096	0	0	0	0.00%
Covid-19	0	0	77	(77)	3,869	(3,869)	(3,869)	0	0.00%
HSCP Corporate and Other Services	7,300	2,081	2,007	74	9,558	(2,258)	(2,405)	147	2.01%
Net Expenditure	186,469	93,622	93,334	288	194,334	(7,865)	(8,593)	728	0.39%

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	83,189	38,173	37,608	565	84,580	(1,391)	(2,592)	1,201	1.44%
Property	1,057	221	353	(132)	1,484	(427)	(160)	(267)	-25.26%
Transport and Plant	1,402	337	389	(52)	1,506	(104)	0	(104)	-7.42%
Supplies, Services and Admin	4,359	1,180	1,315	(135)	5,235	(876)	(606)	(270)	-6.19%
Payments to Other Bodies	76,367	36,029	36,227	(198)	78,846	(2,479)	(2,074)	(405)	-0.53%
Family Health Services	30,789	15,613	15,613	0	30,789	0	0	0	0.00%
GP Prescribing	20,211	9,665	9,868	(203)	20,617	(406)	0	(406)	-2.01%
Other	3,315	570	(133)	703	5,068	(1,753)	(3,159)	1,406	42.41%
Gross Expenditure	220,689	101,788	101,240	548	228,125	(7,436)	(8,591)	1,155	0.52%
Income	(34,220)	(8,166)	(7,906)	(260)	(33,791)	(429)	(2)	(427)	1.25%
Net Expenditure	186,469	93,622	93,334	288	194,334	(7,865)	(8,593)	728	0.39%

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	863	360	333	27	809	54	0	54	6.26%
Childrens Services - Community	3,406	1,585	1,586	(1)	3,523	(117)	(114)	(3)	-0.09%
Childrens Services - Specialist	2,119	981	981	0	2,291	(172)	(172)	0	0.00%
Adult Community Services	10,352	4,585	4,582	3	10,586	(234)	(238)	4	0.04%
Community Learning Disabilities	652	339	339	0	652	0	0	0	0.00%
Addictions	1,845	699	699	0	2,153	(308)	(308)	0	0.00%
Mental Health - Adult Community	3,765	1,732	1,669	63	4,233	(468)	(594)	126	3.35%
Mental Health - Elderly Inpatients	2,891	586	586	0	3,105	(214)	(213)	(1)	-0.03%
Family Health Services (FHS)	30,010	15,250	15,250	0	30,010	0	0	0	0.00%
GP Prescribing	20,210	9,665	9,868	(203)	20,616	(406)	0	(406)	-2.01%
Other Services	3,785	474	473	1	6,687	(2,902)	(2,904)	2	0.05%
Covid-19	0	0	0	0	522	(522)	(522)	0	0.00%
Resource Transfer	17,096	8,548	8,548	0	17,096	0	0	0	0.00%
Hosted Services	7,788	3,698	3,603	95	8,087	(299)	(489)	190	2.44%
Net Expenditure	104,782	48,502	48,517	(15)	110,370	(5,588)	(5,554)	(34)	-0.03%

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	560	458	102	892	204	0	204	18.61%
Residential Accommodation for Young People	3,105	1,312	1,333	(21)	3,147	(42)	0	(42)	-1.35%
Children's Community Placements	5,767	2,960	3,048	(88)	5,942	(175)	0	(175)	-3.03%
Children's Residential Schools	3,544	2,840	3,077	(237)	4,018	(474)	0	(474)	-13.37%
Childcare Operations	4,659	2,000	2,014	(14)	4,907	(248)	(222)	(26)	-0.56%
Other Services - Young People	4,143	1,539	1,418	121	3,908	235	(5)	240	5.79%
Residential Accommodation for Older People	7,198	3,275	3,093	182	6,834	364	0	364	5.06%
External Residential Accommodation for Elderly	9,006	5,439	5,603	(164)	9,360	(354)	(25)	(329)	-3.65%
Sheltered Housing	1,417	828	803	25	1,367	50	0	50	3.53%
Day Centres Older People	1,211	540	360	180	850	361	0	361	29.81%
Meals on Wheels	26	2	8	(6)	38	(12)	0	(12)	-46.15%
Community Alarms	21	(315)	(295)	(20)	60	(39)	0	(39)	-185.71%
Community Health Operations	2,932	1,274	1,130	144	2,703	229	(59)	288	9.82%
Residential - Learning Disability	10,341	7,802	7,834	(32)	10,717	(376)	(312)	(64)	-0.62%
Physical Disability	2,401	1,461	1,379	82	2,236	165	0	165	6.87%
Day Centres - Learning Disability	2,184	886	871	15	2,154	30	0	30	1.37%
Criminal Justice (Including Transitions)	0	120	105	15	25	(25)	(51)	26	0.00%
Mental Health	3,330	2,279	2,238	41	3,127	203	120	83	2.49%
Care at Home	14,631	7,773	7,790	(17)	13,905	726	757	(31)	-0.21%
Addictions Services	878	804	804	0	1,273	(395)	(395)	0	0.00%
Equipu	285	132	132	0	285	0	0	0	0.00%
Frailty	141	86	28	58	25	116	0	116	82.27%
Carers	1,564	803	802	1	1,004	560	560	0	0.00%
Integrated Change Fund	0	0	0	0	0	0	0	0	0.00%
Covid-19	0	0	78	(78)	3,347	(3,347)	(3,347)	0	0.00%
HSCP - Corporate	1,807	720	706	14	1,840	(33)	(60)	27	1.49%
Net Expenditure	81,687	45,120	44,817	303	83,964	(2,277)	(3,039)	762	0.93%

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	863	809	54	6%	↑
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	3,640	126	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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Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
GP Prescribing	20,210	20,616	(406)	-2%	↓
Service Description	GP prescribing costs				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to an increase in volume numbers year on year and an increase in the average cost of prescribing per unit since the start of the year at 3.58% and 65p respectively. While an overspend is anticipated the decision not to drawdown from the prescribing earmarked reserve has been taken at this time due to the overall Health reported position.				
Mitigating Action	Prescribing data is available 2 months in arrears with the forecast being calculated based on the most recent volume and cost data as highlighted. Officers will continue to monitor the situation.				
Anticipated Outcome	An overspend is anticipated at this time.				
Hosted Services	7,788	7,598	190	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				

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Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status

Social Care Variances

Strategy Planning and Health Improvement	1,096	892	204	19%	↑
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	An underspend is anticipated at this time.				

Children's Community Placements	5,767	5,942	(175)	-3%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The unadjusted adverse variance of £0.378m is mainly due to adoption delays, underrecovery of interagency income and the previously approved savings for fostering reviews currently assumed to be unachieved. While this variance is partially offset by charging £0.203m against the Covid-19 earmarked reserve for adoption delays and lost adoption income this is insufficient to completely negate the adverse impact.				
Mitigating Action	Service Managers will continue to look at ways to implement the fostering review				
Anticipated Outcome	An overspend 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
Children's Residential Schools	3,543	4,017	(474)	-13%	↓
Service Description	This service area provides residential education for children and includes the costs of secure placements				
Main Issues / Reason for Variance	The unadjusted adverse variance of £0.878m 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 £0.404m 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 overspend is anticipated at this time				
Other Services - Young People	4,143	3,903	240	6%	↑
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 along with an anticipated underspend within payment to other bodies and throughcare payments, albeit this is partially offset due to clients staying in foster placements until the age of 21.				
Mitigating Action	None required as this time				
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 Accommodation for Older People	7,197	6,833	364	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.				
Mitigating Action	Service Managers will continue to look at ways to increase staffing availability				
Anticipated Outcome	An underspend is anticipated at this time				
External Residential Accommodation for Elderly	9,007	9,334	(327)	-4%	↓
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The adverse variance is due to increased client numbers at a higher average cost compared to budget assumptions				
Mitigating Action	Service Managers will continue to look at ways to review overall care home activity taking into account both internal and external care homes to improve alignment of budgets.				
Anticipated Outcome	An overspend 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
Sheltered Housing	1,417	1,367	50	4%	↑
Service Description	Warden Service for Housing run sheltered housing service				
Main Issues / Reason for Variance	The favourable variance is mainly due to staffing vacancies which are currently at recruitment.				
Mitigating Action	No action required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Day Centres Older People	1,210	849	361	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 £0.202m.				
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
Community Health Operations	2,931	2,643	288	10%	↑
Service Description	Adult services				
Main Issues / Reason for Variance	The favourable variance is mainly due to staffing vacancies with a number of posts being advertised but struggling to fill (particular occupational therapists).				
Mitigating Action	Service Managers will continue to review staffing vacancies				
Anticipated Outcome	An underspend is anticipated at this time				
Residential - Learning Disability	10,341	10,404	(63)	-1%	↓
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The unadjusted adverse variance of £0.578m is mainly due to an increase in the costs of complex care packages, a number of vacancies covered by agency with one member of staff being off sick with long covid and delay in recruiting, previously approved savings £0.344m only being partly achieved and a £0.65m shortfall in income due to changes in the charging policy for ILF clients. Overall Covid related costs of £0.202m have been charged against the Covid-19 earmarked reserve along with £0.313m of costs related to complex care packages funded from the complex care earmarked reserve.				
Mitigating Action	Service managers will continue to review the use of agency staff.				
Anticipated Outcome	An overspend 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
Physical Disability Service Description	2,401	2,237	165	7%	↑
Main Issues / Reason for Variance	<p>This service provides physical disability services</p> <p>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.</p>				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Mental Health Service Description	3,330	3,247	83	2%	↑
Main Issues / Reason for Variance	<p>This service provides mental health services</p> <p>The unadjusted adverse variance of £0.053m is mainly due to an increase in the number of clients in high cost placements arising from hospital discharges partially offset by a number of vacant posts with one long term sick employee is covered by agency staff. Cost of £0.256m have been charged against the Covid-19 earmarked reserve with an increase to winter planning reserves of £0.120m due to recruitment delays.</p>				
Mitigating Action	Service Managers will continue to review placements				
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
Frailty	141	26	115	82%	↑
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)	(728)		(5,307)
Total Unearmarked Reserves	(4,579)	(728)	0	(5,307)
Earmarked Reserves				
Scottish Govt. Policy Initiatives	(9,704)	2,439	0	(7,264)
Community Justice	(155)	(22)		(177)
Justice	(73)	73		0
Carers Funding	(857)	(559)		(1,416)
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)	682		(190)
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 - Fundng 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)

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
Winter Planning Funding - MDT	(336)	151		(185)
Winter Planning Funding - 1000 Healthcare Workers	(260)	221		(39)
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)	(757)		(1,800)
HSCP Initiatives	(4,897)	773	0	(4,124)
Service Redesign and Transformation	(1,583)	466	0	(1,117)
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)	166		(46)
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)
Unscheduled Care Services	(692)	0		(692)
COVID-19 Recovery (HSCP Funded)	(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	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)
Unachievement of Savings	(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)

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
Training and Development	(327)	0		(327)
Change and Transformation	(144)	0		(144)
	0	0		0
Covid-19- Scottish Government Funded	(9,268)	3,924	5,344	0
Covid-19- Scottish Government Funded	(9,213)	3,869	5,344	0
NHS Board Adult Social Care	(55)	55	0	0
Health Care	(4,661)	1,169	0	(3,492)
DWP Conditions Management	(159)	5		(154)
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)	47		(131)
Workforce Wellbeing	(18)	0		(18)
Social Care	(1,451)	288	0	(1,163)
Complex Care Packages	(560)	288		(272)
Care Homes	(891)	0		(891)
Total Earmarked Reserves	(29,981)	8,593	5,344	(16,043)
Total Reserves	(34,560)	7,865	5,344	(21,350)

Month End Date 30 September 2022

Period 6

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	418	40%	1,053	0	0%
Current Year Financials	1,053	418	40%	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 30 September 2022

Period 6

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

Criminal Justice Adaptations						
Project Life Financials	73	51	70%	73	0	0%
Current Year Financials	73	51	70%	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 30 September 2022

Period 6

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 30 September 2022

Period 6

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 30 September 2022

Period 6

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 15 November 2022

Attachment: 2022/23 Financial Performance Report

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000032JS15112022
2	Date direction issued by Integration Joint Board	15 November 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
		HSCPB000031JS27092022
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 £104.782m 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 £220.089m. Allocated as follows: West Dunbartonshire Council - £81.687m NHS Greater Glasgow and Clyde - £104.782m 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 - 21 February 2023



E: ellen.leaver@gov.scot

Directors of Finance

Copy to COSLA

19 October 2022

Dear Director of Finance,

Following my colleague Bill Stitt's letter of 7 October, confirming each council's share of the £140 million revenue and £120.6 million capital funding to support the local government pay offer, a number of queries have been received.

In order to provide clarity, I can confirm the funding provided by the Scottish Government was intended to support all staff directly employed by local government, including those currently delegated to Integrated Joint Boards (IJBs).

While individual local authorities have autonomy to allocate funding based on local needs and priorities, the Scottish Government provided funding based on the total local government workforce and we would expect IJBs to receive their proportionate share of this funding in respect of those delegated staff.

Yours sincerely

Ellen Leaver
Deputy Director Local Government & Analytical Services Division



WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

15 November 2022

Subject: Allocation of Children and Young People's Residential Care Costs

1. Purpose

- 1.1 To update the Health and Social Care Partnership Board on the progress of West Dunbartonshire Council's 2022-2023 budget proposal on the split of residential care costs between HSCP and Education budgets and seek a recommendation on next steps.

2. Recommendations

- 2.1 Members are asked to consider the current WDC proposal on revising the current split from 50/50 (HSCP/Education) to 72/28 (HSCP/Education) and the additional projected cost pressure of £1.522m this would place on the Board's 2022/23 financial position as there are no plans to provide any additional budget resource to reflect the proposed change in allocation.

3. Background

- 3.1 West Dunbartonshire Council met on 9 March 2022 and considered the "General Services Budget Setting 2022/23 to 2024/25 Budget Estimates" paper from their Chief Officer – Resources (see Appendix 1). The paper identified budget gaps across all 3 years and presented a number of options on how to close the 2022/23 gap of £5.509m.
- 3.2 Three of these options had potential consequences for the HSCP Board's 2022/23 draft financial position:
1. Extract from Exhibit 7: "Adjust for the one-off 2022/23 increase in residential costs to be funded from HSCP COVID funds - £0.725m". This refers to Education Services budget for children's residential placements. The WDC reported gap of £5.509m included £0.725m of additional residential placements, with an assumption "that this increase is as a consequence of the impact of COVID on families". Refer to section 4.6.4 of Appendix 1. This section also suggests that if COVID funds were not used, the HSCP Board could align other unearmarked reserves to cover this transfer of costs.
 2. Apportionment of the existing 50/50 (HSCP/Education) split of children's residential care. The option put forward was that while a number of local authorities and HSCPs had a 50/50 split there was some variation, with

one local arrangement of an 80/20 (HSCP/Education) split. Refer to section 4.10.6 of Appendix 1.

3. Scottish Government Health and Social Care funding commitments. The Scottish Government as part of their 2022/23 funding settlement to local authorities directed that *“the funding allocated to Integration Authorities should be additional and not substitutional to each Council’s 2021/22 recurring budgets for adult social care services that are delegated”*. This direction was interpreted as “flexibility for the Council to adjust the HSCP allocation by amending the Children & Families element....Each 1% reduction would reduce the overall allocation by £0.202m.” Refer to section 4.10.7 Appendix 1.

- 3.3 After hearing from the Chief Officer – Resources, the Council Administration put forward a motion (see Appendix 2), which was accepted on how to close the reported budget gap of £5.509m. This included accepting options 3.2 (1) and (2) above.

- 3.4 With regards to option (2), an extract of the specific section contained within motion is detailed below.

SNP Motion Measures to Balance the Budget	2022/23 Revenue Impact	Notes
Review of HSCP/Education funding for Residential Child Care	£1,365,000	Budget assumption based on the need to more appropriately reflect the split of responsibility between the provision of education, and funding all other costs associated with bringing up children, including accommodation, food, clothing, leisure activities and specialist care etc. <u>Officers will carry out an evaluation and make a recommendation to a future Council on the division of this budget.</u> As we move closer to the implementation of the National Care Service it is vital that we correctly attribute costs; failure to do so could see the Council block grant inaccurately top sliced when resources are reallocated, putting our services at future risk.

- 3.5 The HSCP Board considered its own “2022/23 Annual Budget Setting Report” budget paper at the meeting of 21 March 2022 (see Appendix 3). This report set out in detail the current agreed position of the 50/50 split of children’s residential placements and the proposed change in apportionment as set out in the motion above. Refer to sections 4.20 to 4.33 of Appendix 3.
- 3.6 The report set out the financial impact of the options (1) and (2) above. Regarding option (1) it was unlikely that HSCP COVID reserves could be used to cover the additional £0.725m of Education’s share of residential costs

as it did not fit with the Scottish Government funding criteria for Local Mobilisation Plans. This was confirmed to be the case by the Scottish Government in early May 2022. Also while unearmarked reserves could be considered by the Board, this would be a non-recurring solution to what would be a recurring budget pressure until the overall number of placements significantly reduced.

3.7 With regards to option (2) the Board considered that the estimated cost pressure of £1.365m would be subject to change as the number and duration of placements varies across financial years. Members discussed the proposed review that was to be carried out to substantiate the Council proposal and also that a change in the allocation method of this scale would result in a significant financial risk to the HSCP budget position in-year and in future years.

3.8 The Board also discussed the provisions within the Integration Scheme (the legal agreement between WDC and NHSGGC establishing the Board and its responsibilities) and the “due diligence” exercise that had been carried in in 2015 to establish that baseline budget levels were sufficient to deliver delegated services. With regards to children’s residential placements an initial budget of £1.481m was delegated to the HSCP Board based on a 50/50 split. The Board also acknowledged that since 2015 they had invested in this budget to meet demand and by 2021/22 the budget was £3.579m (142% increase). There has also been additional investment in other Looked After and Accommodated Children’s (LAAC) budget, some detail on the current levels of budget and actuals are shown in Table 3 below.

3.9 If the Board accepted this proposal without any additional budget, it was in effect a “cost shunt” from the Council to the HSCP and if accepted the resultant overspend within Children and Families would have to be remediated by a robust recovery plan. The discussions concluded with unanimous decision by the voting members to change recommendation (g) made by the Chief Financial Officer:

(g) Approve the recommendations at sections 4.28 and 4.32 that if the review concludes a higher proportion of costs are allocated to the HSCP, with no corresponding budget transfer, then reserves may require to be utilised to address the revenue pressure in year;

Amended to recommendation below as extracted from the published Minutes (see Appendix 4):

(7) to note that a further report will come back to the HSCP Board in May 2022 regarding the outcome of the review; and will also clarify in more detail the split within the budget and what reserves are available moving forward if the cost pressure remains;

3.10 The WDC led review was not available in May, but each Financial Performance Report to the Board has highlighted the financial risk. A report

“Allocation of Residential Care Costs” on the review was presented to the Council at its meeting of 26 October (see Appendix 5) and this is covered in more detail below.

4. Main Issues

WDC Position

- 4.1 The full Council report as at 26 October is available at Appendix 5, but an extract of the recommendations are shown below:

2. RECOMMENDATIONS

2.1 Members are asked to agree that:

- *residential care costs for children under 16, or those in full time education beyond that age, be allocated on a 72% HSCP/28% Education basis in 2022/23 and on a recurring basis*
- *the one off 2022/23 budget assumption, approved when Council set the 2022/23 revenue budget, that £725k of 2022/23 residential care costs for children under 16 should be funded by the HSCP should be amended so that the Council’s education budget is allocated 28% of it (£203k) with the balance of £522k (72%) funded by the HSCP*
- *the £203k Education share of the one off £725k element in 2022/23 be funded from general COVID funds.*

- 4.2 The report informs elected members that current providers of commissioned residential placements were contacted to provide a breakdown of their weekly charge into its component parts (education, provision of care including accommodation, specialist care and other running costs). However none of the providers could provide this level of detail and instead Scotland Excel used current framework information to isolate the cost of an educational day placement and subtract that from the total cost of a residential placement to provide a high level split, see Table 1 below:

Table 1: Scotland Excel – Children’s Residential Care Services Framework

Provider	HSCP	Education
Crossreach	74%	26%
East Park School	63%	37%
Harmeny Education Trust Limited	54%	46%
Kibble Education and Care Centre	78%	22%
Spark of Genius (Training) Ltd	84%	16%
Young Foundations Ltd	81%	19%
Average	72%	28%

- 4.3 The report goes on to recommend that given the material variances between providers a reasonable approach would be to accept the average of a 72/28 split (HSCP/Education).

- 4.4** The report also acknowledges that the Scottish Government did reject the application of HSCP COVID earmarked reserves to cover the additional £0.725m (see 3.2 option (1) above) and recommends as an alternative that this cost is also split on a 72/28 basis.

HSCP Position

- 4.5** Throughout 2022/23, each Financial Performance Report presented to the Board details the current financial pressure across Children and Families Social Care budgets. As reported as part of the HSCP Board March budget paper not all residential placement costs are split 50/50, as the HSCP covers 100% of the cost of those placements with no educational input. Given the increasing demand for these placements, both pre and post pandemic, the financial performance reports have been projecting overspends in these budgets. As at Period 6 the combined overspend for both those placements split 50/50 and those fully covered by the HSCP is circa £0.534m.
- 4.6** The detail of the current projected cost (£4.265m) is set out within Appendix 6. This current cost is then adjusted to show the financial impact of a 72/28 split (£5.787m) i.e. an additional cost of £1.522m. This is summarised in Table 2 below. If the HSCP Board were to accept the additional transfer of costs without any compensating budget allocation from WDC, this would result in an adjusted projected overspend for residential placements of £2.056m.
- 4.7** Based on the current number of residential placements remain the additional cost burden based on a 72/28 split for 2023/24 is calculated to be approximately £2.245m.

Table 2: Summary of Current & Adjusted Costs to the HSCP

Residential Placement Type	Current Number of Children	2022/23 Budget	2022/23 Projection based on 50% to HSCP	2022/23 Projected Overspend	2022/23 Projection based on 72%	2022/23 Additional Cost to HSCP	2022/23 Revised Projected Overspend
HSCP 50% & Education 50%	27	3,175,743	3,460,109	-284,366	4,982,557	1,522,448	-1,806,814
HSCP 100%	4	555,337	804,649	-249,312	804,649	0	-249,312
Total	31	3,731,080	4,264,758	-533,678	5,787,206	1,522,448	-2,056,126

- 4.8** The Financial Performance Report (at Item 6 on this agenda) sets out all the current key financial risks facing the HSCP in 2022/23, the most significant one being the uncertainty over the total costs for the pay uplifts for health and social care staff. Based on the agreed local authority award and the current offer to health board staff, the additional cost over the original budget estimate is £3.747m. It is anticipated that the Scottish Government will fund the majority of the health increase (circa £1.063m), but at the time of writing, no decision has been made by WDC to pass through any of the Scottish

Government funding received to part fund the local authority pay uplift, including directly employed social care staff (circa £2.684m).

- 4.9** For context on the size and scale of supporting vulnerable children unable to sustain living in the community due to risk of harm, Table 3 below sets out the other budgets and costs associated with supporting Looked After and Accommodated Children (LAAC). These include Community Placements and the costs of our own Children's Houses. It can be seen that Residential Placements accounts for approximately 32% of LAAC costs and supports just over 7% of children and young people.

Table 3: Other HSCP LAAC Budgets and Costs

LAAC Budget	Current Number of Children	2022/23 Budget	2022/23 Projection	2022/23 Projected Overspend
Kinship Carers	263	2,081,517	2,070,470	11,047
Internal Fostering	53	953,841	964,562	-10,721
External Fostering	60	2,395,044	2,686,076	-291,032
Children's Houses*	22	3,105,000	3,147,000	-42,000
Total Costs	398	8,535,402	8,868,108	-332,706

- 4.10** The HSCP Board has prioritised funding for Children and Families to support the comprehensive action plan agreed to address the recent Joint Inspection of Services for Children and Young People at Risk of Harm in West Dunbartonshire. At the June meeting as part of the approval of the draft unaudited accounts for 2021/22 it agreed to invest £0.714m from reserves in the creation of a number of fixed term posts.

External Auditor's Position

- 4.11** There has been a number of discussions since March as to the rights of HSCP Board members to either accept or reject the Council proposal to change the allocation percentages, given the significant additional financial cost pressure it places on HSCP budgets. The issue is also commented on within the 2021/22 Annual Audit Report prepared by the Board's external auditor's Audit Scotland. This report has been considered by the November Audit and Performance Committee and it also contained within Item 5 on this agenda.
- 4.12** It is the view of external audit that all parties must reach agreement on the proposal, extract below:

West Dunbartonshire Council is negotiating with the IJB to change the funding split of residential care costs

The council's proposals were considered as part of the IJB's 2022/23 budget-setting process, but were not agreed by the joint board in March 2022 as a full review of the costs split had not yet been undertaken. The budgetary

implications of these proposals require the agreement of the IJB, health board and council, and agreement has not been reached.

- 4.13** The report also identifies the HSCP Board is at risk of being unable to sustain the delivery of services given the scale of the projected budget gaps and recommends that the Board should develop financial and service redesign plans to ensure that services are financially sustainable in the future.

5. Options Appraisal

- 5.1** The options appraisal was based on a Scotland Excel Children's Residential Care Services Framework. This provided a high level split of costs for those providers who offered day placements and residential placements.

6. People Implications

- 6.1** None associated with this report at this time.

7. Financial and Procurement Implications

- 7.1** The projected financial implications based on the current number of residential placements is detailed in Table 2 and Appendix 6. This will be subject to change as the year progresses. The ongoing recurring costs for 2023/24 and 2024/25 are being reviewed to determine whether all current placements will continue into future years, but based on current numbers the additional costs would be circa. £2.245m.
- 7.2** If the HSCP Board agree to pick up the additional allocation of costs a recovery plan will be required to be compiled and agreed. The scale of this plan will depend on the final position regarding this year's pay uplift. It will likely include freezing/deletion of vacancies, consideration of critical packages of care only and the application of unearmarked reserves. By utilising a significant proportion of unearmarked reserves this may impact on the financial sustainability of the HSCP in future years.
- 7.3** It should be noted that the 2015 due diligence exercise also considered the then funding arrangement for educational day placements, also split on a 50/50 basis between social work and education. It was agreed that the full cost of day placements should sit wholly within Education Services, and to reflect this 100% of the day placements budget held within social work children's services was transferred to education. At this point the budget was more than adequate to cover the costs of current placements.
- ## **8. Risk Analysis**
- 8.1** The demand for residential, fostering, adoption and kinship placements has been increasing year on year since 2015. The continuing impacts of COVID and the strain the increased cost of living could place further demand for this type of support.

9. Equalities Impact Assessment (EIA)

- 9.1** If the HSCP Board agree to pick up the additional allocation of costs a recovery plan will be required to be compiled and agreed. The impacts of this plan will have to include EIAs for consideration.

10. Environmental Sustainability

- 10.1** None required.

11. Consultation

- 11.1** The HSCP Board Report in March and external audit's Annual Audit Report conclude that the WDC budget proposal must be agreed by all parties. The content of this report contains extracts from WDC relevant reports.

12. Strategic Assessment

- 12.1** "Closing the Attainment Gap' is a key national priority both for those children experiencing poverty and those who are care experienced. The Scottish Government stated that it intended to work closely with local authorities to improve the educational and well-being outcomes of care experienced young people with additional funding announced to local authorities for this year. Those young people with the most complex needs who have often experience multiple trauma in their life are often cared for in jointly delivered educational and care support systems. The reasons for this are complex and many factors impact on a young persons' school, and care journey, and the need for residential care. Many children and young people are often located out with their local area in this type of provision when a decision is made jointly with education and social work services.
- 12.2** West Dunbartonshire is committed to delivering on 'The Promise', the output of a 3 year national review on the 'care system', and has stated its commitment to ensuring that improved outcomes for care experienced young people are delivered. Maximising educational opportunities and ensuring sustained supportive care options for young people is a key to achieving improved outcomes. Placing additional financial risk on funding to our care experienced young people with complex needs will impact on delivery of our collective ambitions.
- 12.3** 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. If the WDC proposal is accepted by the HSCP Board there would require to be a reprioritisation of current strategic priorities, which would impact on frontline service delivery, in order to cover the additional cost pressures.

13. Directions

13.1 None required at this stage.

Julie Slavin – Chief Financial Officer

Date: 7 November 2022

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC
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Appendices: Appendix 1: WDC - General Services Budget Setting
2022/23 to 2024/25 Budget Estimates as at 9 March 2022
Appendix 2: SNP Motion on Closing the Budget Gap as at 9
March 2022
Appendix 3: The HSCP Board 2022/23 Annual Budget
Setting Report as at 21 March 2022
Appendix 4: Minutes of HSCP Board as at 21 March 2022
Appendix 5: WDC - Allocation of Residential Care Costs as
at 26 October 2022
Appendix 6: Detail on Residential and Other LAAC Budgets
and Projected Costs

Background Papers: HSCP Board Reports on Financial Performance

Localities Affected: All

WEST DUNBARTONSHIRE COUNCIL

Report by Chief Officer - Resources

Council: 9 March 2022

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

1. PURPOSE

- 1.1 This report summarises the key issues relating to the revenue budget estimates and setting of council tax for 2022/23. It also provides budget estimates for 2023/24 to 2024/25; within the report the mid-range estimates are noted, with the best case and worse case estimates summarised at paragraph 4.14.1.
- 1.2 To provide Members with an update in relation to the capital budget.
- 1.3 To seek Members approval to set the General Services revenue and capital budgets for 2022/23 through approval of options to close the 2022/23 budget gap.

2. RECOMMENDATIONS

- 2.1 Members are asked to:
 - a) Note the updated position regarding projections for the revenue budget in 2021/22 as identified at paragraph 4.1.1.
 - b) Note the projected reserves position of the Council as identified at 4.1.2.
 - c) Note the projected outturn position for capital for 2021/22 as detailed in Appendix 3 including information in relation to the re-profiling of a number of projects and resources into future years.
 - d) Approve the application of £0.700m of available capital receipts to fund transformational spend in financial years 2022/23, and a reprofiling of the £0.526m of capital receipts originally approved by Council on 22 March 2021 across the three transformational projects as detailed in paragraph 4.12.3 and Appendix 1.
 - e) Approve the options to be used to set the General Services revenue budget for 2022/23 and assist with future projected budget gaps.
 - f) Approve the proposed updated capital plan from 2022/23 as detailed in Appendix 4 including the recommendation at paragraph 4.16.18 in relation to the West Bridgend Community Centre.

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

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

3. BACKGROUND

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

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

4. MAIN ISSUES

Budgetary Control Projection for 2021/22 and Review of Reserves

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

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

Exhibit 1 – Summary of Projected Unearmarked Reserves

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

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

4.2 Scottish Government Settlement to Councils 2022/23

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

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

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

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

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

4.2.5 2022/23 Scottish Government Funding for West Dunbartonshire Council

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

Exhibit 2 – Summary of 2022/23 Funding

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

4.3 Future Years Scottish Government Funding

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

Exhibit 3: Scotland Block Grant from Treasury 2021-2025

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

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

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

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

Review which expected in May 2022.

4.4 Council Tax

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

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

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

4.5 Total Funding

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

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

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

4.6 Base Budget

- 4.6.1 The base budget for 2022/23 is the revised net 2021/22 revenue budget (£238.932m) adjusted to remove £6.460m of specific 2021/22 COVID expenditure. This gives a base budget of £232.472m.
- 4.6.2 The changes to the base budget are noted in the following paragraphs.
- 4.6.3 Although the majority of the funding from the Scottish Government is not ring fenced, there are individual elements of money that are provided as part of the settlement with the expectation that they are used to deliver the service/policy intended. The base budget needs to be adjusted to reflect the additional costs for delivering on these funding commitments and the budget increase is limited to the funding. These new commitments, or changes to previous commitments are set out in Exhibit 6.

Exhibit 6: Funding Commitments

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

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

4.6.5 Other adjustments to the base are:

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

- decision on 9 February 2022 to progress a Water Safety Policy.
- Annual £0.300m target to deliver procurement savings 2022/23 target already built into the base).
 - Annual £0.300m to deliver recurring variance savings (2022/23 target already built into the base).
 - Service efficiencies totalling £0.247m in 2022/23 rising to £0.357m in future years.
 - Adjust for £0.500m one off saving in 2021/22 to use capital receipts to fund transformation.
 - Adjustment for recharged income of circa £0.387m per year.
 - Adjust for prior year savings which have a further impact in 2022/23.
 - Adjust for the impact of previous Cultural Committee decisions relating to the use of Clydebanks Town Hall.
 - Adjust for £0.074m one off transfer to change fund agreed in 2021/22.
 - Adjust for £0.200m property saving in 2021/22 for sharing Aurora House with NHS.
 - Adjust for 2022/23 being the final year of the 'Ending Loneliness' grant fund.

4.6.6 The revised base budget is shown in Exhibit 7.

Exhibit 7: Revised Base Budget

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

4.7 Employee Costs

- 4.7.1 In terms of the level of employee budgets for 2022/23, the expectation would be that the budget would reflect the 2021/22 budget plus any increase due to pay awards, incremental progression, changes to the employee base and a built in assumption of 4% savings being generated through turnover.
- 4.7.2 The 2022/23 pay award has not been agreed yet and therefore an estimate of 2% has been built into the budget. This is consistent with the assumption in the Council's Long Term Financial Strategy. In terms of assumptions for future years I have assumed there will be pay awards within a range of 1.5% (best case), 2.0% (mid-range) and 2.5% (worst case). As the pay award is not yet agreed there is a risk that it will differ from this estimate which may create a revenue cost pressure during 2022/23.
- 4.7.3 In 2022/23 there is an increase to the employer National Insurance Contributions imposed by the UK Government which creates a recurring cost pressure of £0.959m.
- 4.7.4 Exhibit 8 summarises the estimated changes to the employee budgets over the next three years for Council services. This includes an assumption that savings will be generated through turnover – this is set at 4% of employee costs for the majority of service areas but at a lower percentage for specific areas where it is recognised it is harder to achieve a 4% target.

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

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

4.8 Non-Pay Inflation

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

over the next three years is summarised in Exhibit 9.

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

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

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

4.9 Cost Burdens

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

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

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

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

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

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

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

4.10 West Dunbartonshire Health and Social Care Partnership (HSCP)

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

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

- 4.10.2 In terms of the level of future years funding to the HSCP this is subject to the level of Scottish Government funding made available and the Council's overall financial position in future years. The working assumption is that an allocation on the basis of 'flat cash' plus the appropriate share of the Health & Social Care funding commitments will continue in future years.
- 4.10.3 Exhibit 12 sets out the net payment to the HSCP over the next three years based on the assumptions noted above.

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

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

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

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

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

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

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

4.11 Budget Gap Prior to Measures to Balance Budget

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

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

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

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

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

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

4.12 Measures to Balance the Budget for Council Approval

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

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

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

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

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

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

- 4.12.3 **Application of Financial Flexibilities** - The Scottish Government has agreed to extend the flexibility to allow capital receipts to fund transformational projects in 2022/23 (pending confirmation from the UK Government). Officers have reviewed the 2022/23 revenue estimates to identify revenue expenditure that can be appropriately classified as targeted at delivering transformation. This has identified £0.700m which can be funded through capital receipts in 2022/23. It is anticipated this would be achievable based upon the estimated capital receipts due in 2022/23, taking account of other commitments (i.e. loan charge payments) which have been set against these receipts. For further details refer to Appendix 1. Appendix 1 also updates Council on the estimated spend against the £526,444 which was approved by Council in March 2021. It shows that the full £526,444 is projected to be spent however the allocation of it across the three projects is different from that approved by Council on 23 March 2021. Council, is asked to approve the re-allocation of the 2021/22 expenditure and the new 2022/23 expenditure.
- 4.12.4 **Setting of Council Tax** - As per the Council's Long Term Financial Strategy there is an assumption of an approval of a 3% increase in Council tax in 2022/23 and a 3% increase in Council Tax in the best case, mid-range and worst case scenarios in the years beyond 2022/23. There is scope however for Council to agree a Council Tax increase at a different level. Each 1% increase in Council Tax would generate approximately £0.370m in income.
- 4.12.5 **Saving Options** - Officers have also identified a range of saving options for member consideration. These were reported to Council on 9 February 2022. The majority of the options can be taken or rejected in isolation of other options however there are a small number which are 'either/or' options which means there is a higher or lower value associated with them. The total value of the 'higher value' options is a recurring saving of £3.113m in 2022/23 rising to £4.395m in future years. These options are set out in Appendix 2.
- 4.12.6 **Use of Reserves** - The Council has a number of reserves and it is possible for Council to use these funds where no committed spend has been set. Exhibit 15 sets out that as much as £1.034m of reserves could be released to help balance the 2022/23 budget. It should be noted this option is one-off in nature and once these reserves are exhausted they would not be available for the purpose for which they were originally set aside.

Exhibit 15: Potential Use of Reserves in 2022/23

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

Total		1,034
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- 4.12.7 **Setting of Fees and Charges** - The Long Term Financial Strategy currently assumes an increase in fees and charges of 4%. As at January 2022 the Retail Price Index is 7.8% and the Consumer Price Index is 5.5% which would indicate there is an option to increase fees and charges by a higher percentage. Each 1% increase in the Council's fees and charges would generate approximately £0.075m in income.

4.13 **Budget Gap After Measures to Balance Budget**

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

Exhibit 16: Budget Gap After Measures to Balance Budget

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

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

4.14 Balancing Future Years Budget

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

Exhibit 17: Future Year Estimated Budget Gaps

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

4.15 Summary of Available COVID Funds

- 4.15.1 Throughout 2021/22 officers have monitored the financial impact of COVID on the Council's revenue position and reported on this through the usual budget control reports taken to Committees and full Council. As per paragraph 4.12.2 officers have also identified an estimated £1.977m of 2022/23 costs which can be attributed to COVID.
- 4.15.2 Exhibit 18 summarises the estimated general COVID funds which will still be available in 2022/23. Note that these figures are subject to change as the estimated 2021/22 COVID spend is based on the position as at period 10.

Exhibit 18: Summary of Available General COVID Funds

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

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

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

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

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

4.16 Capital Plan Update

- 4.16.1 An update of the Council's 10 year capital plan was approved by Council on 22 March 2021. Officers have reviewed the plan to update it recognising progress made on projects, any project re-phasing and anticipated funding.
- 4.16.2 The updated Capital Plan has some changes to projects from the previous plan, the main ones being in relation to determining more accurate phasings for significant projects such as, Gruggies Burn, depot rationalisation, district heating network expansion and regeneration fund. Appendix 3 summarises the rephasings to reflect the in-year variances.
- 4.16.3 In addition 20 new projects, with a total project life cost of £5.649m are proposed for inclusion in the plan from 2022/23. The result of this update is shown as Appendix 4 (spend) and Appendix 5 (resources) to this report. The loan charges linked to the capital plan reflect the values within the draft budget book and the effect of new projects are shown below in paragraph 4.16.9. Appendix 6 provides information linking the capital plan to the Council's Asset Management Plans.

West Bridgend Community Centre

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

- 4.16.5 On 4 February 2018 an application was submitted by West Bridgend Community Hall Development Association, including a detailed business case, to sustain a suitable new build community facility to be built on the site of the former West Bridgend Community Centre. The old centre was demolished in 2018 and the 16 May 2019 Infrastructure, Regeneration and Economic Development Committee approved a report proposing a detailed design phase for a new community hall on the same site be progressed. The report confirmed the project could be delivered within the £0.675m budget.
- 4.16.6 Between 2019 and 2020 progress was made including the appointment of architects, engagement with the community group, and the creation of initial designs. Over this period it became apparent that the original capital budget of £0.675m was insufficient as it did not provide for a range of activities that would be required to construct a site of this nature. A value engineering exercise was carried out in early 2020 which sought to minimise the additional costs to deliver the proposed design. Post the completion of this exercise it is still estimated that total capital funding of £2.3m is required to complete this project, a £1.7m increase on the original budget. This is included in the revised capital plan at Appendix 4 with the capital expenditure profiled in 2022/23 and 2023/24. The Community Group have tried to seek additional funding streams but, to date, have been unsuccessful.
- 4.16.7 Taking into account all of the above, the options for the Council are summarised as follows:
- Option 1 – Approve additional £1.7m capital expenditure phased over 2022/23 and 2023/24 (as per draft capital programme in appendix 4) and assist the Community Group to again try to secure additional funding.
 - Option 2 – Retain the current budget of £0.675m and assist the Community Group to again try to secure additional funding.
 - Option 3 - Review the business case with the Community Group and, in turn, review the design to deliver community asset transfer at reduced cost more in line with current budget provision.
 - Option 4 – Fund the additional capital requirement from the existing reoccurring Building Upgrades budget. This will impact on future projects in the current programme such as pavilions, community centre condition survey works which will require to be re-phased into future years.
- 4.16.8 In considering the options listed above, and acknowledging that this project has already been approved by Elected Members, it is recommended that Option 1 is approved meaning the project continues, with Council approval to allocate additional funding over the two year period 2022/23-2023/24 and further work is undertaken in conjunction with the group to source grant funding in 2022/23 to assist with minimising additional costs to the Council.
- 4.16.9 Included in Appendix 4, are 20 new projects identified during the budget

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

Exhibit 19: Recommended New Capital Projects for Council Approval

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

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

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

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

4.17 West Dunbartonshire Leisure Trust Management Fee

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

Exhibit 20: WDLT Draft 2022/23 Management Fee

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

4.18 Growth Bids

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

Exhibit 21: 2022/23 Growth Bids

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

5. PEOPLE IMPLICATIONS

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

6. FINANCIAL AND PROCUREMENT IMPLICATIONS

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

7. RISK ANALYSIS

- 7.1 Some of the capital plan projects have an assumption of match-funding and grant funding from SG and other agencies. There is a risk that some or all of these are not received. The business cases for these projects will require to be updated as funding becomes clearer and Members may require to consider the financial affordability of continuing with the projects.
- 7.2 COVID continues to present risks to how the Council and its community operate in 2022/23 and beyond. In relation to the financial impact of COVID the assumption is that estimated costs in 2022/23 will be covered by the carried forward general COVID funds of £3.007m.

8. EQUALITIES IMPACT ASSESSMENT (EIA)

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

9. CONSULTATION

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

10. STRATEGIC ASSESSMENT

- 10.1 Proper budgetary control and sound financial practice are cornerstones of good governance and support Council and officers to pursue the 5 strategic priorities of the Council's Strategic Plan.
- 10.2 The General Services revenue budget contributes to all categories by providing funding in specific areas to help the Council achieve and develop these priorities.

Laurence Slavin
Chief Officer - Resources
Date: 9 March 2022

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Appendices

Appendix 1 – Transformational projects to be funded/part funded through capital receipts in 2022/23

Appendix 2 – Saving Options

Appendix 3 – Capital Plan – 2021/22 – Forecast Outturn

Appendix 4 – Capital Plan – 2022/23 – Proposed Spend

Appendix 5 – Capital Plan – 2022/23 – Proposed Resources

Appendix 6 – Capital Plan – 2022/23 – Links to Asset Management Plans

Background Papers

Long Term Finance Strategy Report – 27 October 2021

Elected Members' Bulletin - 22 December 2021

Budget Update Report to Council - 9 February 2022

Item 8

Appendix 2

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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

21 March 2021

Subject: 2022/23 Annual Budget Setting Report

1. Purpose

- 1.1** To seek members' approval to set an indicative 2022/23 revenue budget based on budget offers from our funding partners;
- 1.2** To recognise the potential financial impact to the 2022/23 budget assumptions as a consequence of West Dunbartonshire Council's decision to review the current allocation of costs for residential school placements between the HSCP and their Education Services; and
- 1.3** To note the progress on the refresh of the draft Medium Term Financial Plan 2022/23 to 2026/27.

2. Recommendations

2.1 The HSCP Board is recommended to:

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

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

3. Background

- 3.1 This report is a continuation of the 21 February Annual Budget Setting report and sets out a proposed 2022/23 revenue budget subject to board approval.
- 3.2 The 2022/23 revenue budget estimates have been constructed to reflect the impact of all known inflationary and demographic demand on HSCP services, coupled with any agreed changes to service delivery models implemented and to be retained in response to the COVID-19 pandemic.
- 3.3 It should be recognised that the 2022/23 estimates do not include any extraordinary non-recurring COVID-19 costs that are captured as part of the quarterly Local Mobilisation Plan (LMP) financial tracker returns submitted to the Scottish Government. The assumption is that any additional costs incurred in 2022/23 will be funded by COVID-19 earmarked reserve balances which will be added to from the advance funding allocation made by the Scottish Government to Health Boards and Integration Authorities on the 25 February 2022. This is covered in more detail in sections 4.5 – 4.6 below.
- 3.4 The Scottish Government announced their 2022/23 financial settlements to local authorities and health boards on 9 December 2021. Both settlement letters (presented to the 21 February HSCP Board) contained specific reference on funding to be directed to Integration Joint Boards.
- 3.5 The following indicative funding gaps were reported to the 21 February HSCP Board:
 - Social Care - £0.760m
 - Health Care - £0.335m

4. Main Issues

Scottish Government – Budget 2022/23

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

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

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

Scottish Government – COVID-19 Funding

- 4.3** The additional costs of delivering delegated health and social care services impacted by COVID-19 and associated variants continues to be closely monitored and reported to the Scottish Government and HSCP Board through the Local Mobilisation Plan (LMP) Financial Tracker. Full details of the projected COVID-19 spend is included within the P10 Financial Update report and it is anticipated that the final, actual cost (subject to audit) will be covered by the COVID-19 earmarked reserve of £4.970m created last year from advance Scottish Government funding.
- 4.4** The successful roll-out of the COVID-19 Vaccination Programme has reduced the risks of serious harm from the virus, however infections linked to the virus and its variants are likely to continue to impact on our communities into 2022/23. The Scottish Government have recognised this and announced on the 25 February further COVID funding to NHS Boards and Integration Authorities (see Appendix 1).
- 4.5** While the February funding letter sets out indicative allocations further detail has been requested on how the individual shares have been allocated. West Dunbartonshire HSCP's current share is £7.741m to be directed to tackling the backlog of demand and increasing unmet need across day care services, care at home, mental health, and support unscheduled care (unplanned admissions and delayed discharges) alongside sustainability payments to social care providers. Any expenditure aligned to this funding should be agreed by the IJB Chief Finance Officer and the NHS Board Director of Finance.
- 4.6** The funding comes with clear instructions that this advance funding must be carried forward in an earmarked reserve for COVID-19 purposes to be used for the continuation of costs which were funded in 2021/22 as approved through the Scottish Government Local Mobilisation Planning process.

Review of HSCP Reserves

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

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

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

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

- 4.8** The HSCP Board's Reserves Policy recommends that a prudent level of general reserve would be approximately 2% of the partnership's net expenditure budget, excluding Family Health Services (FHS). This is considered a reasonable reserves level capable of underwriting any unexpected financial risk to the HSCP Board's approved budget.
- 4.9** Based on the current 2021/22 net expenditure budget of £150.830m (excluding FHS) the opening unearmarked reserves balance of £4.367m equates to 2.9%. While this is above the target, the HSCP Board at its meeting on the 24 June 2021, considered this to be acceptable given the uncertainties related to the ongoing response and recovery from COVID-19 and the indicative future funding gaps.
- 4.10** The Financial Performance Update Report to 31 January 2022, presented to the Board under the next agenda item, provides members with a comprehensive update on the application of (withdrawal) and anticipated additions to both unearmarked and earmarked reserves, projected to 31 March 2022. This is summarised in Table 2 below.

Table 2: Anticipated Reserve Position as at 31 March 2022

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

- 4.11** Based on the 2022/23 indicative net budget position of £185.117m (less £29.638m for FHS) this gives a general reserve target of £3.112m. The anticipated general reserve detailed in Table 2 is in excess of this target.
- 4.12** As covered within the February budget update report the Board were asked to consider the application of reserves to the value of £0.344m to reduce the projected budget gap. This is covered in more detail below.
- 4.13** The Medium Term Financial Plan (MTFP), first considered in 2020/21, is being refreshed and the current draft is attached at Appendix 9. This provides the Board with a range of indicative budget gaps (best, likely, worst) dependent on the application of range of assumptions. The use of reserves to

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

Social Care

- 4.14** The 21 February HSCP Board report on the 2021/22 budget identified a budget gap of £0.760m for social care, before proposed application of reserves.
- 4.15** There have been a number of minor budget adjustments since the draft budget was presented to the February HSCP Board reducing the indicative budget gap from £0.760m to £0.349m, mainly as a result of confirmation of actual funding shares related to the £554m (section 4.1 above). The individual detail is contained within Appendix 2. As presented within the February budget update report this remaining gap can be closed with the application of reserves. Table 3 below provides an update on the indicative budgets and gaps for 2022/23 to 2024/25.

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

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

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

West Dunbartonshire Council

- 4.17** West Dunbartonshire Council met on 9 March to set their 2022/23 budget including their funding contribution to the HSCP Board. At this meeting elected members approved a funding contribution of £81.364m, based on a “flat-cash” allocation of the 2021/22 recurring budget requisition plus the full pass through of the WDC share of the £554m transfer from the Health portfolio to Social Care and other new funding streams. A flat-cash allocation requires the HSCP to cover all inflationary and demographic pressures as covered in detail at the February Board meeting.
- 4.18** The requisition figure approved in section 4.17 above requires to be updated as the distribution methodology applied to some of the new funding streams has been changed after a review by the Settlement Distribution Group (SDG). The most significant change is related to the £144m of funding for the full year impact of the £10.02/hr living wage. This change benefited West

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

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

Children & Families - Residential School & Residential Placements

Current Position

- 4.20** The cost of residential care placements for children and young people under the age of 16, or those in full time education beyond that age are currently shared on a 50/50 basis between Education and the HSCP. The decision to accommodate and support a young person within a residential placement can be through the recommendation of the Children’s Panel or a multi-agency panel lead by Education and Social Work colleagues. Where there is no educational element, the HSCP is responsible for the full cost of the placement.
- 4.21** This arrangement pre-dates the establishment of the HSCP Board in July 2015 and was the basis of the delegated budget allocation or “due diligence” exercise undertaken by partners in the first year of the HSCP’s operation. The Integration Scheme section 11.3 (i) & (ii) extracted below outlines this exercise:
- (i) Payment in the first year to the Integration Joint Board for delegated functions. Delegated baseline budgets for 2015/16 will be subject to due diligence and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to correct any base line errors.*
- (ii) Payment in subsequent years to the Integration Joint Board for delegated functions.*
- 4.22** The 2022/23 HSCP budget assumptions presented to the Board in February reflected this current arrangement. The anticipated cost to the HSCP for 36 placements was £4.033m. Of the 36 placements it was assumed Education would share the costs equally for 28 of them.
- 4.23** The volatility of the cost and in-year movement of this type of placement is well documented through both financial performance reports and budget setting reports and has been one of the main cost pressures facing the HSCP Board for the last few years, see Table 4 below:

Table 4: HSCP Residential Placements Activity

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

Proposed Revised Position as agreed by WDC

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

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

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

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

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

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

- 4.28** There could be scope to fund any potential additional costs (which could be less than or exceed £0.725m) from the HSCP Board's unearmarked reserves balance, refer to the review of reserves in sections 4.7 to 4.13 above. However, this would provide a temporary solution to what is likely to be a recurring budget pressure as it is unlikely that the net number of residential placements will reduce significantly over the next year. The current HSCP budget gap for 2022/23 and future years does not include this proposed additional share of costs at this time.
- 4.29** With regards to option 2 a high level benchmarking exercise was also undertaken by WDC to assess how other councils and HSCPs (who have Social Care Children & Families Services delegated to them) split their residential placement costs. Of the 18 responses received, 9 local authorities continue to allocate costs on a 50/50 basis. The remainder have a variation of approach where there is an educational element ranging from 62/38 to 80/20 HSCP/Education.
- 4.30** Option 2 was approved on the proviso that WDC and HSCP officers will carry out an evaluation and make a recommendation to a future Council on the division of this budget.
- 4.31** The outcome of the planned review should not be pre-empted and any recommendation(s) made would need to be considered and accepted by both WDC and the HSCP Board. However it would be considered prudent and reasonable to conclude that any change in the allocation methodology would likely increase the financial burden to the HSCP Board on a recurring basis.
- 4.32** This estimated cost pressure of £1.365m is not currently included in the HSCP's reported budget gap or reflected in any future gaps. However, the review should also cover the division of the existing budget for the 28 placements currently split equally. As with the point made in section 4.28 above, the HSCP Board is asked to consider how it may wish to address this financial risk to the 2022/23 position, bearing in mind the cost may increase depending on the number of children placed and would likely become a recurring pressure.
- 4.33** Going forward, any additional cost of future placements would be built into the HSCP Board's budget plans and as required by the Integration Scheme this would be presented to WDC as part of any future budget negotiations.

Justice Social Work (JSW) Services

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

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

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

Health Care

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

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

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

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

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

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

Other Integrated Budgets in Scope

- 4.40** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to Integration Authorities and should be considered as an addition to the HSCP budget of £81.777m for 2022/23.
- 4.41** As covered within the regular financial performance report, these budgets are currently held within WDC's 'Roads and Neighbourhood' and 'Housing and Employability' Services and are managed on behalf of the HSCP Board. The 2022/23 budgets approved by Council on 9 March 2022 are detailed below:
- Aids and Adaptations - £0.250m (unchanged)
 - Care of Gardens - £0.455m (increase of 1%)

Capital

- 4.42** West Dunbartonshire Council also approved their refreshed ten year capital plan on 9 March 2022. As detailed within the period 10 financial performance report the budgets for Aids & Adaptations, Clydebank Care Home and Criminal Justice require an element of re-profiling from 2021/22 into 2022/23. Two new capital projects were approved as detailed below.
- Community Alarm Upgrade - Community alarms (telecare) currently works over analogue phone lines. These analogue lines will no longer exist after 2025 and throughout the UK telephone providers have already started to transition customers from an analogue service to a digital service.
 - Replacement of Carefirst Case Management System – Once recruited the Digital business Lead will undertake a needs assessment and an options appraisal prior to the HSCP fully testing the market in terms of a replacement system going forward.
- 4.43** The phasing of the approved HSCP capital budgets from 2022/23 to 2030/31 is detailed in Table 6 below:

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

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

Social Work Charging

- 4.44** The current Social Care Charging Policy was reviewed during 2021/22. As the responsibility to set and levy charges remains with the Council an updated Charging Policy was submitted to West Dunbartonshire Council on 9 March 2022 for approval which contained the following proposals:
- The disaggregation of the current “Building-based Day Opportunities Charges” into its original component parts; and
 - The alignment of the policy with the COSLA recommendation and the inclusion of an exemption within the revised Charging Policy not to levy means-tested charges to those service users in receipt of Independent Living Fund (ILF) while noting that any financial risk will be managed by the HSCP.
- 4.45** The draft budget as reported to the February HSCP Board included an uplift in current charges of 4% in line with the Council's Long Term Financial Strategy equating to additional income of £0.061m. However the Council agreed at their March meeting to freeze non-residential charges for 2022/23 and to reflect this will increase the HSCP's 2022/23 budget allocation by £0.061m to cover the cost of lost income.

Budget Summary

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

Table 7 – 2022/23 Funding Summary

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

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

- 5.1** The 2020/21 to 2024/25 Medium Term Financial Plan (MTFP) has been refreshed to reflect the indicative 2022/23 budget settlements. The current draft covering the period 2022/23 to 2026/27 is attached at Appendix 9.
- 5.2** The MTFP reflects the current strategic priorities on the Strategic Plan 2019 – 2022, extended for one further year. Under the direction of the Strategic Planning Group the MTFP will be reviewed to reflect any change to the strategic direction.
- 5.3** The plan considers both the local and national context within which the HSCP operates including current service delivery across our localities, the impact of demographic changes, deprivation and the burden of disease set against delivery of the Scottish Government’s national outcomes, legislative requirements to support service users and their carers and the Medium Term Health and Social Care Financial Framework.
- 5.4** The plan considers the medium term financial outlook over the next 5 years based on current financial performance and planned financial performance for 2022/23. Through the application of sensitivity analysis the plan identifies a range of future year pressures, potential funding gaps ranging from the “most likely” of £2.8m in 2023/24 to £12.6m by 2026/27. Our response to minimise the gap will be through ongoing service transformation, strategic commissioning and community empowerment supported by our Reserves Strategy.

6. Options Appraisal

- 6.1** None required.

7. People Implications

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

8. Financial and Procurement Implications

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

9. Risk Analysis

- 9.1** The main financial risks to the 2021/22 outturn position and 2022/23 estimates relate to anticipated increases in demand for some key services such as mental health and other social care services as the HSCP move through its Covid-19 Recovery and Renewal phases.

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

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

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

10. Equalities Impact Assessment (EIA)

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

11. Environmental Sustainability

11.1 None required.

12. Consultation

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

13. Strategic Assessment

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

14. Directions

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

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

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

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

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

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

Localities Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

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

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

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

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

ROLLING ACTION LIST

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

VERBAL UPDATE FROM CHIEF OFFICER

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

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

VARIATION IN ORDER OF BUSINESS

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

2021-2022 FINANCIAL PERFORMANCE REPORT AS AT 31 JANUARY 2022

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

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

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

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

2022 - 2023 REVENUE BUDGET SETTING

A report was submitted by the Chief Financial Officer seeking members' approval to set an indicative 2022/2023 revenue budget based on budget offers from our funding partners and note the progress on the refresh of the draft Medium Term Financial Plan 2022/2023 and 2026/2027, and advising of the potential financial impact to the 2022/23 budget assumptions as a consequence of West Dunbartonshire Council's decision to review the current allocation of costs for residential school placements between the HSCP and their Education Services.

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

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

- (3) to accept the additional funding of £0.061m to cover the freeze to Non-Residential Charges levels in 2022/23;
- (4) to note the total 2022/23 allocation from WDC based on (a) to (c) above is £81.777m;
- (5) to note the analysis of the reserves position and the projected balances as at 31 March 2022;
- (6) to note the WDC Council decision to review the allocation method for residential placements at a projected cost of £2.090m to the HSCP is not included within the current HSCP 2022/23 revenue estimates or beyond;
- (7) to note that a further report will come back to the HSCP Board in May 2022 regarding the outcome of the review; and will also clarify in more detail the split within the budget and what reserves are available moving forward if the cost pressure remains;
- (8) to accept the indicative 2022/23 budget allocation from NHSGGC of £101.832m, subject to confirmation of the final 2021/22 recurring base and note that additional Scottish Government funding of £1.159m will follow;
- (9) to accept the indicative set aside budget of £33.620m, based on the 2021/22 projected activity and actual costs with a 2% uplift;
- (10) to approve an overall budget of £185.117m, excluding set aside for the delivery of delegated health and social care services for 2022/23;
- (11) to note the 2022/23 budget allocations for Housing Aids and Adaptations of £0.250m and the Care of Gardens budget of £0.455m, held and managed by the Council on behalf of the HSCP Board;
- (12) to note the update to the WDC's 10 Year Capital Plan from 2022/23 to 2030/31 and the programmes linked to the strategic priorities of the HSCP Board; and
- (13) to note the draft Medium Term Financial Plan 2022/23 to 2026/27.

STRATEGIC RISK REGISTER 6 MONTH REVIEW

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

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

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

UNSCHEDULED CARE DESIGN AND DELIVERY PLAN

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

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

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

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

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

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

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

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

APPROACH TO SELF DIRECTED SUPPORT (SDS) POLICY

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

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

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

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

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

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

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

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

SERVICE DELIVERY PLANS 2022-2023

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

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

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

QUALITY IMPROVEMENT POLICY

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

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

SERVICE DESIGN POLICY

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

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

MINUTES OF MEETING FOR NOTING

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

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

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

DATES OF NEXT MEETINGS

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

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

The meeting closed at 11.19 a.m.

WEST DUNBARTONSHIRE COUNCIL

Report by Chief Officer - Resources

Council: 26 October 2022

Subject: Allocation of Residential Care Costs

1. PURPOSE

1.1 To provide Council with

- an officer recommendation on the split of residential care costs between the Health and Social Care Partnership (HSCP) and Education budgets
- an update on the one off 2022/23 increase in residential costs to be funded from HSCP COVID funds

2. RECOMMENDATIONS

2.1 Members are asked to agree that:

- residential care costs for children under 16, or those in full time education beyond that age, be allocated on a 72% HSCP/28% Education basis in 2022/23 and on a recurring basis
- the one off 2022/23 budget assumption, approved when Council set the 2022/23 revenue budget, that £725k of 2022/23 residential care costs for children under 16 should be funded by the HSCP should be amended so that the Council's education budget is allocated 28% of it (£203k) with the balance of £522k (72%) funded by the HSCP
- the £203k Education share of the one off £725k element in 2022/23 be funded from general COVID funds.

3. BACKGROUND

3.1 On 9 March 2022, the Council agreed a balanced 2022/23 revenue and capital budget and estimates for 2023/24-2024/25. That budget included two assumptions relating to the allocation of residential care costs between HSCP and the Council.

3.2 Budget Assumption 1 - Recurring

The first was a recurring budget assumption that related to the fact that the costs for residential care for children under 16 (or those in full time education beyond that age) were shared on a 50/50 basis between the Council and the HSCP. This is because the overall care package has elements of both education and residential costs.

3.3 ~~This 50/50 split was agreed by officers a number of years ago at a time when~~

the HSCP budget was part of the WDC Social Work budget. This split has been retained as the agreed split of costs until the Council budget meeting in March 2022. Residential care invoices from external care providers do not identify the split of costs between the educational and the residential elements so it was not easy to accurately determine whether a 50/50 share was an accurate reflection of actual costs incurred.

- 3.4 A benchmarking exercise was undertaken to assess how a number of other Scottish councils split the children's residential service costs. Responses received identified a variety of local agreements ranging from a similar 50/50 split to a council with an 80/20 split with the HSCP having the larger share. The general rationale within councils who allocate more than 50% to the HSCP is that it better reflects the cost of service delivery.
- 3.5 The budget assumption agreed by the Council reallocated the total 2022/23 £5m residential care cost budget on a 77.3% HSCP/ 22.7% Education basis (£3.865m for HSCP and £1.135m for Education). The motion stated:

Budget assumption based on the need to more appropriately reflect the split of responsibility between the provision of education and funding all other costs associated with bringing up children, including accommodation, food, clothing, leisure activities and specialist care etc. Officers will carry out an evaluation and make a recommendation to a future Council on the division of this budget. As we move closer to the implementation of the National Care Service it is vital that we correctly attribute costs; failure to do so could see the Council block grant inaccurately top sliced when resources are reallocated, putting our services at future risk.

3.6 **Budget Assumption 2 – One Off**

The second budget assumption was a one off one as in 2022/23 there has been a need to increase the education costs for residential care costs by £0.725m from £2.5m in 2021/22 to £3.225m in 2022/23 due to an increased number of children in residential placements. There was an assumption that this increase is as a consequence of the impact of COVID on families. Consequently Council agreed that the education budget for residential costs should kept at the 2021/22 level of £2.5m and any additionality should be funded by the Children & Families budgets that sit with the HSCP potentially funded by the reserves as they relate to the previous funding transferred to the HSCP by West Dunbartonshire Council.

4. **MAIN ISSUES**

4.1 **Budget Assumption 1 – Recurring**

After the 9 March 2022 Council meeting the Chief Officer Resources contacted the ten current providers of residential care to ask them for a breakdown of the weekly charge of the 27 young people they currently provide a service to, and invoice the Council for. They were asked, as accurately as possible, to split that weekly charge between costs associated with provision of education and the costs associated with provision of care,

including accommodation, food, clothing, leisure activities and specialist care etc.

- 4.2 None of the providers were able to provide that requested level of breakdown primarily because they only have a unit price for each placement and do not break it down into component parts to facilitate a split between education and social care as part of the Scotland Excel Framework model. Also any attempt to split costs would be further complicated as providers get some national government grant funding, donations, other income and use of reserves which reduces the rate charged to local authorities lower than the actual service costs.
- 4.3 As the information from the providers was not sufficiently robust to determine an accurate allocation of the overall expenditure officers contacted Scotland Excel to ask them to provide, for Children's Residential Care Services, an estimated breakdown of % Scotland Excel Framework Agreement rates for:
- Social Care Services
 - Education Services

The request to Scotland Excel was to focus on the providers currently being used by the Council.

Scotland Excel provided the following

Provider	HSCP	Education
Crossreach	74%	26%
East Park School	63%	37%
Harmony Education Trust Limited	54%	46%
Kibble Education and Care Centre	78%	22%
Spark of Genius (Training) Ltd	84%	16%
Young Foundations Ltd	81%	19%
Average	72%	28%

- 4.4 It can be seen that there can be material variances between different providers however a reasonable approach to take is to accept the average of a 72/28 split and adjust the Education budget assumption accordingly.

The table below shows the totality of the change in the cost allocation from the original 50%/50% split before the Council's March 2022 Budget meeting through to this revised 72%/28% split. It shows this would add £265,000 on a recurring basis to the Education budget in 2022/23 and future years (when compared to the 77.3%/22.7% budget assumption made in March 2022). The £265k will need to be absorbed by the existing Education budget in 2022/23 and will increase the budget gap in future years.

	Original Cost Allocation 50%/50% (£,000)	Revised March 2022 Cost Allocation 77.3%/22.7% (£,000)	March 2022 Change (£,000)	Revised Costs 72.0%/28.0% (£,000)	Change (£,000)	Total Allocation Change After Review (£,000)
HSCP	2,500	3,865	1,365	3,600	(265)	1,100
Education	2,500	1,135	(1,365)	1,400	265	(1,100)
Total	5,000	5,000		5,000		

4.5 **Budget Assumption 2 – One Off**

After the 9 March 2022 Council meeting the S95 Officer of the HSCP Board contacted the Scottish Government to seek approval for use of IJB COVID reserves to fund the £725k referenced in paragraph 3.6 on the basis that these increases were as a consequence of the pandemic in 2022/23. The Scottish Government replied to state that they expect IJB COVID funding to be used in line with 2021/22 expenditure and as it was not reported as an HSCP COVID pressure in 2021/22 due to it being considered an Education pressure, they would not support the use of COVID reserves for this. Consequently this requires a decision about how this £725k is funded in 2022/23.

4.6 Given that the £725k is for residential care costs the revised 72%/28% split, if approved, is equally applicable which results in a split of these 2022/23 costs of:

- £522k - HSCP
- £203k - Education

4.7 It is recommended that the £203k of 2022/23 residential care costs allocated to Education is funded from the Council's general COVID fund. This will leave £9k left in general COVID funds as at the end of period 5 (31 August 2022).

Conclusion on Allocation of Costs

4.8 As the providers cannot provide an accurate and robust breakdown of the split in relation to a child's 24 hour day in a co delivered care and education setting which has been assessed to meet a child's need, it is recommended that the Council, on the basis of the analysis provided by Scotland Excel, agree that the costs of residential care are:

- allocated on a 72% HSCP/28% Education basis in 2022/23 on a recurring basis
- also allocated on a 72% HSCP/28% Education basis for the one off £725k element in 2022/23.

- 4.9 It is for the HSCP Board to manage its overall budget and determine how to prioritise the funds made available to it by its two partner organisations. Decisions on how to absorb any adjustment to cost allocation to more accurately reflect service delivery will be a matter for the Integrated Joint Board.

6 PEOPLE IMPLICATIONS

- 6.1 None directly from this report

7. FINANCIAL AND PROCUREMENT IMPLICATIONS

- 7.1 The 2022/23 Council budget will have increased expenditure of £468k of which £203k will be funded from general COVID funds. The balance of £265k will need to be absorbed by the existing Education budget in 2022/23 and future years.

8. RISK ANALYSIS

- 8.1 None directly from this report. The investment and protection of our most vulnerable children and young people to ensure their needs are met is a key priority for the Council. However it is a matter for the HSCP to determine how to spend the overall budget allocation for social care services. Any adjustment increase of cost allocations to reflect service delivery should be managed within the overall budget provided to the HSCP Board.

9. EQUALITIES IMPACT ASSESSMENT (EIA)

- 9.1 When a child becomes a looked after child, at home or away from home, the Council becomes the Corporate Parent. The term 'Corporate Parent' means the collective responsibility of the Council, elected members, employees and partner agencies, for providing the best possible care and safeguarding for the children who are looked after by us.

10. CONSULTATION

- 10.1 This report is a consequence of engagement between Education, HSCP and Finance Officers to advise on the Council's proposal. The proposal will need to be presented to a future meeting of the HSCP Board.

11. STRATEGIC ASSESSMENT

- 11.1 Local Benching Marking data shows that the Scottish average of use of residential care in Scotland is 90% of looked after children are in residential care. In West Dunbartonshire this is currently 89% of our Looked after children with higher than average deprivation.

Going forward a collective approach should be further developed to ensure a more sustainable model across HSCP and the Council working in Partnership to achieve overall savings by developing local services, including

increased foster care provision, supported accommodation for care leavers, and intensive family support services to meet the needs of children young people.

Laurence Slavin
Chief Officer - Resources
Date: 26 October 2022

Person to Contact: Laurence Slavin (Chief Officer – Resources)
E-mail: laurence.slavin@west-dunbarton.gov.uk

Background Papers
Budget Report to Council - 9 March 2022

HSCP Residential Schools 2022/23 Projected Outturn

SHARED RESIDENTIAL PLACEMENTS

Establishment	Current Number of Children	2022/23 Budget	2022/23 Projection based on 50% to HSCP	2022/23 Projected Overspend	2022/23 Projection based on 72%	2022/23 Additional Cost to HSCP	2022/23 Revised Projected Overspend
Crossreach	2	262,697	261,560	1,137	376,646	115,086	-113,949
Eastpark	1	156,262	156,262	0	225,017	68,755	-68,755
St Philips	8	1,091,761	1,031,993	59,768	1,486,070	454,077	-394,309
Curo Salus	4	590,779	590,779	0	850,721	259,943	-259,943
Spark of Genius	4	455,114	455,114	0	655,364	200,250	-200,250
Young Foundation	1	113,725	113,725	0	163,764	50,039	-50,039
Butterstone	1	131,904	131,904	0	189,942	58,038	-58,038
Harmeny	2	206,870	206,870	0	297,893	91,023	-91,023
Kibble	4	166,632	511,903	-345,271	737,140	225,237	-570,509
Total of Shared Placements	27	3,175,743	3,460,109	-284,366	4,982,557	1,522,448	-1,806,814

NO EDUCATIONAL INPUT RESIDENTIAL PLACEMENTS

Establishment	Current Number of Children	2022/23 Budget	2022/23 Projection based on 100% to HSCP	2022/23 Projected Overspend	2022/23 Projection based on 100% to HSCP	2022/23 Additional Cost to HSCP	2022/23 Revised Projected Overspend
Eastpark	1	191,573	195,663	-4,090	195,663	0	-4,090
Carevisions	1	199,989	225,688	-25,699	225,688	0	-25,699
Crossreach	1	0	212,568	-212,568	212,568	0	-212,568
Quarriers	1	163,774	170,729	-6,955	170,729	0	-6,955
Total of HSCP Only Placements	4	555,337	804,649	-249,312	804,649	0	-249,312

Total Gross Costs	31	3,731,080	4,264,758	-533,678	5,787,206	1,522,448	-2,056,126
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OTHER HSCP LOOKED AFTER AND ACCOMMODATED CHILDREN & YOUNG PEOPLE'S BUDGETS

LAAC Budget	Current Number of Children	2022/23 Budget	2022/23 Projection	2022/23 Projected Overspend	2022/23 Projection	2022/23 Additional Cost to HSCP	2022/23 Revised Projected Overspend
Kinship Carers	263	2,081,517	2,070,470	11,047	2,070,470	0	11,047
Internal Fostering	53	953,841	964,562	-10,721	964,562	0	-10,721
External Fostering	60	2,395,044	2,686,076	-291,032	2,686,076	0	-291,032
Children's Houses*	22	3,105,000	3,147,000	-42,000	3,147,000	0	-42,000
Total Costs	398	8,535,402	8,868,108	-332,706	8,868,108	0	-332,706

* Capacity 22

Summary of LAAC	429	12,266,482	13,132,866	-866,384	14,655,314	1,522,448	-2,388,832
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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

15 November 2022

Subject: Progress Report Carers (Scotland) Act 2016

1. Purpose

- 1.1 The purpose of this report is to update the HSCP Board on the current position in relation to the ongoing work of the Carers Development Group and to seek the Boards approval in respect of the use of resources associated with the Carers (Scotland) Act 2016.

2. Recommendations

It is recommended the HSCP Board:

- 2.1 Notes the positive work undertaken by the Carers Development Group; and
2.2 Approves the proposed use of resources as detailed in the report.

3. Background

- 3.1 At its September 2022 meeting, the HSCP Board Audit and Performance Committee received a paper entitled, "Implementation of Directions Policy and Review of Directions Log" (Item 10 on that meeting's agenda).
- 3.2 Recommendation 2.4 within that report, which was accepted by the Audit and Performance Committee notes, "Consider recommending to the HSCP Board that they seek a further report on the work of the Carers Development Group for presentation at their meeting in November 2022."
- 3.3 In November 2020 the HSCP Board approved a revised draft of the Local Carers Strategy (LCS) and were advised of the structure to oversee and support implementation of the strategy. A key component of that structure is the Carers Development Group (CDG) with a role in overseeing and supporting the implementation of the LCS.
- 3.4 The HSCP Board received an update in January 2022 regarding implementation of the Local Carers Strategy and work of the CDG. This current paper will provide the Board a brief update on activity since then and an overview of current and recommended resource deployment in relation to

Carers (Scotland) Act 2016 allocation.

4. Main Issues

CDG Activity Update:

- 4.1** One of the most significant pieces of work identified as critical in the implementation of the LCS and its associated action plan involved reviewing the HSCP position on adult carer eligibility criteria, adult carer assessment and support plans and subsequent access to support.
- 4.2** The HSCP Board at its November 2021 meeting approved for implementation in April 2022 a new policy position on adult carer eligibility criteria.
- 4.3** The implementation of this policy was accompanied by a new process for how carers can access support from local services, including those within the HSCP. The fundamental change introduced as part of this process has involved Carers of West Dunbartonshire (CWD) becoming the 'front door' for carer support in West Dunbartonshire.
- 4.4** The CDG appointed a sub-group to develop this work and it can be confirmed that this policy and new process was launched earlier this year. A series of supports were made available and literature on how carers will be assessed – including how, for the first time, they can begin a self-assessment process – is featured on both the HSCP and CWD websites.
- 4.5** As part of implementation, the Board heard that a monitoring framework would be developed. The use of this framework is ongoing and early indications suggest that the new approach is benefiting all stakeholders.
- 4.6** Another significant piece of work the CDG is responsible for overseeing includes the proposed pilot of streamlining access to SDS Option 1 (Direct Payments) for carers in their own right to specifically access Short Breaks. The Board approved this pilot in May 2022 however, a number of issues including infrastructure support and personnel issues (highlighted below) have prevented this pilot from being implemented as intended.
- 4.7** The Board approved the allocation of £266,000 for the pilot. While the HSCP has not yet been in a position to deploy the pilot, the need amongst carers for Short Breaks has not dissipated. In order to try and meet at least some of that demand, the CDG agreed for £50,000 of the allocation for the pilot to be allocated to Carers of West Dunbartonshire to be accessed by carers for Short Breaks via CWD.
- 4.8** While this approach has helped support carers with Short Breaks, the challenges in launching the pilot has resulted in a delay in achieving the

anticipated positive outcomes. While further transfer of funds to CWD in relation to Short Breaks remains an option, it is hoped the preferred option of successfully launching the pilot can be pursued in the immediate term with the appointment of HSCP staff to relevant posts which will contribute to its success.

- 4.9** Other areas of focus which remain on the CDG agenda and relate to the implementation of the LCS Action Plan include social media, information packs for carers, staff training and a performance framework. Progress on these work streams are at various stages and will be supported further by the additional resource noted in paragraph 4.11.
- 4.10** In relation to personnel supporting the CDG, the Board should note that Val Tierney, Chief Nurse, has stepped down as Chair of the CDG with the group now chaired by Margaret-Jane Cardno, Head of Service, Strategy and Transformation. The CDG wishes to place on record its thanks to Val for her leadership during an unprecedented time of challenge.
- 4.11** In addition, the HSCP has been successful in appointing to a new post of Unpaid Carers Liaison Officer. This appointment will see an Officer dedicated to the vital work of the CDG and the implementation of the LCS.

Financial Position Update: Reserves

- 4.12** A summary table is provided as Appendix 1 to this report and reflects the narrative below. The balance available from reserves as of 31 March 2022 was £856,760. The current balance of reserves is £211,272. £645,488 has been invested / earmarked for investment in the following ways:
- i. £50,000 invested in Out of the Blue Funding for Carers of West Dunbartonshire. This provides carers access to Short Breaks for occasions which often arise 'out of the blue' e.g. GP appointments or similar. This £50,000 was drawn from the £266,000 of Carers Act monies approved by the HSCP Board for a short breaks pilot (paras 4.7 and 4.8 above)
 - ii. £266,000 (now £216,000) approved by the Board for a short breaks pilot. There have been several barriers preventing this pilot from going ahead including but not limited to: infrastructure, staff role clarity and internal capacity.
 - iii. £189k to be awarded to Y Sort-It pending ongoing work regarding Service Level Agreement.
 - iv. £127,900 to be invested in Welfare Rights post (3 year post at WDC G6). Discussions regarding this post are in their infancy however it is likely to be a much needed resource given the current climate and impact on carers.
 - v. £68,500 to be invested in a 2 year WDC G5 post to support the

completion of outstanding reviews of carer assessments and to help make systemic changes to prevent recurrence. Discussion regarding this post remains in its infancy however evidence of its requirement and awareness that it is a needed and welcomed addition is well-understood.

- 4.13** The final two proposals require to be discussed further with the CDG. Due to meeting schedules, this discussion will take place on morning of 15 November with a verbal update provided to the HSCP Board in the afternoon of the same day. Should the proposals be agreed, the reserves balance will be approximately £211,272.

Recurring Funding

- 4.14** Similar to the final two bullet points in 4.12, the following requires to be reviewed at CDG on morning of 15 November. Over time, certain HSCP core budgets (i.e. those budgets used to provide services to 'cared for' people) have been used to provide services to carers; packages of care are often provided to cared for people where respite components are included and there is direct or indirect benefit for carers.
- 4.15** There are also certain posts within the HSCP where a significant proportion of the work of the post pertains to supporting carers directly or indirectly. As a consequence, there is a requirement to undertake budgetary re-alignment to improve fairness and transparency. To do this, it is proposed that Carers Act monies be allocated to meet some or all of the costs associated with this work.
- 4.16** Subsequently, the following is proposed whereby the current HSCP budget and recharge rate (how much is currently recharged to Carers Act monies) and proposed recharge for 22/23 and 23/24 is provided:
- i. External Accommodation Facilities for Physical Disabilities: Current HSCP budget is £52,978 with no recharge to carers. Proposed recharge for 22/23 and 23/24 is £20,000.
 - ii. External Residential & Day Support Learning Difficulties: Current HSCP budget is £636,108. Current recharge is £117,353. Proposed additional recharge for 22/23 is £180k (totaling £297,353). Proposed total recharge for 23/24 is £305,235.
 - iii. Respite for older people: Current HSCP budget is £77,104, current recharge is zero. Proposed recharge for 22/23 and 23/24 £115,656.
 - iv. Flexible respite – HSCP budget is £60,000; recharge for 22/23 is £120k; recharge for 23/24 is £122,496
 - v. Support Services for Children: Current HSCP budget is £225,018; current recharge is zero; propose recharge for 22/23 and 23/24 is £80,000.
 - vi. Unpaid Carer Liaison Officer: recharge for 22/23 is £22,071; recharge for 23/24 is £45,508

- vii. Other budgetary lines which have minimal or no change from current status and across 22/23 and 23/24 include: WDC grade 8 post (28hrs); Respite Resource Worker and Respite Co-ordinator posts; Direct Payments for Carers; Carers of West Dunbartonshire core funding; Y Sort-It; SDS post.
- viii. Deducting the total proposed recharge values for 22/23 of £455,656 from what was an unallocated amount of Carers Act monies of £575,045 for 22/23 leaves an unallocated amount of £119,389 from a total budget for 22/23 of £1,563,761.
- ix. Deducting the total proposed recharge values for 23/24 of £455,656 from the unallocated budget of £497,701 leaves a remaining budget of £42,045
- x. Pending discussions with the CDG, it is proposed that the combined budget of recurring monies (£42,045) and reserves (£211,272) will total approximately £253,317 to support the implementation of the LCS not yet covered by the actions and services outlined above.

5. Options Appraisal

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

6. People Implications

- 6.1** The people implications of this paper are included above and pertain to the recruitment of new posts noted in 4.12 and 4.16. These are additional posts to support the short, medium and longer term needs of carers.

7. Financial and Procurement Implications

- 7.1** The main financial implications of this paper are outlined in paragraphs 4.12 and 4.16. It is necessary and appropriate that budgetary realignment is undertaken to more accurately demonstrate the HSCP spend to support unpaid carers in West Dunbartonshire. While it has been challenging to reach this position, the proposed use of Carers Act monies manages to better reflect how resources are deployed across the HSCP and commissioned services while retaining a significant resource to support the ongoing implementation of the Local Carers Strategy.

8. Risk Analysis

- 8.1** One of the biggest risks from a budgetary perspective in relation to trying to support carers pertains to the cost of living crisis. A growing body of literature shows carers, having been disproportionately affected by the covid pandemic, are some of the most affected by the increased cost of food and resources pushed up by inflation and also the increase in energy prices with, for example, some cared for people requiring specialist food and equipment.

- 8.2** With such pervasive conditions unlikely to abate soon, managing the Carers Act monies in a financially prudent way while also trying to effectively mitigate national and international conditions and policies will continue to represent a challenge and risk.
- 8.3** It will continue to be important that the CDG and HSCP Board take decisions as closely aligned to the LCS as possible. While this strategy did not foresee the pandemic or cost of living crisis, it does detail the things that were of strategic and operational importance to supporting carers in West Dunbartonshire. The LCS, consulted on with unpaid carers, notes what is important to them which, under the current circumstances and experiences of the last two or so years are only likely to have increased.

9. Equalities Impact Assessment (EIA)

- 9.1** An Equalities Impact Assessment is not required in relation to the recommendations within this report. The Board approved Local Carers Strategy was subject to a full EIA, and the recommendations within this report align with the implementation of that strategy. It is recognised that the impact of the agreed strategy would benefit from a further equalities impact assessment and this will be taken forward in line with the usual policy and performance review process.

10. Environmental Sustainability

- 10.1** Not applicable.

11. Consultation

- 11.1** As noted, the Carers Development Group, appointed by the HSCP Board to oversee the implementation of the LCS will meet on the morning of 15 November to discuss the proposals above regarding budgetary realignment. The HSCP Board will receive a verbal update of this meeting's outcome in the afternoon of the same day.

12. Strategic Assessment

- 12.1** The proposals contained above are felt to reflect the strategic priorities and actions set out in the HSCP Strategic Plan and the West Dunbartonshire Local Carers Strategy. The CDG will consider alignment with the latter and make a recommendation to the HSCP Board on how accurately the CDG feels the recommendations reflect this by supporting or amending them accordingly.

13. Directions

- 13.1** Should the recommendations within this report be approved it is necessary for the Board to issue a Direction to West Dunbartonshire Council in respect of

the allocation of funding. Direction reference HSCPB000033MJC15112022 can be found at Appendix 2 of this report.

Name: Margaret-Jane Cardno

Designation: Head of Strategy and Transformation

Date: 28 October 2022

Person to Contact: John Burns, Strategy and Transformation Manager
E: John.Burns@west-dunbarton.gov.uk
T: 07880 472395

Appendices: Appendix I: Summary Finances Table
Appendix 2: Direction Ref HSCPB000033MJC15112022

Background Papers: HSCP Audit and Performance Committee Sept 2022
Papers
West Dunbartonshire HSCP Local Carers Strategy

Item 10

Appendix 1

	22/23	23/24
Recurring Funding Available 22/23	1,563,761	1,563,761
<u>Proposed Spend</u>		
Respite Services Physical Disabilities	20,000	20,000
Respite Service Dunn Street	297,353	302,235
Flexible respite Learning Disabilities	120,000	122,496
Respite Services for Children	110,578	111,850
Respite for older people	115,656	115,656
Y sort it	189,000	189,000
Direct Payment to Carers	77,619	80,848
Carers of West Dunbartonshire Funding	359,718	397,597
Respite Manager	44,142	45,507
Respite Resource Worker	48,940	50,504
Respite Coordinator	26,165	26,991
Carers strategy post	22,071	45,508
Part funding for SDS post	13,130	13,524
	1,444,372	1,521,716
Unallocated	119,389	42,045

	22/23	23/24
Balance available in reserves at 31/03/22	- 856,760	- 532,512
Carers Act Funding Out of the blue	50,000	
Short break pilot scheme	52,500	157,500
Y Sort it - SLA to be confirmed	189,000	
Welfare right post grade 6 Fixed 3 years	21,317	42,633
Reviewer for carer assessment -Fixed term 2 year grade 5	11,431	34,294
Total	324,248	234,427

	Funding	Spend
17/18	39,000	2,000
18/19	340,000	194,363
19/20	517,000	517,000
20/21	726,000	642,870
21/22	1,218,000	627,007
Balance available in reserves at 31/03/22		

24/25	25/26	26/27
- 298,085	- 232,589	- 211,272
42,633	21,317	
22,863		
65,496	21,317	0

Reserves
37,000
145,637
-
83,130
590,993
856,760

Direction from Health and Social Care Partnership Board.

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

From: Chief Office HSCP
To: Chief Executive, West Dunbartonshire Council
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Direction from HSCP Board 15 November 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	HSCPB000033MJC15112022
2	Date direction issued by Integration Joint Board	15 November 2022
3	Report Author	MJ Cardno, Head of Strategy and Transformation
4	Direction to	West Dunbartonshire Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Carers Scotland Act 2016
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated Carers Scotland Act 2016 budget in line with the recommendations within this report.
8	Specification of those impacted by the change	The Carers Scotland Act 2016 Budget for the HSCP Board will deliver on the strategic for Unpaid Carers in line with the agreed Local Carers Strategy.
9	Budget allocated by Integration Joint Board to carry out direction	Reserves £856,760 Recurring £1,536,761
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities in respect of the Local Carers Strategy
		Delivery of Strategic Priorities in line with the CDG Action
		31 March 2023

11	Strategic Milestones	Plan	
12	Overall Delivery timescales	31 March 2023	
13	Performance monitoring arrangements	The implementation of the strategy will be monitored by the Carers Development Group and reported annually to the IJB	
14	Date direction will be reviewed	31 March 2023	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

15 November 2022

Subject: Chief Social Work Officer Annual Report 2021-22

1. Purpose

- 1.1** The purpose of this report is to provide the Board with Chief Social Work Officer's (CSWO) Annual Report for 2021-22 (Appendix 1) which provides information on the statutory work undertaken on the HSCP Board's behalf, including a summary of governance arrangements, service delivery, resources and workforce.

2. Recommendations

- 2.1** Members are asked to note the content of the Chief Social Work Officer Annual Report 2021-22 and approve its submission to the Office of the Chief Social Work Advisor to the Scottish Government.

3. Background

- 3.1** The requirement for each Council to have a Chief Social Work Officer was initially set out in section 3 of the Social Work (Scotland) Act 1968 and is also contained within section 45 of the Local Government etc. (Scotland) Act 1994.
- 3.2** The role of the CSWO is to provide professional guidance, leadership and accountability for the delivery of social work and social care services – both those provided directly by the HSCP and also those commissioned or purchased from other providers.
- 3.3** The CSWO Annual Report has been prepared in line with national guidance: 'The Role of the Chief Social Work Officer' (Scottish Government: 2016). This report also fulfils the statutory requirement for each CSWO to produce an annual report on the activities and performance of social work services within the local area.
- 3.4** Following approval, the Annual Report will be provided to the Chief Social Work Advisor to the Scottish Government and will be posted on the Council and HSCP websites.
- 4. Main Issues**
- 4.1** Each CSWO produces an Annual Report based on an agreed template by the Office of the Chief Social Work Adviser. This ensures local reporting arrangements continue whilst having due regard to current pressures being experienced across the sector. The Office of the Chief Social Work Advisor will use completed reports to prepare a national overview later in the year.

- 4.2** The report for 2021-22, makes significant reference to the work of teams across Children & Families, Adults, Older people and Justice Services. The report gives both performance information and highlights the extensive and varied contribution that social work makes to the lives of our most vulnerable citizens within West Dunbartonshire. Adaptability of social workers, support staff, managers and users of services through fluctuating and changing environments, in pandemic conditions, has been required to ensure continuity of services in our local communities.
- 4.4** Oversight arrangements, public protection activity and performance information is detailed as well as external scrutiny of those regulated services delivering statutory functions during 2021-22.
- 4.5** Recruitment challenges to a range of posts across services has been highlighted and is both a local and national issue for our social work workforce. As a profession based on building relationships to engage with children and adults and deliver rights based services to individuals, families and carers towards better outcomes, our skilled workforce is key as is their wellbeing. The Social Work services workforce is diverse and includes Social Workers; Occupational Therapists; residential and day care staff; home care staff; Mental Health Officers and people working with Children, Adults and Justice Services. Services are delivered by a skilled, dedicated workforce who require support, training and effective leadership to undertake complex and often challenging work.
- 4.6** This year has seen services able to more fully recover and reset from a pandemic driven service response, with increased numbers of staff returning to the workplace and buildings more accessible to services users particularly since early 2022. Staff vacancies across services areas is a notable challenge across nearly all service deliver areas.

It is to the credit of the entire social work and social care workforce that vital services in West Dunbartonshire have continued throughout the pandemic and beyond and it is testament to the dedication, commitment and individual effort of each social worker, social care worker and manager in providing continuity of service through these unprecedented times, where those with the greatest inequalities in life have been most impacted through the pandemic. Unfortunately the impact on citizens and communities is still not fully visible and it is likely that additional needs for families and individuals will be evident for some time to come.

- 4.7** The clarity of objective of the social work ambition to deliver earliest and preventative services to enable children and adults to live their best lives in community settings where possible is clear across all delivery areas. The shared understanding of the impact services make, not simply activity, is at the heart of all social work delivery, and the culture change in services to ensure meaningful participation and self- direction is growing. The focus on the most vulnerable in our communities is required to ensure reduction in health and social inequalities with improved outcomes. As such, priorities for service delivery, support to staff and managers and details of workforce planning are included.

5. People Implications

- 5.1** The CSWO Annual Report refers to workforce planning and development which recognises activity to support staff wellbeing and ensure successful recruitment and retention.
- 5.2** The report highlights developments of key posts across social work services to support an on-going improvement agenda and identified priorities for the delivery of social work services.
- 6. Financial and Procurement Implications**
- 6.1** There are no financial or procurement implications arising from the CSWO annual report, however the report highlights the financial implications upon the HSCP budget and the importance of spend that is compliant with procurement arrangements.
- 6.2** Budgetary oversight of services provided by the HSCP continues to be provided by the HSCP Board and senior officers continue to address these issues to meet statutory duties; the ongoing impact of the Covid-19 pandemic will undoubtedly continue to shape the budgetary and financial arrangements for HSCP services during 2021-22 and beyond.
- 7. Risk Analysis**
- 7.1** Provision of statutory social work services requires appropriately qualified and skilled staff; analysis of activity and future demand is intended to inform future service planning to continue to meet statutory duties.
- 8. Equalities Impact Assessment (EIA)**
- 8.1** There is no equalities impact as the report does not recommend a change to existing policy, function or strategy.
- 9. Environmental Sustainability**
- 9.1** There are no implications for environmental sustainability.
- 10. Consultation**
- 10.1** The CSWO Annual Report has been informed by information provided by managers across the HSCP; members of the HSCP Senior Management Team have also been consulted on the report content.
- 11. Strategic Assessment**
- 11.1** Analysis of activity, resources and performance within the CSWO Annual Report provides assurance that the planning and delivery of social work services in West Dunbartonshire continues to reflect statutory requirements.
- 11.2** The report also demonstrates how services support the Council's strategic priorities and the HSCP Strategic Plan, working with local residents and communities to improve lives.

13 Directions

13.1 Note Content of this report.

Lesley James
Head of Children's Health, Care and Justice
Chief Social Work Officer
30th September 2022

Person to Contact:	Lesley James, Head of Children's Health, Care and Justice Services, Chief Social Work Officer Lesley.james@west-dunbarton.gov.uk
Appendices:	Chief Social Work Officer Annual Report 2021-22
Background Papers:	None
Wards Affected:	All



**West Dunbartonshire
Health and Social Care Partnership**

Chief Social Work Officer Annual Report

2021-2022

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I am delighted to present my first Chief Social Work Officer annual report in West Dunbartonshire.

This report provides a summary overview of Social Work activity across West Dunbartonshire over 2021/22 and does not cover all aspects of the diversity of Social Work practice within the HSCP. Reference is made to scrutiny partners and their broad findings over the past year and areas of continued focus for improvement, including improvements, challenges, and service performance information.

The annual report provides an overview of Social Work services but crucially it provides an opportunity to highlight the many good practice areas, and cross cutting work taking place across Social Work services in West Dunbartonshire with partner agencies.

The clarity of objective of the social work ambition to deliver earliest and preventative services to enable children and adults to live their best lives in community settings where possible is clear across all delivery areas. The shared understanding of the impact services make not simply activity is at the heart of all social work delivery, and the culture change in services to ensure meaningful participation and self-direction is growing. The voice of those receiving services being 'their own experts' and those with lived experiences help us deliver person centred services of today and develop a model of services fit for the future.

Social Work protects and supports people from before birth to end of life, working with families and individuals and partners. It does so by providing or purchasing services designed to promote the safety and independence of people who need or use services, and to contribute to community safety by reducing re-offending. The Third and independent Sectors are key partners in service delivery and need to be a greater integral part of service delivery in West Dunbartonshire. Social work services are provided 24 hours each day of the year. They are provided in partnership with a range of stakeholders, including people who use or benefit from them.

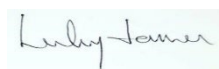
The Social Work services workforce is diverse and includes Social Workers; Occupational Therapists; residential and day care staff; home care staff; Mental Health Officers; and people working with Children, Adults and Justice Services. Services are delivered by a skilled, dedicated workforce who require support, training and effective leadership to undertake complex and often challenging work.

This year, has seen services able to more fully recover and reset from a pandemic driven service response, with increased numbers of staff returning to the work place and buildings more accessible to services user particularly since early 2022. Staff vacancies across services areas is a notable challenge across nearly all service deliver areas.

It is to the credit of the entire social work and social care workforce that vital services in West Dunbartonshire have continued throughout pandemic and beyond and is testament to the dedication, commitment and individual effort of each social worker, social care worker and manager in providing a continuity of service through these unprecedented times, where those with the greatest inequalities in life have been most impacted through the pandemic.

Unfortunately the impact on citizens and communities is still not fully visible and is likely that additional needs for families and individuals will be evident for some time to come.

I would like to extend my sincere thanks to everyone who contributed to the writing of this report, I intend to develop an executive summary locally, to ensure reach and visibility widely to celebrate the vital contribution that social work continues to make to the lives of children, young people and adults in our communities.



Lesley James
CSWO

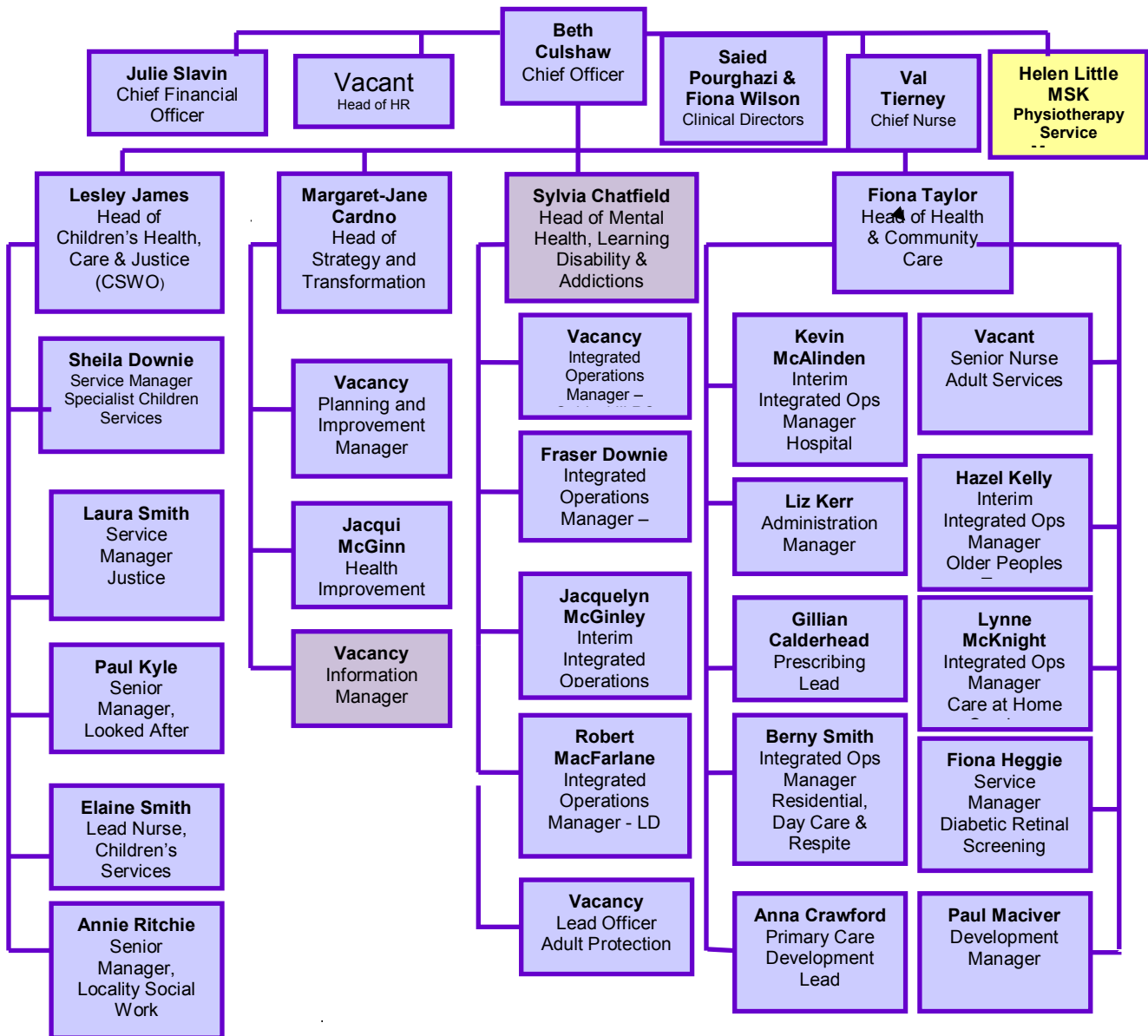
Head of Children's Health, Care and Justice

1. Governance and Accountability

1.1 Role of the Chief Social Work Officer:-

1. There is a statutory requirement for all Local Authorities to appoint a professionally qualified Chief Social Work Officer (CSWO) who is registered with the Scottish Social Service Council (SSSC). This regulation is set out in Section 45 of the Local Government (Scotland) Act 1994. The overall role of the CSWO is focused on the provision of effective professional advice and guidance to Local Authorities, Integration Joint Boards, Elected Members and Officers in the provision of Social Work services whether directly provided or commissioned.
2. The CSWO has responsibility for overall performance improvement and the identification and management of corporate risk in so far as these relate to Social Work services. The CSWO provides professional governance, leadership and accountability for the delivery of Social Work and social care services whether directly provided or delivered by the private or voluntary sector on behalf of the Local Authority.
3. The role assists the Council and the Integration Joint Board to understand the responsibilities and the complexities involved in the delivery of Social Work services. The CSWO has key responsibility for performance management and the identification and management of corporate risk, as it relates to the delivery of Social Work services. The CSWO is required to ensure that all social services workers meet the requirements of the SSSC Codes of Practice.
4. The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of social work and social care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.
5. West Dunbartonshire Council has resolved that the Chief Social Work Officer role is held by the Head of Children's Health, Care and Justice reporting to both the Chief Officer of the HSCP and the Chief Executive.
6. The Chief Social Work Officer is a 'proper officer' of the Council in relation to social work functions and is a member of the Senior Management Team within the HSCP and a non-voting member of the Health and Social Care Partnership (HSCP) Board.
7. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a Local Authority's statutory functions as they relate to Social Work services. The CSWO fulfils the functions of both Council and the Health & Social Care Partnership.
8. The CSWO assists the Local Authority, Integration Joint Board and their partners to understand the complexities and cross-cutting nature of Social Work delivery – particularly in relation to issues such as:-
 - Corporate parenting
 - Child protection
 - Adult protection
 - The management of high-risk offenders
9. The role also contributes to supporting overall performance improvement, management of corporate risk and a wide range of national and local outcomes

West Dunbartonshire HSCP Structure

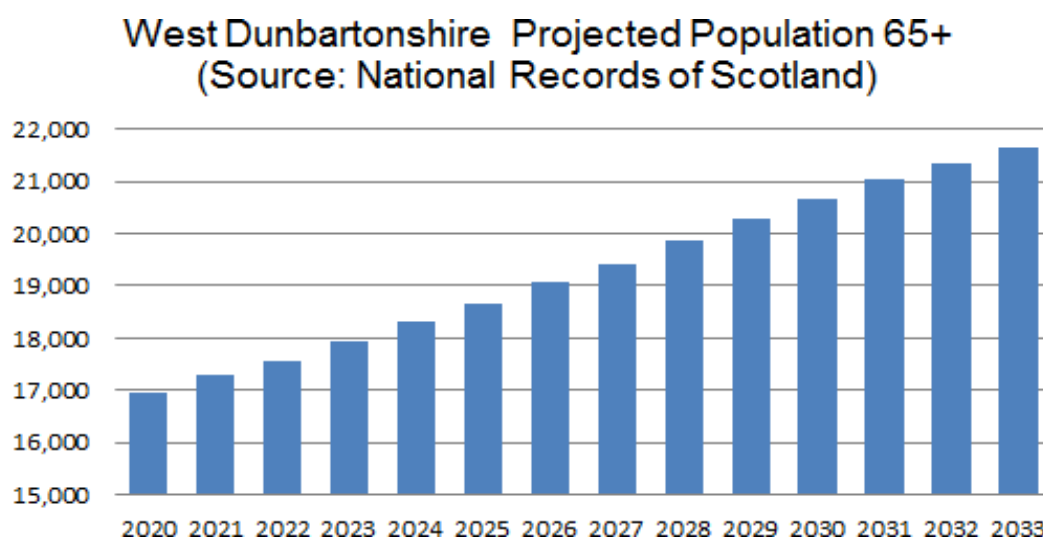


10. Within the structure of HSCP focus on preventative and participative service approaches to improve the outcomes of those who use services, their carers and their families.

- 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
- Justice Social Work
- Community Mental Health, Learning Disability and Addictions services within Integrated community teams and inpatient services

1.2 In 2020, the population of West Dunbartonshire was 88,340 ([National Records for Scotland, 2021](#)). This is a decrease of 0.7% from 88,930 in 2019. Over the same period, the population of Scotland remained almost the same with only an increase of 0.05%. The population of West Dunbartonshire accounts for 1.6% of the total population of Scotland.

1. The number of births in West Dunbartonshire in 2020 was 771 which, in common with a number of other Scottish local authorities, was much lower than the figures of 845 in 2019. In West Dunbartonshire, 18% of the population are aged 0-15, slightly higher than Scotland (17%), and 9.7% of the population are aged 16-24, which is smaller than Scotland (10.4%). In terms of overall size, the 45 to 64 age group remains the largest age in 2020, with a population of 25, 6646 (29%).
2. 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 (equal with North Ayrshire) with 40% of data zones being among the 20% most deprived areas of Scotland. Only Inver Clyde (45%) and Glasgow City (44%) have higher deprivation (Scottish Government, 2020¹).



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.

1.3 CSWO and Partnership Arrangements

1. The Chief Social Work Officer participates in a range of groups and forums to ensure the proper delivery of social work functions. These include the 'Nurtured' and 'Safer' Delivery & Improvement Groups (DIGs) which lead on the relevant strategic priorities of West Dunbartonshire Community Planning Partnership as well as the Public Protection Chief Officer Group, the HSCP Board, HSCP Audit & Performance Committee and the Senior Management Clinical & Care Governance group.
2. These arrangements support work with a range of key partners including the Council, NHS Greater Glasgow & Clyde, third sector, Police and Scottish Children's Reporter Administration to ensure that services are developed and provided across West Dunbartonshire that reflect local strategic priorities. The CSWO is a non-voting member of the HSCP Board.

Nurture - Delivery Improvement Group (DIG)

3. The Nurture DIG is the multi-agency strategic planning group for services for children across the Community Planning Partnership (CPP). It is one of the 6? Sub-groups under the Community Planning The Nurture DIG is a multi-agency partnership that is responsible for the implementation of GIRFEC across all of our services and produces the Integrated Children's Services Plan, a statutory plan under the Children and Young People (Scotland) Act 2014
4. In 2022 a sub group structure as part of its ongoing activity during 2020-21, the Nurtured Delivery and Improvement Group published the integrated children's services plan for 2021-23, with the strategic outcomes themed around the SHANARRI outcomes for children and young people (safe, healthy, achieving, nurtured, active, respected, responsible and included).
5. The plan is currently being reviewed and a subgroup structure has been developed this year reflecting both the key priorities for Integrated Children's Service planning and strengthening collaborative delivery of priorities given the challenging local and national program for children ahead.
6. The sub group structure reporting to the Quarterly Improvement Group are:
 - Children's Rights Voice and Participation
 - GIRFEC
 - The Promise
 - Family Support
 - Mental health & Wellbeing

1.4 Clinical and Care Governance

1. The clinical and care governance process applies to all services provided and commissioned by the Health and Social Care Partnership. Clinical and Care Governance is the responsibility of all who work within or on behalf of the organisation, delivery therefore requires an integrated approach with an emphasis on joint working and collaboration.
2. We have built on the existing professional and service governance arrangements in place in NHS Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council (WDC) as our HSCP clinical and care governance arrangements mature and develop across integrated arrangements.
3. As West Dunbartonshire HSCP continues to integrate governance mechanisms for services within partnerships we must ensure that core principles and elements of clinical and care governance are consistently and effectively applied and coordinated

across the full range of services including all service areas within HSCP, services commissioned by the HSCP and third sector providers. A subgroup arrangement for social work and social care services is being developed and chaired by the CSWO

4. West Dunbartonshire HSCP Clinical and Care Governance Group (WDHSCP CCGG) will work in accordance with the Clinical and Care Governance Framework as set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details the following 'Five Process Steps to Support Clinical and Care Governance':
 - Information on the safety and quality of care is received
 - Information is scrutinised to identify areas for action
 - Actions arising from scrutiny and review of information are documented
 - The impact of actions is monitored, measured and reported
 - Information on impact is reported against agreed priorities
5. WDHSCP CCGG will ensure that effective arrangements, structures and procedures are in place to support oversight and scrutiny of care quality in order to provide assurance that all services delivered or commissioned by the HSCP are safe, effective, person centred, responsive to local needs and support clinical and care staff to continuously improve health and social care services in order to enhance the lives and health of those within our community. The group will provide this assurance to West Dunbartonshire Integration Joint Board, NHS Greater Glasgow and Clyde Health Board (NHSGGC&CHB) and, West Dunbartonshire Council (WDC)
6. Reporting Arrangements:
 - The Clinical and Care Governance Group (CCGG) has an advisory function. Decisions of the CCGG require ratification by the HSCP Senior Management Team by the Integration Joint Board
 - West Dunbartonshire HSCP CCGG will report via the HSCP Senior Management Team to the Integration Joint Board. An organisational structure chart is attached Appendix 2.
 - The CCGG will provide an exception report to the Primary Care & Community Governance Forum (PCCCG) at each meeting for the purposes of reporting at the next PCCCGF
 - The CSWO will provide the CCGG with their Annual report
 - The Clinical Director will provide the CCGG with the Clinical Governance Annual Report
 - Both these reports will be made available to the Integration Joint Board each year and the Clinical Governance Annual report will also be submitted to the NHS GG&C Board Clinical Governance Committee
 - The CCGG will receive appropriate updates from the locality groups of any relevant issues, which require highlighting
 - Updates from the Adult Support and Protection Committee, the Infection Control group, and Child Protection Committee will be provided at each meeting.
 - Updates concerning new and Emerging Risks will also be considered by the CCGG
 - The Group will also consider minutes / updates from the PCCCGF, and take cognisance of other Governance Forums, specifically Mental Health and Learning Disability Fora, Specialist Children's Services and appropriately respond and consider the impact of any recommendations made for the HSCP, and take appropriate steps to instigate any actions
 - Any additional minutes or matters of concern relevant to Clinical and Care Governance from other HSCP, Health Board or Council groups should be brought to the attention of the CCGG by the relevant Heads of Service e.g. reports from external scrutiny bodies regarding HSCP or commissioned services, or via exception reports from local service areas clinical and care governance fora.

1.5 Public Protection Chief Officers Group (PPCOG)

1. West Dunbartonshire's multi-agency Public Protection Chief Officers Group (PPCOG) is responsible for the strategic co-ordination of public protection services in West Dunbartonshire and is chaired by the Council Chief Executive. Core membership also includes the Chief Nurse: Public Protection (NHS Greater Glasgow & Clyde), the Divisional Commander (Police Scotland) and the Chief Officer (HSCP). The Chief Social Work Officer, the Council's Chief Education Officer and the Locality Reporter Manager (Scottish Children's Reporter Administration) also attend the PPCOG. The group scrutinizes the strategic direction and performance of services for child protection, adult protection, multi-agency public protection arrangements (MAPPA) for the management of high risk offenders, violence against women and the Alcohol & Drugs Partnership.
2. During 2021-22, the PPCOG has reviewed its risk register, aligned to the development of single registers held by each of the strategic committees as identified above. PPCOG will receive a high level risk report on a quarterly basis informed by relevant strategic committees to provide the necessary oversight and will determine any required intervention by PPCOG. A new Chief Executive and Chair of the group has recently been appointed and a review of the collective data sets and performance information across the partners is being undertaken to strengthen oversight and scrutiny.
3. The Performance and Assurance Reporting Framework (PARF) provided PPCOG members with a quarterly report on performance against targets for child protection, high risk offenders, adults at risk and vulnerable adults and included this year the national minimum data set for children. PPCOG are developing the reporting of additional data, from across the group held by each of the key partners to enable richer layering of data to strengthen strategic oversight.

1.6 Child Protection Committee

1. The Child Protection Committee vision 'Child protection is Everyone's Responsibility' supports Scottish Government's vision that Scotland is the best place in the world to grow up. For this to happen, all children, including our most vulnerable, must have access to the support they need to help them have positive outcomes. West Dunbartonshire's Child Protection Committee provides a local, strategic partnership to achieve the best outcomes for all our children. The committee has strong representation across the multi-agency partnership and is independently chaired.
2. The Committee has met quarterly during 21/22 moving to bi-monthly in 22/23 and fulfils the functions as defined in the National Guidance for Children Protection in Scotland 2014.

1.7 Key achievements from work plans over 2021/2022

1. Implementation of national Learning review Guidance and implementation multi-agency review teams and case groups to produce learning from significant case reviews
2. Aligned to the significant case reviews, improvement plans have been created with clear governance and scrutiny arrangements in place
3. The creation of two protection posts to support Learning and development and Quality Assurance across Adult and Child protection systems
4. The implementation of a sub group structure in line with Protecting children and Young People Guidance 2019
 - Self-Evaluation and Quality assurance
 - Communication and Engagement
 - Learning and Development
 - Policy and Practice

5. Audits have become routine for all children who have had a second child protection plan put in place within 2 years of their child protection plan ending
6. A Multi - agency training calendar has been developed for practitioners and managers
7. Face to face training for conference and core group chairs been delivered
8. Integrated assessment documentation has been revised with strengthened SMART Plans, incorporating plain English principles and will be part of Carefirst recording system in 2022
9. The development of IRD steering to progress improvement form self -evaluation and phase 1 and 2 of Joint Children services Inspection
10. Ongoing implementation of Joint Inspection Improvement plan

1.8 Key Challenges

1. Across the partnership staffing pressures and vacancies exist which impacts on attendance and capacity both within the delivery of single agency services and multi-agency partnership working. A single template is being developed to routinely gather and report vacancy challenges, and include in risk registers as appropriate. This information will be routinely reported to PPCOG.

1.9 Adult Protection Committee

1. The adult protection committee is independently chaired with a broad representation for all key partners. The committee meets quarterly and has identified its key priorities based on 2022 Joint inspection of Adult Support and Protection, and local self - evaluation and case reviews
2. The joint inspection of Adult Support and Protection West Dunbartonshire Partnership took place in May and July 2021
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. An improvement plan has been delivered 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.

1.10 Key achievement form work plan in 2021-22

1. Despite the restrictions arising from the pandemic, a range of training and development sessions were delivered between April 2021 and July 2022.
2. The main focus was on the statutory duties of Adult Protection and ensuring training was delivered to Council Officer's and second workers. Sessions on ASP roles and responsibilities, including Case Conference Chair, were also delivered to Integrated Operational Managers and Senior Social Workers.
3. Basic Awareness training was delivered via MST throughout 2021 and an iLearn module launched on the West Dunbartonshire learning platform in July 22. Whilst mandatory for social care staff, all council staff are able to access the training.
4. The Lead Officer worked with Carers of West Dunbartonshire to produce a YouTube ASP Awareness video, this was released in November 2021.
5. The Adult Protection Committee will introduce a training sub group to take forward a multiagency adult support and protection training plan that is responsive to the needs of the workforce and shares learning resources.

1.11 Multi-Agency Public Protection Arrangements (MAPPA)

1. West Dunbartonshire is part of North Strathclyde MAPPA arrangements, along with five other local authority areas, Police Scotland, NHS Greater Glasgow & Clyde, NHS Highland and the Scottish Prison Service which are all deemed 'responsible authorities'. A dedicated MAPPA coordinator provides professional advice and guidance within a small MAPPA Unit which supports responsible authorities to fulfil their statutory duties around information sharing and joint working to assess and manage the risk of individuals managed within MAPPA.
2. MAPPA brings together the expertise and resources of key agencies to develop and deliver plans to protect the public from being harmed by sexual and violent offenders, including restricted patients.
3. The overarching objective of MAPPA is to protect the public from harm. This includes having the correct resources in place to enable people who have committed offences to meaningfully work on changing their behaviour. This is where multi-agency public protection arrangements are not just about restrictions and the management of risk. They also focus on ensuring people have access to the services they need, whether these be related to health, housing, substance misuse or reducing their offending.
4. Any person assessed as presenting a high risk of harm to the public is subject to very strict supervision and monitoring to help reduce that risk. This can include living in approved accommodation, being subject to restrictions about visiting certain places or having contact with specific people.
5. Offenders subject to MAPPA must report regularly to the police or their supervising criminal justice social worker, alongside unannounced visits to their home address.
6. MAPPA is directed and overseen by the North Strathclyde Strategic Oversight Group. It consists of senior representatives from each of the Responsible Authorities, with representatives of the Duty to Co-operate agencies attending as appropriate.
7. The group meets 4 times per year and is driven by strategic priorities and a business plan which addresses the areas of responsibility identified in MAPPA National Guidance 2016.
8. People subject to MAPPA are from the following categories, set down in Law:-
 - Registered Sex Offenders (Category 1)
 - Restricted Patients (Category 2)
 - Other risk of serious harm offenders who meet certain criteria (Category 3)

1.12 Community Justice Partnership

1. West Dunbartonshire historically delivered the Community Justice agenda through a SAFE delivery Implementation Group (DIG) a subgroup of community planning. In February this year a recommendation was taken to WDC Community Planning Partnership that a dedicated subgroup, namely a Community Justice Partnership, would be implemented with a discrete and specific focus on improvement and service development to deliver improved outcomes for those who have come into contact with the justice system.
2. It is clear that the required preventative focus, support from custody, and community and strength based approach cannot and should not be delivered by Justice Services in isolation. In addition, the required reach to many adults not engaged with Justice Services requiring additional support to improve outcomes is considerable.
3. The Community Justice Partnership has had a series of Workshops throughout 2022 to

ensure a shared understanding and vision exists across the partnership The national development of the Outcomes Performance Improvement Framework (OPIF) is enabling the new Partnership to set a baseline of current activity against nationally agreed aims and indicators

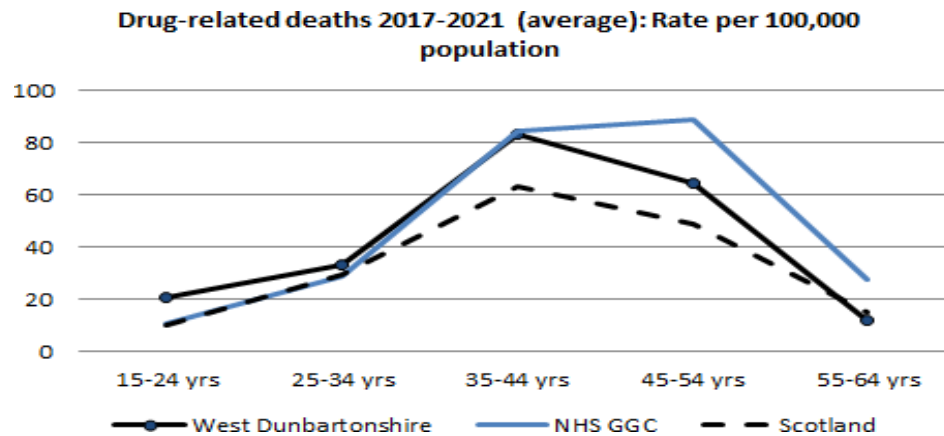
1.13 Alcohol and Drugs Partnership (ADP)

The ADP oversees a broad range of activity to minimise the harms caused by substance misuse. The ADP priorities support the aims and principles of the Integration Joint Board and reports to PPCOG

- improve health, early intervention and prevention
- reduce prevalence of alcohol and drug use
- promote and provide opportunities for recovery
- support children and families affected by substance use
- reduce the impact of substance use on communities
- provide high quality treatment and support services
- MAT standards

1.14 Performance Highlights 2021/22

1. During 2021/22 The Alcohol and Drug Partnership (ADP) has implemented several improvements to governance arrangements. This has provided a clear emphasis on performance management, commissioning and procurement, and partnership working that focuses on service delivery. The ADP has also had a specific focus on the improvement recommendations by the Scottish Government and endorsed by COSLA, which seeks to support the national mission to tackle drug deaths within Scotland.
2. The ADP has taken forward the implementation of the Medicated Assisted Treatment (MAT) Standards from April 2022. These new standards will enhance access to alcohol and drug services and will also ensure that those accessing services can involve their families within the decision making process. In addition the ADP has been successful in a recent application for additional funding to support people with severe and multiple complex needs.
3. Advocacy services will provide a dedicated rights based advocacy service to support the delivery of the MAT Standards. This service will have two appointed employees embedded across all Addiction Services in West Dunbartonshire.
4. 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.
5. 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.



6. 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.
7. 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.
8. 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.

1.15 Chief Social Work Officer Oversight

The CSWO has maintained oversight of social work practice and performance by a range of means, including:

1. Quarterly Social work governance meetings with operational managers for adult social work services and the Heads of Service for Health & Community Care and Mental Health, Learning Disabilities & Addictions
2. 6 weekly Oversight and management the lead officer (child protection) and independent joint Chair of the Adult Protection Committee and Child Protection Committee
3. This year the development of protection Team meetings with lead officers Heads of Adult and Older People's Service shortly to include the quality assurance officer Protection and learning and Development Officer
4. Core member ADP and CPC Quarterly moving x6 meeting a year

5. Core member of Clinical and Care Governance (CCG), taking forward a subgroup of social work and social care oversight which will report to CCG meeting bi-monthly moving to quarterly
6. Access and oversight of performance data for all social work and social care service areas
7. Oversight quarterly meeting with heads of service in adults and Older people
8. Regular engagement with staff across the service Oversight of SCR / ICR and since adopted Learning Review's including notifications
9. Care Hone Oversight Group meeting weekly
10. Oversight of self-evaluation activity across services
11. Complaints and service user feedback being further developed for 22/23

1.16 Statutory Functions (Chief Social Work Officer)

1. The performance of the service, for the purpose of this annual report, principally focusses on those which relate directly to those conferred to the Chief Social Work Officer. Some other areas of performance have been included to provide further information on service activity. Reference is made to other scrutiny and performance bodies and groups.
2. There are specific areas where statutory decision making functions sit directly with the Chief Social Work Officer by name.
3. These mainly relate primarily to restriction of individual liberty and the protection of individuals and the public. These include:-
 - acting as a guardian to an adult with incapacity where the functions relate to the personal welfare of an adult and no other suitable adult has been able to be appointed
 - decisions associated with the management of drug treatment and testing orders.
 - carrying out functions in relation to a breach of a supervised release order
 - implementation of a secure order authorisation
 - review of secure placements and removing a child from secure accommodation
 - the transfer of a child's residence subject to a supervision requirement in cases of urgent necessity
 - the role of the Chief Social Work Officer in responsibility for joint arrangements for MAPPA
 - responsibility to ensure Mental Health Officer functions are delivered in accordance with professional standards











To this end, a range of management information has continued to be provided to the CSWO and operational managers to inform service delivery. This includes:

1. Quarterly performance and review data for child protection, adult protection and MAPPA (also reported to the Public Protection Chief Officers Group)
2. Monthly management information report for children's and justice services (including service demand, initial response, case allocations and performance against key performance indicators) – this report is also shared with the HSCP Chief Officer and

3. Registered practitioners subject to performance improvement plans or other formal measures including referral to the Scottish Social Services Council (SSSC)
4. Professional practice discussion as part of quarterly meetings with the link inspector from the Care Inspectorate
5. Use of bench marking of data including data set out below:

1.17 Local Government Benchmarking Framework (LGBF)

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.

Code	Performance Indicator	Year	WD HSCP	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	

2.Service Quality and Performance

Overview of how service are performing

2.1 Justice Services

1. Justice Services have continued to provide support, interventions and monitoring to those subject to statutory orders and licences. Despite the impact of Covid- 19 on service delivery we have continued throughout to discharge our duties in relation to public protection and the reduction of reoffending.
2. There are clear governance structures around Justice Service internally via the IJB, PPCOG and Safe DIG. We continue to meet with our link inspector from the Care Inspectorate and provide quarterly and annual unit returns to the Justice Division of the Scottish Government.
3. The operational management team is due to be extended from funds from Scottish Government. As an integral part of the service, this will strengthen oversight of best practice and accountability to the senior management team.

2.2 Community Payback Orders (CPO)

1. As outlined below, the service has seen a notable increase in orders being imposed. We 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) whilst encouraging learning at home.
2. Ongoing collaborative work with the Council's Greenspace project and colleagues from the Knowetop, Alternatives 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.
3. Having secured a new workspace for unpaid work orders in the previous year, 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.
4. Staff continue to provide specialist Justice monitoring and supervision to those on community orders or licenses, utilising their skills in risk assessment, individualised intervention programmes to enable service users address the cause and effect of their offending behaviours on themselves, families and communities.

2.3 Drug Treatment and Testing Orders (DTTO)

1. The DTTO service is provided by an integrated care team hosted by West Dunbartonshire and working across East Dunbartonshire, West Dunbartonshire and Argyll and Bute, to support individuals whose offending is primarily due to their established addiction issues, encouraging recovery, reduced offending behaviour and promoting stability.

2.4 Diversion from Prosecution

1. During 2021-22, Diversion services were provided to 37 people whom 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, mental health alongside difficulties with emotional wellbeing, housing, income maximisation and employability.



2.5 Prison Throughcare

1. The provision of services to individuals prior to their release from custody and into the community continues to support successful reintegration into the service users' local communities.

2.6 Women's Safety and Support Service

1. The Women's Safety and Support Service (WSSS) is an Equally Safe Funded service (March 2025) which is integrated within CJSW. 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 VAWG 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.
2. The service also supports women offenders who have additional vulnerabilities and complex needs resulting from multiple experiences of VAW throughout their lifespan. This support recognises the intersectionality of complex vulnerabilities which their distinct experiences of violence contributes to. The WSS service provides this as a core specialist activity as well as integrating wider understandings of a gendered analysis of women's offending within criminal justice context.
3. The WSS Service has integrated service user involvement within service development and represents the experiences and priorities of women within national and locality agendas.
4. The Equally Safe in Practice Framework highlights the need to encourage and integrate Violence Against Women training across organisations nationally and locally which, supported by developing policy and protocols, will improve practice and support the main-streaming of the Violence Against Women agenda. The WSS Service has contributed within the locality by performing learning needs analysis and developing and delivering training through partnership arrangements and leading on the CPD opportunities within CJSW in relation to delivering effective services tackling VAWG.
5. The service outcomes are reported bi-annually to fund managers (Inspiring Scotland) and annually via National Performance Framework. The service is projected to receive in excess of 200 referrals 2021-2022 having received 157 new and re-referrals October 2021-July 2022 and supporting an additional 24 from the previous year.

Justice Social Work Figures 2019-2022	2019-20	2020-21	2021-22
Criminal Justice Social Work Reports	636	455	576 
Community Payback Orders	426	234	341 
Drug Treatment and Testing Orders	12	5	18 
Diversion from Prosecution	30	21	37 
Throughcare (Community)	50	32	25 
Throughcare (Custody)	50	22	30 

Home Circumstance Reports	143	119	94 
Home Detention Curfews	19	17	18 

- During 2021/22, justice social work services experienced some notable increases in demand compared to the previous year. This is fully reflective of the impact of the global pandemic which saw the re start of Scottish Courts, the full impact is anticipated to continue over the coming years as the backlog of Court cases are heard, resulting in increased work for Justice Services.

2.7 Improvement Actions

A number of improvement actions been completed during 2021/22 including:

- 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
- Throughcare Assessment for Release on Licence –West Dunbartonshire staff having being trained in the first delivery of this tool
- Ongoing negotiations with the National Caledonian Team to bring both Caledonian group work and the 1-1 programme to West Dunbartonshire
- Refurbishment work commenced on the Unpaid Work workshop to facilitate greater opportunities for service users
- Additional Government funding has enabled the service to commence recruitment, to provide additional capacity alongside further support in the additional provision of services to our local courts including bail supervision and structured deferred sentences as an alternate disposal.

2.8 Key Challenges

- The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector. This means we are only able to enter into short-term contractual arrangements, which creates difficulties in both the recruitment and retention of suitably qualified staff. Justice Services do not have the ability to reduce demand on our statutory services therefore a robust funding model is essential.
- Work is underway nationally to review funding to the criminal justice system, Justice Social Work Services and the Caledonian System. The majority of justice expenditure is funded by ring-fenced Section 27 grant. The current funding formula for justice social work was introduced 4 years ago and is based on current workloads, rurality and the social and economic costs of crime.
- Continued backlog of unpaid work hours: Whilst the Scottish Government has extended the time for completion of unpaid work orders, there will be continued pressure in relation to the significant number of outstanding hours.
- High numbers of Domestic Abuse offending within the local authority: staff are listed to attend national training on the Caledonian system.

2.9 Key Strengths

- Strong partnership working evident in the planning of support for individuals being released from prison. Our justice and housing services are working closely together to

ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.

2. Positive working relationships with Police Scotland colleagues in the management and support to those assessed as posing a high risk of re-offending.
3. 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.
4. Referrals from the Crown Office and Prosecution Service (COPFS) have significantly increased. In line with 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. We continue to have regular meetings with the COPFS service through the local community justice forum.

2.10 MAPPA

1. The CSWO continued to attend the North Strategic Oversight Group 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).
2. 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 compliance 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
3. 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 (SCR) is required.
4. Within West Dunbartonshire, one Initial Case Review was completed in October 2021, following the death of a service user. From this review it was established that there was nothing any of the agencies involved could have done to foresee or prevent his suicide and as such, no requirement for an SCR. It has highlighted however the need, on a national level, for 'vigilante activities' and outings of service users to be address.

2.11 Children and Family Services

1. The integrated model of services within HSCP ensure cross cutting service delivery with social work, Health Visiting, includes Family and School nursing and CAHMS services. The following section provides an overview of performance and service delivery but does not cover each and every delivery aspect. With a focus on social work services, and reference to jet performance associated health teams delivery on an early years and GIRFEC agenda
2. Due to the ongoing and unpredictable nature of the pandemic during 2021 and into 2022, children's social work services continued to work flexibly using remote technologies and flexible work spaces to maintain services during this period. Covid oversights were maintained as described in the previous CSWO report, with strong links to partners in respect of the most vulnerable children and assurance provided in respect of oversight, visibility of children and maintenance of children's plans in this context. Contact arrangements were kept under close review due to the impact of the virus with plans in place to support and mitigate any potential impact on relationships,

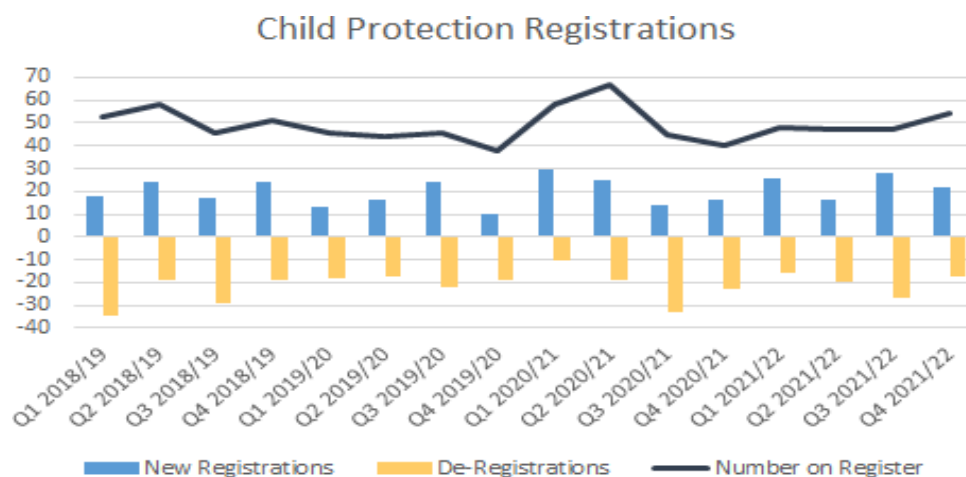
however some drift is evident in children's plans in this area due to staffing issues and pandemic related restrictions on direct work which we are continuing to work through.

3. Throughout the period of the pandemic, Violence against Women Operational Partnership arrangements were maintained with key actions in respect of direct support and development of both additional publicity and opportunities for victims to access support and advice. MARAC and MATAC arrangements were ongoing with the local MARAC within WD having commenced at the onset of the pandemic, and taking place monthly throughout. Referral rates to MARAC are high with the Police remaining the primary referring agency. Safe Lives have observed MARAC twice to date offering feedback in respect of local strengths and areas where we may further develop. These actions will be taken forward within the local MARAC steering group. Further evaluation of MARAC locally is required to ensure impact of the multi-agency MARAC group is being fully identified. This will be an area for focused activity in 23-24
4. There has been a fluctuating impact on staffing levels due to the impact of the virus, however home working and other flexible approaches have been successful in maintaining service delivery; in addition, WD have experienced some movement out of children's social work services as staff take up opportunities elsewhere; recruitment has been challenging in line with the national context, however the utilisation of agency staff and focus on caseloads and prioritisation of work has again maintained service delivery in respect of key functions.
5. Vacancies have been highlighted on the PPCOG risk register as a consequence of both the pandemic and the national context around recruitment, specifically in respect of the retention and recruitment of experienced staff.
6. The service developed in its capacity to utilize technology including the use of digital platforms for a range of purposes, including for looked after children to maintain relationships with their families during lockdown. Child protection and other meetings were undertaken using teleconferencing facilities which (notwithstanding some of the challenges) facilitated ongoing multi-agency collaboration and planning for those children and young people most at risk.
7. Oversight of performance and demand has continued, with managers receiving monthly data reports and more specific weekly data which focuses on achievement of key timescales for children's hearings, reports to case conference, initial referral discussions (IRDs) and current child protection investigations and most importantly taken required actions to ensure performance is of an expected standard.
8. In 2021 the service launched an adult services "Parental Strengths and Capacity Assessment" to be undertaken by adult social work services colleagues for individuals with caring responsibilities for children. This is a significant development, strengthening the shared responsibility for the safety and wellbeing of children and young people, adding significantly to the quality of assessments for children where parental mental health, addiction or other issues may impact on their ability to provide safe, nurturing care.
9. Furthermore, work on the local Carers Strategy has developed, with a specific focus on arrangements for young carers and young adult carers. An action plan which develops the statutory requirements for young carers' statements will seek to provide a more sustainable approach to local support and the provision of respite opportunities for young carers.
10. Support and respite arrangements for children with additional support needs were initially paused during the first months of the pandemic, however these have been gradually scaled up in accordance with national guidance; transition planning for young people with additional support needs has also been maintained, with specific additional aspects of the Carers Strategy identified for parents of children moving into adult

services by providing support towards the development of an adult carers statement (where required), as a key element of the transition planning process.

2.12 Child Protection Minimum Data Set

1. 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.
2. 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.
3. 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



4. 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.
5. 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.
6. 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%.
7. 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

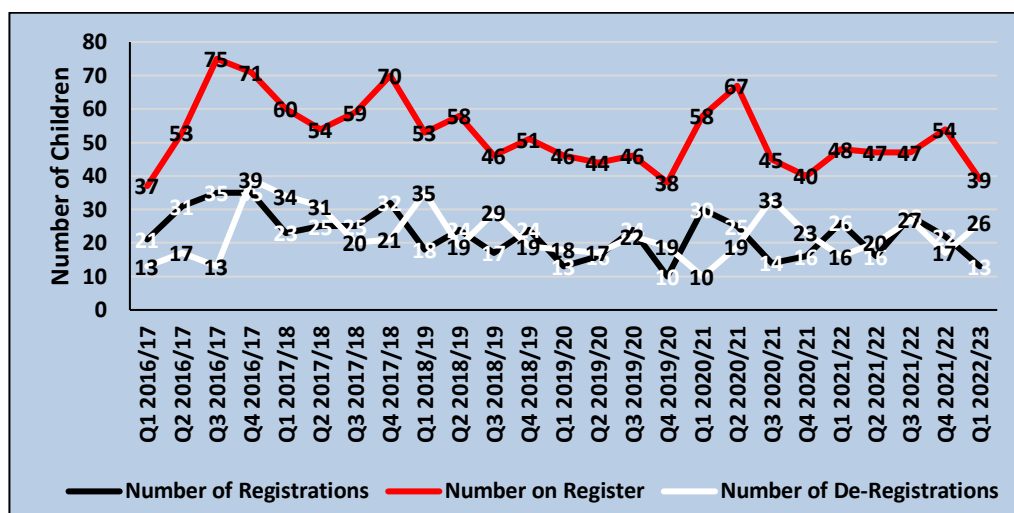
but dropped back to 60% in January to March 2022

8. Child protection planning and immediate response to risk and concern referrals remain an area of strength across the partnership however there are improvement areas identified in respect of ongoing risk assessment activity and effective planning to mitigate / reduce risk locally.
9. A revision of SMART planning documents and IRD processes is currently being taken forward as part of a strengthened approach
10. The announcement of an inspection of Children and Young People at Risk of Harm commencing late summer 2021, reporting in May 22 with formative feedback in October of 2021 and again in February 22, highlighted strengths and areas for improvement aligning broadly with the local assessment of strengths and developmental needs across the partnership.
11. Key improvement messages include; strengthening collaborative Leadership Improvement in quality assurance , using data to drive progress and strengthen the voice of children , young people and their families in planning and co- designing services
12. A comprehensive plan to develop and improve children's social work services within children's services partnership, is well underway.
13. The HSCP agreed with CSWO recommendation to support the implementation of several new posts to strengthen oversight and planning in Children's social work service, including a reviewing team for Looked After children, an additional Senior Manager post to support capacity and improvement, an independent Foster and Adoption Chair and an integration post and GIRFEC lead to support Integrated Children Service planning and GIRFEC refresh. The posts are initially funded for 2 years.
14. A range of practitioner's and operational managers and senior manager attended learning events delivered by the Care Inspectorate in June to July this year. For almost all this was the first opportunity staff had had to come together to focus on practice and learning for over 2 years.
15. In addition a number of social workers have completed the Child Protection Certificate and training in respect of domestic abuse awareness, risk assessment (Dash) and core child protection training. Engagement by the Child Protection Committee of an external trainer to support the revision and delivery of core child protection training for many staff across the organisation further training is planned in October regrading assessment planning and chronologies for practitioners.
16. Development work was undertaken jointly with partners within health, education, CHS and SCRA in 2021 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.
17. In addition 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 this period.
18. Additional funding was approved in 2022 to support further development of the Health for All Service (previously LAAC Nurse) the name have been reviewed and retitled following engagement and consultation with young people.

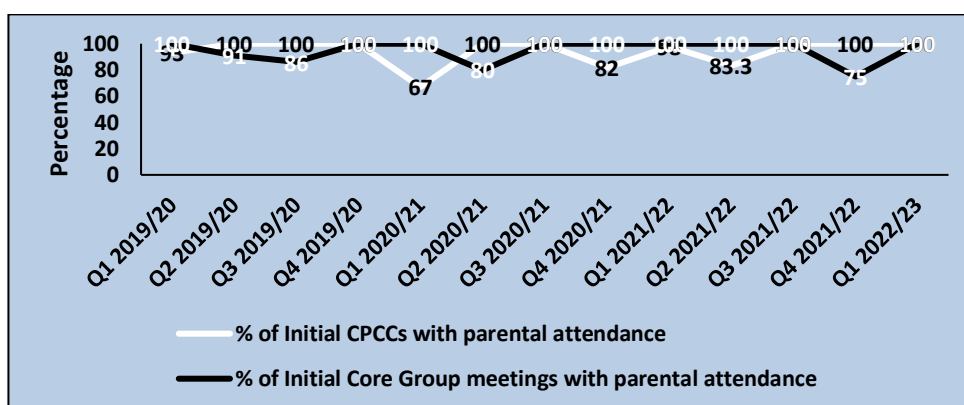
19. The extension of support will now include the health needs of children in kinship care from the age of six upwards.

2.13 Child Protection Register, Registrations, De-Registrations and Re-Registrations

Number of Children (including Pre-Birth) on the Child Protection Register, New Registrations, De-Registrations, and (see table) Re-Registrations within 3, 6, 12 and 24 months of de-registration



2.14 Parental or Carer Attendance at Initial Child Protection Case Conferences and Initial Core Group Meeting



1. Inclusion of parents and carers demonstrated strong performance and this use of technology has supported inclusion through pandemic. However from self-evaluation and recent inspection inclusion and involvement of children required to be strengthened. This data will be considered in our reported data set going forward in 23-24.
2. A review of the Special Needs in Pregnancy Service (SNIPS) was commenced in 2021/22 and is being supported by CELCIS
3. 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.
4. 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.

2.15 Children and Young People's Mental Health

1. National Policy and investment to support measures to improve mental health and emotional wellbeing services for children, young people and adults remains a priority. Locally within the Nurtured Delivery and Improvement Group, a working group for children and young people's mental health and wellbeing community supports and services was established in June 2020. The group works in line with the national framework which promotes a 'whole system' approach and sets out the supports that children and young people (aged 5-24 years or 26 years old if care experienced) should be able to access for their mental health and emotional wellbeing within their community.
2. During 2020-22, Glasgow University were commissioned by the Health & Social Care Partnership on behalf of the wider community planning partners to undertake a comprehensive review and analysis of children and young people's community mental health and wellbeing services and supports.
3. The review sought to understand the prevalence of collaboration and explored how sectors worked together to support children and young people's mental health and emotional wellbeing. Phase two involved engagement within a co-production approach to seek the views of children, young people and their families on local needs. The final report sets out key recommendations and six areas for development and will inform further action planning processes for children and young people's community mental health and wellbeing services and supports.
4. A number of short term projects have been delivered to support children and young people with emotional wellbeing, isolation and loneliness, access to physical activity opportunities and support for parents and carers of children with complex needs. The planning and development of a new distress brief intervention associate programme is also in progress; this new service will provide time-limited support to young people experiencing distress.
5. The HSCP Board approved the 2020-21 revenue budget on 25 March 2020 which included specific funding streams from the Scottish Government including Primary Care, Mental Health Action 15, Alcohol and Drug Partnership, Carers, Scottish Living Wage and Investment in Integration.

2.16 Distress Brief Intervention Service

1. In March 2022, a new West Dunbartonshire Distress Brief Intervention Associate Programme - 'Ask once, get help fast' for young people aged 16yrs to 24yrs (26yrs for care experienced young people) commenced. The new service supports young people who are experiencing 'emotional distress' and do not require clinical interventions. The service delivers face-to-face and telephone support, offered within 24hrs of referral. The new service continues to use learning from the national programme and other Associate Programme areas while taking an incremental approach to implementation. The first phase of workforce development in relation to the new service focused on Primary Care, Education and Police Scotland.

2.17 Scottish Families Affected by Drugs/Alcohol Young Persons Routes Project

1. The Children and Young People's Community Mental Health Supports and Service Working Group supported a financial contribution to Scottish Families Affected by Alcohol and Drugs' Young Persons Routes Project. The contribution supported the project's Corra Foundation application to increase the workforce capacity in West Dunbartonshire. 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.

2.18 Parental Support

1. A bespoke parenting programme for parents and carers of children with complex needs and neurodiversity issues such as Autism. This was delivered by a neurodiversity trainer during 2021/22 with 90 parents and carers completing the courses. The courses included Understanding Autism, Understanding Sensory Needs, Anxiety and Distressed Behaviour, and Managing Anger.

A visual representation is available for the work outlined above and is available <https://create.piktochart.com/output/59283515-cyp-update-2021-22>. This information can be broken down if a specific section is required.

2.19 Children's Houses

1. West Dunbartonshire has three Children's House's namely; Blairvadach, Craigellachie and Burnside the achievements in supporting the young people who live there are detailed below:

Blairvadach is a residential care home operated by West Dunbartonshire Council as part of their children and young people's services. It is registered to provide care and support to a maximum of 6 young people.

Burnside Children's House is a residential service for children and young people. Burnside House is located within the picturesque village of Alexandria near Balloch providing care and support to up to 6 young people.

Craigellachie is a seven-bedded house located in Clydebank and has been providing love and support to the children and young people in their care for over 50 years and it is a legacy that they are extremely proud of.

2.20 Care Inspections 2021-22

1. How well do we support children and young people's rights and wellbeing?

Graded 6, Excellent August 2022

"The young people living in Blairvadach were kept safe, both emotionally and physically by a truly caring, highly skilled, and confident staff group, who understood the unique risk each young person faced. The highly trusting, respectful relationships with young people, combined with a culture of non-judgement, consistently offered the opportunity for young people to make safer choices. Young people were central to the safeguarding process and their individual strengths and vulnerabilities informed a truly collaborative approach to risk management. One young person told us 'I've learned to call staff if I need them, and they will come get me'".

2.21 Family time, family support and the return to family when ready

1. Supporting young people and their families. A key part of our work is to be alongside our young people and their families, working closely and together with parents, grandparents and other people (who are important to our young people) to establish and improve relationships and wherever possible to support them through difficult times and to return to their families when ready to do so.
2. Also in addition, over the past two years, we have supported the return to family of four young people initially, this is facilitated by supporting and prioritising young people spending time with family and maximising this when it is going well or supporting families when relationships are difficult and time at home is fraught. In this way, we work in a responsive manner and offer a listening ear, practical support and advice in the difficult times as well as ongoing support to families during their graduated transition

to returning home.

3. This ongoing support and contact with staff from Blairvadach happens regularly and long term so long as families and young people still value these relationships. We also offer opportunities for young people who have moved on, to visit, meet, and be in touch if that's what they want or need.
4. Examples of what we hope is a more, to help our young people to recover from their trauma and continue to develop.
5. Recent examples of our therapeutic approach includes, piloting Equine Assisted Learning, Building a Pizza Oven, Introducing the John Muir Award and starting our bee-tanical garden at Blairvadach.

2.22 Equine Assisted Learning

1. This idea was borne from one of our team members, her own interest in this and her passion and love for horses and the therapeutic benefits she felt herself in spending time with them. She completed her training, approached management to discuss the possibility of introducing this with our young people in across West Dunbartonshire.
2. When her training was complete, this was progressed. Firstly by successfully sourcing funding via The Children and Young People's Mental Health and Wellbeing fund, and by approaching local stables (near Helensburgh), who would be able to provide the space, horses and resources required. When all this was in place the offer of this opportunity was offered to young people in all of the children's houses and involved with other services across the authority. Two groups of young people successfully completed the 10-week programme.

2.23 Building a bespoke wood fired Pizza Oven and Cooking Pizza's

1. All six young people were involved at various stages building the oven, as well as a number of members of the staff team too. We had our first pizzas on 27 June 2022.

2.24 The John Muir Award plan for the coming year

1. We are extremely fortunate, in that where we are situated is a place with a variety of stunningly beautiful wild settings close by, examples include a shingle beach across the road, Glen Fruin, Loch Lomond and the Trossachs National Park and we also lie at the very start of the John Muir way which would allow us to (as John Muir himself put it) "saunter rather than hike" at least the first part of it after all "it's a good thing, to make short excursions every now and then". We will carry this out ourselves with 2 members of staff initially with individual young people and wherever we can manage a small group of 3 young girls aged between 10 and 14 depending on their individual needs and plans on given days.

2.25 Memory books

1. Beautiful memory books that were maintained for each young person, and the pictures around the house were celebratory and reflected the love the young people told us they felt.
2. The young people we have now would benefit from achieving the John Muir Award. Aside from the learning and sense of achievement, this would offer it will also help increase their self-esteem, resilience and will help them form positive relationships with the adults who provide their care. These relationships are central to young people's recovery from early trauma and are important because it allows young people to learn how to trust adults again. It would also give them the scaffolding that enables them to develop in to young adults and achieve the milestones in their lives, which would allow

them to become successful adults.

2.26 Unaccompanied young people

1. At Blairvadach we have been fortunate enough to have three young people from Vietnam living with us since 2019, two are still residing at Blairvadach and the other has moved on and is very happily living in England. The young person recently came back to visit us at Blairvadach. He said that he is settled in a relationship and planning his new life in the UK.
2. For all three young people we were able to locate and access ESOL language course for English and once completed get them enrolled into English classes at West College Scotland. All three boys can now speak English of varying. One of our young people now works most days of the week locally in Helensburgh; staff have secured funding to sit his motorcycle CBT test. The other is still enrolled full time at West College Scotland learning English and staff have helped him to access care-experienced bursary.

2.27 Importance of feedback

1. As part of our Children's Houses we look for feedback every year from all stakeholders connected to us. The last four years has seen an increase in positive responses from professionals and some of their quotes are as follows:

"Staff are in regular contact with the service when there are concerns regarding a young person's mental health / behaviour and do their utmost to offer care and strategies tailored to individual needs".

"The staff group are very receptive to other agencies contacting them, the communication between them and my own team is excellent".

"The young people living at Blairvadach are looked after a caring and most professional staff group, who always look after the young people in their care's best interests".

"Staff are informative and always keep me updated whether this is minor or major".

2.28 Feedback from our young people:

"It was better than I expected, enjoyable and a good laugh at times."

"Building the pizza oven will be one of my memories of Blairvadach."

"I felt involved in my personal plan and staff listened to me."

"Staff help me to go to college every day and this makes me feel good."

" "

"The staff helped me to take the train and the bus, taught us how to use them."

"Staff helped me with family time, I now stay at my mums every weekend."

"I like that the staff are good to talk to and I like that the house has been done up".

"Everyone listens to me"

"Staff at Craigellachie are a pleasure to work with."

2.29 Roll-out of Dyadic Developmental Psychotherapy approach (Level 1) training to staff

1. As with all the children's houses in West Dunbartonshire DDP therapy has been implemented supporting us to meet all areas of The Promise. This approach encourages working with young people and their family and or other key people involved in their care. It raises awareness of trauma and its impact on young people's development and how this might affect their behaviour and supports staff to interact and talk with young people with this informed approach

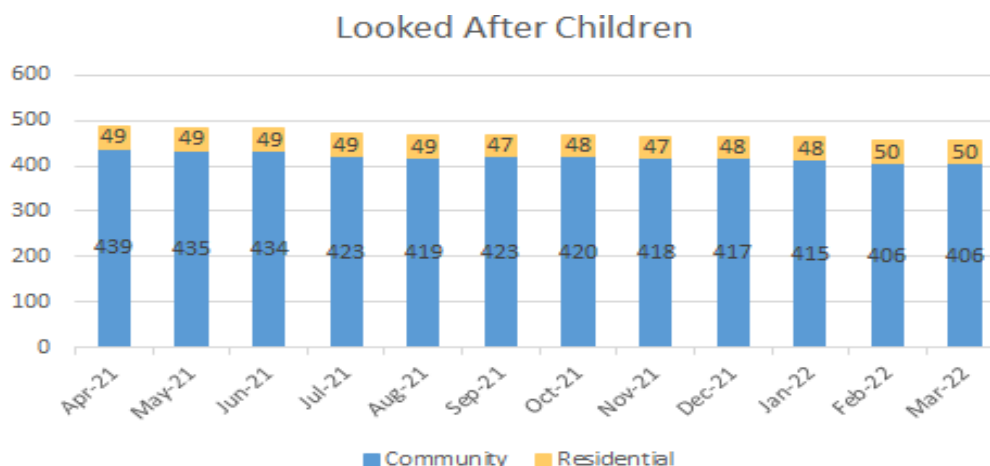
2. It highlights use of a PACE approach in our interactions i.e. to be Playful, (to allow us to attune and match young people's mood and emotions), Appreciative, (of the young person's point of view and what they are telling us about how they feel), Curious (to wonder why a young person feels the way they do, or wonder what their behaviour is really telling us) and finally to be Empathetic (to really try to understand how young people are feeling). Most of our residential teams have attended the 4 day long Dyadic Developmental Psychotherapy course the remaining completing in 2022.

2.30 The Promise

1. Following publication of the independent care review in February 2020, The Promise Scotland was established to enable Scotland to 'keep the Promise' to care experienced children and young people, in the broad context of changes to policy, culture and practice to enable children and young people to grow up 'loved, safe, respected and able to realise their full potential'. Work on the Promise to 2030 will be included in three 3-year plans, complemented by an annual Change programmer.
2. The local commitment to the Promise principles is reflected in many of our staff, children and young people who contributed to the findings of the independent care review and are already committed to ensuring the change required is met positively, as referenced above.
3. Since the creation of The Promise, teams across the HSCP and key partners within the Nurtured Delivery and Improvement Group as part of West Dunbartonshire Community Planning have met with the national Promise team to consider how existing practice can be built on to continue our local improvement journey to children and young people.
4. The Promise is at the centre of the vision for redesigning children's social work services in the next year, recognizing that established models for services do not always work effectively for everyone and reflecting the commitment to making services better, using a whole community approach to support those most in need.
5. During the last quarter of 2020-21, funding from the Promise Partnership Fund was secured to enable a fixed term dedicated lead officer post. Supported by match funding from the HSCP Board to develop the post for two years, the post will support corporate parents and other stakeholders to understand and develop changes to practice and other developments that uphold The Promise at a local level and support staff, partners, children and young people, to assist with the developments around the first Promise Plan for 2021-2024.
6. Our promise lead took up post in May 2022 and is supporting implementation our multi-agency approach through The Promise subgroup as part of our integrated children's services planning arrangements and working closely with the Champions Board. Developing our trauma informed workforce is a key priority aligned to The Promise.

Implementation of the national Trauma Training Programme locally:

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.



7. 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.
8. This reduction in looked after children is due in part 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.
9. This has included positive family assessments by Social Workers, leading to increased numbers of children remaining at home. This reduction in looked after children is due in part to an increase in the number of children's plans that have been revisited through our permanency process and a reduction in looked after children at home. 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 number of looked after children moving forward.
10. The service 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. At 31 March 2022, children were placed with 107 fostering households, of which 52 were registered with West Dunbartonshire Council and 56 were provided by external agencies. Carers provide a mix of short breaks, interim, long term and permanent placements and fostering is key to ensuring better outcomes for children within loving homes.
11. Over the last year, the Family Placement service, comprising Fostering and Adoption teams, has continued to assess people wishing to be foster carers, adoptive parents and supported carers. The service has also provided support and training to existing carers and, despite, the pandemic, there has been a steady, positive interest in both fostering and adoption across West Dunbartonshire.
12. Staff have developed other ways to work with carers and prospective adopters including

regular online support meetings and informal drop-in sessions to enable carers to come together for peer support and to share views around a variety of issues, including those arising from Covid-19. All foster care reviews took place within timescales and the team has used this learning to schedule all reviews for the year ahead, ensuring support, evaluation and oversight of fostering placements. Improvement activity has been progressed following the recent care inspectorate inspection of fostering and adoption services to ensure progress on permanency planning is achieved without delays and that oversight and independent scrutiny of children's plans is in place.

2.31 Champions Board

1. West Dunbartonshire's Champions Board was established in November 2017, with funding from a national charity, Life Changes Trust. Funding has now been mainlined by the HSCP
2. The global pandemic, starting in March 2020, has had a significant impact on their 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 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
3. The Champions Board have also had several care experienced young people who have been 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. This was also held online, due to the pandemic.
4. 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 August/September 2022, and included collaborative working alongside Aberdeen City Council, Who Cares? Scotland, Future Pathways, City of Edinburgh Council, CELCIS and Social Work Scotland.
5. Going forward, the Champions Board will reset its activity, recognizing the importance of both returning to face to face working, and further engaging young people and Corporate Parents in further activities and events to re-establish existing relationships and develop new awareness and interest- form looked after young people to truly embed how corporate parent can contribute to young peoples improved outcomes.
6. Working alongside the Promise Team Lead, the Champions role has a clear role in supporting the cultural change required and strengthen the voice and reach of the Champions Board within West Dunbartonshire.
7. 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 the new recruitment campaign for Children's Hearings Scotland Panel members

2.32 Family Support Services

1. The right support to families is central to delivery of The Promise and family support services must be accessible, flexible and responsive to family's needs.
2. The Alternative's to Care team prevents, delivered by social work services, and prevents young people entering care systems where it is safe to do so.
3. The team works intensively in partnership with families and young people supporting

families safely stay together. The team works with families to identify kinship option where required and supports family time arrangements across west Dunbartonshire

4. The service operates at evening and weekends and has an on call element for families in crisis.
5. A family group decision making services is co- located within the overall model to enable families to be the experts in their own lives and arrives at plans of support that work for them.
6. The service is currently being evaluated to determine the outcomes currently being delivered and will align with the wider family support work which is in is taken place across the HSCP and Council as part of a developing family support strategy available.

2.33 Parenting

1. Incredible Years Parenting groups have been West Dunbartonshire's main focus in delivering The Psychology of Parenting Project (PoPP) since 2017. This is a multi-agency group work approach which is supported by NES. 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.
2. In the period between April 21-March 22 160 referrals have come through the Parenting Office. Referrals are down from pre Covid as people realised no parenting groups were being planned.
3. 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.
4. Three small trial online parenting groups were held between 2021-22 using the Incredible Years Programme with 15 parents attending only 7 completed the programme. 4 evaluations returned showing improved SDQ scores.
5. Thirty one Parents were supported through a Triple P Programme 20 completed with 90% showing positive change in their behaviour management.
6. All practitioners were encouraged to signpost West Dunbartonshire parents to *Solihull Online Support* and 172 parents signed up between April 21-22.
7. It is recognised that our existing data fails to highlight other significant support our Practitioners have given to children & families who are supported through our HV teams especially and going forward improvement to data collection and evaluation is being prioritised.

2.34 Universal Pathway

1. Since the new financial year the C&F team within W/D have begun to collate local data relating to the delivery of the Universal Pathway by our Health Visiting staff. Our Covid recovery journey began by implementing the full pathway which had been amended throughout the pandemic. The full Pathway was initiated again in 2021. Although this data is for a limited period it gives a sense of expected annual data.

Ante-natal contacts	April	May	June	Quarter Total
Dumbarton	8	15	15	38
Vale	9	15	12	36
Clydebank	11	10	8	29
Clydebank	4	6	11	21
Total Ante-natal contacts per month	32	46	46	124

Ante natal contact was introduced in August 2021 and not all referrals (over half) are being received. This is being addressed at board level.

Total New Babies	April	May	June	Quarter Total
Dumbarton	23	22	6	51
Vale	15	11	13	39
Clydebank	15	15	11	41
Clydebank	15	19	11	45
Total New Babies per month	68	67	41	176

There has been a fall in birth rate year on year across NHS GGC since 2016. The following figures are consistent with the current data across the board.

13- 15 Month Assessments complete	April	May	June	Quarter Total
Total 13 - 15 month assessments per month	45	68	55	168

Total 4-5 Yr Assessments	April	May	June	Quarter Total
Dumbarton	36	22	20	78
Vale	36	36	18	90
Clydebank	15	17	13	45
Clydebank	32	21	23	76
Total 4-5 Yr Assessments per month	119	96	74	289

Total CP meetings attended	April	May	June	Quarter Total
Dumbarton	3	4	4	11
Vale	11	10	9	30
Clydebank	8	8	3	19
Clydebank	6	7	9	22
Total CP meetings per month	28	29	25	82

2.35 Family Nurse Partnership (FNP)

1. School Nursing and Health visiting sits within the HSCP Children's Health care Justice within an integrated partnership approach. FNP services are located in West Dunbartonshire and are a hosted service as part of wider GGC services
2. The significant contribution to children outcomes and health improvement as part of a GIRFEC approach cannot be overstated.
3. Since 2021 FNP GGC has continued to maintain Core Model Elements - quality measures; 1:1 supervision, team meetings including triadic child protection supervision and psychology consultation meetings through a blended approach with a move back to face to face meetings as per Covid-19 recovery plans. Accompanied home visits are now being carried via face to face methods. The existing challenges highlighted in 2021 reporting in relation to adhering to license requirements due to the Covid-19 pandemic have now been significantly mitigated, with a return to face to face visiting on the whole. Some adaptations remain in place in relation to Covid-19 prevalence and response to this Family Nurses have delivered the programme digitally depending on the Covid-19 risk assessment required.
4. Strengthening communication pathways with maternity services and other partners has been a focus in to Covid recovery and notifications which have not been sent timeously continue to be followed up via a micro-strategy report to ensure optimal 16+6 weeks

fidelity where possible. In addition, in respect of the antenatal pathway, an in-depth analysis of the data is currently being undertaken with our Children's Services colleagues to identify specific areas to work with maternity services on improvement. The impact of the majority of the workforce with less than 4 years' experience in FNP is evident and aligns with our rapid expansion.

5. Currently, 4 out of the 7 supervisors are progressing through the FNP Supervisor learning programme. We currently have 14 family nurses undertaking the FNP learning programme and Supervisors continue to support pre learning and consolidation in this regard. Local quality assurance and monitoring systems remain in place. The FNP Lead is meeting with the new Supervisors regularly and a robust induction programme is in place.
6. The FNP Advisory Board meetings are held quarterly and well represented by a range of stakeholders. Hosting arrangements have now been finalised in Glasgow City HSCP providing a robust governance structure and reporting lines. The Assistant Board Nurse Director is now chairing the FAB which ensures a board wide focus. There are 7 data managers supported by a systems administrator to continue to ensure processes are streamlined and work is also ongoing in this regard. Following further embedding of the FNP TURAS data system a GGC Clinical Data Group has been established to ensure optimal data processes and ensure a seamless link with the National Data Users Group.
7. A measure was set in relation delaying 2nd pregnancy through a collaborative piece of work with Sandyford Sexual Health services which aimed to train Family Nurses in delivery of Seyanna contraceptive injection. Currently 45% of Family Nurses are trained in Seyanna press with rolling programme of training delivered throughout 2021/22. Figures below provide an early indication of success in reduced subsequent pregnancies:

2.36 Alignment

Year	Number of Subsequent Pregnancies	Total Clients (Baby DOB)	% No. of Subsequent Pregnancies
2019	66	208	32%
2020	82	251	33%
2021	52	255	20%

1. 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.
2. 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.
3. The Universal Health Visiting Pathway defines and enhances Health Visitors responsive way of working with parents and their children. The pathway provides a vehicle by which we are able to comply with the legislation, deliver and build on the GIRFEC Policy, and highlights the health visiting role through home visiting. 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.

2.37 Immunisation Data

1. Promotion of immunisations is part of each Universal Pathway contact and the Health

Visiting Team attend NHS Great Glasgow and Clyde Immunisation groups and have strong links with the Immunisation Team.

2. 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. For data purposes the table below shows the Primary Immunisation Uptake Rates for April 2021 – March 2022 and West Dunbartonshire are consistent or higher than the overall percentages for NHSGGC and Scotland for this cohort. Promotion of immunisations is part of each Universal Pathway Contact and Team Leads attend the Board Immunisation groups and have strong links with the Team Leads in the Immunisation Team.

Primary Immunisation Uptake Rates	West Dunbartonshire 722 children total	NHSGGC 10, 589 children total	Scotland 47,327 children total
6-in-1	No. 698 96.7%	No. 10,255 96.8%	No. 45,584 96.3%
PCV	No. 699 96.8%	No. 10,209 96.4%	No. 45,614 96.4%
Rotavirus	No. 685 94.9%	No. 10,025 94.7%	No. 44,507 94%
Men B	No. 696 96.4%	No. 10,117 95.5%	No. 45,260 95.6%

Immunisation Rates 2021/22 (From Annual Performance Report)

	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.

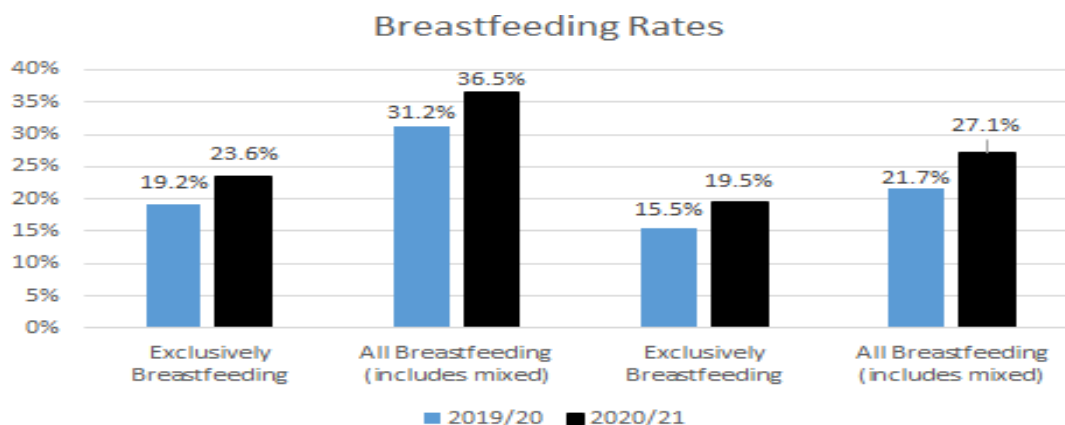
2.38 School Nursing Service

1. During July 21 -June 22, the School Nursing Service has experienced an increase in demand for its service with 74 referrals in this 12 month period for support to children experiencing emotional and mental health difficulties. The Service is currently on the Risk Register and only able to prioritise referrals from CAMHS, GP and SWD due to staffing pressures. The School Nurse staffing profile is expected to improve over the next 18 months with a proactive approach to recruiting and training SCPHN School Nurses who have expressed a desire to work in West Dunbartonshire. Despite having a small resource, the Team have received very positive feedback from using a client satisfaction Webropol survey at time of discharge. From 24 respondents in the past year 37% have stated that their/child's issues are a lot better and 63% some improvement.

School Nursing Data	Apr-22	May-22	Jun-22	Q Total
Total Number of IRDs Received and Reviewed	42	7	41	90
Total Number of A&Es Received	189	250	268	707
Total Referrals received	2	7	4	13
Total Referrals on waiting list			18	18

2.39 Infant Feeding

1. 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 due to lockdown restrictions but are solution focused and have improved breastfeeding rates and reduced attrition rates during the period April 2020 – March 2021.
2. This appears mainly as a result of additional early intervention to support breastfeeding women on discharge from hospital. The ISD for April 2021 – March 2022 statistics are eagerly awaited. Feedback from women during regular UNICEF UK Baby Friendly Audits and anecdotally regarding the support they have received from the Breastfeeding Team and Health Visitors has been excellent. The team continue to maintain the UNICEF BFI Gold Award that was achieved by the Children and Families Team September 2018 and were again reaccredited in recognition of the work on September 22.
3. The Breastfeeding Team, hosted within Children and Families Health, are promoting, protecting and supporting breastfeeding with 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.
4. 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.
5. 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 their have received from 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 2022.



Health Visitor 1st Visit

6-8 weeks

2.40 Addiction Services

1. Addiction services during 2021-22, the service received 917 referrals for people experiencing problems with drug or alcohol requiring assessment for treatment and support. 93% of referrals were seen within 21 days, exceeding the Scottish Government HEAD target of 90%. The pandemic significantly changed the landscape for treatment services where we had to adapt, develop and adopt a blended approach. We introduced the Red, Amber, Green (RAG) status to help us identify and manage risk effectively. A total of 21187 appointments have been offered which is an increase of 9% on the 2020-21 figures. This highlights how our health and social care staff have continued to ensure our most vulnerable and high risk adults with chaotic and complex drug and alcohol use could engage with services. In relation to assessment and management of risk, Addiction services continue to receive and process a high number of vulnerable adult referrals (260), which represents 16% of the total received from the HSCP.
2. In an effort to improve communication of appropriate referrals with the wider services we have initiated a co-production approach. An example of this co-production has been a fortnightly meeting with our colleagues in Criminal Justice.
3. The MAT Standards were also implemented in April 2022 where we are required to evidence that we are meeting the expectations from the Scottish Government. The Ministerial direction of the MAT Standards have provided significant challenges in relation to how we deliver and embed these Standards through our current service model.

2.41 Adult Services

My Life Assessment

1. 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.
2. 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.
3. 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.
4. 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

2.42 Adult Mental Health

1. Within Community Mental Health Services in the last year we have seen a lot of changes in our staffing complement. We have successfully recruited to a permanent Senior Social Work post which covers staff in both Community Mental Health Teams in our area, ensuring a consistent, high standard of care across both of these teams. Our teams have experienced a high turnover of Social Work staff, however we have successfully recruited to all posts, including two additional Social Work posts to support outstanding reviews and delayed hospital discharges which were negatively impacted on by the COVID pandemic. In order to support the Social Work team we are also in the process of recruiting to a two year, fixed term Social Work Assistant post to support the whole team.
2. Our Social Work staff are co-located with our health colleagues in Community Mental Health Teams and continue to work in a close, collaborative way to support the health and social care needs of the residents of West Dunbartonshire. Staff are adjusting to better define social care roles and tasks but this is having a positive impact, with the Social Work service being able to meet their targets for assessment, delivery of service and review.
3. Staff are continuing to work in a hybrid model, with some days in the office and some home working. Appointments are being carried out in person, on the telephone and using video technology, however there has been a significant increase in face to face contacts as we are emerging from the COVID pandemic.
4. We have also introduced a specific service to our inpatient wards in Gartnavel Royal Hospital, with one of our Social Workers working across CMHT and inpatient services. This means we are quickly able to identify any potential for delayed discharge much earlier in the admission process. It has allowed the development of relationships within

these services and ensures a consistency of approach for our service users who have had to use inpatient services. Interventions under the Mental Health (Care and Treatment) (Scotland) Act 2003 decreased markedly during the initial lockdown period. Subsequent to the easing of restrictions, there was a significant increase in activity, albeit not unexpected and is likely to be due in part to the impact of the pandemic on people with existing mental health conditions and those who were unknown to services but found the circumstances of the pandemic to be challenging.

5. One impact of the pandemic was the decrease in community support provision which impacted on care packages. The increase in hospital admissions of older people with dementia subject to compulsory measures might reflect this. Reduced home support services, closure of day centre provision, and respite services are likely to have contributed to the wider impact on people's mental health and wellbeing needs and increased reliance on carers and informal support networks.
6. Vacancies in the MHO team were successfully filled and the service is once again at full complement. In addition, a social worker from another team successfully completed the MHO training programme and will be eligible to practice.

2.43 Ability to deliver statutory functions and Key risks to delivery

1. The staff have been active supporters of the new Adult Support and Protection rota and have been involved in enquiries, investigations and case conferences for Adults across all our Care Teams. This was developed to ensure a co-ordinated system of responded was in place to ensure all concerns referred to service were responded to in a systematic and timely manner
2. In addition to this we have introduced a duty worker rota for Mental Health services internally, with some of this work having being previously dealt with by both Health and Social Care staff within Mental Health Teams. This worker covers West Dunbartonshire Social Care Mental Health Services on a daily basis, dealing with any vulnerable adult/police concern reports, referrals and general enquiries into our social work team. This provision has had a positive impact on the consistency of approach, timeous response to enquiries and governance arrangements for our Social Work team.
3. Priority issues include review of all clients in receipt of a care package and we are in the process of managing this with the addition of new staff to the team, introduction of new processes for transitions of care from children's to adult services and maximising use of SDS within our client group. We have successfully recruited to all our vacant posts and are just awaiting final checks for three new members of staff who should have a start date within the next few weeks.

2.44 Mental Health Officer (MHO) Service

1. 2021-22 could be considered as a period during which the Mental Health Officer Service continued to operate within the context of the ongoing on Covid 19 pandemic, against a backdrop of easing restrictions and evolving operational processes. Whilst this experience has been shared by all services, the statutory nature of the MHO service is such that change must be managed with full cognisance of the prescribed functions ascribed to MHO work.
2. MHOs are employed by West Dunbartonshire Council, and, in common with other colleagues, were afforded the opportunity to consider what might be their preferred work location. Almost 50% of the core MHO team (including the service's dedicated forensic Social Worker), expressed their preference to work from home on a full-time basis. Other members of the team continued to work on a *blended* basis (i.e. – based between their home and the office environment). As evidenced during the original period of pandemic lockdown, it is entirely possible for MHOs to work effectively from their home or office base, however this inevitably impacts on the dynamic of the team,

and navigating this has presented a number of challenges.

3. The period 2021/2022 has seen significant developments in terms of procedural changes (on a local basis). In order to streamline referral processes, it has been arranged that the designated MHO Service email mailbox acts as a primary gateway, and this has resulted in more efficient processing and progressing of all referrals and correspondence to the service. Responsibility for managing this systems is shared between the Senior MHO, team MHOs, and the team admin support officer. We have established processes whereby there is increased coherence in terms of the interface between referral processes, data storage, and throughput. Allied with this, we have developed rapid alert processes with a view to identifying, at the earliest opportunity, when referrals require a degree of prioritisation. The most notable illustration of this development resulting in improved outcomes can be witnessed in the efficient and expeditious processing of cases relating to hospital delayed discharge cases where a guardianship order is deemed necessary.
4. The average time period between receiving formal intimation of an application being pursued and a MHO being appointed to complete the relevant assessment and report is less than 48 hours, and often immediate. This is despite the year on year increase in the overall numbers of guardianship applications, and a very significant volume of Mental Health (Scotland) Act 2003 that continued to place demands on the service.
5. In terms of Adults with Incapacity work, a number of themes have been apparent during the period 2021/22. The backlog of pending applications that developed as a result of the initial pandemic lockdown continues to impact on all stakeholders. Existing guardianship orders that were due to be reviewed were afforded an extension period, and there remains a legacy whereby work that would have been undertaken during 2020/21 remains outstanding, and this continues to place pressure on the MHO resource.
6. Allied with this, the Sheriff Court continues to experience significant challenges in processing backlogs that developed whilst the civil justice system was all but suspended. This has resulted in delays in hearings being scheduled to consider lodged applications, and this can impact on the outcomes for service users (again, this is perhaps most keenly experienced in relation to hospital discharge cases where an Adult lacks decision making capacity). The Sheriff Clerk reports that staff shortages and turnover (with new staff requiring appropriate training) has also contributed to difficulties experienced.
7. Another service that has experienced a sharp rise in demand is the local Independent Advocacy Service. Delays in securing advocacy intervention impacts significantly on the work undertaken by MHOs and other staff endeavouring to ensure that service users and carers are appropriately consulted and afforded to participate in key decision making processes. This pertains to both Mental Health and Incapacity components of MHO practice, but also more broad care assessment and planning.
8. With regard to quality and improvement, several processes have been introduced and existing systems refined with a view to streamlining processes. An example of this is the ongoing review of the Adults with Incapacity Authorisation Group (AAG). The intention is to fully utilise the CareFirst system and integrate the AAG process in order to make this more accessible, ensure greater efficient, and to enable more accurate data reports to be produced. The AAG is a critical provision in terms of ensuring that care plans are progressed in the most appropriate and timeous manner, whilst providing oversight and scrutiny in respect of human rights and ethical considerations. Refining the existing process will enhance the experience for practitioners, but, more crucially, will contribute to the best outcomes being secured for service users and their carers.
9. The core MHO team remains fully staffed. In contrast to the experience of other areas

of the service during the 2021/22, there has been little turnover in staff, and this has ensured continuity of service. Unfortunately, there are no social workers currently undertaking the MHO training programme. Several colleagues have expressed an interest in undertaking the course programme 2023/24, and the established screening and nomination process is progressing in that regard. There are now 3 Senior Social Workers (including the Senior MHO) who are MHO accredited, and this is proving very beneficial in terms of offering more options for the chairing of meetings, but also in increasing awareness of the role of MHOs and functions of the service in other areas of the organisation.

10. In 2021, the Scottish Government made additional, ring-fenced funding available to all local authorities with the specific purpose of supporting MHO service provision. Discussion is ongoing as to how West Dunbartonshire's allocation (c£44K for period 21/22) could most effectively be utilised to enhance local service delivery.

2.45 Social Circumstances Reports

1. During period May 21 – May 2022, the MHO service completed 53 Social Circumstances Reports (SCR). This is a significant increase over previous years and comes at a time when the volume of 2003 Act work is placing additional resource pressure on all MHO services across the country. SCRs, while not a mandatory MHO duty, provide important information and further assessment that serves to inform care and treatment plans. As the Mental Welfare Commission for Scotland notes:
Understanding a person's wider circumstances is important to be able to consider the social context that might have contributed to the detention and what options might be available to help with treatment and recovery. The SCR aims to provide that detail on a person's circumstances. Mental Health Act Monitoring Report 2020 – 2021, (Sep 2021, pp24)

2.46 MHO Duty System

1. During the period May 2021 – May 2022, the MHO duty service received 135 referrals that required MHO attendance to assess (*call-outs*) an individual in respect of potential detention under the terms of the Mental Health (Care & Treatment) Act 2003.
2. This figure represents an increase of approximately 100% in the total number of call-outs from the equivalent period covering 2019 – 2020 (please note that the data for period 2020 – 2021 is significantly influenced by the initial pandemic lock-down, and, as such, does not provide a meaningful comparison).

2.47 Guardianship Case Conferences

1. 34 Adults with Incapacity (AWI) case conferences were convened during the period May 2021 – May 2022. This is broadly in line with previous period (excepting the pandemic lockdown which saw a suspension of all but the most urgent AWI business).
2. During the May 2021 – May 2022 period, 85 new guardianship orders are recorded. This contrasts with the figure of 27 during the 2020 – 2021 period that was very much impacted by the pandemic lockdown, but also marks a significant increase over previous years. The highest number of recorded new orders was 57 during period 2015 – 2016, with an average annual figure circa 43. The increase is most likely attributable to the backlog of cases created by the pandemic. The consequence of this has been a very significant resource demand on the service.

2.48 Learning Disability Services

1. In 2021-22 the Learning Disabilities service continued to implement the key recommendations from the national strategy (Keys to Life, 2013) and have embedded its four strategic outcomes, Independence, Choice and Control, Healthy Life and Active Citizen, in support planning and care review processes.

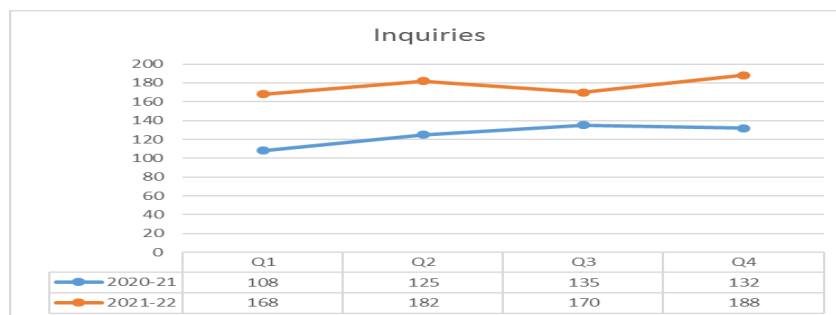
2. The integrated approach to service delivery across community health and care, as well as third sector providers, has supported the delivery of effective and targeted specialist services, prioritised around the key aims of people with a learning disability using an outcome-focused approach to promote person-centred assessment and planning. This has been achieved at a time of immense challenge due to the pandemic, which required significant adjustment to service provision to meet client and carer need.
3. Risk assessments helped to ensure the most vulnerable people continued to receive support during restrictions and lockdown – this was particularly important when day-care provision ceased, albeit the service operated an emergency support for clients in critical need. Some day-care support roles moved to enhance this community support whilst frontline services such as housing support, supported living and care at home continued to offer face-to-face contact.
4. Carers in particular have had to meet the challenge of reduced day care services and the service sought to support them during this time, whilst also recognising their resilience and capacity to navigate the challenges of lockdown and restrictions over the past year. Meanwhile, the Work Connect service supported the wider community through the Council's resilience group, including welfare calls and food parcel distribution to vulnerable residents.
5. Other developments included review of the Transition Group that supports joint working with key partners including education, children's services and other adult services who contributed to improvements in the transition of young people with additional support needs (including learning disability) into adult services. More young people had their adult service needs identified up to two years in advance, in recognition of the importance of this significant transition for young people to support their care in a person-centred, compassionate approach.
6. Joint work with colleagues in housing services and housing developers also progressed during 2020-21 to identify future housing stock that can best support people within a 'core and cluster' model of support. A number of people moved to new build accommodation within the Dumbarton harbour area and the service will continue to work in partnership to expand on further housing provision during this year
7. Covid 19 has continued to have an impact on our service users, services and staff. Our nursing staff have maintained additional responsibilities in relation to the Covid vaccination programme including directly vaccinating those individuals on our caseload who were unable to attend public vaccination centres. However, we have increased capacity in the health team with the recruitment of two health support workers which frees up time for nursing clinical activity, and an additional nursing post to facilitate an improved response for individuals with both a learning disability and a mental health diagnosis. Our team psychiatrist has also taken on new responsibilities in relation to clinical governance, so together with the enhanced team of other health professionals, this will help drive forward our work on improving standards and delivering high quality care for our user group and their Carers.
8. We have lost some very experienced social work practitioners through retirement and in pursuit of new challenges elsewhere. We have a new Senior Social Worker in post and despite a very challenging national workforce situation are working hard, with some good success, to fill all the vacancies.
9. The primary aim over the next two years is to achieve the ambitions of the Coming Home Report (2018) and the Scottish Government, Coming Home Implementation Report (February 2022). Part of the requirement of this Scottish Government funded work is to review areas of our service and trial a test of change initiative to inform future practice and service delivery consultation and to increase individuals' connections to their community, family and friends.

10. It is also to prioritise individuals with complex needs being cared for out of area who could be cared for locally, and also 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 within West Dunbartonshire Health and Social Care Partnership (WDHSCP), in particular social work, housing and third sector colleagues, is the planned opening in the second part of this year, of a newly developed 24 hour support service for 5 young males with very complex needs.
11. 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.
12. The Dynamic Support Register is a tool that 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, or perhaps more at risk because of other aspects in their lives. 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.
13. This year West Dunbartonshire Learning Disability Team 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 in future years.
14. The Learning Disability Team has supported the Mental Welfare Commission for Scotland visiting programme to adults subject to welfare and/ or guardianship. The Commission has made several visits to our area this year, raising any concerns with the team, and improving the safeguarding of some of our most vulnerable service users.
15. The Local Authority day service has struggled with staffing over the Covid pandemic and is having to think radically about how to 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. The priority for this year is to stabilise the staff team and deliver robust behaviour support plans, if required. Most social care services have had specific challenges this year, particularly around staffing, however, we continue to use eligibility criteria to ensure we are providing care and support to those with critical or substantial need, in the first instance.
16. Throughout the Covid pandemic, the Learning Disability Respite/Short Break Service continued to provide essential supports and services to carers, families and those in need. Whilst many frontline services have since fully resumed, there are still public health and Covid testing protocols in place for residential respite facilities.
17. Since June 2022 the Respite/Short Break Service, in compliance with public health and in partnership with care providers, moved from a crisis service to resuming short breaks for non-critical referrals. It is with great relief that we are now able to ensure all our carers have opportunities for a much needed break from their caring role. Learning Disability Services currently have 95 carers who have been assessed as requiring respite/short breaks and since April 2020, Dunn Street Respite has provided 514 nights respite to 34 carers.
18. By using our eligibility framework we have an equitable and transparent system for determining funding for Short Breaks that is consistent and easily understood.

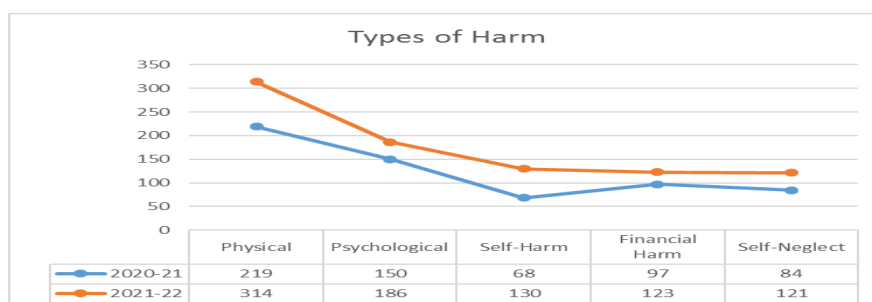
Additional to traditional respite, the Respite/Short Break Service continue to promote and provide alternative resources to carers through direct payments and flexible respite options. This has extended to sourcing and facilitating emergency accommodation, preventing admissions to hospital and out of 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.

2.49 Adult at Risk Referrals

1. The number of adult at risk referrals reached 708 in 2021-22 comparable to 500 in 2020-21 which is an increase of 42%. A Quarter on Quarter comparison shows a continuous increase in the number of referrals.

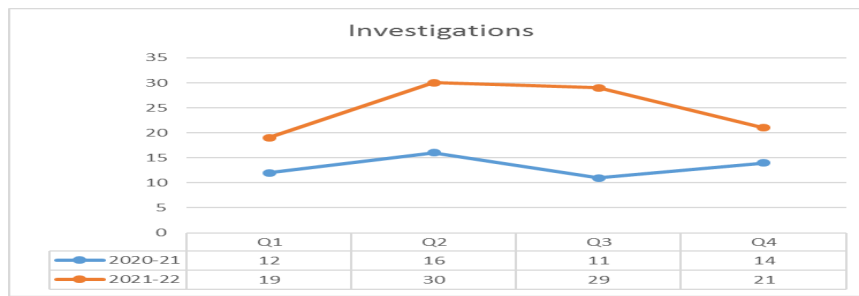


2. A breakdown of the 708 referrals received shows 356 were repeat referrals for 124 clients and 352 were single referrals. This is a total of 476 individuals being referred in 2021-22.
3. 72% of Adults at Risk Inquiries were completed within 5 working days from point of referral (509 of 708)
4. The top 5 types of harm being reported continue to be Physical Harm, Psychological harm, Self-Harm, Financial Harm and Self Neglect. Physical Harm continues to be the predominant harm reported year on year with Psychological Harm being the 2nd highest. Self-Harm, Financial Harm & Self Neglect continue to be in the top 5. Their positioning within the top 5 has changed in comparison to 2020-21.



2.50 Investigations

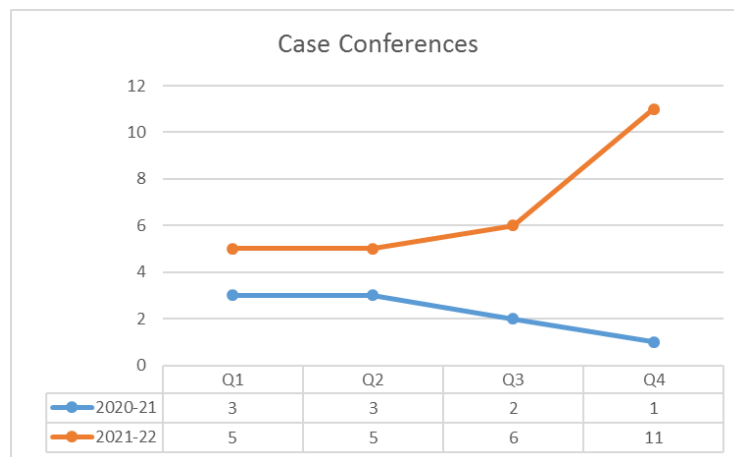
1. The number of **investigations** reached **99 in 2021-22** comparable to **53 in 2020-21** which is an **increase of 87%**. A Quarter on Quarter comparison shows a continuous increase in the number of referrals.



2. A breakdown of the **99 investigations** shows **8** were **repeat investigations for 4 clients** and **91** were **single investigations**. This is a total of **95 individuals** requiring further investigation in 2021-22
3. **90% of investigations** were **commenced within 8 working days** from point of referral (89 of 99).

2.51 Case Conferences

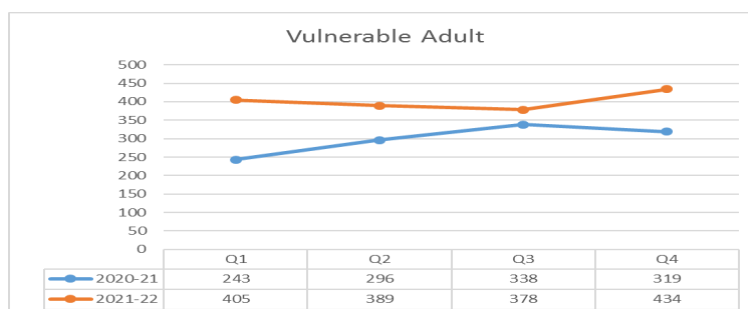
1. **27 case conferences** were held during 2021-22. In comparison to **9 in 2020-21** this is an **increase of 200%**. A Quarter on Quarter comparison shows a significant increase in the number of case conferences being convened.



2. A breakdown of the 27 case conferences in 2021-22 show all were individual cases.
3. 41% of case conferences were commenced within 20 working days from point of referral (11 of 27).

2.52 Vulnerable Adult Referral

1. The number of vulnerable adult referrals reached 1606 in 2021-22 comparable to 1196 in 2020-21 which is an increase of 34%. A Quarter on Quarter comparison shows a continuous increase in the number of referrals.



2. A breakdown of the 1606 referrals received shows 1304 were repeat referrals for 268

clients and 572 were single referrals. This is a total of 840 individuals being referred in 2021-22.

3. An Adult Support and Protection Duty System was introduced in April 2022 to provide a more robust response to supporting and responding to adults at risk of harm. This builds on the success of increasing the capacity of the duty system during the pandemic. A range of professionals and teams from across the HSCP cover the duty system on a rota basis. Working in this way also provides opportunities for staff to share skills and knowledge when working with colleagues from different service teams.
4. A rota has also been introduced to ensure independent Chair availability for ASP Case Conference's Chair and the new ASP duty system will be subject to evaluation of impact early in 2023
5. Senior Management will continue to monitor and evaluate the ASP Duty system to ensure the effectiveness and ongoing development of systems to support the work of adult support and protection.

2.53 Challenges

1. The full capacity to undertake audit and review work was impacted in the 2021- 2022. The APC plan to set up a quality assurance and data subgroup to oversee and strengthen multiagency audit activity however is now in place and planned audit activity informed by APC data is back in place as part of our on- going improvement activity.

2.54 National and local guidance

1. A National revised Adult Support and Protection Guidance Suite was launched in July 2022. This guidance includes revised Codes of Practice, Guidance for Adult Protection Committees and Guidance for General Practice. A National Implementation Group is being set up to embed the revisions into practice and process.
2. West Dunbartonshire partnership will undertake the necessary steps to review and update local policies and guidance to reflect the revisions and to uphold multi-agency awareness of key processes and best practice.
3. Adult Support and Protection Learning Review Guidance was issued, in May 22, to replace the current ICR/SCR process. A local joint Adult and Children Committee Learning Review Process has been drafted and will be implemented following agreement from the Adult and Child Protection Committees. A Learning Review subgroup will be set up to support this process.

2.55 Public Protection

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.

1. 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. This has been used locally to add to oversight and scrutiny of performance for example children seen on the child protection register.
2. 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.

3. The Covid-19 pandemic had a very significant impact on statutory activity related to interventions under the Adults with Incapacity (Scotland) Act 2000, and the Mental Health (Care and Treatment) (Scotland) Act 2003.
4. In terms of the Adults with Incapacity (Scotland) Act 2000, there was a suspension of all but the most urgent Sheriff Court business during the initial lockdown period (April to August 2020). A small number applications were processed and orders granted on the basis that the welfare of individuals was considered to be significantly compromised should statutory measures not be in place.
5. The consequence of this suspension in activity was a considerable backlog of applications and renewal applications to be addressed once court restrictions started to ease.
6. Some provision was made within temporary amendments to legislation to process (among other things) statutory interventions, as outlined in sections 16 and 17 of the Coronavirus (Scotland) Act 2020. The team ensured adherence to all relevant legislation and good practice guidance and continued to liaise closely with key partners, particularly colleagues in community Health and Care

2.56 Local Authority Residential Care Homes and Independent Care Homes

1. As we move through the phases of the pandemic the staff in our Local Authority Care Homes are enjoying the opportunity to organise events with residents' families and friends. A weekly oversight group is in place made chaired by the Chief Nurse, with attendance from the Clinical Director and CSWO, third sector representation and those with a quality assurance oversight role. The group has met more frequently during period of pandemic as necessary to ensure scrutiny of both commissioned and Local Authority care provision
2. Currently we are no able to resume intergenerational activities with local nurseries and schools, and encourage apprenticeships to nurture the concept that a career in a Care Home is a rewarding one, with career opportunities for progression.
3. The two Local Authority Residential 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.
4. The multidisciplinary Quality Assurance visits to care homes continue to be completed every 6 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.
5. The Care Inspectorate conducted a full inspection in Queens Quay in December 2021 which covered all 5 standards as below:-
 - I experience high quality care and support that is right for me.
 - I am fully involved in all decisions about my care and support
 - I have confidence in the people who support and care for me.
 - I have confidence in the organisation providing my care and support.
 - I experience a high quality environment if the organisation provides the premises.

6. In addition to this they also inspected under key question 7, which was required to be reported to Parliament for openness and transparency. A new tool on wellbeing, infection prevention and control and staffing that has been agreed with Health Protection Scotland and Healthcare Improvement Scotland and has been used to carry out this inspection. Key question 7 inspection is focussed around infection control measures, PPE and staffing and the impact on individual's well-being.

Grades awarded

STANDARD	GRADES
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

The inspection was very positive. This was the first inspection since the opening of Queens Quay.

7. The inspectors reported Queens Quay was a well led service, they observed staff delivering kind and compassionate care. And noted staff had a detailed knowledge of their residents' likes/dislikes/preferences and treated residents with dignity and respect.
8. Five care plans were examined, which evidenced person centred planning and were outcome focused. They highlighted care plans had been developed around the residents' particular interests, preferences and it was evident staff used a person-centred approach. They acknowledged the focus of all of the service's operations was to achieve good outcomes for the residents. The inspectors stated they witnessed residents experiencing safe and kind care being delivered and staff were observed to be very warm, caring and compassionate in their interactions with residents. The inspectors also highlighted the effective joint working with health professionals and the excellent links with their local health centre, which had a positive impact on resident's health and care.
9. They stated the care home was spotless and free of odours and informed residents. They found the service to be fully compliant with pandemic infection control measures and the Scottish Government's 'Open with Care' directives had been enthusiastically followed to enable residents to be reunited with their families.

There was one area of improvement:

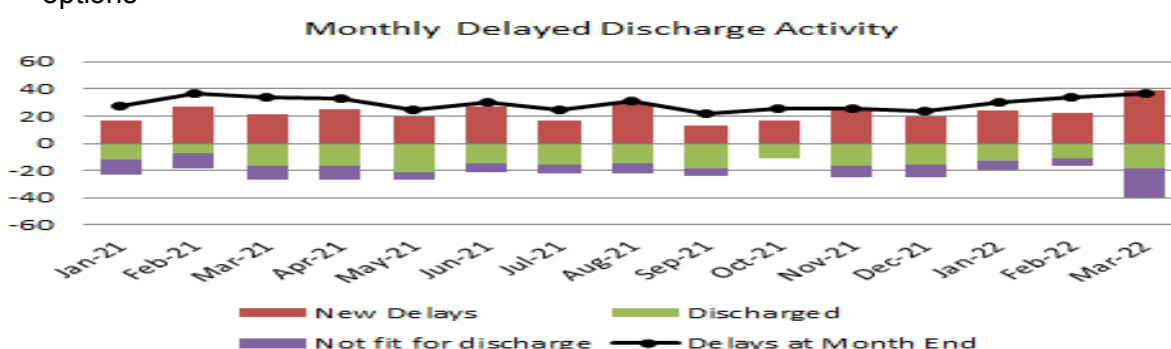
10. The provider should have their quality assurance systems reviewed and brought up to date
11. The inspectors stated they had confidence in the management and leadership of Queens Quay, but reported systems for quality assurance needed to be fully implemented and were confident that this area for improvement will be addressed and that future evaluations of the service would reflect that improvement.

2.57 Integrated Teams

1. The District Nursing Team continue to work with Care Homes to deliver the Covid and Flu vaccination programme within these Homes and are preparing for the Winter vaccination Programme 2022 to vaccinate approximately 500 residents with both Flu and Covid vaccines across the HSCP. 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.

2. 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 as an opportunity for shared learning and ensuring best practice in nursing care and we will continue to engage with managers to ensure that the HSCP supports them.
3. Following an ICR Learning review the resultant action plan identified a number of areas for improvements across the HSCP but with specific improvement areas within Community Health and Care. A number of resultant actions have been implemented successfully and are monitored via the Clinical Care and Governance route.
4. One action has been the instigation of a 'Complex Care Management' group, implemented as a test of change across Integrated Adult Care, District Nursing and Care at Home to assure the Head of Service that there is a platform to ensure that any services users that staff have concerns about are promptly identified and discussed in a multidisciplinary manner. This group meets two weekly to discuss service users staff have raised concerns about to ensure that there's read across all services and issues can be identified and addressed promptly. These structured meetings are minuted, and have standard operating pathways to ensure robust record keeping to demonstrate discussion and decision making.
5. The HSCP has revised the Supervision Policy and assurance that this is being followed and audited across all social care teams is reported again via the Community Health and Care Clinical and Care Governance group.
6. Delayed Discharges remain a challenge within West Dunbartonshire and the Head of Service has implemented a range of quality improvement initiatives over the past year to address this. The complexity of managing delays continues to be a challenge and improvement work will continue to be a priority over the next year. The importance of ensuring adults with capacity issues are safeguarded is key as is ensuring the completion of my life assessment to inform planning for those awaiting discharge. The social work team that leads in this are ensuring the balance between timely discharge and rights based services aligned to assessed needs and where possible consider SDS options



2.58 Care at Home

1. The HSCP commissioned a review of the Care at Home Service and this is being implemented using the 'Double Diamond' process. Now in the 'develop' phase the previous stages have revealed a wealth of information and improvement opportunities which will be developed and implemented in the 'deliver' phase supported by service improvement within the HSCP to ensure strengthening of quality assurance and review and targeting of resources most appropriately to need.

3.Resources

3.1 Financial Pressures

1. The HSCP Board is operating within a complex and evolving Scottish Government policy landscape coupled with a challenging and potentially worsening UK economic outlook. Decisions on an appropriate and prudent level of un-earmarked reserve versus the delivery of strategic priorities and supporting our communities out of the pandemic and cost of living crisis is multi-layered, but financial sustainability in the short, medium and longer term must be maintained to allow the HSCP Board to invest proactively and drive out efficiencies through better ways of integrated working.
2. Public sector pay negotiations effective from 1 April 2022 have yet to be settled and any potential funding for Integration Authorities via their partners also remains outstanding. The HSCP Board approved 2022/23 budget assumed pay inflation in line with the parameters set out within the Public Sector Pay Policy, which ranges from approximately 2.4% to 2.9% depending on salary bandings. The Scottish Government has already announced £140m of additional funding for local authority staff and it is expected that it will announce additional funding for health board staff, however it is unknown at this time what level of support may pass through to Integration Authorities. It should also be highlighted that a significant proportion of both earmarked reserves and un-earmarked reserves have arisen due to difficulties in recruiting both qualified and unqualified health and social care staff. This problem is not unique to West Dunbartonshire and is likely to continue this year and into the medium term.
3. The WDC review into the most appropriate split of residential school placements has not yet concluded as securing robust, financial information from providers has been challenging. However regardless of this delay, the decision of the Council, is that any change to the allocation should be effective from the 1 April 2022. If the 80/20 (HSCP/WDC) split is deemed more appropriate than the current 50/50 split, this additional cost pressure (circa £2m depending on current and future placements) could not be supported within the HSCP's current budget allocation. If no additional budget is provided by WDC, this cost would have to be covered by savings across social care services and supported by general reserves.

3.2 2021/22 Financial Position

1. The HSCP Board approved the draft 2021/22 Annual Accounts for submission to external audit in June 2022. The tables below are extracted from those accounts and provide information on the scale of the integrated budget required to deliver on both health and social care services and the outturn position as at 31 March 2022.

Table 1: Extract from WD HSCP 2021/22 Unaudited Accounts – Budget Reconciliation

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved on 25 March 2021	97,853	72,244	170,097
Rollover Budget Adjustments	(204)	507	303
Covid-19	9,024	0	9,024
Primary Care	2,866	0	2,866
Adult and Older People Services	2,735	1,777	4,512
Children's Services	1,115	103	1,218
Family Health Services	1,553	0	1,553
Other	1,118	617	1,735
Reported Budget 2021/22	116,060	75,248	191,308
Funded from Earmarked Reserves	0	(323)	(323)
Funded from Partner Organisations	116,060	74,925	190,985

Table 2: Extract from WD HSCP 2021/22 Unaudited Accounts - Final Outturn against Budget 2021/22

West Dunbartonshire Integration Joint Board	2021/22 Annual Budget £000	2021/22 Net Expenditure £000	2021/22 Underspend / (Overspend) £000
Consolidated Health & Social Care			
Older People, Health and Community Care	49,856	48,336	1,520
Physical Disability	3,528	3,106	422
Children and Families	26,449	26,033	416
Mental Health Services	11,471	10,575	896
Addictions	3,625	3,363	262
Learning Disabilities	18,085	17,933	152
Strategy, Planning and Health Improvement	2,022	1,501	521
Family Health Services (FHS)	29,532	29,532	0
GP Prescribing	19,969	19,690	279
Hosted Services - MSK Physio	6,899	6,528	371
Hosted Services - Retinal Screening	836	720	116
Criminal Justice	136	0	136
HSCP Corporate and Other Services	9,195	5,776	3,419
Covid-19	9,024	4,781	4,243
IJB Operational Costs	358	358	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	190,985	178,232	12,753
Set aside for delegated services provided in large hospitals	36,346	36,346	0
Assisted garden maintenance and Aids and Adaptions	527	527	0
Total Cost of Services to West Dunbartonshire HSCP	227,858	215,105	12,753

The key explanations and analysis of budget performance against actual costs are detailed below:

- **COVID-19** – the Scottish Government funding for COVID-19 is received via NHSGGC and transferred to HSCPs in line with the LMP process of submitting financial information. However the vast majority of COVID-19 related expenditure is with Social Care Services. As the accounting for the HSCP's integrated services are contained within both partners' ledger systems, the required funding is transferred at the year-end. The final position was a transfer to earmarked reserves of £4.243m.
- **Children's Services** – underspend of £0.416m is mainly due in recruitment challenges within Children's Specialist Health Services. The costs of Community Placements, including Residential Schools exceeded the budget allocation by just over £0.250m, after allocating approximately £0.500m to Covid funding.
- **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.
- **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, MDTs and additional Health Care Support Workers. Recruitment is underway but recruitment remains a challenge for all HSCPs and Health Boards.
- **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, as reported to the 21 February HSCP Board 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.
- To provide further detail of the social care budget versus actual position, the table below extracts this from the overall integrated position detailed above.

Table: 3 Extract from WD HSCP 2021/22 Unaudited Accounts – Social Care Expenditure

Social Care Net Expenditure	Annual Budget	Actual Outturn 2021/22	Actual Variance
	£000's	£000's	£000's
Strategy Planning and Health Improvement	1,013	678	335
Residential Accommodation for Young People	2,926	2,772	154
Children's Community Placements	5,628	5,634	(6)
Children's Residential Schools	3,398	3,656	(258)
Childcare Operations	4,507	4,730	(223)
Other Services - Young People	3,487	3,147	340
Residential Accommodation for Older People	6,925	6,426	499
External Residential Accommodation for Elderly	8,224	7,951	273
Sheltered Housing	1,351	1,315	36
Day Centres Older People	1,180	1,157	23
Meals on Wheels	22	38	(16)
Community Alarms	(6)	88	(94)
Community Health Operations	2,913	2,818	95
Residential - Learning Disability	8,832	8,698	134
Physical Disability	2,351	1,913	438
Day Centres - Learning Disability	2,153	2,138	15
Criminal Justice (Including Transitions)	136	-	136
Mental Health	2,477	2,478	(1)
Care at Home	13,076	12,560	516
Addictions Services	744	1,180	(436)
Equipu	285	300	(15)
Frailty	138	144	(6)
Carers	1,218	627	591
Integrated Change Fund	0	-	0
Covid-19	0	4,157	(4,157)
HSCP - Corporate	1,947	940	1,007
Net Expenditure	74,925	75,545	(620)

4. 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. The current policy strives to hold 2% of total budget in unearmarked reserves, for 2021/22 this was approximately £3.9 million.

5. A robust review of all earmarked reserves has also been undertaken by the HSCP Senior Management Team. Given that 65% of earmarked reserves are from the Scottish Government (Table 2 below) and have conditions and outcomes attached there is reduced scope to “free-up” a significant element. Also the Scottish Government have made it a condition of funding that all current earmarked reserves must be exhausted before any 2022/23 funding will be released e.g. Primary Care Improvement, ADP and Mental Health Recovery and Renewal. There is however potential flexibility within some of the newly created reserves for Winter Planning and other HSCP Board approved earmarked reserves. Further work requires to be undertaken by Heads of Service to determine whether other local HSCP priorities can be delivered in tandem with Scottish Government required outcomes.

Table 4: Extract from WD HSCP 2021/22 Unaudited Accounts – Movement in Reserves

Balance as at 31 March 2021 £000	Total Reserves	Transfers Out 2021/22 £000	Transfers In 2021/22 £000	Balance as at 31 March 2022 £000
	Scottish Govt. Policy Initiatives			
(4,970)	Covid	4,781	(9,024)	(9,213)
(1,559)	Primary Care	1,414	(2,247)	(2,392)
(1,574)	Adult and Older People Services	984	(4,005)	(4,595)
(423)	Children's Services	943	(289)	(569)
(266)	Carers Funding	0	(591)	(857)
(842)	Other	5	(943)	(1,780)
	HSCP Initiatives			
(1,706)	Service Redesign Transformation	161	(714)	(2,259)
0	Complex Care	0	(560)	(560)
(300)	Community Empowerment	0	0	(300)
(4,516)	Recovery / Renewal in Services	344	(1403)	(5,575)
0	Other	0	(318)	(318)
	Prescribing			
(1,284)	Prescribing	0	(279)	(1,563)
(17,440)	Total Earmarked Reserves	7,832	(20,373)	(29,981)

6. The table below detail expenditure in relation to commissioned spend across social work services

21/22 Spend on payment to other bodies									
	Residential	Respite	Payments to other bodies	Kinship payment	WDC Fostering and Adoptions	Section 12 /29	Payments to NHS	Direct payment	Total
Mental Health	1,144,151		1,810,777				329,717	15,318	3,299,963
Learning Disabilities	779,101	487,082	11,761,574					570,693	13,598,450
Addictions	550,184		777,785						1,327,968
Community Placements			2,657,184	2,023,816	1,027,251				5,708,250
Other Services - Young People		276,266	691,972			93,715	398,442	65,227	1,525,621
Residential School and Continuing care	3,477,689		1,071,923						4,549,612
Physical Disabilities	1,423,455	28,079	1,026,133					493,692	2,971,360
Older people residential	12,613,638	103,471	282,959					90,206	13,090,274
Day services older people			135,955					6,298	142,253
Community Health Operations			197,523						197,523
Community Alarms			118,109						118,109
Sheltered housing			393,707						393,707
Homecare			2,619,224					211,171	2,830,395
Carers Act			538,829						538,829
Headquarters and strategy			478,628						478,628
Covid			3,404,945						3,404,945
									-
	19,988,219	894,898	27,967,226	2,023,816	1,027,251	93,715	728,159	1,452,604	54,175,887

3.3 Medium Term Financial Outlook

1. 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.
2. 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.
3. 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.
4. 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).
5. In 2022/23 we 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.
6. 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.
7. 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;

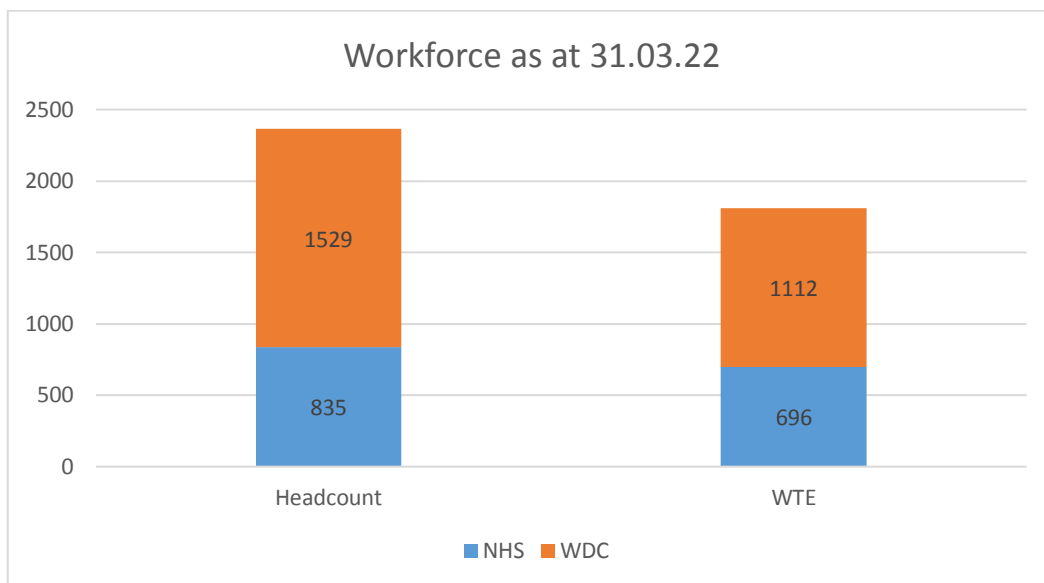
- Equity and Consistency of approach – robust application of Eligibility Criteria for new packages of care and review of current packages using the My Life Assessment tool; and
- Service redesign and transformation – build on the work already underway redesigning support to people to remain or return 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.

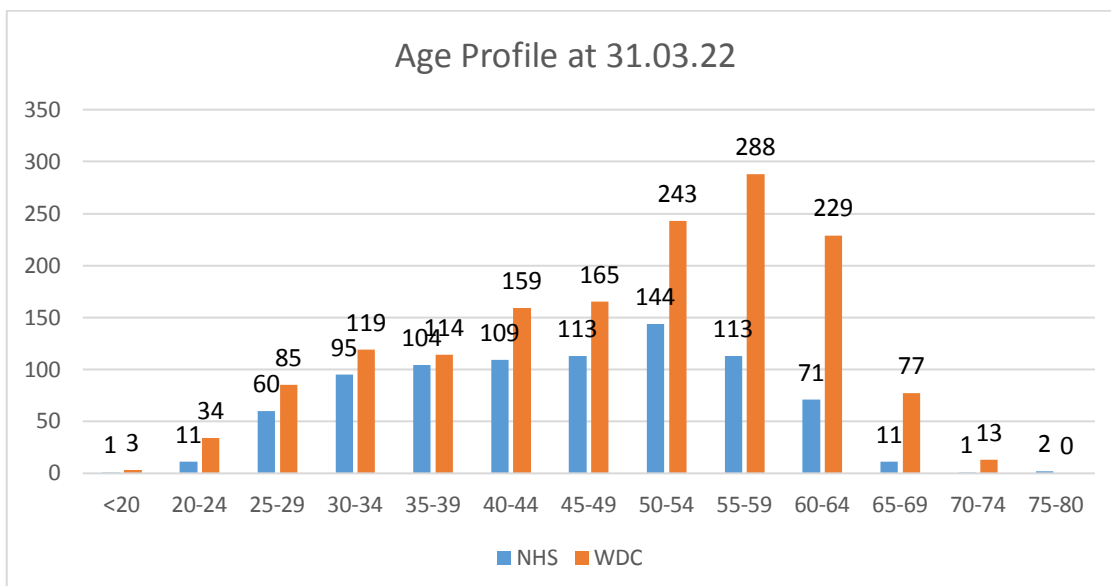
4.WORKFORCE

4.1 Workforce Planning

1. Through this report with specific reference to both the resources section and highlighted in the service performance and overview is highlighted the significant issues of staffing availability and recruitment which has had an impact in nearly all areas of service delivery.
2. Never has there been a greater need for workforce planning and development to be supported nationally to ensure the continuity of a skilled and committed workforce to deliver high quality services for the future. The National Workforce Strategy for Health and Social Care in Scotland states
'Our workforce is at the heart of delivering Health and Social Care services to the people of Scotland. Over 400,000 skilled and compassionate people work in many different roles and settings, in an integrated way. As the largest workforce in Scotland, they reach into every aspect of life and every community in Scotland. As national and local governments working together, we see and value this every day'
Without a local and cohesive national strategy threat to the quality of services we can deliver are very real.
3. West Dunbartonshire HSCP developed a 5 year workforce strategy in 2022

4.2 Workforce Split



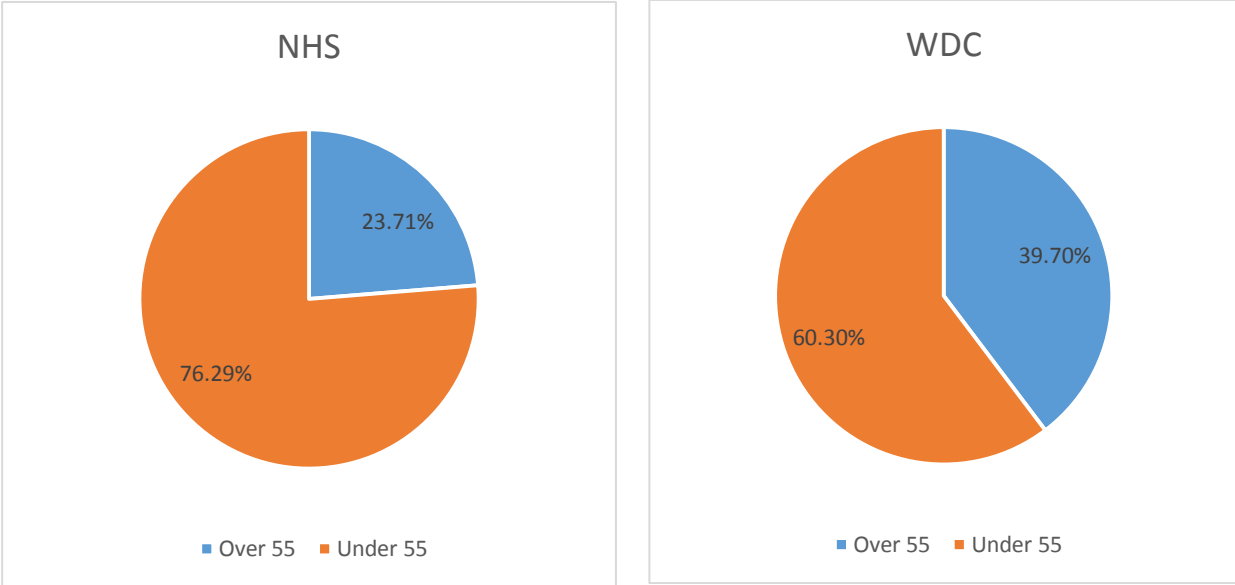


1. The age profile for staff in West Dunbartonshire HSCP indicates that the majority of our workforce are over the age of 45. Whilst this does not present an immediate risk, we do need to be mindful of the importance of succession planning and the implications of an ageing workforce in coming years.

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

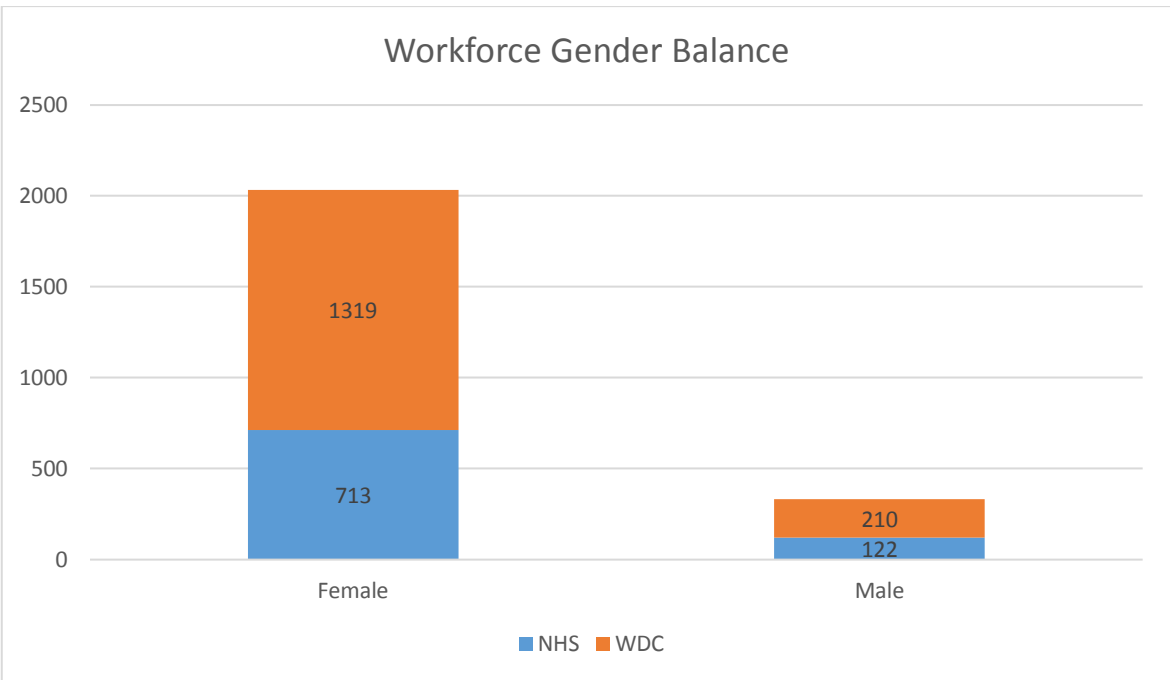
2. More than a third of the workforce (34.05%) of the workforce are aged 55 years and over. This presents a significant risk in terms of retiral of a sizeable proportion of the workforce within in the next 5 to 10 years. This is a significantly higher risk with West Dunbartonshire Council staff as 39.70%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

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



4.3 Workforce Gender Balance

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



4.4 Staff Turnover

1. The turnover rate for WDC staff within the HSCP is 15.2% per annum. This is higher than the whole of WDC rate which is currently 13.2% per annum. For NHS staff within the HSCP the turnover rate is 8.3% compared to the GGC wide figure of 10.2%. This is not forecast to increase significantly in the period to March 2023, however some changes to behaviour have been observed and after a period of suppressed turnover where staff were perhaps not looking for career opportunities or delaying their retirement

due to the pandemic, those staff are now looking at career development and opportunities and similarly those staff who have delayed retirement are now actively pursuing this and some staff

4.5 West Dunbartonshire HSCP Approach to Staff Health and Wellbeing

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

1. **Occupational Health services** in both employing organisations will continue to be utilised for their prospective staff.
2. **Mental health check-in** - all health and social care staff have also been encouraged to take part in all of NHS Greater Glasgow and Clyde's mental health check in's which took place in August 2020, February 2021, August 2021 and February 2022. Another check in is scheduled for August 2022 and this will be heavily promoted to staff.
3. **Leadership development programmes** continued throughout the pandemic however, understandably due to service pressures; uptake was been lower. Staff are being encouraged to uptake appropriate opportunities available to them with Learning and Education publishing a document summarising all the training and opportunities available to staff.
4. **NHS GGC Peer Support Framework**
The NHSGGC Mental Health and Wellbeing Group established the need for a single Peer Support Framework for **all** staff working in health and social care across the Board and the six health and social care partnerships. This forms part of the wider strategy to prevent work-related emotional distress from developing into more significant mental health problems. The Peer Support Framework outlines an overarching system for all peer support interventions offered across NHSGGC. It is based on a set of core principles and sits within a single governance structure. All existing and new peer support interventions will align with the Peer Support Framework.
5. Core principles of peer support within NHSGGC are based on the 'Psychological First Aid' (PFA) model and this forms the conceptual basis of the Framework. This is an evidence-informed approach recommended by international and national experts. The NHSGGC Mental Health & Wellbeing Action Plan 2020-22 considers the longer-term staff mental health and wellbeing needs in response to the COVID-19 pandemic and outlines the planned approaches to support and intervene. The tiered model is aligned to all key principles and wider strategies of NHS GGC.
6. Key priorities for 2021 – 22 have been agreed and the provision of a Peer Support Framework is highlighted for this year. The proposed model, competency framework, training programme and organisational support will result in all staff within Greater Glasgow and Clyde having access to peer support. This sustainable programme forms a significant part of the Board's staff support strategy reflecting cultural and organisational support for staffs' health and wellbeing.
7. The first phase of the Peer Support Framework is the publication of an online module "[Introduction to Psychological Wellbeing](#)". All staff are encouraged to undertake this module. The module is available on Learnpro.
8. West Dunbartonshire Council also ran a series of **wellbeing webinars** which were

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

9. Staff have been and continue to be encouraged to use their Annual Leave Allowance and managers have been reminded of the importance of encouraging staff to fully utilise their leave in order to maintain a healthy work life balance and rest sufficiently.
10. Whilst the Scottish Government directed all Boards to offer NHS staff the opportunity to be paid for unused leave, there were only a small number of staff who asked for this. This means that those staff who carried over leave will have a backlog of unused leave to take. We will continue to support and encourage staff to utilise their full leave entitlement.
11. 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.
12. Non COVID-19 Absence levels within the HSCP have on the whole remained lower than when compared to the same period before the pandemic for both NHS and WDC staff, however in the last year WDC absence particularly in our Care at Home Service has risen. Whilst this is not entirely unexpected, work is ongoing to provide targeted HR interventions at appropriate times to ensure staff and managers receive appropriate levels of support.

4.6 National and Partner Organisation Wellbeing Initiatives

1. **The National Wellbeing Hub** which can be found at <https://www.promis.scot> has been heavily promoted within the HSCP via Chief Officer Updates, Joint Staff Forums etc. Promotion of this service will continue. In particular, staff have been and will continue to be encouraged to contact **The National Wellbeing Helpline (0800 111 4191)**. This is available 24 hours a day, seven days a week and is resourced by trained practitioners at NHS 24. This helpline offers callers a compassionate and empathic listening service based on the principles of psychological first aid, as well as advice, signposting and onward referral to local services if required.
2. **Coaching for Wellbeing** has also been heavily promoted to staff and will continue to be promoted. This is a service designed to support staff with any of the issues they may be facing during these challenging times. Staff are offered 2 hours of individual online coaching which includes support in building resilience and helping individuals to take action to improve their wellbeing. Where appropriate, staff can also explore how to lead and support others who may be struggling. Further information can be found at <https://www.promis.scot/wp-content/uploads/2020/12/Coaching-for-Wellbeing-Information-Pack.pdf>

4.7 Measuring the Effectiveness of Support Mechanisms

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

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

4.8 In work poverty

1. Employment remains the best route out of poverty. However, we know that some people in poverty live in households where someone is in paid employment and the proportion of people in poverty who are living in working households has increased over time.
2. Working parents' ability to increase working hours is often dependent on the availability of flexible working and childcare, the affordability of which can often be constrained by the conditions of Universal Credit.
3. Around two thirds of working adults living in poverty are paid below the real living wage. This has been addressed within NHSGGC who are an accredited Living Wage employer and West Dunbartonshire Council who are not accredited but pay above the national living wage which is currently £9.50 per hour.

4.9 National Living Wage

1. NHS GG&C is an accredited Living Wage Employer. Whilst WDC is not accredited they do not employ anyone below the national living wage. This means that all staff within West Dunbartonshire HSCP receive at least the minimum hourly wage which will rise each year to match future rises.
2. Benefits of the National Living Wage include staff feeling more valued and with less chance of them having to juggle multiple jobs and reduced attrition and lower recruitment costs as staff who are fairly compensated are less likely to leave. Lower turnover means lower recruitment, training and admin costs.
3. In previous generations, employees would stay with an employer for decades whereas the incoming workforce increasingly recognise the power of choice and consider how an organisation can help them grow personally and professionally. Paying the National Living Wage has a positive impact on employee relations and an organisations credibility.
4. A recruitment and retention of working group has been implemented to take forward element of our local strategic plan in conjunction with staff representatives and Trade Union Colleagues. The 'Setting the Bar' report regarding the social work workforce is being further considered in this forum and local implications for workforce

4.10 Workforce Development, Learning and Collaboration

1. 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 and 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 work place
 - recognises where people are informed by trauma and adversity
 - responds in way that prevents further harm
 - supports recovery
 - and can address inequalities and improve life chance
 - and is informed by lived experience
2. 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.

4.11 Adverse Childhood Experiences (ACEs)

1. The West Dunbartonshire Adverse Childhood Experiences (ACEs) Programme continues to address childhood adversity and trauma across the life course. The Programme supports workforce development and development of a Nurtured Strategy.
2. In 2020-21, ACEs workforce development activities moved online. Since the re-launch of West Dunbartonshire's ACEs Hub as a strength-based 'Resilience' Hub in February 2020, membership has remained at around 400. The Hub, which is a community of practice, includes staff working across the Council, HSCP and third sector. The first virtual Resilience Hub meeting was held in March 2021 with 70 local staff attending.
3. The ACEs documentary film, 'Resilience: The Biology of Stress and the Science of Hope' continues to be a key resource to increase ACEs awareness among the local workforce. The film was shown online in December 2020 with 60 people attending and participating in the post-film panel discussion. This brings the cumulative total to 1060 staff who have seen the film since 2018.
4. Planning is underway to look at implementing the national Trauma Training Plan locally, supplemented by the range of national training material in both a targeted and universal approach. This is being coordinated by the local Trauma Champion alongside local trauma-informed leaders in services including Justice, Education and HR. They are working collectively to implement the six elements of the Improvement Service and Scottish Government Trauma-Informed Approach to Scotland's Covid-19 Recovery, Renewal and Transformation via a reformed ACEs/Trauma Reference Network.
5. The West Dunbartonshire Adversity, Trauma and Resilience Programme aims to prevent childhood adversity and trauma and to mitigate the effects across the 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](#). Our local Resilience HUB meetings, Resilience FILM viewings and Trauma Training plans support the development of a trauma-informed workforce.

6. **WD Resilience HUB:** This is a community of practice with over 400 people. We held two online meetings in 2021/22. The theme for the first one 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. 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.
7. **Resilience FILM:** This documentary film about Adverse Childhood Experiences (ACEs) is a key resource to increase ACE awareness among the workforce. Two online viewings were held in 2021/22, bringing the total number who have seen the film to approximately 1200. The evaluation showed that staff knowledge of ACEs improved from 7.1 to 9.0 and 6.1 to 7.8, out of 10. One person commented *"It is a reminder that positive outcomes can be achieved despite significant ACEs"*.
8. **Implementation of the national Trauma Training Programme locally:** 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.
See the following link for a visual representation of the work outlined above which can be broken down to a specific section is required.
<https://create.piktochart.com/output/59304726-final-annual-report-2021-22-aces-trauma-programme-copy>
9. Recently all social care staff undertook "just enough support" training to help them in the implementation of the My Life Assessment tool. All staff are fully trained on Children Affected by Parental Substance Misuse (CAPSM) and the guidelines that are specific to Addiction staff. The Parental Capacity, Strengths and Supports assessment that was co-produced with children services colleagues has now been fully implemented and embedded into the practice of all the health and social care staff. The assessment indicates the well-being indicators and focuses on the adult service user's strengths and achievements as well as pressures and areas for improvement in their child's well-being. In addition several staff members have now completed the MARAC and MAPPA awareness training.
10. This has now been fully embedded in our person centre assessment and planning of care. Addiction services are experiencing a higher than normal turnover of staff and sickness rate in relation to the pandemic. However West Dunbartonshire Addiction Services (WDAS) have remained fully operational during the pandemic in spite of the challenges. Our Workforce model needs to be realigned to incorporate new challenges in 2022.

4.12 National Guidance

1. National Guidance for Child Protection in Scotland was published in 2021. The Guidance integrates child protection within the Getting it right for every child (GIRFEC) continuum and wider strategic landscape, including incorporation of the United Nations Convention on the Rights of the Child (UNCRC) and The Promise.
2. It sets out responsibilities and expectations of everyone who works with children, young people and their families in Scotland and describes how agencies should work together to protect children from abuse, neglect, exploitation and violence.
3. The Guidance builds on evidence and well established single and multi-agency practice, however, there are key changes of note:
Integration of the previously separate Child Protection Guidance for Health Professionals (2013) - the "Pink Book", underlining the multi-agency nature of child protection

4. Further clarification of the role, function and contribution of Health Boards, professionals, designated staff and services for child protection to support discharging their responsibilities safely, both individually and collectively;
5. A 'child' defined as being a child or young person up to the age of 18 years, where appropriate, in line with UNCRC. The legal situation with regard to young people aged 16 and 17 years is summarised;
6. The criticality of multi-agency collaboration and Interagency Referral Discussions (IRDs) is outlined where there is risk of significant harm; and the importance of continuity and consistency across organisational and sector boundaries is emphasised. Implementation is across 2 years, commencing September 2021.
7. There is an incentive within the Guidance to share best practice and procedures across Scotland, albeit recognising that individual regions and authorities currently have some variation. West of Scotland Child Protection procedures already exist (aligned with the 2014 Guidance) and although they are in place in West Dunbartonshire, they are no longer universally used across the West of Scotland consortium, partly due to having lost their online platform and partly because they now require a significant refresh. At the West of Scotland Chairs and Lead officers meeting in December 2021, it was concluded that the majority of areas no longer wished to progress with a refresh of the West of Scotland procedures. West Dunbartonshire CPC agreed in March 2022 that until the 2021 Guidance is implemented, Partners will continue to follow the West of Scotland procedures.
8. In addition, it was agreed West Dunbartonshire would form a smaller group of West of Scotland CPCs to commission an individual to update all multi-agency child protection policies/procedures/ protocols. This is currently being progress and will be available early 2023.
9. As the workforce further adapts to more sustained models of hybrid working it is important that the required collaboration, support and 'good conversations' are taking place to support staff wellbeing as well as provide effective leadership.
It is clear that the impact on workforce both interim of staffing vacancies and diminished opportunities for learning and development has had a degree of impact on staff wellbeing and opportunities to ensure learning is maintained and effectively supported. Within year one as chief social worker the development and learning opportunities for staff is a key priority and this year has seen opening up of face to face learning opportunities and a rest- set of our training priorities. Opportunities for social work staff to come together as a professional group are important in a diverse and complex organisational landscape to maintain and support both professional identity and learning.
10. As chief social work officer establishing social work governance forums for all social work staff firstly across adult services has provided invaluable in giving time and opportunity for reflective practice discussion and to raise directly matters that require further attention or review. Staff coming together for learning opportunities in 2022 recognised it was the first opportunity in over 2 years many had experience to learn together as a group with arguably richer conversations. Leadership is key throughout social work service services but across-adult and children service partnerships with common vision goals and aspirations.
The work force priorities are clear and we need to drive forward out workforce strategy to support local recruitment and retention of staff with wellbeing and trauma informed practice at its core to achieve transformational and fit for the future services.

Lesley James
Chief Social Work Officer
Head of Children's Health, Care and Justice
September 2022

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Report by Sylvia Chatfield, Head of Service
Mental Health, Learning Disability & Addictions****15 November 2022**

Subject: Dementia Strategy Update**1. Purpose**

- 1.1** To provide an update on progress of West Dunbartonshire HSCP Dementia steering group Dementia strategy implementation.

2. Recommendations

- 2.1** Update for noting.

3. Background

- 3.1** The Dementia Strategy 20017-2020 is the third National Dementia Strategy. The focus is on diagnosis; end of life care; workforce development, data, information and research. A person centred and flexible approach to providing support is advocated at all stages of the care journey. A new national dementia strategy is expected in 2023.
- 3.2** West Dunbartonshire HSCP continues to support NHS GG&Cs Older People Mental Health Strategy with a focus on developing community services that support people to live well with Dementia, and other conditions, in community settings.

4. Main Issues

- 4.1** West Dunbartonshire HSCPs Dementia Strategy Steering group have agreed a number of priorities as detailed below. Details of how these priorities have been progressed are detailed further in the report.
- 4.1.1** Maximise opportunities to promote informed views of dementia care and encourage Dementia Friendly Communities across West Dunbartonshire.
- 4.1.2** Embed timely and person-centred assessment, diagnosis and support across care settings and ensuring Post Diagnostic Support (PDS) across all health and social care provision.
- 4.1.3** Provide supportive home environments, using, aids, adaptations and assistive technology to maintain independence and quality of life.
- 4.1.4** Build staff skills and knowledge

- 4.1.5 Support carers of people living with dementia based on the carers identified needs.
- 4.1.6 Protect people living with dementia and their carers from all aspects of harm.
- 4.1.7 Support and promote best practice in end of life care based on the wishes of the person living with dementia.

5. Progress to Date

5.1 Maximise opportunities to promote informed views of dementia care and encourage Dementia Friendly Communities across West Dunbartonshire.

- 5.1.1 Funding was agreed in July 2021 for WDHSCP Health Improvement Team to raise public awareness of Dementia via WD Dementia "Early Signs and Symptoms" Communication Awareness Campaign 2021-2023. This included the design and distribution of a Dementia Risk Factor Poster based on the Lancet Commission's Dementia Prevention 12 modifiable risk factors across community settings.
- 5.1.2 A West Dunbartonshire Dementia Roadmap website was commissioned. This will provide information and support covering all stages of an individual's dementia journey.
- 5.1.3 We have negotiated with Brain Health Scotland to establish an inequalities focused dementia prevention risk stratification programme, to be located within the Alzheimer's Scotland Clydebank centre. This programme is based on the FINGER (Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability) approach and is delivered through a multi-agency approach. This programme will be the first of its kind in Scotland.
- 5.1.4 We are in negotiations with the Royal National Institute for the Deaf to localise their national healthy hearing campaign resources and materials, which is part of the Scottish Governments review of national audiology services.
- 5.1.5 Funding was agreed in August 2021 to re-establish Dementia Friendly West Dunbartonshire programme. Community Volunteer Service and partners have delivered refreshed Dementia awareness sessions to West Dunbartonshire community groups and businesses. They have also established a network of Dementia Awareness trainers. A Dementia Hints and Tips leaflet was printed and distributed during 2022. West Dunbartonshire Community Volunteer Service website was updated and the dementia friendly page refreshed with links to the resources page. A Twitter account has been refreshed commencing 1st August 2022. Recruitment of two champion volunteers. The service continues to provide dedicated health walks to ensure they are progressing to dementia friendly health status.

A Power of Attorney information page launched on West Dunbartonshire Council website and West Dunbartonshire HSCP website to raise awareness of the importance of Power of Attorney, and where to access support and information. This includes financial support for eligible applicants.

- 5.1.6 We are working with West Dunbartonshire Carers and Citizens Advice Scotland to consider how to increase Power of Attorney uptake within West Dunbartonshire.

5.2 Embed timely and person-centred assessment, diagnosis and support across care settings and ensuring Post Diagnostic Support (PDS) across all health and social care provision.

- 5.2.1 Through Action 15 Mental Health Strategy funding we have created an additional post, that of the Mental Health Physical Care Nurse. This has delivered an annual review for people on anti-psychotic medication within West Dunbartonshire Residential Care Homes.
- 5.2.2 We have introduced Wellbeing Mental Health Nurses within GP practices that support early diagnosis for people with dementia.
- 5.2.3 Development of a Consultant Psychologist post within our Older People Mental Health Services will support meeting the psychological assessment and treatment requirements of our inpatients.
- 5.2.4 Recruitment of an additional two (whole time equivalent) Post Diagnostic Support Workers for West Dunbartonshire.
- 5.2.5 Following assessment Community Older People's team provide help re: Independent Living, Mobility, Care at Home, Day-care, Exercise Programmes, Nursing Care, Respite/Short Breaks, Falls Prevention, Arranging packages of care and community alarms and Healthy Living.

5.3 Provide supportive home environments, using, aids, adaptations and assistive technology to maintain independence and quality of life.

- 5.3.1 Two Occupational Therapists are now co-located in Housing Services. This supports Technology Enabled Care within Older People Services.

5.4 Build staff skills and knowledge

- 5.4.1 Learning Disability Staff have attended NES Learning Disability and Dementia Masterclass event which included early screening tools for assessment which can be used by families and care providers.
- 5.4.2 All staff in Older People registered services have completed Dementia Awareness Training through NES.

- 5.4.3 Independent Care Home Managers and Deputies have completed advanced training. Workbooks from NES are used to train staff and recorded in house.
- 5.4.4 Learning Disability Services staff completed Learning Disability and Dementia masterclass training.

5.5 Support carers of people living with dementia based on the carers identified needs.

- 5.5.1 Additional funded Carers Support Worker based in Carers of West Dunbartonshire to provide Information and support for carers of people living with dementia within the PDS pathway and in particular respite/short break options.
- 5.5.2 A Community Well-being fund and partnership initiative with the Leisure Trust has enabled the purchase of Leisure passes for up to 120 carers. A Support Group was re-established for carers of people with dementia.
- 5.5.3 Carer support requirements are recorded in Adult Carer Support Plans.
- 5.5.4 The Dementia Strategy co-ordinator held carer conversations to identify experiences of current services. We learned that people are confused over the multitude of different services and agencies providing their care and support.
- 5.5.5 Carers of West Dunbartonshire, Short Breaks Co-ordinator post (dementia focused) has provided 45 carers of people with dementia a short break from caring over the past 6 months.

Partnership with the Leisure Trust and Carers of West Dunbartonshire provides a free 12 month pass to all West Dunbartonshire leisure facilities to carers. This is funded by the Community Mental Health and Well Being fund. West Dunbartonshire carer support groups.

5.6 Protect people living with dementia and their carers from all aspects of harm

- 5.6.1 The Herbert Protocol launched in West Dunbartonshire in August 2021. This was promoted via Carers of West Dunbartonshire, West Dunbartonshire Council Internet and West Dunbartonshire HSCP website. Paper formats are also available.
- 5.6.2 Police Scotland in partnership with West Dunbartonshire Community Volunteer Service were successful in securing funding for call blockers that can be installed on landline telephones for people living with dementia to prevent scam calls. This has been launched.

- 5.6.3 West Dunbartonshire Council Trading Standards set up safer community's scheme to alert vulnerable residents who are registered by text/Email alerts if bogus workmen or suspicious cold callers are known to be in the locality.
- 5.6.4 "No cold callers" door stickers available for all residents which act as a deterrent to salespersons or tradespersons turning up at doors uninvited with a view to selling goods or services. These are available at selected libraries or can be posted out by emailing trading_standards@west-dunbarton.gov.uk
- 5.6.5 Operation of a trusted trader scheme in conjunction with other Trading Standards Authorities affords residents greater assurance when choosing a tradesperson for home or garden improvements.
<https://www.trustedtrader.scot/WestDunbartonshire/>
- 5.7 **Support and promote best practice in end of life care based on the wishes of the person living with dementia.**
- 5.7.1 We have developed an End of Life Care Group to support best practice in supporting end of life care.

6. Next steps

There is substantial work underway and still to be progressed including;

- 6.1 Ongoing prevention awareness raising activities where a campaign calendar is being developed.
- 6.2 We will establish our local inequalities focused risk stratification programme development group.
- 6.3 Ensure that baseline dementia assessments is undertaken for all adults with Down Syndrome when they reach thirty years of age.
- 6.4 To better understand barriers to provision of support and map existing services
- 6.5 A Post Diagnostic Development event is arranged for December 2022 for HSCP staff, partners and stakeholders. Referral routes and pathways will be reviewed to ensure consistency with the Quality Improvement Framework for Dementia PDS in Scotland. With the development of a West Dunbartonshire Post Diagnostic Support booklet print and distribution.
- 6.6 Develop closer connections with local housing colleagues.
- 6.7 A range of training developments and options to support this work and to a range of staff.

6.8 Review and strengthen pathways between Community Older People's Team and Older Adults and Mental Health. Better understand and use of data to inform service improvement.

6.9 Development and production of a local Dementia information pack to be issued to people newly diagnosed with dementia containing guide to pathways and who is who.

7. Options Appraisal

7.1 Not required.

8. People Implications

8.1 NHS GG&C Older People Mental Health strategy will require public communications plan

9. Financial and Procurement Implications

9.1 There are no direct financial implications arising from this report.

10. Risk Analysis

10.1 Failure to effectively implement the dementia strategy could lead to poor quality of care and poorer outcomes for service users and their families. There would also be reputational risk to the organisations.

11. Equalities Impact Assessment (EIA)

11.1 Any subsequent changes in services will require EQIA

12. Environmental Sustainability

12.1 No direct environmental impact.

13. Consultation

13.1 NHS GG&C Older People Mental Health strategy will require public communications plan

14. Strategic Assessment

14.1 This work is in line with the HSCPs 5 key strategic priorities: early intervention; access; resilience; assets and inequalities. It also aligns the HSCP to the Scottish Government Dementia Strategy.

15. Directions

15.1 No directions required

Name: Fraser Downie

Designation: Integrated Operations Manager

Date: 12 October 2022

Person to Contact: Fraser Downie
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Appendices: None

Background Papers: None

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

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

15 November 2022

Subject: Development and Engagement regarding HSCP Strategic Plan 2023-2026

1. Purpose

- 1.1** To update the HSCP Board on active and proposed engagement and to seek the Board's comments on the draft HSCP Strategic Plan 2023-2026

2. Recommendations

It is recommended the HSCP Board:

- 2.1** Notes the work undertaken to develop an initial draft of the Strategic Plan
- 2.2** Notes the work currently underway to engage with stakeholders regarding the Strategic Plan
- 2.3** Approves the proposed timeline for progressing the Strategic Plan through respective governance and oversight bodies
- 2.4** Provides comment on the initial draft of the Strategic Plan

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act"), places a number of duties on Integration Authorities in relation to strategic planning. A key principle of the strategic planning process is that it should be equitable and transparent, and therefore open to influence from all stakeholders via an on-going dialogue with people who use services, their carers and providers. Integration Authorities are required by law to review their Plans at least every three years however exceptions can be made under extenuating circumstances.
- 3.2** Such extenuating circumstances – including but not limited to the COVID-19

pandemic and the remobilization effort, the outcome of the Independent Review of Adult Social Care and the consultation on the National Care Service, alongside diminished capacity within the system – all combined to provide extenuating circumstances which were considered by the HSCP Board at its November 2021 meeting. At this meeting, the HSCP Board heard that the HSCP Strategic Plan 2019-2022 was to come to its natural conclusion in March 2022 and opted, like a number of other Integration Authorities across Scotland, to defer production of a new Strategic Plan by one year.

- 3.3** At its November 2021 meeting, the HSCP Board was apprised of the intended approach to engagement regarding the development of the Strategic Plan 2023-2026. This paper is provided to update the Board on engagement undertaken to date, engagement currently underway and plans for future engagement as the Strategic Plan is developed and shaped by stakeholders ahead of its planned publication in April 2023. A copy of the first draft of the plan is provided as Appendix 1.

4. Main Issues

- 4.1** As a minimum expectation in preparing and reviewing a Strategic Plan, Integration Authorities are required to consider and develop a plan which, as much as possible, fulfils the requirements set out in the Strategic Commissioning Plans: Guidance ([2015](#)) document. The development of the draft Strategic Plan 2023-2026 was undertaken with this guidance in mind.

- 4.2** Example of how cognisance of the guidance has been taken and actioned include how the plan:

- Reflects the 12 integration principles and has woven these throughout
- Identifies four broad strategic outcomes which focus on equality, sustainability, care, and health and relate directly to the Scottish Government's nine National Health and Wellbeing Outcomes (see 'Strategic Outcomes' section of the plan)
- Takes account of and actively complements other strategic plans including but not limited to the current and developing Local Authority strategic plan; NHS GGC's Moving Forward Together; Public Health Scotland's Where Everybody Thrives; Scottish Government's Housing Strategy and WDC's Local Housing Strategy; The Promise; and Scotland's Digital Health and Care Strategy (see 'Strategic Landscape' section of the plan)
- Has been developed with input from the WD HSCP Strategic Planning Group (SPG: more detail below)
- Is being consulted on broadly to reflect the views of those across the health and social care system, including service users, patients and their carers (see stakeholders involved in consultation below)
- Is being consulted upon in a way that allows decisions to be taken on

a locality basis, reflecting, where they exist, any differences between localities within an Integration Authorities geographic location (survey designed to capture locality of respondents)

- 4.3** Ahead of preparing the review of the Strategic Plan, the HSCP embarked on a series of activity to ensure it was well placed to develop a robust and evidence informed plan. This activity included engaging Healthcare Improvement Scotland to work with the SPG on good practice in strategic planning. These sessions supported the SPG to describe initial thoughts not only on what ought to feature in the plan but also how the plan ought to be developed. One of the clear messages from the SPG was that significant onus should be placed on broad engagement, ensuring a varied audience has the opportunity to participate in shaping the 2023-2026 plan.
- 4.4** The three workshops with Healthcare Improvement Scotland and the messages developed from these were bolstered by the engagement work described to the Board in June 2021 (Item 7) on engagement with service users and citizens on their experiences. This work was undertaken to ensure that when the plan reached consultation, citizen's voices and the themes of what matters to them would be identifiable within the draft.
- 4.5** In further fulfilling the requirements of the Guidance referred to above in development of the Strategic Plan, it has been important to ensure the plan has received evidence informed input from a range of stakeholders. The guidance above encourages Integration Authorities to undertake a Strategic Needs Assessment (SNA). West Dunbartonshire HSCP's SNA has been the key source of evidence of needs across the area and was consulted upon widely with a view to informing the Strategic Plan. A copy of the SNA and a summary version is available [here](#) and [here](#) respectively.
- 4.6** The SNA is the result of the extensive work of the HSCP Health Improvement Team (HIT) drawing on local and national data and from working in partnership with a range of local and national partners, including Public Health Scotland and draws on contemporary data on health profiles from the Scottish Public Health Observatory and the burden of disease (BoD) across West Dunbartonshire.
- 4.7** To ensure broad input was received and that this input was able to draw upon professional experience as well as quantitative data relating to health and wellbeing in West Dunbartonshire, a series of 8 workshop sessions took place across April and May 2022. These sessions included a member of the HIT involved in the preparation of the SNA providing an overview of the data before then having a facilitated discussion on what had been presented. Two key questions asked by the facilitator at these sessions included, "What must change for our citizens as a consequence of the SNA?" and, "What should be the key priorities within the next Strategic Plan?"

- 4.8** Almost 60 participants took part in these sessions and saw wide representation from various roles and of varying levels of seniority across the organisation including: Allied Health Professionals, Social Workers, Nursing staff, General Practitioners, Clinical Directors, Housing staff, Administration Staff, HSCP Senior Managers and Integrated Operations Managers and more. The HSCP Locality Groups were also involved in these sessions with a workshop facilitated for each of them.
- 4.9** The extensive feedback received from participants in these sessions was documented, analysed and themed in a way that allowed feedback to shape the 2023-2026 Strategic Plan. Key themes which have gone on to be reflected in the plan include but are not limited to: more effectively targeting inequalities in health outcomes and better understanding and responding to women's health needs; better communication across the HSCP and greater role clarification; more effective multi-disciplinary working; influencing the wider system that affects health and social care and promoting a more preventative approach, including the prevention and subsequent management of long-term conditions; innovative approaches to supporting people experiencing poverty and related consequences; taking trauma informed approaches to interventions and systems; workforce development and compassionate leadership.
- 4.10** The accumulative effect of the above has provided a solid foundation for the first draft of the Strategic Plan 2023-2026 and ongoing consultation which will help inform and shape it further. One of the key ways the plan will be further influenced is through the survey currently underway (10th – 23rd Oct). The survey consults on the strength of agreement on certain aspects of the draft, on the strategic outcomes and vision for example, however, a critical question which will undoubtedly affect the plan is "What matters most to you about health and social care services in West Dunbartonshire at this time?"
- 4.11** The survey has been circulated to and via the following groups with each prospective participant asked to circulate the survey further:
- All HSCP staff via email
 - HSCP Senior Management Team
 - General public via WDC social media channels
 - Carers Development Group
 - 1600+ carers registered with CWD
 - Planning lead in WDC (for response and distribution)
 - Planning lead in NHS (for response and distribution)
 - All 3rd sector orgs registered with TSI
 - Locality forums via Chairs
 - All GPs and Practice Managers
 - Locality Engagement Networks

- 4.12** The process of soliciting, eliciting, analysing and enacting feedback will be iterative over the period until the plan is submitted to the HSCP Board for approval in March 2023. It is important to note that some of the consultation described above / below will take place concurrently while some will be consecutive. The proposed process is provided to the HSCP Board for approval in Appendix 2.
- 4.13** Appendix 2 notes how the Plan will be developed following initial consultation, building on the pre-consultation work described above and at previous HSCP Board Meetings, and will receive comment from the HSCP Board and SPG before being revised further to produce a final draft which will be resubmitted to the SPG before submission to the HSCP Board for approval in March 2023. In addition, and to facilitate closer and further collaboration, the Plan will be submitted to WDC's Performance and Monitoring Review Group, and NHSGGC's Corporate Management Team, and NHSGGC's Finance and Planning and Performance fora for comment.
- 4.14** The process in the lead-in to publication of the Plan is admittedly congested inasmuch as the aspiration to facilitate collaboration via submission of the Plan through various governance systems represents a challenge. However, with the HSCP Board's approval, there is confidence that the process will produce an evidence informed planned, shaped by stakeholders including both the Local Authority and Health Board as funders, to ensure sound strategic direction for the HSCP Board for the next three years.

5. Options Appraisal

Not applicable

6. People Implications

- 6.1** There are no specific personnel issues to be considered at this time. However, the plan clearly notes the challenges faced by the HSCP Board and the prospect of difficult decisions requiring to be made in relation to workforce. Any and all proposals will be submitted to the HSCP Board at the appropriate time as and when these decisions require to be taken and the people implications therein will be fully detailed.

7. Financial and Procurement Implications

- 7.1** As above, there are no immediate financial implications associated with this proposal as it addresses the consultation and proposed timeline for the preparation for the plan. However, when the Board is required to

consider approving the Strategic Plan 2023-2026 itself, there will be more detailed consideration of the financial implications therein.

8. Risk Analysis

- 8.1** Risks associated with this proposal are related to approval or non-approval of the process described in Appendix 2 and, consequently, the publication of the Plan in April 2023. In terms of the former, the risks relate to progressing with what is an admittedly congested timeline in order to produce a Plan for publication in April 2023. While confidence remains that this can be achieved in the timeline provided in Appendix 2, it is prudent to note the consequences if this were not delivered. In the event that the timeline and associated outcome(s) were not achieved, the Board would be required to write to Scottish Government explaining why it had failed to publish a Plan by the agreed date and provide the contingency plan in place intended to rectify this.
- 8.2** The risks associated with not approving the proposal regarding the timeline is similar to the above inasmuch as the publication of a Plan by April 2023 becomes exponentially less likely and the action described above would be required whereby the HSCP would require to articulate to Scottish Government its intentions to rectify the situation. In both cases it is likely that more time would be required and, contingent on the length of time agreed, a revised timeline would require to be devised.

9. Equalities Impact Assessment (EIA)

- 9.1** An EIA will be required for the Strategic Plan 2023-2026 when submitted to the HSCP Board in March 2023. To help consider equalities-related issues and more for this consultation phase of the preparation of the plan, a stakeholder analysis exercise was undertaken to help inform the most appropriate method for engaging with different stakeholder groups.
- 9.2** The stakeholder analysis approach is one promoted by the Consultation Institute and is widely used for these types of exercises. It encourages organisations to consider their stakeholders through the lens of influence and interest and supports decision making accordingly. It allows decisions to be taken in a way that acknowledges power differentials and can help increase the influence certain groups may experience. For example, service users and carers are often neglected when consulted with and a one-size-fits-all approach is oftentimes used but is insufficient. To this end, service users and carers will be engaged through a combination of survey and small (focus)group discussions to try and more authentically elicit their views and build on the already strong community voice in the plan.
- 9.3** The approach to stakeholder analysis allows decisions to be taken about the most effective and efficient way to engage with stakeholders; identifying those who require to be 'kept informed' through, for example,

email correspondence, while identifying those who need more assertive engagement, such as one-to-one discussion and meeting engagement. The output from the stakeholder analysis which outlines the stakeholder and intended engagement methodology is provided as Appendix 3.

10. Environmental Sustainability

Not applicable.

11. Consultation

- 11.1** In addition to seeking comment from the HSCP Board on the draft Strategic Plan, the intention of this paper is to describe the proposed, robust approach to consultation. Building on the pre-consultation activity reported above and to the HSCP Board in June and November 2021, the timeline for current and prospective consultation is provided in Appendix 2 and the output from the stakeholder analysis work is provided in Appendix 3 which describes the various stakeholders and intended engagement method.

12. Strategic Assessment

- 12.1** Given the inherent importance of the Strategic Plan 2023-2026 to the future of West Dunbartonshire HSCP, it is of critical strategic import that the plan is progressed in accordance with the timeline provided and consulted on as described above / in Appendices 2 and 3.
- 12.2** The Strategic Plan intends to set the strategic direction for the HSCP Board and the HSCP for the three years 2023-2026. As noted above, while the Plan describes the strategic intent and sets high level aspirations, the detail of how such intentions and aspirations will be realised require to be developed and described within the Delivery Plan. Work on the Delivery Plan is underway and will be presented alongside the Strategic Plan for consideration in due course.

13. Directions

- 13.1** There are no Directions for the Board at this time.

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Designation: Head of Strategy and Transformation

Date: 25/01/21

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Appendices: Appendix 1: Draft Strategic Plan 2023-2026

Appendix 2: Strategic Plan Preparation Timeline
Appendix 3: Stakeholder Analysis Output

Background Papers: HSCP Board Papers June 2021 and November 2021
WD HSCP Strategic Plan 2019-2022

Wards Affected: All Council Wards across West Dunbartonshire

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
STRATEGIC PLAN 2023 – 2026

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Our Strategic Plan At A Glance

OUR STRATEGIC OUTCOMES				
Caring Communities	Sustainable Communities	Equal Communities	Healthy Communities	
OUR STRATEGIC PRIORITIES				
<p>We will deliver better support to unpaid carers.</p> <p>We will undertake whole pathway reviews ensuring coordination and equity of access.</p> <p>We will empower our communities to be involved in planning and leading services locally.</p> <p>We will ensure staff are meaningfully engaged in self-evaluation and improvement activity.</p>	<p>We will work with people to maintain their independence at home and in their local community.</p> <p>We will focus on reablement.</p> <p>We will make the best use of technology enabled care.</p> <p>We will strengthen our vision and direction for adult and child protection.</p> <p>We will work with partners to expand the choice of specialist and particular needs housing.</p>	<p>Working in partnership we will drive down the prevalence of domestic abuse and provide those affected with the support they need.</p> <p>We believe that no death by suicide should be regarded as either acceptable or inevitable.</p> <p>We will support people to overcome the impact of the wider determinants of health.</p> <p>We will ensure equality is mainstreamed across our services.</p> <p>We will improve mental health and wellbeing.</p>	<p>We will address the preventable risk factors for poor physical and mental health including: obesity; smoking; the use of alcohol and drugs.</p> <p>We recognise the impact of Adverse Childhood Experiences (ACEs) and seek to reduce the incidents and impacts of all types of childhood adversity and trauma. We are committed to preventing ACEs and trauma and supporting negatively affected children, young people and adults.</p>	
OUR ENABLING PRIORITIES				
Workforce	Finance	Technology	Partnerships	Infrastructure
Develop and implement our Workforce Plan, focusing on recruitment, retention, training, staff health and wellbeing.	Refresh our Medium Term Financial Plan on an annual basis.	Develop and implement a project plan for the	Continue to take a proactive and positive role	Develop and implement an

<p>Undertake workforce modelling to inform ICT needs, balanced against a blend of office-based, hybrid and home working.</p> <p>Develop more innovative ways to promote West Dunbartonshire HSCP as an employer of choice.</p>	<p>Report on financial performance on a regular basis to the HSCP Board and the Audit and Performance Committee.</p> <p>Support budget holders to achieve best value in service delivery.</p>	<p>replacement of the Carefirst System.</p> <p>Renew our focus on the provision of good data which enables services to monitor and deliver effective and efficient services.</p> <p>Support the implementation of appropriate technology based improvements including the federation of NHS and Council systems.</p> <p>In partnership with the SDS Team expand the use of Technology Enabled Care throughout West Dunbartonshire.</p> <p>Explore ways to assist access to digital systems and promote automation.</p> <p>Develop and deliver the Analogue to Digital Implementation Plan.</p>	<p>within community planning structures.</p> <p>Review and implement our Participation and Engagement Strategy.</p> <p>Transform our commissioning approach focusing on social care market stability.</p> <p>Co-produce services with service users around their needs.</p> <p>Develop and implement clear communication plans to keep communities informed and engaged.</p>	<p>HSCP Transport Policy.</p> <p>Working with Council and NHS colleagues develop a property strategy for West Dunbartonshire.</p>
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Welcome

The West Dunbartonshire Health and Social Care Partnership (HSCP) Board are delighted to present our Strategic Plan for 2023 - 2026 and the associated delivery plan.

The last three years have been extremely challenging, but in many ways exceptionally rewarding, with staff and communities going above and beyond to care for service users and each other during one of the most challenging periods in recent history. The HSCP Board continues to be ambitious for our communities and our key focus remains the furtherance of integrated services by increasing access to community based health and social care services, shifting the balance of care from hospital to more homely settings and supporting our most vulnerable residents to lead healthy, happy and fulfilling lives.

The global Covid-19 pandemic has had a significant impact on our health and social care system, our staff and the communities across West Dunbartonshire. We continue to be humbled by the endeavours of our health and social care workforce and are extremely grateful to our communities, especially those unpaid carers, who have worked with us under difficult circumstances to respond to the challenges of the pandemic.

The next three years will be equally challenging, albeit in a different way. Alongside the impacts of the global pandemic, we have to plan for external factors such as the impact of climate change, housing and crucially the disproportionate impact of the cost of living crisis.

All these factors impact on health inequalities and this plan seeks to address these focusing on the role of the HSCP in building resilience to prevent ill health and enable the people of West Dunbartonshire to live healthy, happy and fulfilling lives.

This work is sent in a context of predicted additional demand, with little if any prospect that our resources will increase to match. Existing core budgets are already under significant pressure, the challenges in relation to the recruitment and retention of staff are well documented and have been acknowledged by Audit Scotland.

June 2022 saw the National Care Service (NCS) Scotland Bill laid before parliament. At the time of writing the details of the new governance arrangements are still to be developed. The HSCP is committed to working with the Scottish Government and will embrace every opportunity to shape the NCS, ensuring the voice of West Dunbartonshire is heard throughout the process through full engagement at a national level. It is expected that within the lifetime of this strategic plan a local transition plan will be developed with local partners, this will drive the implementation of the National Care Service once the Bill has received Royal Assent.

Although the NCS provides exciting opportunities it is important that the HSCP are not distracted from our strategic focus, and this plan is intended to provide the HSCP Board with a means of monitoring that.

West Dunbartonshire has already been visionary in its decision making with both the Council and the NHS going beyond the existing legislation and delegating children's services to the HSCP Board. We have provided the Scottish Government with examples of good practice which have been achieved within the current legislative framework and also opportunities for improvement. We are committed to continuing this conversation with the Scottish Government to exemplify what can be achieved when the principles of integration are fully embedded.

This Strategic Plan aims to detail the progress the HSCP Board have made in realising the aims of integration whilst outlining how we will transform and develop over the next three years. We continue to develop partnership working and seek to develop stronger links with statutory and other partners.

The HSCP is fully engaged in Community Planning West Dunbartonshire and has a leadership role in the delivery of the West Dunbartonshire Plan for Place – West Dunbartonshire’s Local Outcome Improvement Plan and NHS Greater Glasgow and Clyde’s Moving Forward Together plan which aims to deliver a modernised, health and social care system for Greater Glasgow and Clyde residents.

Who We Are

West Dunbartonshire Health and Social Care Partnership (HSCP) delivers children’s and adult’s community health and social care services, some of which are delivered with partners in other sectors. As well as our internal services such as Social Work, Community Nursing and Allied Health Professionals, the partnership “hosts” Greater Glasgow and Clyde wide services such as Musculoskeletal (MSK) services and Diabetic Retinopathy Screening. The Integrated Joint Board, known locally as the HSCP Board, governs and directs the work of the partnership.

Our Approach

Our approach to service delivery follows the national Integration Principles. We aim that our services:

Are Integrated From the Point of View of Service Users

We have already improved frailty services, integrating service delivery across West Dunbartonshire. This has resulted in frail older adults in West Dunbartonshire having shorter stays in hospital and being less likely to be re-admitted, with the Vale of Leven Hospital experiencing a drop in seven day re-admission rates from 6% to 2%, with 29% of patients who receive input from our Frailty Practitioner being discharged on the same day. We will continue to deliver on this principle by reviewing further whole pathways of service delivery including how residents access our services.

Take account of the particular needs of different service-users

We have introduced the My Life Assessment tool which aims to change the way individuals with care and support needs are assessed and supported by social work and social care services by refocussing interventions away from ‘need’ and deficits and towards resources and ‘strengths’.

Respect the Rights and Dignity of Service Users and takes account of the particular characteristics and circumstances of different service-users

We have developed and implemented our Equality Mainstreaming Framework 2020 – 2024 which aims to make access to all HSCP services more equitable, respecting and valuing the diversity of our service users in West Dunbartonshire and ensuring they are free from discrimination.

Be planned and led locally in a way which is engaged with the community and, takes account of the particular needs of service-users in different parts of the area in which the service is being provided

In Clydebank we have launched The Shaping Places for Wellbeing Programme. This is a delivery partnership between the Improvement Service and Public Health Scotland (PHS).

The overall ambition of the programme is to improve Clydebank's wellbeing and reduce inequalities. It aims to change our collective approaches to the places where we live, work and play. To deliver upstream preventative interventions that reduce the areas significant health inequalities while delivering on a range of national ambitions around Covid recovery and climate action. Promoting strong partnership working around data driven knowledge on inequality with citizen involvement to create systems change.

In 2023 we have provided a commitment to review and improve our Participation and Engagement Strategy. This will include reviewing the role of Local Engagement Networks across our two localities and the development of locality plans informed by, and delivered with, people living in these localities. We will report to the HSCP Board on the progress of this work to ensure our focus in on continued delivery.

Protects and Improves the Safety of Service Users

In July 2021 the HSCP was involved in a joint inspection of adult support and inspection. This inspection highlighted a number of strengths and, helpfully, a number of areas for improvement. Over recent months we have developed more robust arrangements to deliver our legal duty around Adult Support and Protection, including a new approach to the delivery of the duty service.

We will continue to develop and enhance arrangements in respect of public protection ensuring the most vulnerable within our communities are protected and kept safe. A significant theme throughout this strategic plan is the consideration of how services delivered to adults, children and families can come together to better consider the needs of the whole family in an early and preventative manner.

Improves The Quality of the Service

Our Clinical and Care Governance group is the system through which the HSCP works to monitor and improve the quality of the health and social care services we deliver. We work to ensure that we have a clear and consistent approach to clinical and care governance across West Dunbartonshire and each year publish an annual report [{insert link}](#).

Best Anticipates Needs and Prevents Them Arising

West Dunbartonshire's Community Link Workers Service which is provided within GP Practices is designed to support people to live well through strengthening connections between community resources and primary care.

This integrated approach to service delivery across community health and care, as well as third sector providers, aims to deliver effective and targeted specialist services to support safe, strong and involved communities. The service provides a person-centred service that is responsive to the needs and interests of the service user.

Makes The Best Use Of The Available Facilities, People And Other Resources

This plan outlines a number of key strategic enablers which have to be used effectively in able to deliver our strategic outcomes and priorities. These include our workforce, finance, technology, partnerships and infrastructure. We will ensure we deliver on each of our strategic priorities in away which ensures we achieve best value.

Our Achievements

Since the publication of our last Strategic Plan in 2019 West Dunbartonshire HSCP has worked hard to transform both services and the lives of our residents. Every year the HSCP Board has published an annual performance report [{insert links}](#), but here is a list of some of the achievements we are most proud of:

1. Continued promotion of child immunisations and breastfeeding by Health Visitors resulting in improved rates.
2. Working in partnership with Turning Point Scotland's Overdose Response Team as part of a range of measures to prevent drug misuse deaths.
3. Undertaking a review of our Special Needs in Pregnancy service.
4. 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.
5. Full rollout of a new strengths based My Life Assessment tool in line with eligibility criteria for social care support.
6. A series of 'What Matters To You?' conversations to help improve services for people with a learning disability.
7. The development and implementation of a new Self-Directed Support Policy.
8. Programmes of training delivered within Justice Services covering assessment tools and Trauma Informed Practice.
9. A local authority-wide community consultation capturing women's experiences of domestic abuse during the 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.
10. Development of a West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16 to 24 years (26 years for care experienced).
11. Sustained improvement in waiting times for referral to treatment for Child and Adolescent Mental Health Services.
12. An extremely positive first Care Inspectorate report for our new Queens Quay Care Home.

Our Learning

Over the last three years the HSCP Board and the HSCP have engaged in reflective practice, considering the valuable lessons learned through the global pandemic and, using the public sector improvement framework, have also proactively engaged in improvement planning to shape how we deliver services going forward.

The following are key lessons from those work streams.

To further improve how the HSCP engages with the local community to develop a common understanding of local needs and priorities. Although we have made clear our strategic intentions to work together with our communities, further work is required to ensure we do this effectively.

The development of a more effective partnership with the community will result in a greater sense of ownership and the delivery of services tailored to their needs.

Review the Workforce Strategy for the HSCP to ensure it addresses the following areas: recruitment and retention; the right skills mix; and plans in place to manage capacity. We recognise our most valuable asset is our dedicated and hardworking staff. Our staff have been challenged during the global pandemic and without fail continued to perform above and beyond their duties to ensure the safe delivery of critical services. We will review the workforce plan to ensure this acknowledges their professionalism, provides flexible yet robust career opportunities, considers their health and wellbeing and seeks parity of esteem for the social care workforce. This will ensure that the HSCP continues to have a highly skilled and motivated workforce.

Consider how the HSCP can further develop its use, interpretation and sharing of data to support effective decision making. We recognise that good data leads to strong decision making. Whilst accessing and sharing accurate and current data remains a challenge we will build on existing systems and processes and seek to improve the availability of data, ensuring this is used safely and securely, for the benefit of patients, service users and staff.

The HSCP Board have sought to positively engage with the Scottish Government at all stages of the development of the proposed National Care Service. It is recognised that the implementation of Local Care Boards and other legislative changes may impact on our governance arrangements. We have provided Government with a number of strong examples where integration has led to positive outcomes within West Dunbartonshire and it is our intention to build on these solid foundations, in partnership, in order to improve our overall service delivery.

We acknowledge the existing pressure on our resources and are committed to continuous improvement using our resources and infrastructure in a way which achieves best value and enables the delivery of effective and efficient services.

We seek to embrace the benefits of new technology, in service delivery, in supporting our staff to be able to do their job well, and in improving outcomes for the people of West Dunbartonshire. Where appropriate we will maximise the use of technology and will support those who do not have equity of access.

Our Vision, Mission and Values

The pandemic has shown us the value of working closely with partners and communities and this plan builds on our vision that

Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, they receive care and support that prioritises independence, control, choice and recovery.

We know we cannot achieve this vision on our own and we need to develop the principle that, working together, health and social care services should be firmly integrated around the needs of individuals, their carers and other family members. This includes understanding the wider impacts on health and social care and shaping and influencing them wherever possible. It doesn't mean doing everything ourselves: it means working together with the wider community to make the right things happen in the right way at the right time. Our mission statement explains our role in how we will meet these challenges, focusing everything we do on what matters

Improving Lives With The People of West Dunbartonshire

Working together as an integrated health and social care system means we must share a set of values for how we work. This means that everyone knows what to expect. These values are key to delivering our vision and align with the values of our partner organisations within NHS Greater Glasgow and Clyde and West Dunbartonshire Council:

Strengths Based and Person Centred

- We view everyone as individuals with strengths, assets, skills and talents.
- We avoid trying to fit people into a range of inflexible services. Instead, we focus on their strengths, assets and the outcomes they want to achieve.
- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support locally.
- We tackle inequality, working to make sure that everyone has the same access to and experience of excellent care and support.

Collaborative and Empowering

- We communicate openly and honestly, sharing information and listening to others.
- We make sure everyone can make informed decisions about their support and maintain an active role in their community.
- We collaborate with people and communities to make sure we're working together effectively, and we are committed to developing more ways to share power.
- We continue to value quality and teamwork supporting effective integration, particularly across health and social care, but also across the whole system.
- We support everyone who works to deliver health and social care services to be knowledgeable, informed, innovative and creative in their work.

Good Governance and Best Value

- Our services both in house and commissioned will deliver the right outcomes at the right cost, ensuring the optimal use of resources to achieve the intended outcomes. They will focus on person centred care and outcomes; be inclusive, well lead and promote a sustainable and diverse market.
- We will focus on the experience of our service users, building on what works and improving where required.
- Our decision making is clear, transparent, and inclusive (meaning everyone is involved). Decisions are made with the people they affect and as locally as possible.
- We will adopt a Human Rights approach, the principles of dignity, fairness, respect, and equality will be at the centre of all we do.
- We fully promote creative approaches to how people are supported. Aligning to the Scottish Standards for Service Design we will invest in innovation and improvement in order to provide support that works.
- We will give full consideration to the impact of our services on climate change and will work with our NHS and local authority partners to meet their sustainability goals.
- We promote best practice, commit to improving and meeting standards, and encourage evidence-based innovation across all health and social care services.

Working Together

We aspire that Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, they receive care and support that prioritises independence, control, choice and recovery.

The right home, in the right place, with the right connections is crucial. People are connected to communities that care, looking after one another, recognised and valued for who they are, so that they can focus on what matters to them. Family and friends, hobbies and interests, new experiences, work, volunteering, or learning — these are the connections that matter, that make people feel valued and keep them well.

When people do need help, West Dunbartonshire HSCP will strive to ensure that help builds on these connections and focusses on helping people to achieve their outcomes through personalised, person-led, accessible, and excellent quality support. Enabling people take control of their own health and which includes taking an active role in designing their support and listen to each other. When crisis happens, people are supported quickly and intensively to regain stability and control in their lives.

Young people with complex needs and their families are supported in the move from children's to adult social care. People have a good choice of excellent quality provision at every stage, tailored to their needs, in order to maintain and build their independence and recovery. Commissioning and Self Directed Support play an important role in enabling people to have choice and links with the third and independent sections are crucial in ensuring this happens.

Those that care for people are supported and valued, including unpaid carers, who are recognised for the invaluable role they play. Unpaid carers are recognised for their expertise and supported to make the right choices for them and their family.

Through our Work Force plan [\[insert link\]](#) we want to make sure that West Dunbartonshire HSCP is an employer of choice, recognised as a great place to have a career in health and social care. We strive to ensure our workforce is empowered to make decisions with the people they support. They are supported through excellent quality, ongoing professional development, innovative and creative practice and advancement opportunities.

We also want to ensure that everyone can live their lives well and live the end of their lives with dignity where they wish.

Working together we believe we can achieve these goals and want to encourage people to:

- Make the most of the opportunities within West Dunbartonshire to do things that make them happy, that connect them to their community. Stay connected by reaching out to friends, talking to a neighbour and participating in community events.
- Choose the right health care when they need it, which might be visiting their local pharmacist, the GP or looking after themselves through self-care at home.
- Take responsibility for their own health and wellbeing, assessing services in a timely manner, keeping healthy, active and safe, including managing emerging and existing conditions.

- Tell us if they care for a family member or relative and make sure they look after their own health and happiness as well as the person they are caring for.
- If they need our services, be honest with us about the things they love to do so we can help them to improve their life. Talk to us about what they need and tell us if we get it wrong. Take an active role in defining and influencing care and support.

By working together in this way, people will be able to take control of their lives, manage their conditions, and live with a sense of independence.

Our Case for Change

As part of the development of this Strategic Plan the HSCP undertook a comprehensive [Strategic Needs Assessment](#), this complemented an earlier piece of work focusing primarily on [Children's Services](#). Although the impact of Covid-19 is yet to fully reveal itself our forecasts indicate that the demand for health and social care services will increase over the coming years, budgets will decrease and more people will be living with multiple long term conditions.

If we are to achieve our ambition of caring for people in more homely settings, we need to increase the availability and accessibility of high quality community-based services, particularly for those with higher levels of need, and find more ways to keep people safe at home. Equally we need to ensure that people have choice and control over the services they receive, and it is important that services within the community which support prevention and early intervention are also easily accessible.

INSERT INFOGRAPHIC?

West Dunbartonshire has a decreasing and aging population. Between 2018 and 2028, the population of West Dunbartonshire is projected to decrease from 89,130 to 87,141. This is due to fewer babies being born each year and more people moving out of the area than moving in.

West Dunbartonshire has both a high percentage of lone parent families and lone parents who are not in employment. 50% of lone parents in West Dunbartonshire were not in employment, the third highest of all local authorities in Scotland. Children in lone parent families and non-working lone parent families are more likely to have lower mental wellbeing than those who are not in those categories. West Dunbartonshire is likely to have a high percentage of children, young people and parents who have a number of Adverse Childhood Experiences (ACES).

Life expectancy is lower than the Scottish average with those living in the most deprived communities spending, on average 24 years fewer in good health than those living in the least deprived areas. With those in the most deprived areas also dying younger, they spend more than one third of their lives in poor health.

Healthy life expectancy has decreased in West Dunbartonshire to 58.1 years for males and 58.5 for females. If all cancers were grouped together, cancer would be the leading cause of death in West Dunbartonshire, setting this aside, the leading cause of death for males in 2020 was ischaemic heart diseases (13.6% of all male deaths), followed by lung cancer (8.1%). The leading cause of death for females in 2020 was dementia and Alzheimer's disease (15.2% of all female deaths), followed by

ischaemic heart disease (8.3%).

Before the pandemic, one in five Scots were living in relative poverty after housing costs, including almost one in four children. West Dunbartonshire contains the third equal highest share of the most deprived data zones out of Scotland's 32 local authority areas. In 2019 29% of West Dunbartonshire residents were in fuel poverty, this is predicted to rise to 41% from April 2022. Child health and wellbeing is also affected by household income and the employment status of parents. 17.3% of children live in households in fuel poverty.

West Dunbartonshire has continued high rate of child poverty across the whole area (26%) with projections that this will rise to 33%. 22.6% of children live in low income families and there is a high eligibility for and uptake of free school meals (27.4% for primary 4-7 pupils) although the registration rate for secondary school pupils is on a downward trend. Almost half of the primary schools in West Dunbartonshire have rates of over 30% of pupils in Primary 4-7 registered for free school meals.

The total number of households in West Dunbartonshire is project to decline between 2023 and 2043, with 42% of those named as responsible for the accommodation being over the age of 60. By 2028 it is projected that 1 in 2.4 households will have a single adult with the number of single adult dwellings increasing since 2012 to an average of 41.1%. Since 2016 45.4% of children are living in homes that failed the Scottish Housing quality Standard (SHQS).

West Dunbartonshire has a rate of 23.7 per 1,000 school pupils assessed and/or declared as having a disability compared to the Scottish rate of 24.3 per 1,000 pupils. 26% of residents report having a lifelong time limiting condition (Scotland is 24%). Women are more likely to be disabled than men, with disabled women at greater risk of violence and abuse compared with both non-disabled people and disabled men. 458 Individuals with a learning disability are known to HSCP learning disability services, learning disability rates are above the Scottish average and these individuals have some of the poorest health outcomes of any group in Scotland.

In West Dunbartonshire 2,810 are people living with sight loss; 2,440 people with partial sight; 370 living with blindness; and 536 are registered blind or partially sighted. By 2030, there is expected to be 3,230 people in West Dunbartonshire living with sight loss, an increase of 15% from 2021.

Domestic Abuse rates in West Dunbartonshire are the second highest in Scotland, at 168 incidents per 1,000 population reported to Police Scotland. Children are adversely affected by domestic abuse with the average number of people involved per incident remaining at four (victim, perpetrator and two children).

The proportion of adults achieving the recommended levels of physical activity are similar in West Dunbartonshire (62%) to NHS GGC (63%) and equal to Scotland (62%), however West Dunbartonshire is ranked 8th lowest local authority for active travel (cycling/walking) across Scotland. This is also reflected in a decrease in the number of children walking to school. Positively, all schools in West Dunbartonshire engage with West Dunbartonshire Leisure Sports Development programmes and there has been an increase in Active Schools participation.

The proportion of adults that are overweight (including obese) is higher in West Dunbartonshire (71%) than NHS GGC (63%) and Scotland (65%). Historically, West Dunbartonshire has one of the highest rates of maternal obesity in Scotland at 26.3%. This is higher than Scotland average of 22.6%. However childhood obesity in primary one has steadily fallen since 2013/14, and in 2016/17 was 7.6%, statistically significantly 'better' than the national average of 10.4%.

Mental wellbeing is lower in West Dunbartonshire compared to both NHSGGC and Scotland, females have lower mental wellbeing than males.

Self-reported male alcohol consumption in West Dunbartonshire is 15.2 units which is higher than the Chief Medical Officer low risk guidelines of 14 units.

The prevalence of smoking is higher in West Dunbartonshire (17.5%) than NHSGGC (15.5%) and Scotland (16%).

Estimated drug use prevalence in West Dunbartonshire was 1.87%. This equates to an approximate 940 - 1,400 problem drug users. This is higher than 1.62% for Scotland as a whole and makes West Dunbartonshire the 7th worst local authority area in Scotland for problem drug use rates. Parental substance misuse has an adverse effect on children and young people and concerns related to alcohol, drug and substance misuse are frequently identified as causes for concern at case conferences of children who are on the child protection register.

West Dunbartonshire has 14.7% of S4 pupils reported drinking alcohol at least once a week. This is higher than Scotland at 11.5% and 4.1% of S4 pupil reporting using drugs monthly. The rate of drug related hospital stays in 11-25 year olds is increasing and is higher than the Scottish average. West Dunbartonshire also has 543 young people in prison per 100,000. This is the highest figure of any local authority in Scotland.

The prevalence rate of cancer in West Dunbartonshire (39.48) is higher than NHSGGC (35.6) and Scotland (37.9) as a whole.

Cancer is the top burden of disease, the disease burden is the impact of a health problem as measured by financial cost, mortality, morbidity, or other indicators. Cancer is ranked the top burden of disease within West Dunbartonshire with a projected 23.5% increase in males and 9.1% increase in females by 2030. The top three types of cancer prevalent in West Dunbartonshire are breast, prostate and colorectal.

Cardiovascular disease (Heart Disease, Stroke and Hypertension) is the second highest burden of disease. Rates of Coronary Heart Disease, Stroke and Hypertension are higher in West Dunbartonshire than in NHSGGC and in Scotland. Without considerable changes in risk factors, such as smoking, diet and physical inactivity, together with the population changes (ageing population) these compounding factors could result in a sizeable increase in cardiovascular disease.

Neurological disorders are the third highest burden of disease. 688 people within West Dunbartonshire are living with dementia. Within West Dunbartonshire there is projected increase for individuals diagnosed with dementia (16.3% by 2031).

Substance Use Disorders are the fourth highest burden of disease. Alcohol related hospital admissions for West Dunbartonshire (1,075.35 per 100,000) are higher than the Scottish average (673.27 per 100,000) and increasing. Nationally SIMD one and two experience 68% more admissions. Alcohol specific death rates are slowly decreasing in West Dunbartonshire (28.55 per 100,000) however are still higher than the Scottish average (20.4 per 100,000).

Drug related hospital admissions for West Dunbartonshire (284.15 per 100,000) are higher than the Scottish average (221.26 per 100,000) and rising. Drug related deaths are higher for West Dunbartonshire (35.66 per 100,000) than the Scottish average (25.44 per 100,000).

The rate of patients registered with depression is increasing year on year in West Dunbartonshire. Although the number of completed suicides in West Dunbartonshire has decreased from 24.41 (2007-2011) to 13.24 (2015-2019), suicide remains a significant issue in West Dunbartonshire.

Within West Dunbartonshire the rate of attendance at A&E (251.94 per 1,000 population) is higher for all age ranges compared to NHS GGC and Scotland (204.08 per 1,000) as a whole, with nearly three fifths (average 57%) of emergency admissions for adults aged under 65 years.

The rate of emergency readmissions within seven days of discharge is increasing in West Dunbartonshire.

Bed days associated with potentially preventable admissions have been consistently higher in West Dunbartonshire (114.65 days per 1,000 population) than NHS GGC and Scotland (82.27 days per 1,000 population) as a whole. In the March 2021 alone, 999 bed days were lost due to delayed discharge. The rate of delayed discharge for adults with incapacity was higher in West Dunbartonshire than NHS GGC and Scotland as a whole.

Falls related admissions for 65+ was lowest in 2020/21 since 2016/17.

Across Scotland, young carers were more likely to live in the most deprived SIMD deciles. In West Dunbartonshire: the majority of known adult unpaid carers are most likely to be female; adult unpaid carers are most likely to be aged between 45-64 years; reported adult carers needs include support to access services, financial and health and wellbeing support. During 2020/21, Carers of West Dunbartonshire supported 1,250 different carers and identified 263 new carers. 23.4% of the 145 young carers known to Y Sort It are aged 8 - 11 years.

Our Progress Against National Indicators

To be inserted, Annual Performance Report Appendix 4: HSCP Strategic Plan Key Performance Indicators

Our Strategic Landscape

The West Dunbartonshire Strategic Planning Group has considered the data supporting our case for change and through a series of partnership workshops. The strategic drivers identified from those workshops align with the key themes which define our strategic landscape both locally and nationally.

- To truly improve health and reduce inequalities, we need not only to provide high quality health and social care but to address the wider determinants of health which impact on inequity of access to health and social care service, these are rooted within the societal, economic, cultural, commercial, and environmental context across the communities within West Dunbartonshire.
- Ensure that health and social care across adult and children's services is person-centred, human rights based, and is seen as an investment in society.

- To improve the care and wellbeing of people in West Dunbartonshire by making best use of digital technologies in the design and delivery of services. This includes the maximisation of new technologies and the enhanced use of data to inform our planning.
- To develop a new model of health and social care, shifting the paradigm where practitioners service users and communities are full partners in efforts to achieve the triple aim of an improved service user experience of care (including quality and satisfaction), improved outcomes or health of populations, and a reduction in the per capita cost of healthcare.
- Using the National Standards for Community Engagement, place a greater emphasis on engaging local people in decision-making processes to ensure effective outcomes.
- Focus on Covid-19 recovery by embedding the urgency, flexibility and creativity that was so readily embraced during the pandemic, to tackling the inequality and disadvantage exposed by Covid.

The integration of health and social care was introduced via The Public Bodies (Joint Working) (Scotland) Act 2014. The aim of the Act is to integrate health and social care in Scotland, to improve services for people who use them. Integration aims to ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long term conditions and disabilities.

There are nine National Health and Wellbeing Outcomes which apply to integrated health and social care. These are shown below and everything in the West Dunbartonshire HSCP Strategic Plan is aimed at achieving these:

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

As part of striving to achieve these outcomes, we endeavour to link our policy and improvement work to current national and local strategies, plans and policies.

Public Health Scotland's Strategic Plan [Where Everybody Thrives](#) has a clear focus on four key priorities: Covid-19, mental wellbeing, communities and place, and poverty and children. They

represent complex, linked challenges that require the collective action of many partners, across sectors. This strategic plan aims to support these priorities and has helped to inform our areas of focus.

The Scottish Government's [Housing to 2040 Strategy](#) sets out a vision for housing in Scotland to 2040 and a route map to get there. It aims to deliver our ambition for everyone to have a safe, good quality and affordable home that meets their needs in the place they want to be.

West Dunbartonshire Council has its own [Local Housing Strategy 2022-2027](#). Chapter five of the strategy is dedicated to supported, specialist and particular needs housing, recognising that housing has an important role to play in health because homes can impact on people's health in a way that few other factors can. Homes are where people spend a significant portion of their time and the links to physical health are clear but homes also invoke feelings of safety and security and therefore have important connections to mental health too. Having access to the right housing can deliver positive mental and physical outcomes and this is particularly the case for those who require specialist accommodation, support to live independently or have housing requirements that vary from other groups. West Dunbartonshire HSCP enjoys a strong and positive relationship with Council Housing colleagues and will continue to build on this partnership to ensure the housing needs of those most vulnerable are met.

The update to [Scotland's Climate Change Plan 2018 - 2032](#) recognises the global pandemic has had a negative impact on our ability to meet statutory targets for net zero emissions. The plan recognises climate change as a human rights issue and the transition to net zero as an opportunity to tackle inequalities. West Dunbartonshire HSCP and its partners must do all that it can to support vulnerable people through these challenges as well as making every effort to reduce its own carbon footprint.

[Scotland Digital Health and Care Strategy](#) aims to improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services. The principle of the strategy include being collaborative, inclusive, ethical and user focused, data driven, and technology enabled. One of the aims is that no one is left behind by ensuring we tackle digital exclusion and reduce inequality. As part of this West Dunbartonshire will seek to develop this work stream and use digital technology to transform people's lives where possible. A major barrier to the effective use of data is the inability to share information easily between the various agencies. Work is ongoing with Council and NHS colleagues to drive systemic change to enable improved data sharing and access to systems within the context of ensuring data security and integrity is maintained.

[The Promise Scotland](#) is responsible for driving the work of change demanded by the findings of the Independent Care Review for children committing to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential.

[A joint 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.](#) This inspection highlighted a number of areas for improvement and in line with our commitments in respect of The Promise it will be a priority for West Dunbartonshire HSCP to continue to work with partners on key areas of reform.

The Scottish Government will incorporate the United Nations Convention on the Rights of the Child (UNCRC) into law, having published a Bill. The UNCRC is the 'gold standard' across the world for

children's rights. It covers all aspects of a child's life and sets out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights. This will mean that West Dunbartonshire HSCP must take steps to respect children's rights in their decisions and actions. It will also mean that children, young people and their representatives will be able to use courts in Scotland to enforce their rights.

June 2022 saw the [National Care Service \(NCS\) Scotland Bill](#) laid before parliament. Although much of the detail has yet to reveal itself, the principles leading to this Bill are driven by a need to shift the paradigm in relation to social care towards it being seen as an investment rather than a burden, to it being consistent and fair, enabling rights and capabilities, a vehicle for supporting independent living, being preventative and anticipatory, and as a result of collaboration and relationships.

West Dunbartonshire HSCP have already made progress in some of these areas and in their response to the first round of consultation on the establish of the National Care Service the HSCP Board were able to demonstrate a number of good practice examples, [A National Care Service For Scotland Consultation 1 November 2021](#), however there is still more to do. This Strategic Plan seeks to highlight the actions we will take to continue to deliver the pillars of the National Care Service for Scotland and in this intervening period, in line with the [Scottish Government and CoSLAs statement of intent](#), aims to progress those actions which do not require legislative solutions.

[NHS Greater Glasgow and Clyde Moving Forward Together](#) promotes a partnership approach to develop plans for a better, changed modernised, healthcare and social care system for Greater Glasgow and Clyde residents.

This new system of care will be organised in the most effective way to provide safe, effective, person centred and sustainable care to meet the current and future needs of our population and to provide best value.

It will be designed to:

- Support and empower people to improve their own health
- Support people to live independently at home for longer
- Empower and support people to manage their own long term conditions
- Enable people to stay in their communities accessing the care they need
- Enable people to access high quality primary and community care services close to home
- Provide access to world class hospital based care when the required level of care or treatment cannot be provided in the community
- Deliver hospital care on an ambulatory or day case basis whenever possible
- Provide highly specialist hospital services for the people of Greater Glasgow and Clyde and for some services, in the West of Scotland

This Strategic Plan is designed to support the principles of Moving Forward Together and deliver its ambition to deliver safe, effective, person centred and sustainable services.

[West Dunbartonshire Council Strategic Plan 2017 - 2022](#) is currently under review. This Strategic Plan is designed to support the existing Council priorities and will be reviewed in line with the publication of the new Council Plan.

Our Strategic Outcomes, Strategic Priorities and Enabling Priorities

Strategic Outcomes

For 2023 – 2026 we have identified four strategic outcomes. These outcomes build on the previous strategic plan, our learning and the data highlighted in our case for change.

The Strategic Planning Group were very clear that the emphasis on prevention, personalisation, inequalities and resilience should be retained but far greater emphasis placed on engagement and wider community connections.

Caring Communities: In partnership with our staff, service users and communities, ensure that health and social care services are high quality, accessible, safe, and sustainable; that people have their rights, dignity and diversity respected; and that they have a voice in how services are designed and delivered both for themselves and for those they care for, ensuring they can access the right care, at the right time, in the most appropriate setting. This will enhance service user satisfaction, increase perceived quality of care and ensure equitable access to services.

Sustainable Communities: When they need it, people can be cared for safely in a place they can call home, reducing the number of times they need to be admitted to hospital or reducing the length of stay where admission is unavoidable. This includes a continued focus on improving the circumstances of adults and children at risk of harm.

Equal Communities: Tackling health inequalities both in terms of equitable access to health services and avoidable differences in people's health outcomes, increasing the number of years that people are healthy and reducing the difference in life expectancy between communities. Support people to build the resilience to overcome the health and wellbeing challenges they may face, particularly in relation to inequality, recovering from Covid-19, and the impact of an unpaid caring role, enabling them to lead healthy, happy and fulfilling lives.

Healthy Communities: Supporting communities to stay in good health by focusing services towards prevention and early intervention, addressing the preventable causes of ill health, with access to timely and responsive services improving mental and physical health, increasing independence and resilience, reducing hospital admissions, avoiding re-admittance and reducing reliance on health and social care services.

Strategic Priorities

Caring Communities

We will deliver better support to unpaid carers.

Our ambition and commitment is to elevate the status and support for carers, proactively supporting health and wellbeing in its broadest sense, providing a wraparound offer which supports and nurtures the role of unpaid carers within our communities. We know that unpaid carers have been disproportionately impacted by the Covid-19 pandemic. We will build on the existing strategy to identify unpaid carers, listen to their voices, and ensure they are made aware of the support available to them and how to access it. We will also identify and where possible address gaps in

provision. Through co-production we will seek to identify any challenges faced by unpaid carers when accessing services and support them to overcome these barriers.

We will undertake whole pathway reviews ensuring coordination and equity of access.

In order to deliver equity of access to services, we need to ensure easy access to services. Where people need support from more than one team, these must be integrated from the service users' point of view. We will focus on a number of key areas including transitions between children's and adult services, pathways related to our burden of disease priorities, the Caledonian Pathway, and targeted children's services. Recent inspections have highlighted the need for effective collaboration and partnership and we will work closely with partners across the whole system to promote improved data sharing and early identification of preventative interventions which will focus on providing care in the most effective way at the earliest opportunity within each pathway. This will ensure our services are as accessible and as joined up as possible.

We will empower our communities to be involved in planning and leading services locally.

In order to ensure service users can exercise choice and control over the services they receive we will ensure strength based assessment and support planning with personalisation and Self Directed Support is at the heart of all we do. We are committed to a culture of co-production with communities of interest and communities of geography and will review our participation and engagement strategy in order to deliver our mission statement.

We will ensure staff are meaningfully engaged in self-evaluation and improvement activity.

The importance of self-evaluation is that it allows the HSCP to further its own learning journey by allowing reflection on performance. By seeking the voice of those with lived experience we will identify service strengths and opportunities for improvement allowing services to develop and grow.

Sustainable Communities

We will work with people to maintain their independence at home and in their local community.

Building on the My Life Assessment and embedding our approach to Self Directed Support we will ensure our approaches are person-centred and focused on the rights of individuals to exercise choice and control. Staff will be trained in the just enough support approach which promotes collaborative practice and increases awareness of available community supports and activities. We will ensure service users receive timely reviews and where necessary reassessments as post pandemic we move into a period of business as usual.

We will focus on reablement.

The main aim of reablement is to allow people to gain or regain their confidence, ability and the necessary skills to live as independently as possible, especially after an illness, injury or deterioration in health. Reablement is a person-centred approach and this intermediate service will provide support for a short period of time to help individuals recover and increase their independence

We will make the best use of technology enabled care.

Our ambition is to make the best use of technology to shift the focus of health and care systems from crisis intervention towards prevention, early intervention, enablement and supported self-management. Building on the innovative practice used during the pandemic we will support the use of Virtual Patient Management and will ensure that digital technology is used only as appropriate to the needs of the service users.

We will strengthen our vision and direction for adult and child protection.

We will ensure processes are in place to meet our legal and statutory responsibilities of adult and child protection and recognise this is a high priority for the HSCP. In order to achieve this we will ensure we have robust arrangements in place to provide strong leadership, vision and direction across both adult and children's services. This includes having clear accessible policies and procedures in line with relevant legislation to ensure the HSCP meets its statutory responsibilities through the delivery of best practice. We recognise that living a life that is free from harm and abuse is a fundamental right of every person. We will encourage the people of West Dunbartonshire to act as good neighbours and citizens in looking out for one another and seeking to prevent harmful and abusive situations for children and adults at risk of harm.

We will work with partners to expand the choice of specialist and particular needs housing.

We recognise that housing has an important role to play in health because homes can impact on people's health in a way that few other factors can. Homes are where people spend a significant portion of their time and the links to physical health are clear but homes also invoke feelings of safety and security and therefore have important connections to mental health too. Having access to the right housing can deliver positive mental and physical outcomes and this is particularly the case for those who require specialist accommodation, support to live independently or have housing requirements that vary from other groups. West Dunbartonshire HSCP enjoys a strong and positive relationship with Council Housing colleagues and will continue to build on this partnership to ensure the housing needs of those most vulnerable are met.

Equal Communities

Working in partnership we will drive down the prevalence of domestic abuse and provide those affected with the support they need.

We remain committed to the Caledonian system which is a nationally accredited programme for domestic abuse perpetrators with fully integrated women and children's services. The innovative and internationally renowned Caledonian model has shown to improve men's ability to control their behaviour and reactions and make their partners feel safer.

We will mobilise the communities of West Dunbartonshire to understand domestic abuse, why it happens and to make it everyone's business. We want victims, their children and their families to know where to go to ask for help. We want everyone to know what to do if they suspect a friend, relative, colleague or neighbour is a victim of domestic abuse. We want people to care enough and to be brave enough to ask.

We will deliver a range of effective services that offer help and support to victims, their children and their families no matter what the risk or the seriousness of the issue. We will continue to assess risk and deliver the right intervention at the right time that recognises effective safeguarding as well as ensuring the voice of the victim, voice of the child is at the heart of everything we do.

We believe that no death by suicide should be regarded as either acceptable or inevitable.

We will focus on suicide prevention and create an environment where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide. Working with partners we will shift the balance of care to focus on primary and community services. This is relevant to how mental health services and support will be configured and delivered, and how suicide prevention will be prioritised.

We will support people to overcome the impact of the wider determinants of health.

Good or bad health is not simply the result of individual behaviours, genetics and medical care. A substantial part of the difference in health outcomes is down to the social, economic and environmental factors that shape people's lives. These factors are collectively described as the wider determinants of health.

Social inequalities determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs, and deal with changes to their circumstances. The link between social inequalities and differences in health outcomes is strong and persistent. Working with partners to address the wider determinants of health will help improve health equity as well as overall health. We will ensure that HSCP staff have an awareness of these factors, and deliver services in a person-centred way, targeted to the specific needs of service users.

We will ensure equality is mainstreamed across our services.

Mainstreaming sets out to effect both cultural and systemic change across the HSCP so that an equality perspective is integrated into its day-to-day working across all services. It is a long-term, strategic approach to ensuring that equality, diversity and inclusion sit at the heart of our culture and operational delivery.

Many of our community members, including staff, service users and carers experience inequality due to their age, sex, disability, sexual orientation, gender reassignment, marital status, pregnancy or maternity status, race, religion, or belief. We will ensure service design, delivery and development takes account of the needs of those who are inappropriately stigmatised by ensuring these are considered in the planning process with mitigating adjustments put in place.

We will improve mental health and wellbeing.

There is evidence indicating that particular groups are at higher risk of developing mental health problems. Those at particular risk include: carers; LGBT people; people living with disabilities and/or physical health problems; those who have experienced adverse life events; people with learning disabilities; people living with dementia and Autistic Spectrum Disorder (ASD) and ex-armed forces.

It is important to identify people who need mental health support as early as possible, whenever opportunities are presented, which is most often in a place people are comfortable in. This may be in Primary Care, or it may be in housing or advice and welfare provision (amongst others).

We aim to build on our asset-based way of working to ensure the right support is given at the earliest opportunity by continuing to upskill frontline staff across the public, voluntary sector and within workplace settings to identify and appropriately support or signpost people to support.

Healthy Communities

We will address the preventable risk factors for poor physical and mental health including: obesity; smoking; the use of alcohol and drugs.

We recognise that smoking, poor diet, physical inactivity and substance use leading risk factors driving West Dunbartonshire's high burden of preventable ill health and premature mortality. All are socioeconomically patterned and contribute significantly to widening health inequalities. We will seek to develop approaches that address the complex system of influences shaping people's behaviour. In order to address preventable and long-term conditions we will promote the adoption of self-care or self-management techniques.

We will continue to play an active role in the West Dunbartonshire Alcohol and Drug Partnership (ADP) the strategic, multi-agency group tasked by the Scottish Government to reduce harm caused by alcohol and drug use.

We recognise the impact of Adverse Childhood Experiences (ACEs) and seek to reduce the incidents and impacts of all types of childhood adversity and trauma. We are committed to preventing ACEs and trauma and supporting negatively affected children, young people and adults.

Psychological trauma, including adverse and traumatic experiences in childhood and adulthood, is more common than is often assumed. Many people will recover without the need for professional therapy or treatment, but if those affected are not supported, it can have a range of negative consequences.

In particular, growing up with adverse childhood experiences (ACEs) – such as abuse, neglect, community violence, homelessness or growing up in a household where adults are experiencing mental health issues or harmful alcohol or drug use – can have a long-lasting effect on people's lives.

We are working in partnership with a wide range of sectors and services to help reduce the incidence and impact of all types of childhood adversity and trauma, focusing on:

- support for children, parents and families to prevent ACEs and trauma
- mitigating ACEs and trauma for children and young people
- developing trauma-informed workforce and services
- raising societal awareness about ACEs and trauma, and supporting local actions across communities

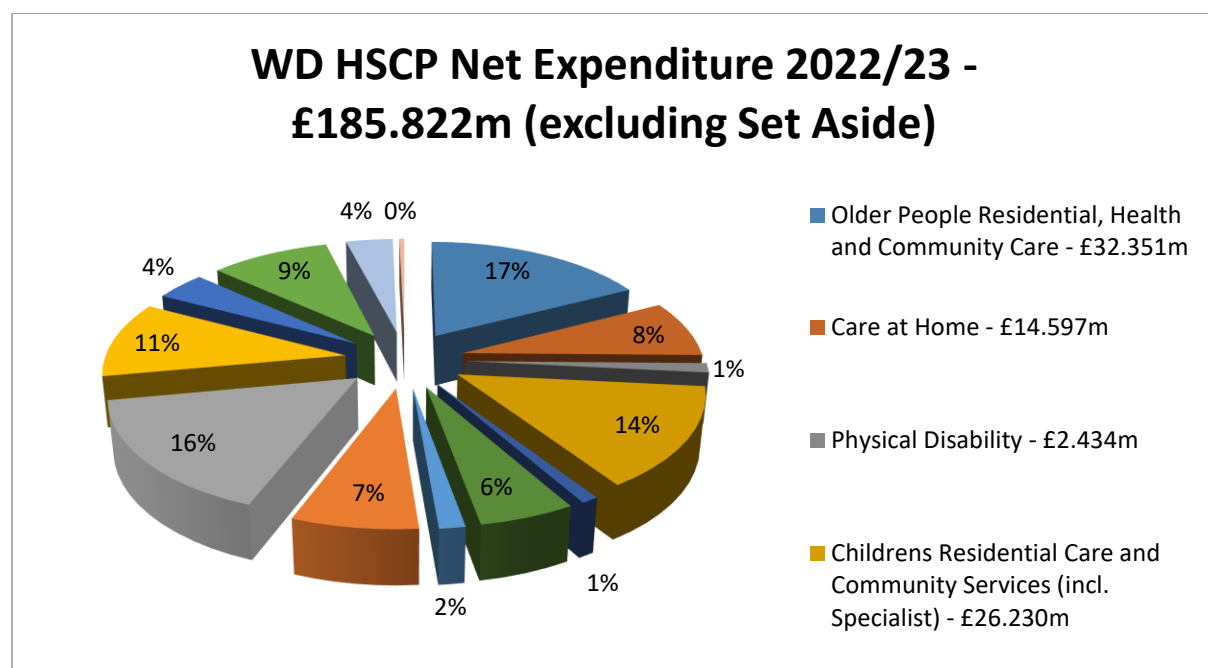
We are also working to address the social and economic circumstances in which people live. Social inequalities, such as poverty or gender inequality, can influence levels of childhood adversity and trauma along with people's ability to overcome such experiences. The Covid-19 pandemic has further exacerbated social inequalities and in some cases, led to an increase in childhood adversity and trauma.

Strategic Enablers

Strategic enablers are capabilities, capacities, and resources that contribute to the operating effectiveness of the HSCP and are required to effectively deliver the strategic plan. We have identified five strategic enablers these are workforce; finance; technology; partnerships and infrastructure.

Workforce: Our staff, and those of our partner organisation, are our most valued asset. We need to invest in our workforce and overcome challenges in respect of recruitment and retention, be more creative in respect of hard to fill vacancies, including improving our pipeline of available resources, train and develop our staff and ensure they are supported to improve their health and wellbeing.

Finance: Financial resources are fundamental to ensure appropriate service delivery. This plan demonstrates that the HSCP delivers a wide range of complex services with predicted increases in demand across all sectors, workforce pressures and reducing financial resources. It is therefore important that we continue to focus on service improvement to ensure service delivery is efficient and effective as possible, securing best value and ensuring we use our existing resources to best effect. How we use our current funding is shown below: **(this may need to be updated)**



Technology: The health and social care sector is facing many pressures, and this plan demonstrates the risk in respect of demand outweighing available resources. During the pandemic these pressures were magnified and the use of technology essential proving to be a positive addition to the sector. Data and digital technologies must be central of service improvements in order to improve outcomes, promote efficiency and to prevent and reduce demand. The effective use of data and digital technologies can connect people; help us to understand and meet their needs; build on the strengths of individuals and communities; and support independence and resilience. This will ensure limited resources are targeted to support and protect the most vulnerable in our communities. They can also transform how services are designed, broadening and deepening staff, service user, and community engagement; and improving outcomes with proactive and preventative decision making.

Partnerships: Partnerships are important because they enable action on the determinants of health, which is vital in order to address health inequalities. Developing and maintaining positive relationships with our partners and our communities is crucial to the successful delivery of this Strategic Plan. We must seek to embed partnership working within our commissioning process in

order to effectively understand, plan and deliver services. Co-production with communities of geography and communities of interest, especially those with lived voices must be at the core of designing, delivering and improving our services in order to achieve our strategic outcomes.

Infrastructure: The property and assets we use for the delivery of health and social care services need to be fit for purpose and driven and shaped by the needs and demands of services. The HSCP are committed to reducing its carbon footprint, and recognises through work such as the Shaping Places for Wellbeing project the built environment impacts on our service delivery. Transport is also a key enabler in order that service users, their families and carers can easily access services.

Our Delivery Plan and Measuring Success

It is intended that this Strategic Plan will be supported by a clear delivery plan, this will show all the actions we plan to take over the next three years to deliver against our strategic outcomes. This will provide a framework for the HSCP Board to monitor progress in respect of the delivery of the strategic plan and will enhance the current performance reporting arrangements.

The Delivery Plan will provide the detail on the programmes of work and individual projects to be undertaken in relation to each priority, who will be responsible for delivery, the timescale within which it will be delivered and outcome measures.

It is recommended that the Delivery Plan be developed once we have approval from the HSCP Board in respect of the draft Strategic Plan. The delivery plan will then be reviewed annually in line with the medium term financial strategy.

Progress on this Strategic Plan will be monitored on an ongoing basis by the Senior Management Team using our existing programme management and governance arrangements and where appropriate the Clinical and Care Governance Committee and the Audit and Performance Committee.

Our Annual Performance Report will continue to be approved and published annually by the HSCP Board as required under the Public Bodies (Joint Working) (Scotland) Act 2014.

The nine National Wellbeing Outcomes noted above in the section entitled Our Strategic Landscape above are measured using an agreed core suite of 23 National Indicators. It is accepted that a degree of development is required in relation to the core suite however these are what we are measured on at the moment.

In our Annual Performance Report, we are required to demonstrate how we are improving the National Health and Wellbeing Outcomes and across Scotland we have agreed that including an Appendix to the APR showing latest performance against the national indicators is currently the best and only way to do this that also allows for benchmarking.

Item 13

Appendix 2

Appendix 2: Strategic Plan Preparation Timeline

	Task	Provisional Deadline / date	Papers required by (if apt)	Notes
Consultation period 1	Consultation on 1 st draft	10/10 - 23/10	N/A	<p>Survey designed in collaboration with TSI has been distributed to / via:</p> <ul style="list-style-type: none"> • All HSCP staff via email • HSCP Senior Management Team • Public (non-service users) via WDC socials • Carers Development Group • 1600+ carers registered with CWD • Planning lead in WDC (for response and distribution) • Planning lead in NHS (for response and distribution) • All 3rd sector orgs registered with TSI • Locality forums via Chairs • All GPs and Practice Managers via Anna Crawford • Locality Engagement Networks via chairs • All who received the link were encouraged to share with other partners, number will ultimately be unknown.
	Consult with SPG on 1 st draft	TBC	ASAP	SPG via 3 strategic planning workshops with Healthcare Improvement Scotland and various workshops by HSCP Health Improvement and Strategy and Transformation Teams on the Local Strategic Needs Assessment have helped shape the first draft: the SPG priorities and how it would like to work going forward are intended to be reflected in the plan. Feedback from the meeting will confirm the extent of this.
	Arrange 1:1s with SMT	24/10 – 04/11	N/A	Time needed with LJ, VT and HL and JB or MJ
	Informal session with IJB			
	Analyse all responses to consultation and revise draft	24/10 – ongoing	N/A	JB, LMCR, JC, MW and HIT input to support analysis
	IJB	15/11/22	To Beth for 24/10; published 7/11	Send draft to IJB for comment (this draft will not yet reflect feedback from consultation 1)

Consultation period 2	Elected Members Briefing Session	TBC	TBC	Opportunity to present to and receive feedback from West Dunbartonshire Elected Members.
	Consult on revised draft	Mid Nov – TBC		Consultation to include survey distributed as above and online publication but also focus groups and / or 1:1 discussions with including (non-exhaustive list – more detail in HSCP Board Nov Paper, App 2): <ul style="list-style-type: none"> • Big disability group • Carers of West Dunbartonshire • 3rd sector partners (co)facilitated by TSI • Carers Development Group • NHS Planning Leads • WDC Planning Leads
	WDC PMRG	29/11/22	TBC	
	NHS CMT	01/12/22	2 weeks prior (Neil Ferguson to confirm)	For consideration and feedback
	NHS CMT	05/01/22	2 weeks prior (Neil Ferguson to confirm)	TBC following outcome of 01/12 meeting – return to demonstrate suggestions have been actioned.
	NHS FP+P	14/02/22	TBC	For quality assurance review
	SPG	Mid Feb	TBC	Approval of final draft before submitting to IJB for approval
	IJB	March	TBC	Submit for approval

Item 13

Appendix 3

Strategic Plan 2023-2026: Stakeholder Engagement – Stakeholder and Method

Following the completion of a stakeholder analysis, the below is proposed in terms of which methods will be used to consult with which stakeholders. The methodology used for the stakeholder analysis is a widely adopted approach which encourages the analysis to consider stakeholders by interest and influence and to then match methods in a proportionate way. The intention is to ensure resources are deployed in the most prudent, efficient and effective way without unduly compromising stakeholder voice. It is acknowledged that engagement and revisions of the plan will be an iterative process and that the below can be amended in the event that discoveries are made during the process which require decisions to be reviewed / additions to be made.

Stakeholder	Intended Method(s) of Engagement
Service user and patients	Survey; 1:1 interviews*; focus groups*
Carers	Survey; focus groups
Locality Engagement Networks	Survey; focus groups TBC
HSCP Staff	Survey; focus groups
Locality Groups	Survey; meeting attendance*
General Practice and Practice Managers	Survey
HSCP SMT	Survey; 1:1
Third sector providers and service users	Survey; focus groups (co)facilitated with TSI
People affected by health and social care issues	Survey; focus groups (with BDG)
HSCP Equalities Group	Survey; meeting attendance
WDC Planning Lead	Survey; 1:1
NHS Planning Lead	Survey; 1:1
WDC Housing	Survey; email
Independent Sector	Survey; focus groups TBC
General public	Social media
HSCP SPG	Survey; meeting attendance
WDC PMRG	Meeting attendance
NHSGGC CMT	Meeting attendance
NHSGGC FP+P	Meeting attendance
WDHSCP IJB	Meeting attendance; 1:1

*Where focus groups, meeting attendance and / or one to one discussions are proposed, these will be online or face to face, depending on the preference of participants and what is practical and practicable

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

Report by Michelle McAloon, Head of Human Resources

15 November 2022

Subject: Integrated Workforce Plan

1. Purpose

- 1.1** To provide the Health and Social Care Partnership Board with the final three year Integrated Workforce Plan for approval following feedback from the Scottish Government being considered and incorporated.

2. Recommendations

- 2.1** The Health and Social Care Partnership Board is asked to approve the Final version of this plan which was submitted to NHSGGC and Scottish Government at the end of July 2022. Feedback was received from the Scottish Government in October and incorporated into the Workforce Plan.
- 2.2** The Health and Social Care Partnership Board is also asked to note the requirement for annual reviews to be submitted to the Scottish Government. These reviews will be presented to the HSCP Board for their approval annually prior to submission.

3. Background

- 3.1** In line with section 10.2 of the [Integration Scheme](#) The Parties, through the Chief Officer, will develop a joint Workforce Development and Support Plan and Organisational Development strategy in relation to staff delivering integrated services (except for NHS acute hospitals services), taking account of existing workforce development policies and procedures of both Parties, and rationalising these in partnership with other integration authorities within the same the Health Board area
- 3.2** This has been further reinforced following publication of the National Workforce Strategy in March 2022 whereby, NHS Boards and HSCP's are required to submit Three Year Workforce Plans. The Plans are required to provide workforce planning information aligning local activity with the Strategy. Using the "5 Pillars" identified in the Strategy (Plan, Attract, Train, Employ, Nurture) they should clearly outline actions to address these objectives at a local level.
- 3.3** Effective planning of staffing and resources is critical to maintaining service delivery. Services have had to change the way they work and capacity has been flexed and expanded in key areas. Our staff continue to respond flexibly,

undertaking new roles and adopting to new ways of working in extremely challenging circumstances.

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

4. Main Issues

- 4.1** Reviewing the plans developed by NHS Boards and HSCPs will enable the Scottish Government to provide Scottish Ministers with further insight, and help them to determine approaches that will:
- Support the health and wellbeing of our workforce during these challenging times;
 - In the short term, and in preparation for winter, inform their understanding of the workforce implications of sustained, increased service demand;
 - In the medium term, better understand the national implications arising from the local analysis of workforce plans – particularly around population and workforce demography, service redesign and the introduction of new roles.
- 4.2** NHS Boards and HSCPs are required to review and update their Workforce Plans annually in the years between publication of full Three Year Plans. This will not require full new Workforce Plans and should reflect progress on actions and workforce planning assumptions. Annual revisions to Workforce Plans should be submitted to the Scottish Government.
- 4.3** West Dunbartonshire HSCP Integrated Workforce Plan was submitted to NHSGGC and Scottish Government in July 2022 with feedback on the plan being received in October. The plan has been reviewed taking into account the feedback received. The majority of the feedback was incorporated into this final version however due to the tight timescales for publication by the Scottish Government any feedback that cannot be incorporated in this review will be addressed in the annual review in 2023.
- 4.4** Details of the feedback received and the actions taken are listed in the table below.

Feedback received from Scottish Government	Action
The population demographic information in section 1.2 is detailed though quite difficult to interpret in narrative format. We suggest that tables or charts may be useful to help simplify and illustrate the information presented;	Actioned Charts and graphs have been added to help simplify and illustrate the information presented
In section 3.2 we note that over a third (805) of partnership staff are aged over 55, 404 staff are aged over 60, and around 100 are over 65. Depending on analysis of anticipated retiral	To be included in Annual Review

ages, we estimate that this is likely to present a significant replacement need across the next 5 years. We would be grateful if this particular issue could be examined in more detail to include the partnership's working assumptions on numbers of staff expected to retire from both Council and NHS employment;	
Section 7.4 also addresses the issues of retirement risk and succession planning and it would be useful to see the result of the analysis undertaken to identify which roles across the HSCP are considered to be key service risks;	To be included in Annual Review
We note the turnover analysis in section 3.4 which, although quite high for WD Council staff, is not expected to increase. If possible, we would suggest including any assessment available from exit interviews (or more detailed leaver analysis) to construct a picture of where staff are being lost (e.g. through retirements, to other NHS or Council employers, or to private sector employment) - particularly given the partnership's location close to a number of other HSCPs;	Actioned Information added in relation to reasons for leaving
We welcomed the content around staff wellbeing in section 4 as a helpful and detailed approach to the health and wellbeing of the partnership's workforce;	Feedback – no action required
The plan included useful references to Modern Apprenticeships and Kickstart programmes to supplement the workforce and we would be interested in an indication from the partnership of the potential numbers it may be able to secure from those categories, and what impact this may have on its overall workforce needs (i.e. which service areas/roles areas would be likely to benefit most from this, and to what extent in terms of estimated numbers);	To be included in Annual Review
Sections 7.8 and 7.9 explores the partnership's services in more detail and sets some context for future workforce need. In most of these sections, specific workforce needs are not quantified, and it would be useful to see details of any additional posts which the partnership considers may be required to address demand in each of these areas (perhaps following the design of the table included for the Re-ablement Team?). A summary of the total recruitment	To be included in Annual Review

need arising across the partnership would also be helpful to see;	
The action plans align effectively with the 5 Pillars outlined in the National Health and Social Care Strategy for Scotland, and this is welcome. We noted some further scope to ensure action plan activities cross-refer with issues identified within the main narrative plan (e.g. recruitment to 34 care home vacancies, recruitment to additional 4.8 wte school nurse posts) so that references are consistent within the plan, and actions tracked accordingly.	Actioned

5. Options Appraisal

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

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

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

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 N/A

11. Consultation

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

12. Strategic Assessment

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

13. Directions

13.1 N/A

Michelle McAloon
HR Manager

7th November 2022

Person to Contact

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West Dunbartonshire HSCP
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Appendices:

Appendix 1: Final Integrated Workforce Plan
Appendix 2: West Dunbartonshire HSCP Draft 3 Year Workforce Plan:
Feedback Letter

Background Papers:

n/a



**West Dunbartonshire
Health and Social Care Partnership**

Workforce Plan 2022/25

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	7.9.3.4 Justice
7.9.4	MSK
7.9.5	Finance, HR, Strategy and Transformation
8	Medium Term Drivers
	8.1 Challenges
	8.2 Service Delivery
	8.3 National Care Service
8	Conclusion
10	Action Plan

1. Background and Development of the Workforce Plan

1.1 Introduction

West Dunbartonshire Health and Social Care Partnership Board was established on 1st July 2015 as the Integration Authority for West Dunbartonshire. It is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (which are described in full within its approved [Integration Scheme](#)).

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

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

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

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

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

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

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

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

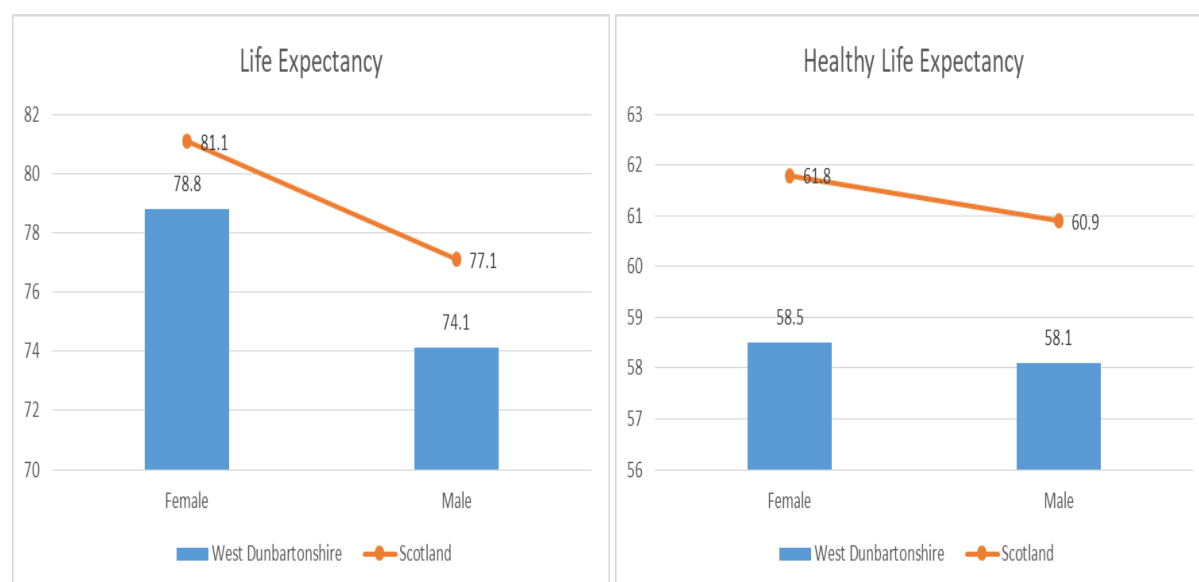
support collaborative system change across health and social care and all partners working in our communities.

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

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

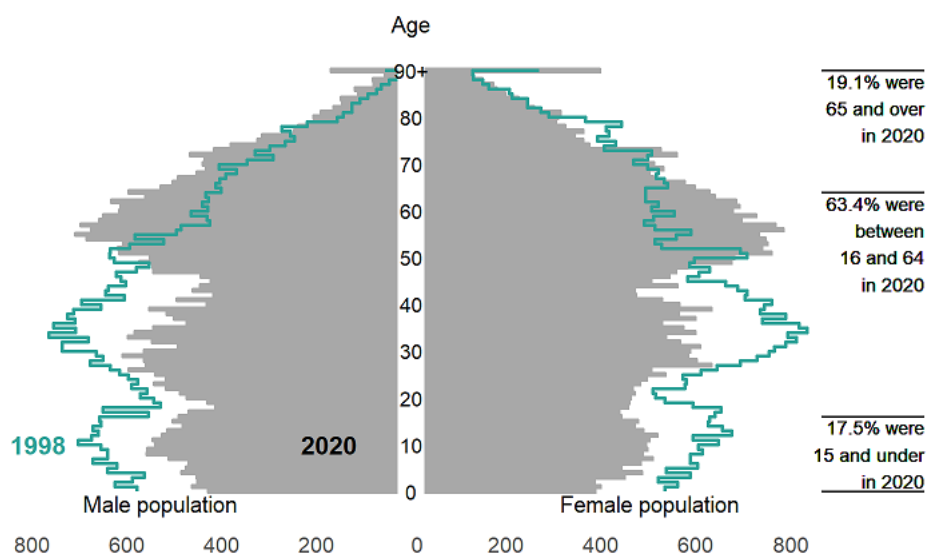
In order to support the delivery of the HSCP vision of “Improving Lives with the People of West Dunbartonshire” the ambition of the Integrated Workforce Plan is to ensure we have the right people, with the right skills, in the right roles, at the right time at the right cost.

1.2 West Dunbartonshire Demographics



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

West Dunbartonshire Population profile, 1998 and 2020

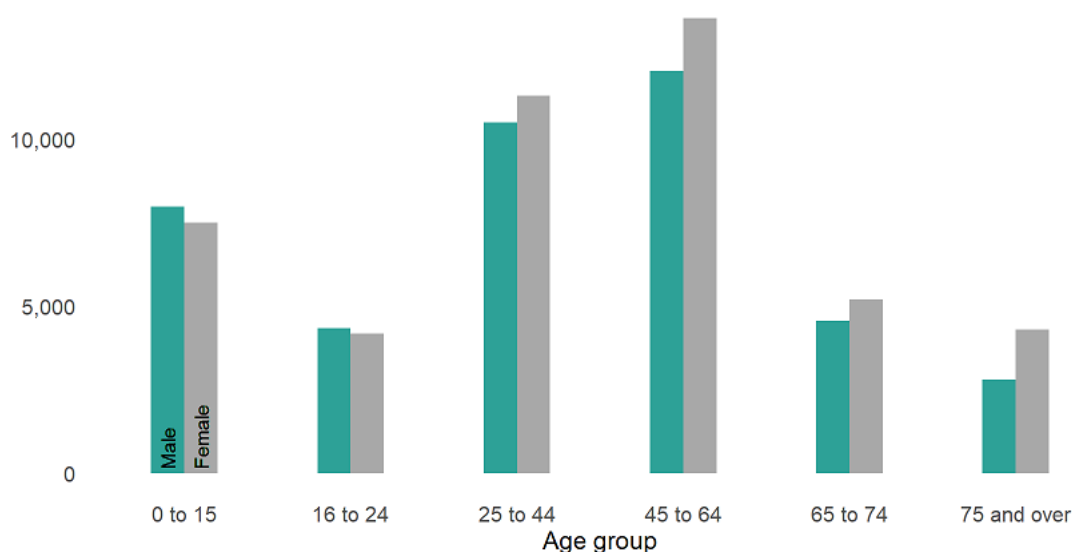


Source: <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-dunbartonshire-council-profile.html>

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

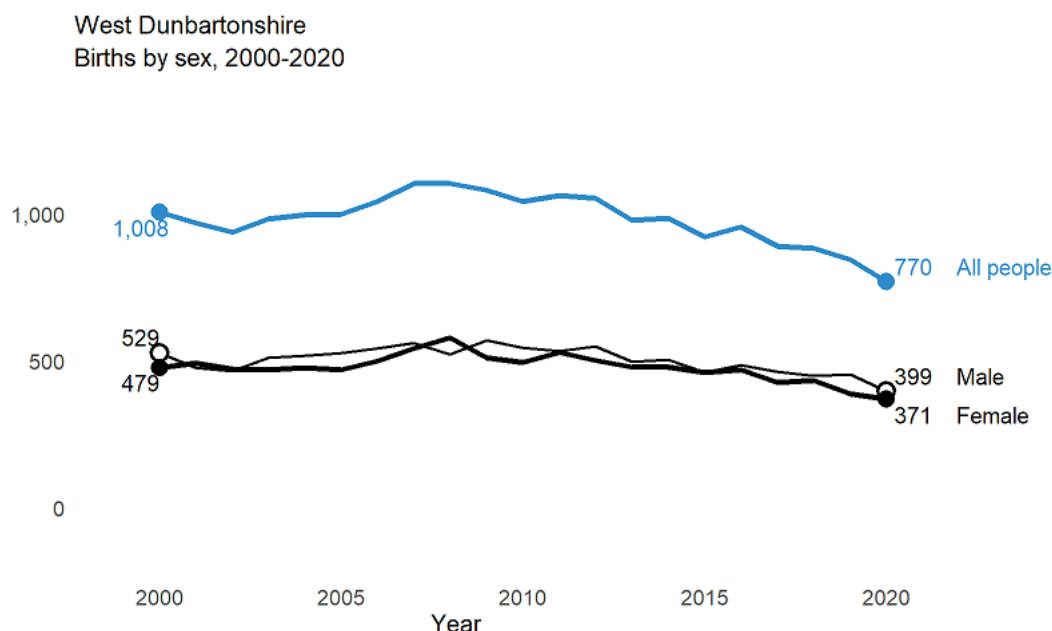
West Dunbartonshire's population 88,340 (June 2020), which accounts for 1.6% of the Scottish population.

West Dunbartonshire Population by age group by sex, 2020



Source: <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-dunbartonshire-council-profile.html>

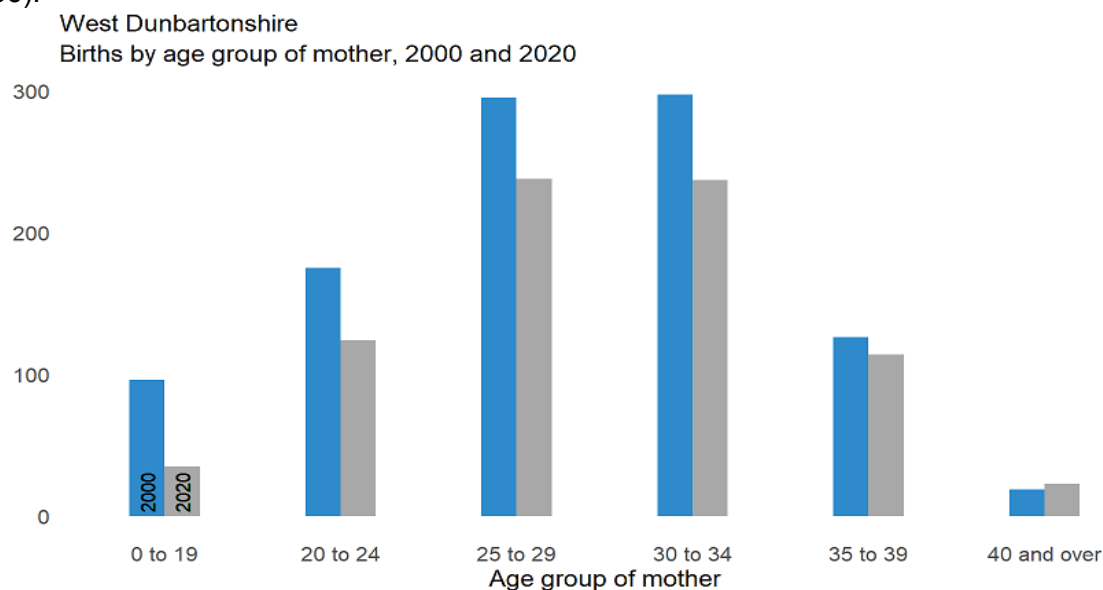
In contrast to Scotland as a whole, the population of West Dunbartonshire has been declining steadily (6% since 2000). This is due to fewer babies being born each year and more people moving out of the area than moving in.



Source: <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-dunbartonshire-council-profile.html>

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

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



Source: <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-dunbartonshire-council-profile.html>

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

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

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

Between 1998 and 2020, the 25-44 age group saw the largest percentage decrease (-23.2%). The 45-64 age group saw the largest percentage increase (+18.9%). There is a very small minority ethnic population in West Dunbartonshire. In the 2011 Census, the majority of residents (93%) of West Dunbartonshire identified as being white Scottish, and 1.5% identified as being Asian, Asian Scottish or Asian British, or 'other ethnicity'. This is lower than Scotland which is 4%.

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

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

1.3 Key Strategic Priorities

Our Key Strategic Priorities are:-

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

West Dunbartonshire has two localities: Alexandria/Dumbarton and Clydebank. West Dunbartonshire Health and Social Care Partnership hosts the Musculoskeletal (MSK) Physiotherapy Service for the NHS Greater Glasgow and Clyde area and Diabetic Retinal Screening Service on behalf of the NHS Greater Glasgow and Clyde Board. Work is ongoing within this service to ensure the delivery of high-quality outcomes for patients whilst striving to meet national waiting time targets. West Dunbartonshire Health and Social Care Partnership also hosts a programme of retinal screening on behalf of NHS Greater Glasgow and Clyde. The Health and Social Care Partnership leads West Dunbartonshire Alcohol and Drugs Partnership.

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

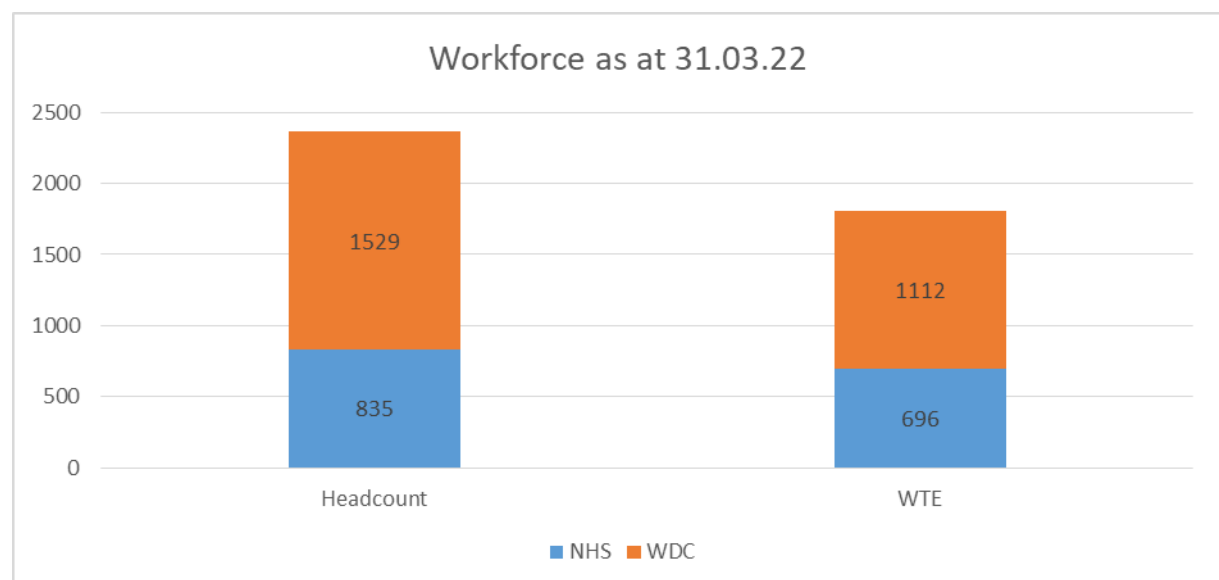
2. Stakeholder Engagement

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

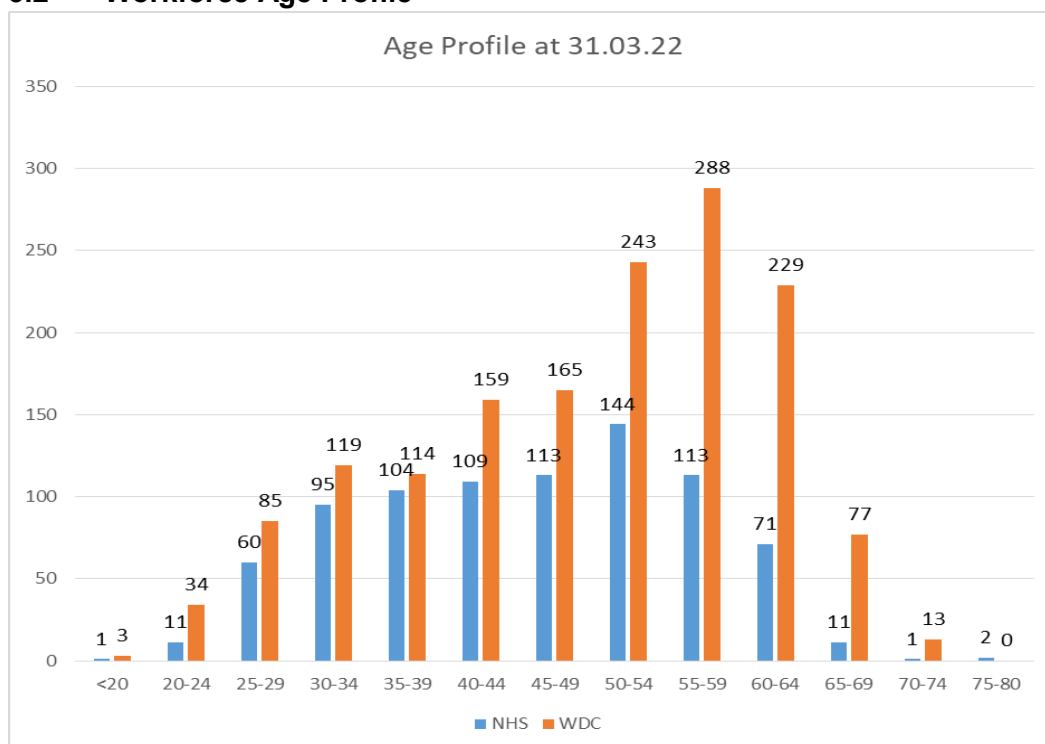
Given the pressures that the Omicron variant of Covid placed on the service it was difficult for workforce planning meetings to continue, therefore, in order to assist the services provide the information required for the plan a template was developed to gather short-, medium- and long-term driver information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

3. HSCP Workforce – Demographics

3.1 Workforce Split



3.2 Workforce Age Profile



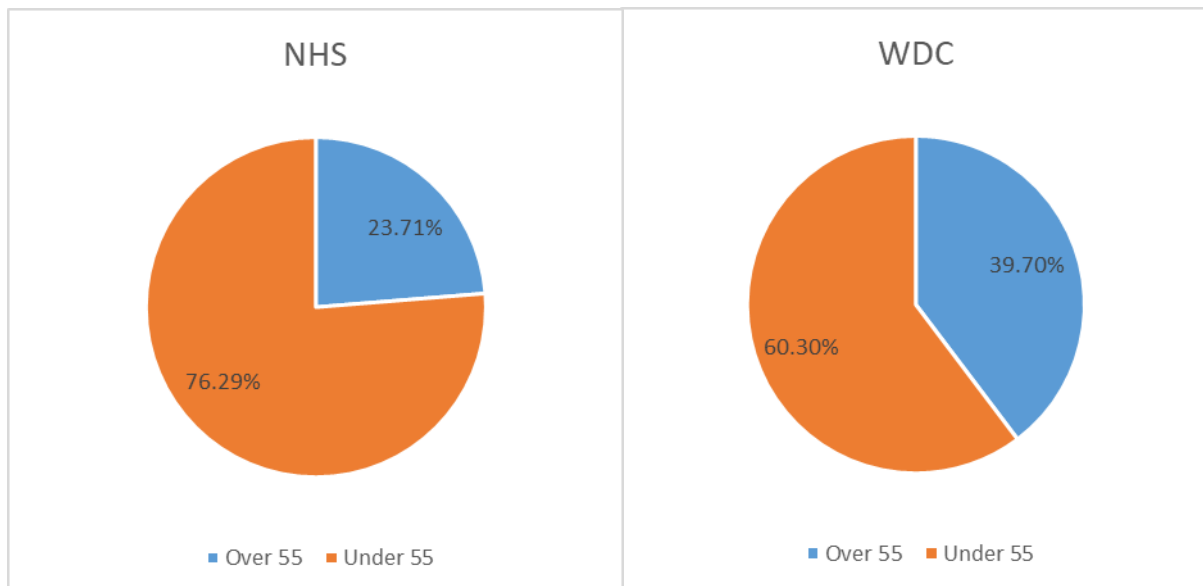
The age profile for staff in West Dunbartonshire HSCP indicates that the majority of our workforce are over the age of 45. Whilst this does not present an immediate risk, we do need to be mindful of the importance of succession planning and the implications of an ageing workforce in coming years.

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

More than a third of the workforce (34.05%) of the workforce are aged 55 years and over. This presents a significant risk in terms of retirement of a sizeable proportion of the workforce

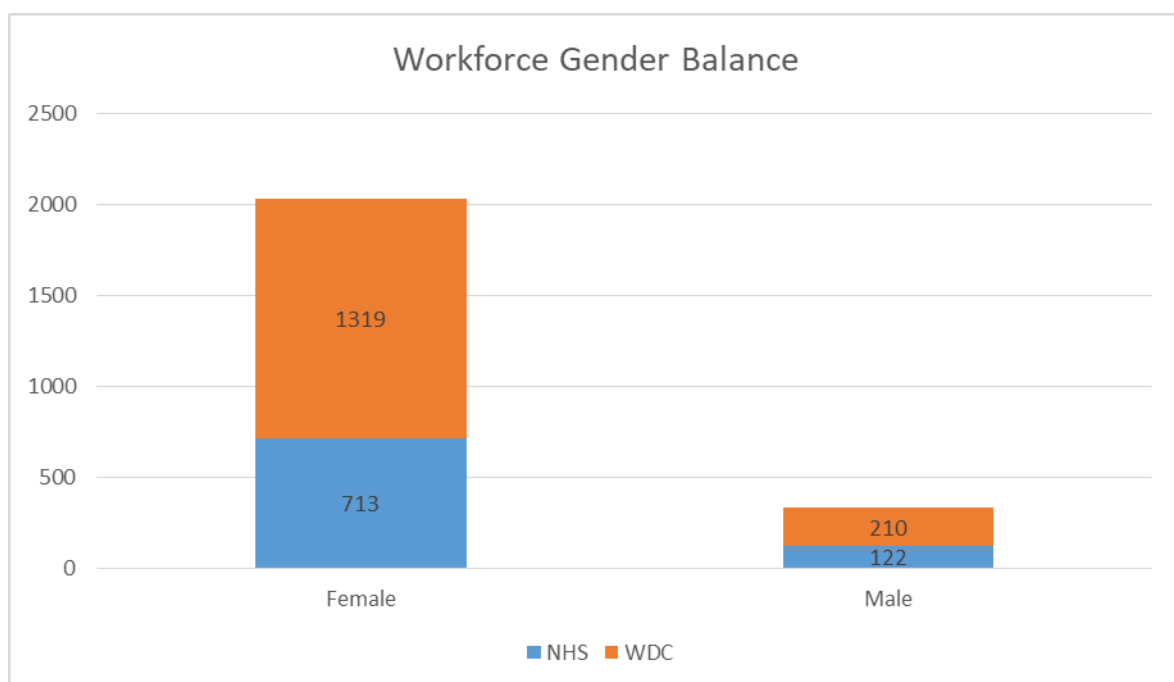
within in the next 5 to 10 years. This is a significantly higher risk with West Dunbartonshire Council staff as 39.70% of their workforce is aged 55 or over while 23.71% the NHS HSCP workforce are aged 55 or over.

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



3.3 Workforce Gender Balance

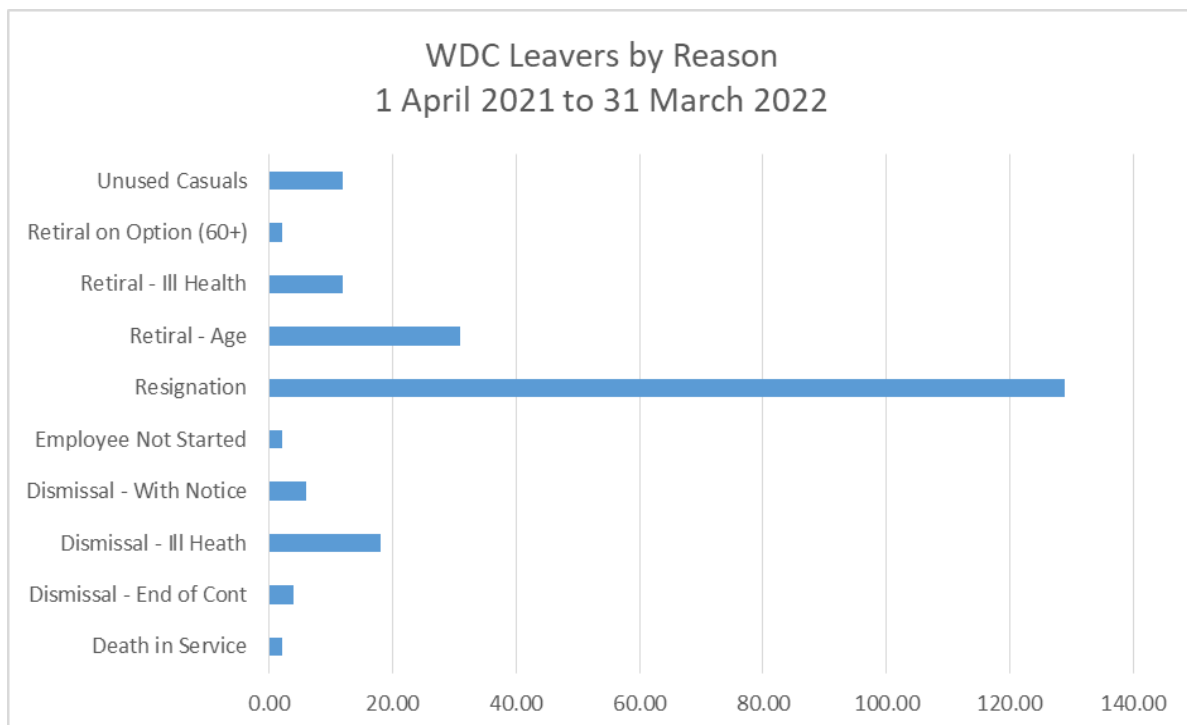
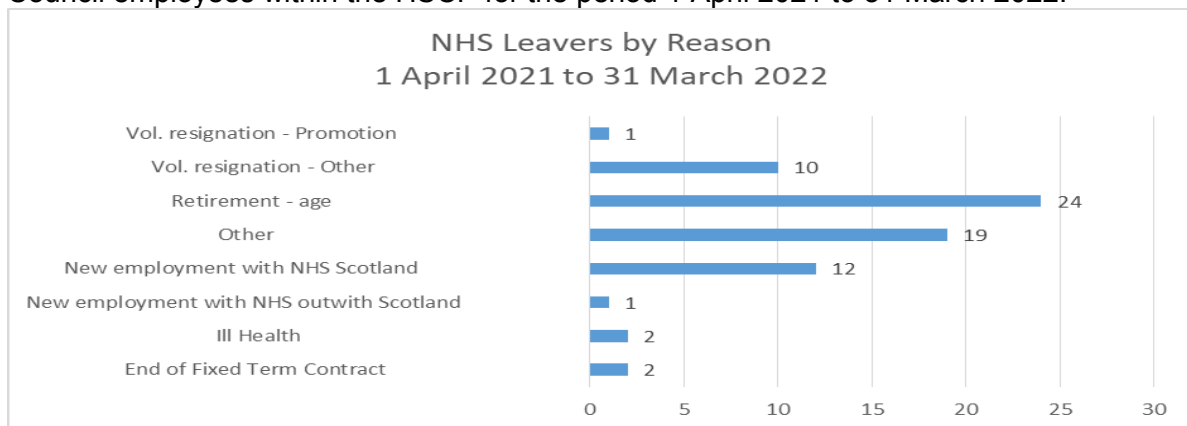
As can be seen below the gender balance within West Dunbartonshire HSCP is predominantly female and whilst this is not untypical within the caring sector, we do need to consider how we encourage greater inclusion within the professions that we employ.



3.4 Staff Turnover

The turnover rate for West Dunbartonshire Council staff within the HSCP is 15.2% per annum. This is higher than the whole of West Dunbartonshire Council rate which is currently 13.2% per annum. For NHS staff within the HSCP the turnover rate is 8.3% compared to the Greater Glasgow and Clyde wide figure of 10.2%. This is not forecast to increase significantly in the period to March 2023, however some changes to behaviour have been observed and after a period of suppressed turnover where staff were perhaps not looking for career opportunities or delaying their retirement due to the pandemic, those staff are now looking at career development and opportunities and similarly those staff who have delayed retirement are now actively pursuing this and some staff. That being said, the current cost of living crisis may impact on staff's decision to retire so it is difficult to predict future behaviours of staff in relation to retirement intentions.

The bar graphs below detail the reasons for leaving for both NHS and West Dunbartonshire Council employees within the HSCP for the period 1 April 2021 to 31 March 2022:



4. Nurture – Supporting Staff Wellbeing

4.1 West Dunbartonshire HSCP Approach to Staff Health and Wellbeing

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

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

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

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

NHS Greater Glasgow and Clyde Peer Support Framework

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

Core principles of peer support within NHS Greater Glasgow and Clyde are based on the 'Psychological First Aid' (PFA) model and this forms the conceptual basis of the Framework. This is an evidence-informed approach recommended by international and national experts. The NHS Greater Glasgow and Clyde Mental Health & Wellbeing Action Plan 2020-22 considers the longer-term staff mental health and wellbeing needs in response to the COVID-19 pandemic and outlines the planned approaches to support and intervene. The tiered model is aligned to all key principles and wider strategies of NHS Greater Glasgow and Clyde.

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

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

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

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

Whilst the Scottish Government directed all Boards to offer NHS staff the opportunity to be paid for unused leave, there were only a small number of staff who asked for this. This means that those staff who carried over leave will have a backlog of unused leave to take. We will continue to support and encourage staff to utilise their full leave entitlement.

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

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

4.2 National and Partner Organisation Wellbeing Initiatives

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

In particular, staff have been and will continue to be encouraged to contact **The National Wellbeing Helpline (0800 111 4191)**. This is available 24 hours a day, seven days a week and is resourced by trained practitioners at NHS 24. This helpline offers callers a compassionate and empathic listening service based on the principles of psychological first aid, as well as advice, signposting and onward referral to local services if required. **Coaching for Wellbeing** has also been heavily promoted to staff and will continue to be promoted. This is a service designed to support staff with any of the issues they may be facing during these challenging times. Staff are offered 2 hours of individual online coaching which includes support in building resilience and helping individuals to take action to improve their wellbeing. Where appropriate, staff can also explore how to lead and support others who may be struggling. Further information can be found at <https://www.promis.scot/wp-content/uploads/2020/12/Coaching-for-Wellbeing-Information-Pack.pdf>

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

4.3 Long Covid

The longer-term impact of COVID upon staff wellbeing over the next 3 years is recognised but relatively unknown. At the height of the pandemic NHS Greater Glasgow and Clyde established a Covid Team within the HR Support and Advice Unit to ensure managers and employees were supported in dealing with Covid related issues and absences. Work has been undertaken in conjunction with Occupational Health Services in both NHS GG&C and 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.

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

4.4 Measuring the Effectiveness of Support Mechanisms

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

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

4.5 In work poverty

Employment remains the best route out of poverty. However, we know that some people in poverty live in households where someone is in paid employment and the proportion of people in poverty who are living in working households has increased over time.

Working parents' ability to increase working hours is often dependent on the availability of flexible working and childcare, the affordability of which can often be constrained by the conditions of Universal Credit.

Around two thirds of working adults living in poverty are paid below the real living wage. This has been addressed within NHS Greater Glasgow and Clyde who are an accredited Living Wage employer and West Dunbartonshire Council who are not accredited but pay above the national living wage.

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

4.6 National Living Wage

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

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

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

4.7 Fair Work Framework

West Dunbartonshire HSCP are committed to ensuring the dimensions identified in the Fair Work Framework are embedded within our culture and behaviours. As we evolve through the COVID 19 pandemic the five dimensions assume greater significance for our organisation 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. Sixty two percent of the HSCP workforce participated in this in 2021 and the survey has already been rolled out again this year. On receipt of the report we will analyse the results and each team will develop their own action plan.
- **Opportunity** – Equal Opportunity is at the heart of both our NHS and West Dunbartonshire Council policies. We support access to opportunity for all through our recruitment and selections processes, modern apprenticeships, internships etc.

We support our workforce to progress in their careers and everyone has access to a wide range of training and development opportunities.

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

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

5. Attract and Employ

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

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

Work is ongoing within West Dunbartonshire HSCP to ensure that not only do we offer an attractive employment proposition but that we also have opportunities available to develop staff to ensure they remain with us.

An example of this is in our social work teams where we employ social work assistants who we may then support to qualify as social workers.

This includes help with the cost of the course, time off to undertake placements and a willingness to offer placements to other individuals on the course. This will backfill our staff who are out on placement and may attract those individuals to come and work with West

Dunbartonshire in the future.

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

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

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

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

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

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

6. Train – developing the workforce

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

- Pharmacy
- HCSW roles (nursing and allied health professionals)
- Nursing
- Allied Health Professionals
- Apprenticeships

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

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

Some of the benefits of this are:-

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

7. Short Term Workforce Drivers

7.1 Staffing Considerations

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

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

7.2 Staff Availability

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

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

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

While the emergence of new variants cannot be discounted, there is no public health guidance suggesting an imminent surge wave.

The predicted level of staff availability will continue to present an operational challenge, which will only worsen over winter. It is crucial that all staff absence is accurately recorded,

using the correct reason and in a timely manner, ensuring that detailed absence analysis can be provided to every team within the HSCP.

7.3 Staff Turnover

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

7.4 Succession Planning and Retirement Risk

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

7.5 Pensions

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

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

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

7.6 Brexit

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

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

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

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

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

7.7 Safe Staffing Legislation

The Health and Care (Staffing) (Scotland) Act 2019 was passed in the summer of 2019 although implementation has been delayed by the pandemic. This sets out requirements for safe staffing across both health and care services to make provision about staffing by the National Health Service and by providers of care services. The act lays down a series of duties, and decision-making processes that will lend the weight of legislative imperative to the Workforce Planning process. The substantive provisions of this act will come into force on a date appointed by the Scottish Ministers through regulations. The main mechanism for changes are the addition of 15 sections to the National Health Service (Scotland) Act 1978. The most fundamental addition is the Duty to Ensure Appropriate Staffing, which is the duty of all Health Boards to ensure that at all times there are “suitably qualified and competent individuals” as appropriate for patients’ health, wellbeing and safety, providing safe and high-quality healthcare, and the wellbeing of staff (if it affects the first two). Health Boards should use the Common Staffing Method as prescribed by Scottish Ministers who have authority to issue guidance/specifications on tools/frequency. The Health and Care (Staffing) (Scotland) Act 2019 provides a list of areas in which the Common Staffing Method is required to be completed on at least an annual basis. The purpose of using the Common Staffing Method (CSM) is to recommend the number of staff required to ensure safe staffing in a clinical area.

The Common Staffing Method involves taking the following into consideration.

- Patient needs
- Measures of Quality
- Workload and Workforce Planning Tools
- Professional Judgement Tool
- Local Context
- Current staffing levels and any vacancies
- Appropriate clinical advice
- Possible impacts on other clinical areas
- Any risks or escalated issues identified within the clinical area
- The skills and levels of experience of current staff
- Relevant comments from patients, their families, or other individuals with a personal interest in their healthcare.

Work is underway to ensure that all aspects of this preparation will be in place.

Workload Tool runs took place in District Nursing (Nov 2021) and Health Visiting and School Nursing Service (March 2022) and helped inform workforce planning requirements.

7.8 Immediate Remobilisation Plan

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

7.8.1 Delayed Discharges

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

7.8.2 Reablement Team

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

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

7.8.3 MSK

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

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

7.8.4 Nursing

The Transforming Nursing Roles national agenda outlines the nursing professions' contribution to the wider transformational change agenda in health and social care. Transforming Nursing Roles reflects the nursing contribution towards shifting the balance of care from hospital to community and primary care setting. Structures are in place to support development pathways for registered and non-registered staff across our nursing workforce.

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

7.8.5 Social Work

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

7.8.6 Primary Care

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

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

this as there are a number of areas where the HSCP has experienced delays in recruitment and retention of this workforce.

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

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

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

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

7.8.7 Mental Health

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

7.8.8 Digitally Enabled Workforce

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

7.9 Service Areas

7.9.1 Health and Community Care

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

The Transforming Roles programme has set out a nationally consistent approach to advanced nursing and AHP practice. Transforming Roles focuses on nursing roles and involves developing integrated community nursing teams. These will be central to shifting the balance of care from hospital to community and primary care settings at or near people's homes and the aim of improving population health. We have invested in the development of advanced nursing roles via our PCIP to ensure we have a nursing workforce competent to work at an advanced level as part of multidisciplinary teams across a range of clinical settings.

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

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

The introduction of a Reablement Team, alongside the current Care at Home Service will allow us to work in a new way to assess and support people, in a more intense way but for a much shorter period, allowing greater through-put and becoming more cost-effective. Additional posts will be required to resource the reablement team and are detailed below

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

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

7.9.1.1 Care Homes and Day Care Services

Work in the care sector is no longer an attractive option for jobseekers. This can be partly attributed to what happened during the pandemic and partly due to market rates of pay. In a

lot of cases individuals can earn comparable if not more lucrative salaries in other roles (e.g. supermarkets) with a lot less responsibility. We are also losing staff to agencies as they now offer greater flexibility.

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

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

It is important that we continue to offer mutual aid to support Care Homes who may be in difficulty. We require to build on the successful collaboration developed during the pandemic to support oversight and provide quality assurance in order to sustain and support further quality improvement within care homes.

In relation to this Chief Nurse capacity was enhanced at the start of the pandemic, reflecting the variation made to the role and additional responsibilities and accountabilities in relation to care homes delegated by the Board nurse Director with respect to the provision of, nursing leadership, support and guidance within the care home and care at home sector.

The creation of the NHS Greater Glasgow and Clyde Care Home Hub and care home collaborative approach means that West Dunbartonshire has access to additional resource and expertise to support care quality assurance and improvement activity within our care homes. NHS Greater Glasgow and Clyde has also created a Care Home Nurse Bank that our care homes can access to support resilience in staffing during a challenging period.

7.9.1.2 Care at Home

The Health and Social care system is widely acknowledged to be under severe pressure, with the integrated nature of care meaning direct impact can be seen between pressures in acute hospitals, demand for Care at Home support and admission to residential care.

Keeping people as independent as possible for as long as possible has long been a shared strategic priority between WDHSCP and WD Community Planning Partnership. As a result, performance analysis indicates that people are being supported at home for longer, through intervention from Care at Home, District Nursing and our Focused Intervention Team. This means that fewer people are being admitted to residential care, and, for those that are, their average length of time in residential care is reducing; creating better outcomes for the individual and reducing spend on Care Homes.

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

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

The pandemic has seen additional pressure on this team, as they continued to deliver this essential service, 365 days a year, while managing sickness absence and staff shielding relating to the virus. In addition, as external providers have struggled to deliver service due to staff shortages, the in-house Care at Home Service has needed to absorb this additional work.

Two new funding announcements were made by the Scottish Government on 5 October 2021 and 26 October 2021 respectively, detailing specific areas to be invested in to help protect health and social care services over the winter period and provide longer term improvement in service capacity, and to meet costs of the pandemic and remobilising health services respectively.

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

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

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

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

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

7.9.1.3 District Nursing

District Nursing services have been central to our pandemic response. We have invested in the workforce by recruiting three new Band 3 Healthcare Support Workers and four Band 5 staff nurses into permanent posts to support care delivery in our District Nurse and Out of

Hours service. This has provided some additional resilience within that service and we continue to monitor staffing levels however as the longer term impact of Covid remains largely unknown we are unable to predict demand and resource requirements at this stage.

The Scottish Government is committed to expanding our District Nursing Workforce as set out in the National Workforce plan. In West Dunbartonshire the funding to date has been used to support the creation of additional Band 5 posts in order strengthen our pipeline to support development of future District Nursing workforce at Specialist Practitioner and Advance Practice level. The HSCP requires to review student District Nurse (SPQ) intake annually to offset anticipated pressures on the workforce and risks to the delivery of safe effective person centred care.

7.9.1.4 Diabetic Retinal Screening

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

7.8.1.5 Pharmacy

Our immediate workforce pressure relates long term to three members of the team absent on long term sickness (non work related) and three staff recently commencing maternity leave. Recruitment is ongoing within pharmacy and there is hope that this situation will improve by the end of the year as staff return to work. Recruitment into current vacancies is a recognised challenge as there is a national shortage of pharmacists and pharmacy technicians. We do continue to adapt and evolve the ways we work to be as efficient as possible. There is a new career pathway in place for pre-registered technicians to help improve the pipeline for registered pharmacy professional and for primary care pharmacy to 'grow their own' workforce. This is a 2 year course and we currently have three staff undergoing this training. We also have a career pathway for pre-registered pharmacists and have two staff who working within the HSCP on placement this year. NHS GG&C is working with NES to expand on training of both pre-registration pharmacists and pharmacy technicians which would enable us to retain staff locally longer term.

7.9.2 Mental Health, Learning Disabilities & Addictions

7.9.2.1 Learning Disability Service

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

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

7.9.2.2 Mental Health

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

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

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

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

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

Although our figures are relatively stable at present we will not know the impact of the pandemic for a while and it is anticipated that the demand on our mental health services will increase heavily. The primary care mental health and wellbeing hub will be instrumental in helping to address additional capacity requirements. In relation to the physical wellbeing of mental health patients in secondary care services it is anticipated that there will be requirement for additional Band 6 nurses, pharmacists and ANPs however it is too early to predict the additional resource required.

7.9.2.3 Addictions

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

7.9.3 Children's Health, Care and Justice

7.9.3.1 Children's Health

The Health Visiting Service and Family Nurse Partnership have maintained their service provision throughout the pandemic in line with Scottish Government guidance and continued to undertake essential child health reviews while remaining responsive to parents to promote, support and safeguard the wellbeing of children and young people. The HSCP requires to review student health visitor intake annually to offset anticipated pressures on the workforce and risks to the delivery of safe effective person centred care. Nursing leadership

and corporate governance teams will continue to engage in robust workforce planning processes, develop the use of the common staffing method and present data to inform recommendations on an annual basis. Locally workforce planning will require to take cognisance of the declining birth rate and emerging service demands as the impact of the Covid 19 pandemic is fully expressed in terms of emerging needs within this. Client group.

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

NHS Greater Glasgow and Clyde has prioritised pathways of care with respect to Emotional Health and Wellbeing, Transitions and Vulnerability. Evaluation of the impact of additional school nurse capacity to contribute to the care of school-aged children and their families within the context of integrated community nursing teams and the wider interagency setting is required in order to assure delivery of safe, effective and person centred care, based on the Getting It Right For Every Child National Practice Model.

7.9.3.2 Child and Adolescent Mental Health Services

A NHS Greater Glasgow and Clyde board wide CAMHS Mental Health Recovery and Renewal Programme Board has been convened which will oversee the significant work plan associated with the utilisation of the funding. The funding will require a large scale increase in staffing in order to deliver the improvements and expanded services. A range of posts will be created at Board level to deliver services and support the programme across and on behalf of HSCP's. This includes the development of Clinical Nurse Specialist and a Nurse Consultant post. Each HSCP has submitted their proposed workforce

The service has a significant waiting list and backlog of referrals. The Scottish Government provided monies for additional resource and this has added some resilience to the team however based on current modelling the backlog will remain in the coming years. CAMHS service in West Dunbartonshire is now best in the board meeting 18 week RTT target.

The service is receiving an increasing number of referrals neurodevelopmental conditions. Although a pathway is being developed for this the cases can be very complex. National shortages of Clinical Psychologists and Psychiatrists make recruitment a challenge. There is also a shortage of non-medical prescribers. Training for this can take between six and eight months and courses only run twice a year. The next course is due to start September 2022 and we have two staff nominated for this, however due to the widespread shortage and coupled with vacancies throughout the Greater Glasgow and Clyde area once staff have qualified they are then able to apply for vacancies elsewhere. Because of funding streams we are only able to offer some posts on a fixed term basis as the funding can be non-recurring. This causes difficulties with both recruitment and retention as staff are increasingly looking for job security.

7.9.3.3 Children's and Families

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

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

7.9.3.4 Justice

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

7.9.4 Musculoskeletal Physiotherapy Services (MSK)

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

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

Waiting times for MSK Physiotherapy were detrimentally affected due to suspension of routine appointments, resulting in a significant backlog of patients requiring attention. The majority of staff returned from redeployment in July 2020. All routine appointments were re-

established when staff returned from redeployment. Demand for MSK service provision remained lower than pre-COVID-19 levels until March 2021. This allowed the service to work towards and achieve the Scottish Government waiting times target of 90% of patients being seen within 4 weeks. Current demand is back to pre Covid levels (at approximately 5.5k referrals per month); however MSK capacity was further impacted by 3 waves of further redeployment to support Acute colleagues. As a result waiting times have risen again. The service continues to see all urgent patients within the 4 week target but routine waits have risen to >20 weeks.

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

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

The MSK Physiotherapy service is a Greater Glasgow and Clyde wide service Hosted Service within West Dunbartonshire. As such this large service is developing a Greater Glasgow and Clyde wide workforce plan

7.9.5 Finance, Human Resources, Strategy & Transformation

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

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

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

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

8 Medium Term Drivers

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

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

The next Strategic Commissioning Plan will set out the vision for the Integration Joint Board taking account of these pressures. The challenges facing West Dunbartonshire are not unique to this region as current pressures are mirrored elsewhere in Scotland. We are continuing to work with our National Networks to ensure we are capturing lessons learned and to ensure we are working together and sharing learning across the Partnerships.

That being said, West Dunbartonshire is one of the smallest HSCPs in Scotland, and the challenges faced by our local communities will undoubtedly realise a surge in demand for health and social care services which will require a whole system response and will therefore place additional demands on all services, including those traditionally thought of as back office functions.

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

- Ensuring staff wellbeing: ensuring that staff can continue to work safely and effectively with appropriate training, guidance and line management and access to timely physical, practical and emotional wellbeing support.
- Ensuring system flow: through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible. This is already a significant focus for Service Improvement Leads but further capacity is required in order to effectively review and redesign services in a timely manner improving outcomes for service users.
- Discrete projects: The HSCP is frequently required to deliver bespoke projects in response to Scottish Government policy requirements. These work streams often

require responses in quick time and usually impact on Commissioning, HR, Finance, and improvement, data and evaluation teams.

- National Care Service: The creation of a National Care Service for Scotland is a potentially a significant transformational change for HSCPs across Scotland. It is expected this will place additional pressure on data/information teams and planning functions.

8.1 Challenges

Some of the challenges we face in the medium term are:-

- Figures from Scottish Social Services Council (SSSC) 2019 note that there has been in the last 5 years a 12% reduction in social work degree completions (SSSC, 2019) from 94% to 72% from the period 2012-2017. With every HSCP within the NHS GG&C area recruiting for Social workers we are all competing for the same pool of available staff. We need to develop better pipelines of social workers and develop structured career pathways to develop Social Work Assistants to enable them to progress to a qualified social worker. The average career length of a social worker nationally is 7 years
- Reducing levels of turnover within services with high rates i.e. care at home and care homes. As people leave, the organisation loses critical experience and expertise and invokes costs. The average costs of a leaver is £30,000 (*incl. lost output, recruitment cost, management time, ref. Oxford Economies Report 2014). We want to have those who work here to want to stay. All staff who leave the organisation have the opportunity for an exit interview however as this is not mandatory it cannot be relied on to produce robust data. Working collaboratively with TU colleagues we are forming a recruitment and retention working group to consider what improvements can be made to ensure we maximise the retention of staff
- We have a number of difficult to fill roles in most job families. We will work to improve pathways from schools and higher Education establishments to improve our pipeline of available resource. Work experience opportunities were ceased during the pandemic, however we will work to re-establish this. We will work collaboratively with wider NHS Greater Glasgow and Clyde and other HSCPs as our difficult to fill roles are not unique to West Dunbartonshire and are common across all partnerships
- Care worker recruitment continues to be a huge challenge nationally. The health and social care system depends on care workers to deliver services to those most vulnerable in society and to ensure that care packages are in place to allow early discharge from hospitals. Recruitment will remain an ongoing challenge in the medium term with a number of national shortages within job families. We need more innovative and tailored recruitment solutions to ensure that we do not lose candidates to other organisations

8.2 Service Delivery

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

- Redesigns of services building on new ways of working and new technology
- Consideration of the impact of Long COVID and its implications on Rehabilitation Services
- Implementation of the outcomes from the ongoing Care at Home Review

- Management development to support integration and build leadership capacity at all levels
- Workforce modelling to inform ICT needs, balanced against a blend of office-based and home working
- Improved virtual patient/service user management. Consultation, triage and assessment can be done via virtual management tools where appropriate
- In services where substantial backlogs continue to exist in the next 12 months additional resource may be required if the backlogs are to be addressed, which could have recruitment and retention and financial implications
- The requirement for the provision of care for Older People continues to grow and, in particular, medical staffing levels within old age psychiatry continue to be challenging. We are striving to achieve long term stability in terms of medical staff resourcing and continue to work closely with recruitment and medical bank colleagues within NHS Greater Glasgow and Clyde however it is known that this specialty is particularly hard to obtain across all HSCP's within NHS Greater Glasgow and Clyde and in other Health Boards
- Further development of NHS Greater Glasgow and Clyde Safe Staffing and Workload Tools will require us to review staffing models for community services.

8.3 National Care Service

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

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

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

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

9 Conclusion

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

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

Recruitment and retention of staff will be an ongoing challenge as there will be an increased demand for staff across all health boards and HSCP's as we continue to address backlogs and develop new ways of working. We will continue to work with our recruitment colleagues in both NHS Greater Glasgow and Clyde and West Dunbartonshire Council to ensure

vacancies are processed as quickly as possible and to discuss recruitment campaigns and the potential for more innovative ways to promote West Dunbartonshire HSCP as an employer of choice.

10 Action Plan

Issue	Action	Lead	Further Information
Plan	Submission of Draft Workforce Plan to IJB	Head of HR	
Plan	Develop Strategic Plan	Head of Strategy and Transformation	
Attract	Form working group to consider recruitment and retention issues	Head of HR	Group established date of first meeting to be confirmed
Attract	Develop existing links to schools, and other educational establishments	Head of HR	
Attract	Develop young person's engagement plan to consider modern apprentice, kickstart etc.	Head of HR	
Attract	Identify difficult to fill posts and work collegiately with NHS GG&C and other HSCP's to consider wider approach to recruitment	Head of HR	
Attract	Continue to recruitment to Care Home vacancies - currently 34	Care Home Management Team	
Attract	Recruitment to 4.8 WTE School Nurse posts by the end of 2023	School Nursing Management Team	
Train	Explore development of Health and Social Care Training Passport	Head of HR	
Train	Ensure all staff complete statutory and mandatory training within timescales	All Heads of Service	
Train	Develop cross service shadowing programme	Head of HR All Heads of Service	
Train	Introduce digital champions within the partnership to encourage and demonstrate new digital ways of working	Head of HR Head of Strategy and Transformation	
Train	Development of a digital roadmap to ensure staff are digitally enabled to adapt to new digital ways of working and technologies	Head of Strategy and Transformation	
Train	Ensure staff are appropriately trained to promote	All Heads of Service	

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

Scottish Government
Health Workforce Directorate
Workforce Planning Data, Analytics and Insight Unit



Beth Culshaw
Chief Officer
West Dunbartonshire Health and Social Care Partnership

4 October 2022

Dear Beth,

West Dunbartonshire HSCP Draft 3 Year Workforce Plan: feedback

Thank you for forwarding a copy of your draft Three Year Workforce Plan to the Scottish Government Workforce Planning Data, Analytics and Insight Unit.

We recognise the considerable work that you and your partners in the various stakeholder groups have undertaken in developing the draft during what remains a challenging operating environment, as we begin the recovery of service capacity.

As outlined in the guidance published under DL (2022) 09 - National Health and Social Care Workforce Strategy: Three Year Workforce Plans - we have undertaken a review of the content of the draft document and are providing the undernoted feedback to you for consideration as you finalise the content of your plan in advance of publication at the end of October.

Members of the Workforce Planning Data, Analytics and Insight Unit have used the indicative content checklist in Appendix 1 of DL (2022) 09 as a baseline to frame the following comments.

- The population demographic information in section 1.2 is detailed though quite difficult to interpret in narrative format. We suggest that tables or charts may be useful to help simplify and illustrate the information presented;
- In section 3.2 we note that over a third (805) of partnership staff are aged over 55, 404 staff are aged over 60, and around 100 are over 65. Depending on analysis of anticipated retiral ages, we estimate that this is likely to present a significant replacement need across the next 5 years. We would be grateful if this particular issue could be examined in more detail to include the partnership's working assumptions on numbers of staff expected to retire from both Council and NHS employment;
- Section 7.4 also addresses the issues of retirement risk and succession planning and it would be useful to see the result of the analysis undertaken to identify which roles across the HSCP are considered to be key service risks;
- We note the turnover analysis in section 3.4 which, although quite high for WD Council staff, is not expected to increase. If possible, we would suggest including

any assessment available from exit interviews (or more detailed leaver analysis) to construct a picture of where staff are being lost (e.g. through retirements, to other NHS or Council employers, or to private sector employment) - particularly given the partnership's location close to a number of other HSCPs;

- We welcomed the content around staff wellbeing in section 4 as a helpful and detailed approach to the health and wellbeing of the partnership's workforce;
- The plan included useful references to Modern Apprenticeships and Kickstart programmes to supplement the workforce and we would be interested in an indication from the partnership of the potential numbers it may be able to secure from those categories, and what impact this may have on its overall workforce needs (i.e. which service areas/roles areas would be likely to benefit most from this, and to what extent in terms of estimated numbers);
- Sections 7.8 and 7.9 explores the partnership's services in more detail and sets some context for future workforce need. In most of these sections, specific workforce needs are not quantified, and it would be useful to see details of any additional posts which the partnership considers may be required to address demand in each of these areas (perhaps following the design of the table included for the Re-ablement Team?). A summary of the total recruitment need arising across the partnership would also be helpful to see;
- The action plans align effectively with the 5 Pillars outlined in the National Health and Social Care Strategy for Scotland, and this is welcome. We noted some further scope to ensure action plan activities cross-refer with issues identified within the main narrative plan (e.g. recruitment to 34 care home vacancies, recruitment to additional 4.8 wte school nurse posts) so that references are consistent within the plan, and actions tracked accordingly.

We appreciate that your workforce plan is part of a local suite of strategic planning work that is already underway and hope that you will consider this feedback as constructive and of value to you and your partners in finalising plans.

Reviewing the plans developed by NHS Boards and Integration Joint Boards (via HSCPs) will enable us to provide Scottish Ministers with further insight, and help them to determine approaches that will:

- Support the health and wellbeing of our workforce during these challenging times;
- In the short term, and in preparation for winter, inform their understanding of the workforce implications of sustained, increased service demand;
- In the medium term, better understand the national implications arising from the local analysis of workforce plans – particularly around population and workforce demography, service redesign and the introduction of new roles.

We recognise that the timescale for publication and associated governance arrangements may limit your ability to make changes to this version. However we would welcome the opportunity for further discussions across the next year to inform subsequent annual revisions to your workforce plan.

Should your governance processes necessitate a delay in publication beyond the indicative date of 31st October 2022 we would appreciate that you advise us of this along with a likely publication date by contacting WFPPMO@gov.scot

Yours sincerely,

Grant Hughes

Grant Hughes
Head of Workforce Planning Data, Analytics and Insight Unit
Directorate of Health Workforce