

# Agenda

West Dunbartonshire  
Health & Social Care Partnership

## West Dunbartonshire Health and Social Care Partnership Board

**Date:** Tuesday, 21 February 2023

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**Time:** 14:00

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**Format:** Hybrid Meeting

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

Dear Member

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

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  
Gillian Gall  
Lesley James  
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: 14 February 2023

**Audio Streaming**

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# WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

TUESDAY, 21 FEBRUARY 2023

## 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 5 - 12

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 15 November 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 2022/23 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 9 (31 DECEMBER 2022) AND 2023/24 ANNUAL BUDGET SETTING UPDATE 15 – 76

Submit report by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at period 9 to 31 December 2022, a projected outturn position to the 31 March 2023 and an update on the 2023/24 annual budget setting process.

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- 7 SPECIALIST CHILDREN’S SERVICES 77 - 84**
- Submit report by Lesley James, Head of Children’s, Health, Care and Justice Services, Chief Social Work Officer, providing an update to West Dunbartonshire Health and Social Care Partnership Board on the progress towards planning for implementation of a single service structure for Specialist Children’s Services Child (SCS).
- 8 MSK PHYSIOTHERAPY SERVICE ANNUAL REPORT 2021/22 85 - 100**
- Submit report by Helen Little, MSK Physiotherapy Manager GGC, presenting the Annual Report for MSK Physiotherapy service (Greater Glasgow and Clyde) 2021-22.
- 9 URGENT AND UNSCHEDULED CARE UPDATE 101 - 109**
- Submit report by Fiona Taylor, Head of Health and Community Care providing an update on developments in Urgent and Unscheduled Care (U&UC) governance across NHSGGC and how HSCPs are delivering against U&UC priorities to minimise the impact of unscheduled care.
- 10 MINUTES OF MEETING FOR NOTING 111 – 144**
- Submit for information the Minutes of Meeting for Joint Staff Forum (JSF) held on the below dates:
- (a) 18 August 2022;
  - (b) 15 September 2022;
  - (c) 27 October 2022;
  - (d) 17 November 2022; and
  - (e) 15 December 2022.

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For information on the above agenda please contact: Lynn Straker, Committee Officer, Regulatory, Municipal Buildings, College Street, Dumbarton G82 1NR.  
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## 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, 15 November 2022 at 3.10 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; John Kerr, Housing Development and Homelessness Manager; Kim McNab, Service Manager – Carers of West Dunbartonshire and Helen Little, Lead Allied Health Professional.

**Attending:** Lesley James, Head of Children's Health Care and Criminal Justice and Chief Social Work Officer; Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction; Fiona Taylor, Head of Health and Community Care; Alan Douglas, Chief Officer – Regulatory and Regeneration; Michelle McAloon, Head of Human Resources; Jack Kerr and Chris Gardner, Auditors, Audit Scotland; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Margaret Williamson, HSCP Officer and Ashley MacIntyre and Lynn Straker, Committee Officers.

**Michelle McGinty in the Chair**

### ADJOURNMENT

The Chair adjourned the meeting for a short comfort break. The meeting reconvened at 3.22 p.m. with all those listed in the sederunt present.

### DECLARATIONS OF INTEREST

Clare Steel declared that she is currently Chairperson of the Carers Centre which is referenced throughout a number of the reports on the agenda. The board agreed Ms Steel could remain in the meeting during consideration of all items 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 27 September 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**

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

Ms Culshaw advised Members of the good progress being made in the roll out of vaccinations with all eligible and opting in residents in care homes now vaccinated. The HSCP would continue to observe the need for vaccinations and the requirements going forward as we move in to winter.

Ms Culshaw provided a brief update from the HSCP Audit and Performance Committee noting a number of development sessions would be organised:- Performance Report; Risk Management; Standing Orders and an informal session providing an update on the financial position.

## **VARIATION IN ORDER OF BUSINESS**

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

## **INTEGRATED WORKFORCE PLAN**

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

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

- (1) that the Health and Social Care Partnership Board approved the Final version of the 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; and
- (2) that the Health and Social Care Partnership Board note the requirement for annual reviews to be submitted to the Scottish Government. The reviews will be presented to the HSCP Board for approval annually prior to submission.

Note:- Michelle McAloon, Head of Human Resources left the meeting following consideration of this item.

### **AUDITED ANNUAL ACCOUNTS 2021-2022**

A report was submitted by the Chief Financial Officer presenting Members with the audited Annual Accounts for the year ended 31 March 2022.

After discussion and having heard the Chief Financial Officer and the Senior Auditor, Audit Scotland in further explanation, the Board agreed 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.

### **2022-2023 FINANCIAL PERFORMANCE UPDATE REPORT**

A report was submitted by the 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.

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 30 September 2022 is reporting an underspend position of £0.288m (0.31%);
- (3) to note the projected outturn position of £0.728m underspend (0.39%) for 2022/23, including all planned transfers to earmarked reserves;
- (4) to 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;
- (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.

## **ALLOCATION OF CHILDREN AND YOUNG PEOPLE'S RESIDENTIAL CARE COSTS**

A report was submitted by the 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.

Michelle McGinty, seconded by Clare Steel moved:-

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

The Board agrees, that in 2022/23 and future years, all residential care costs for children under 16, or those in full time education beyond that age, are allocated on a 72%/28% basis with the Health and Social Care Partnership responsible for 72% and West Dunbartonshire Council responsible for 28%.

This split reflecting the allocation of costs was determined independently by Scotland Excel using established framework contracts.

The Board further agrees that the Chief Financial Officer West Dunbartonshire HSCP should incorporate these costs into the next Financial Performance Update Report to be reported to the Board in February 2023.

The Chief Officer – Regulatory and Regeneration then provided Members with advice on how motions and amendments were dealt with.

As an amendment, Rona Sweeney seconded by Michelle Wailes moved:-

An amendment to the second sentence, as follows:-

The Board agrees, that in 2022/23 and future years, all residential care costs for children under 16, or those in full time education beyond that age, are allocated on a 72%/28% basis with the Health and Social Care Partnership responsible for 72% and West Dunbartonshire Council responsible for 28%. **The additional budget resource to support this change to be transferred from West Dunbartonshire Council to the HSCP budget.**



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

The Chief Officer – Regulatory and Regeneration advised that as there was no agreement the status quo would prevail subject to any future agreement or referral to the dispute resolution process by either party.

## **ADJOURNMENT**

The Chair adjourned the meeting for a short comfort break. The meeting reconvened at 4.35 p.m. with all those listed in the sederunt present.

## **WINTER OVERVIEW**

A verbal presentation was provided by the Head of Health and Community Care showing an overview of the HSCP approach to winter pressures.

After discussion and having heard the Head of Health and Community Care in further explanation and in answer to Members' questions, the Board agreed to note the contents of the presentation.

## **PROGRESS REPORT CARERS (SCOTLAND) ACT 2016**

A report was submitted by the 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.

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 positive work undertaken by the Carers Development Group; and
- (2) to approve the proposed use of resources as detailed in the report at paragraphs 4.12 and 4.16 as detailed below.

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.
- 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

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 (totalling £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; YSort-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.

## **CHIEF SOCIAL WORK OFFICER ANNUAL REPORT**

A report was submitted by the Head of Children's Health, Care and Justice Services and Chief Social Work Officer providing the Chief Social Work Officer's (CSWO) Annual Report for 2021-22 (Appendix 1 to the report) 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.

After discussion and having heard the Head of Children's Health, Care and Justice Services and Chief Social Work Officer in further explanation and in answer to Members' questions, the Board agreed to note the contents 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.

## **DEMENTIA STRATEGY UPDATE**

A report was submitted by the Head of Mental Health, Learning Disabilities and Addiction, providing an update on progress of West Dunbartonshire HSCP Dementia steering group Dementia strategy implementation.

After discussion and having heard the Head of Mental Health, Learning Disabilities and Addiction in further explanation and in answer to Members' questions the Board agreed to note the content of the report.

## **DEVELOPMENT AND ENGAGEMENT REGARDING HSCP STRATEGIC PLAN 2023-2026**

A report was submitted by the 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.

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 work undertaken to develop an initial draft of the Strategic Plan;
- (2) to note the work currently underway to engage with stakeholders regarding the Strategic Plan;
- (3) to approve the proposed timeline for progressing the Strategic Plan through respective governance and oversight bodies; and
- (4) to provide comment on the initial draft of the Strategic Plan.

The meeting closed at 6.05 p.m.

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## WEST DUNBARTONSHIRE HSCP BOARD ROLLING ACTION LIST

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



## WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

## Report by Chief Financial Officer

21 February 2023

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**Subject: 2022/23 Financial Performance Report as at Period 9 (31 December 2022) and 2023/24 Annual Budget Setting Update**

**1. Purpose**

- 1.1** To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 9 to 31 December 2022 and a projected outturn position to the 31 March 2023 along with an update on the 2023/24 annual budget setting process.

**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 31 December 2022 is reporting an adverse (overspend) position of £0.399m (0.29%);
- c) **Note** the projected outturn position of £0.453m overspend (0.25%) for 2022/23 including all planned transfers to earmarked reserves and the main movements since last reported to the HSCP Board;
- d) **Note** the bad debt write off for Quarter 2 and Quarter 3;
- e) **Approve** the budget transfer from West Dunbartonshire Council of £1.419m in relation to the proposed change in cost allocation of Children's residential schools between the HSCP and Education from an equal 50%/50% split to the proposed 72%/28% cost allocation split;
- f) **Note** that the forecast costs for Covid-19 cost for 2022/23 are currently estimated to be £3.435m (including the costs of the £500 thank-you payments) and that the Scottish Government has confirmed that there will be a return of unallocated funds;
- g) **Note** the update on the monitoring of savings agreed for 2022/23;
- h) **Note** the current reserves balances;
- i) **Note** the update on the capital position and projected completion timelines; and
- j) **Note** the progress on the 2023/24 budget setting process, initial planning assumptions, and the expected timeline in relation to our partner bodies budget offers.

### **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 NHSGGC Board formal approval.
- 3.2** Since the March HSCP Board report there have been a number of budget adjustments. A total net budget of £183.757m 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** The Local Mobilisation Plan (LMP) Covid-19 financial tracker for 2022/23 is submitted monthly to the Scottish Government, to allow close monitoring of the impact of Covid Cost Improvement Programmes.
- 4.2** The month 9 financial tracker for 2022/23 was submitted on 24 January 2023 and Table 1 below provides a summarised version of the forecast costs.
- 4.3** 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.
- 4.4** The opening earmarked Covid-19 reserve was £9.213m and at this time it is forecast that expenditure in 2022/23 will be £3.435m (including £0.077m relating to final social care £500 thankyou payments) leaving a projected balance of £5.855m. This projected cost is a reduction of £0.511m from the £3.946m reported to the November Board mainly relating to a reduction in staffing costs and provider sustainability payments.
- 4.5** On 16 January 2023 the Director of Health Finance and Governance contacted chief officers and chief financial officers to confirm the Scottish Government intent to reclaim surplus Covid funding and redistribute this across the health and social care sector to meet current Covid priorities and other cost pressures. An extract of the mechanism to return funds as set-out in the 16 January letter is shown below:
- “I am writing to provide further detail on the arrangements we will put in place to enable Covid reserves to be returned...figures by Integration Joint Board is based in Month 8 FPR data. This will be carried out through a negative allocation to the value of the agreed return from the relevant NHS Board back to the Scottish Government with local arrangements to be agreed with regards to the transactions.”*
- 4.6** This clawback has now been instigated and the negative budget allocation of £5.855m against WDHSCP is shown within the financial tables (Table 3) and



relevant appendices, including a drawdown from earmarked reserves of the same value to cover the return. As stated within the letter it is based on the reported month 8 position and a final reconciliation exercise to be carried out between the final outturn and the month 8 position sometime in late April 2023.

**Table 1 – Summary of Covid-19 Costs and Funding to 31 December 2022**

Covid/Remobilisation Cost Analysis	Actual to Date	Full Year Forecast
	£000's	£000's
<b>Covid-19 Pressures</b>		
Scale up of Public Health Measures	0	50
Flu Vaccination & Covid-19 Vaccination (FVCV)	132	245
Additional Staff Costs (Contracted staff)	277	585
Additional Staff Costs (Non-contracted staff)	123	128
Additional PPE	1	1
Additional Capacity in Community	120	160
Adult Social Care	338	482
Children and Family Services	850	850
Homelessness and Criminal Justice Services	71	95
Reducing Delayed Discharge	119	159
Covid-19 Financial Support for Adult Social Care Providers	266	376
Additional FHS Contractor Costs	87	165
Digital & IT costs	48	53
Loss of Income	17	76
Other	6	6
Staff Wellbeing	0	4
<b>Total Spend</b>	<b>2,455</b>	<b>3,435</b>
<b>Funding</b>		
Opening Earmarked Reserve for Covid Pressures	(9,213)	(9,213)
Covid Clawback based on Month 8 LMP Submission		5,855
Grant Funding for Social Care £500 Thankyou Payment	0	(77)
<b>Total Funding</b>	<b>(9,213)</b>	<b>(3,435)</b>
<b>Remaining Earmarked Reserve as at 31 March 2023</b>	<b>(6,758)</b>	<b>0</b>

### Summary Position

- 4.7** The current year to date position as at 31 December is an overspend of £0.399m (0.29%). The projected outturn position, with all identified Covid-19 costs being fully funded from reserves, is a potential overspend of £0.453m (0.25%) and includes the forecast impact of accepting the WDC budget transfer of £1.419m (22% of Education's Children's Residential Schools budget) to the HSCP to support a change in the cost allocation to the HSCP from 50% to 72%. Further detail contained within sections 4.20 – 4.27 of this report. The consolidated summary position is presented in greater detail within Appendix 3, with the individual Health Care and Social Care reports detailed in Appendix 4.

- 4.8** Members should note that the projected underspend takes into account the progress on agreed savings programmes and £10.831m of expenditure to be drawn down from earmarked reserves. Further detail on progress of savings is detailed in Appendix 2 with summary detail on the anticipated level of reserves is provided within Appendix 6.
- 4.9** The summary position is reported within Table 2 below which identifies the projected 2022/23 budget overspend of £0.453m. This will be still be subject to change over the last couple of months of the financial year as the 2022/23 draft annual accounts are prepared.
- 4.10** Analysis on the projected annual variances in excess of £0.050m are contained within Appendix 5. These include the impact of the pay settlements, ongoing recruitment and retention challenges which increases the level of vacancies partially 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.

**Table 2 - Summary Financial Information as at 31 December 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	111,485	81,075	80,872	203	114,553	(3,068)	(3,343)	275	0.25%
Social Care	112,853	78,611	79,013	(402)	111,671	1,182	1,725	(543)	-0.48%
Covid-19	(5,855)	0	77	(77)	3,435	(9,290)	(9,213)	(77)	1.32%
<b>Expenditure</b>	<b>218,483</b>	<b>159,686</b>	<b>159,962</b>	<b>(276)</b>	<b>229,659</b>	<b>(11,176)</b>	<b>(10,831)</b>	<b>(345)</b>	<b>-0.16%</b>
Health Care	(5,048)	(4,156)	(4,156)	0	(5,048)	0	0	0	0.00%
Social Care	(29,678)	(19,067)	(18,867)	(200)	(29,493)	(185)	0	(185)	0.62%
Covid-19	0	0	(77)	77	(77)	77	0	77	0.00%
<b>Income</b>	<b>(34,726)</b>	<b>(23,223)</b>	<b>(23,100)</b>	<b>(123)</b>	<b>(34,618)</b>	<b>(108)</b>	<b>0</b>	<b>(108)</b>	<b>0.31%</b>
Health Care	106,437	76,919	76,716	203	109,505	(3,068)	(3,343)	275	0.26%
Social Care	83,175	59,544	60,146	(602)	82,178	997	1,725	(728)	-0.88%
Covid-19	(5,855)	0	0	0	3,358	(9,213)	(9,213)	0	0.00%
<b>Net Expenditure</b>	<b>183,757</b>	<b>136,463</b>	<b>136,862</b>	<b>(399)</b>	<b>195,041</b>	<b>(11,284)</b>	<b>(10,831)</b>	<b>(453)</b>	<b>-0.25%</b>

- 4.11** For the November report to the HSCP Board, the projected outturn was presented in two sections and was based on the actual costs as at 30 September 2022 and projections for the remaining six months of the financial year. Initially as an unadjusted figure of a £0.728m projected underspend (refer to Table 2 of the November report), in lieu of the pay awards being settled (and not exceeding the budgeted pay uplift) and uncertainties over additional funding and no change to the 50/50 split of residential school costs. This projection was then adjusted to reflect the anticipated unfunded costs of the pay awards, the full cost of accepting the increased share of residential placements and increased costs in some commissioned services. This worst case scenario projected a potential overspend in the region of £4.578m for 2022/23 (refer to Table 5 of the November report).

- 4.12** Since the November report there have been a number of significant updates impacting on these projections that has revised the Period 9 projected outturn to an overspend of £0.453m. Table 3 below provides details of the movement between the unadjusted underspend of £0.728m as at period 6 to the current projected overspend of £0.453m as at period 9, i.e. a net movement of £1.181m.
- 4.13** The main movements are in relation to pay award costs and funding decisions by our partners. These are covered in more detail below in the “Update on Pay Awards” sections and confirm no additional funding for pay pressures from WDC and an assumption that the Scottish Government will fully fund the health pay uplift. The continuation of higher than anticipated levels of turnover and difficulties in filling vacancies has helped offset some of the pay award pressure and reduced the original projected costs. Other movements in projections are explained within the variance analysis contained within Appendix 5.

**Table 3 – Summary of main changes Period 6 to Period 9**

	<b>Social Care £000</b>	<b>Health Care £000</b>	<b>Total £000</b>
Unadjusted Projected Variance P6	762	(34)	728
Projected Variance P9	(728)	275	(453)
<b>Total Movement</b>	<b>(1,490)</b>	<b>309</b>	<b>(1,181)</b>
Represented by:			
Cost of unfunded pay award	(1,786)	0	(1,786)
Residential Schools	(440)	0	(440)
Community Placements	(430)	0	(430)
Additional Turnover	561	305	866
Additional Scottish Govt funding	174	186	360
Older People external care home beds	607	0	607
GP Prescribing	0	(207)	(207)
Other various movements	(176)	25	(151)
<b>Total Movement</b>	<b>(1,490)</b>	<b>309</b>	<b>(1,181)</b>

### **Update on Pay Awards**

- 4.14** The currently reported annual budget for both Health Care and Social Care services includes an estimation of the 2022/23 pay impact with the average budgeted rates being circa 2.9% and 2.4% respectively. However as previously reported, these assumptions fell short of the various offers put to local government and health board staff groups.

### **Local Authority Pay Award**

- 4.15** Full detail of the local authority pay settlement has been included in previous financial update reports and it is confirmed that staff received the pay award

(including back payments) on 28 November and 9 December depending on pay frequency.

- 4.16** As previously advised the Local Government & Analytical Services Division of the Scottish Government allocated £140m of recurring revenue funding and £120m of capital funding to support the local government pay offer of which the West Dunbartonshire share equated to £2.551m and £2.197m respectively. While it was confirmed that this funding included staff currently delegated to Integrated Joint Boards (IJB's), with an expectation that they would receive a proportionate share of this funding, on 21 December 2022 West Dunbartonshire Council took the decision not to pass through any of this funding to the HSCP Board. The financial impact of this decision on the HSCP is included within Table 2 and based on the actual cost of back payments made in November and December, has been calculated at £1.786m for 2022/23.

### **Health Care Pay Award**

- 4.17** As previously advised following negotiations between the Scottish Government and NHS Unions, NHS staff were offered an updated pay award of £2,205 representing an average 7% pay uplift with the lowest paid staff seeing a rise of more than 11% and qualified nursing staff receiving up to 8.45%.
- 4.18** While some unions have not formally accepted the offer, the Scottish Government took the decision to implement the pay award. Updated pay and conditions for NHS staff covered by the Agenda for Change agreement were issued to Health Boards on 23 December 2022. It is anticipated that all backdated salaries costs will be paid to staff in the 23 February 2023 monthly pay run.
- 4.19** Health Boards have historically received additional funding towards pay negotiations, when the agreed pay uplift exceeds the annual inflationary uplift, with appropriate share passed over to HSCP's. The forecast cost of the pay award is included within Table 2 and while it is estimated to cost £1.607m the assumption that this will be fully funded and as such results in a nil financial impact for the HSCP in 2022/23.

### **Update on Children's Residential Schools**

- 4.20** Since the respective budget setting exercises by both West Dunbartonshire Council and the HSCP Board in March 2022, there have been several additional reports presented to both bodies regarding the council's budget decision to change the cost allocation of Children's residential schools between the HSCP and Education from an equal 50%/50% split to a 72%/28% split.
- 4.21** At the 15 November meeting of the HSCP Board, the most recent report on the position, was subject to both a motion and an amendment regarding the way forward. In summary, the motion stated that the HSCP Board accept the

WDC decision of picking up a greater share of residential school placement costs with no additional budget transfer. The corresponding amendment stated the HSCP Board would accept the change in the allocation if a corresponding budget transfer was made. As both the motion and amendment received 3 votes each, the status quo prevailed, i.e. a 50/50 split of costs.

- 4.22** The Council then met on 21 December and further considered their position regarding the split as part of their overall financial position for both 2022/23 and in future years and approved the following recommendation:

*“Agree that, given the decision at October Council that in 2022/23 and future years, all residential care costs for children under 16, or those in full time education beyond that age, are allocated on a 72% HSCP/28% WDC basis that the proportionate share of the 2022/23 budget to support this change is transferred from WDC to the HSCP budget.”*

- 4.23** The Council’s s95 officer and the HSCP Board’s s95 officer have met to discuss this decision and the value of the budget transfer. When WDC set their budget in March 2022, their budget report estimated an Education budget of £3.225m based on a 50% share would have been required for 2022/23 residential school costs. Therefore if Education will retain 28% of costs the proposed budget transfer to the HSCP of 22% is £1.419m ( $£3.225m/50*22$ ). This £1.419m transfer would be added to the 2022/23 budget allocation and would roll-forward as part of the “flat-cash” budget offer for 2023/24 to the HSCP Board.
- 4.24** If the HSCP Board had agreed in March 2022 to a greater share of costs accompanied by a proportionate budget transfer, a due diligence exercise would have been undertaken to assess its adequacy. Given the volatility of placements and the high value of shared costs, this information was scrutinised in March 2022 by both HSCP and Education finance staff. Overall the source data on current placements was aligned with a couple of variations in anticipated inflationary uplifts and possible changes in a few placements.
- 4.25** Therefore it could be concluded, that in March 2022 a £1.419m budget transfer would have been reasonable with the clear understanding that the HSCP Board accepted the risk of higher than anticipated inflationary increases and new placements exceeding those ending.
- 4.26** Based on current placements, if the HSCP agree to accept the proposed 72% cost share this will cost an additional £1.628m in 2022/23 compared to the proposed budget transfer from the Council of £1.419m resulting in a budget shortfall of £0.209m. This position is reflected within the forecast outturn reported within Table 2 and accompanying appendices.
- 4.27** While the position set-out in section 4.26 above, places an additional budget pressure on the 2022/23 HSCP projected position, the Council decision at section 4.22 above agreed that an appropriate share of the Education budget should be passed over to the HSCP Board. Given that both the HSCP Board

and Council are facing increasing funding gaps for 2023/24 and beyond, it is recommended that the budget offer is accepted and that officers from both the HSCP Children and Families Team and WDC Education Team continue to work together with Scotland Excel to stabilise inflationary pressure and reduce the number of placements.

### **Update on Prescribing 2022/23**

**4.28** The 2022/23 prescribing forecast outturn is comprised of a number of complex variables and is based on:

- Prescribing volumes;
- Cost per item
- Number of generic items dispensed as a percentage of total items dispensed; and
- Pricing and short supply

**4.29** Sustained prescribing volume growth combined with increasing prices are the key drivers behind the forecast overspend of £0.613m with 2022/23 volumes tracking above all previous years (including pre-pandemic year of 2019/20) while the number of drugs increasing in price has exceeded earlier projections across all Health Board areas. The November 2022 average cost per item is recorded at £10.55 compared to the April 2022 average of £9.80 which is in stark contrast with the 2021/22 position where the October 2021 average cost was £9.82 compared to April 2021 of £10.15.

**4.30** Significant rises in both UK and worldwide inflation, coupled with rising interest rates and weak exchange rates in sterling are the main reasons for the increase in the cost per item. Estimating how long this could impact and adjusting projections accordingly is difficult and subjective, however the 2022/23 overspend position is being minimised by increasing turnover savings across health care and the assumption that the cost of this year's pay award for health staff will be fully funded by the Scottish Government (sections 4.17 - 4.19 above). If the position worsens then there will be a drawdown from the prescribing earmarked reserve, however the intention is to protect this reserve to help underwrite the 2023/24 budget pressure. This is will covered in more detail in the March 2023/24 Revenue Budget Setting Report.

### **Bad Debt Write-Off**

**4.31** As agreed by WDC and the HSCP Board in March 2022, the Board are responsible for accounting for bad debt arising from charging for HSCP delegated services.

**4.32** While WDC retain the legal power to both set and levy charges with the collection of those charges being governed by the Council's Corporate Debt Policy any requests to write off HSCP debt now come to the HSCP Chief Financial Officer and HSCP Board for approval depending on the value of the write off request. The policy recognises that where a debt is irrecoverable,

prompt and regular write off of such debts is appropriate in terms of good accounting practice and while the Council and HSCP will seek to minimise the cost of write-offs by taking all necessary action to recover what is due, where it has not been possible to collect a debt, authorisation to write these debts off will be requested to:

- The HSCP Chief Financial Officer if the debt is under £5,000; or
- The HSCP Board if the debt is valued at more than £5,000

**4.33** Analysis of outstanding debt for the Quarter's two and three (period 1 July to 31 December) has been undertaken by the Corporate Debt Team and 328 cases of outstanding debt totalling £0.026m have been submitted to the HSCP Chief Financial Officer for write off. The reasons for write off are detailed in Table 4 below.

**Table 4 – Debt Write off Summary for July to December 2022**

<b>Bad Debt Write Off Summary for Quarter 2 and 3 (1 July to 31 December 2022)</b>	<b>Total</b>	<b>No of Cases</b>
Prescribed under £5k	0	0
Uneconomical under £5k	0	0
Unreasonable under £5k	21,715	84
Deceased under £5k	2,906	5
Small balance under £5k	1,392	239
Deceased over £5k	0	0
Prescribed over £5k	0	0
Unreasonable over £5k	0	0
<b>Total</b>	<b>26,012</b>	<b>328</b>

#### **Update on Reserves**

**4.34** Analysis of reserves is detailed in Appendix 6 and identifies that at this time it is anticipated that £10.831m will be drawn down from earmarked reserves to fund expenditure in 2022/23. This includes the adjustment of £5.855m against the Covid earmarked reserve (sections 4.4 - 4.6 above).

**4.35** As part of the preparation for the closure of the 2022/23 accounts and the finalisation of the 2023/24 budget estimates, a full review of all current earmarked reserves is being undertaken. It is anticipated that an earmarked “smoothing” reserve will be created from a number of other earmarked reserves that have not been fully utilised due to local and national difficulties in recruiting health and care staff in particular specialities. This “smoothing” reserve will support an element of the 2023/24 budget gap that cannot be fully closed by savings options from the 1 April 2023. This is will covered in more detail in the March 2023/24 Revenue Budget Setting Report.

## **Housing Aids and Adaptations and Care of Gardens**

- 4.36** 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 £83.175m from the council.
- 4.37** These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.
- 4.38** The summary projected position for the period to 31 March 2023 is included in the table below and will be reported as part of WDC's financial update position.

**Table 5 - Financial Performance projected 31 March 2023**

<b>Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council</b>	<b>Adjusted Annual Budget</b>	<b>Forecast Full Year</b>	<b>Forecast Variance</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Care of Gardens	455	455	0
Aids & Adaptations	250	100	150
<b>Net Expenditure</b>	<b>705</b>	<b>555</b>	<b>150</b>

## **2022/23 Capital Expenditure**

- 4.39** The capital updates for Health Care and Social Care are contained within Appendix 7 and details the actual and forecast progress on a number of capital projects being:
- Clydebank Health and Care Centre;
  - Minor Health Capital Works;
  - Special Needs - Aids & Adaptations for HSCP clients;
  - Criminal Justice Adaptations;
  - Replace Elderly Care Homes and Day Care Centres;
  - Community Alarm upgrade; and
  - Replacement of Care First

## **2023/24 to 2025/26 Budget Setting**

- 4.40** Work continues on the 2023/24 to 2025/26 budget projections and in reflecting the priorities to be set out within the new Strategic Plan, current pressures which will impact on future years, known transition packages and demographic and inflationary pressures.
- 4.41** As part of the 2023/24 Revenue Budget Setting Report to the March Board, it is anticipated that the March HSCP Board will receive a very high level update



to the Medium Term Financial Plan of potential costs and funding assumptions covering the period 2023/24 to 2032/33.

### **Scottish Government Budget and Budget Bill**

- 4.42** The Scottish Government Budget Bill for 2023/24 was introduced on 22 December 2022 with details of their local authority 2023/24 finance settlements announced on 20 December 2022.
- 4.43** Following the announcement of the local authority settlement the Scottish Government has progressed the budget through the parliamentary process, on the following dates with the Local Government Finance Order being expected to be published by the end of February 2023.
- Stage 1 (31 January 2023) - Debate in Chambers on the general principles of the Bill
  - Stage 2 (7 February 2023) - Changes to the Bill can be suggested by Scottish Government Ministers
  - Stage 3 (TBC) – MSP’s decide on any further changes proposed to Scottish Ministers and vote on whether to pass the Bill
- 4.44** The Scottish Public Sector Pay Policy is normally published at the same time as the Scottish Government Budget Bill. However given the uncertain inflation outlook and the need, at the time of publication, to conclude some pay deals for the current year the decision was taken not to publish a Public Sector Pay Policy for 2023/24 at this time.
- 4.45** In the absence of a published Public Sector Pay Policy current draft estimates include a 4% pay uplift at this time is anticipated for local government social care staff, the cost of which will have to be funded by savings and service redesign programmes, as there is no inflationary provision within the “flat-cash” settlement set out in the paragraphs below. If inflation remains at a significant level and this translates into pay awards, it would be expected that a proportionate share of any additional funding from the Scottish Government to local authorities for public sector pay would pass through to the HSCP Board. In relation to health staff the March 2023/24 Revenue Budget Setting Report will consider restricting any uplift to 2%, again set out below, with the assumption that the Scottish Government will fund any excess above this.

### **Social Care**

- 4.46** The key messages from the budget announcement are contained within a letter from the Deputy First Minister and Cabinet Secretary for Covid Recovery dated 15 December 2022 are detailed below with the letter appended to this report as Appendix 9.
- The Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises:

- the recurring commitments on adult social care pay in commissioned services (£100 million) to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services; and
- inflationary uplift on Free Personal Nursing Care rates (£15 million).
- This is offset by the non-recurring interim care money ending (£20 million).

**4.47** Finance Circular 11/2022 provided details on the initial total revenue support grant funding for West Dunbartonshire Council, however did not detail the West Dunbartonshire allocation of the £95m which remains outstanding at this time.

**4.48** The 15 December letter also states:

*“ The funding allocated to Integration Authorities **should be additional and not substitutinal to each Council’s 2022/23 recurring budgets for services delegated to IJBs** and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.*

**4.49** Discussions with the Council are ongoing and until a confirmed funding offer is made this report is based on the 2022/23 funding allocation plus an estimate of the £95m of new funding (£1.807m). As the share of the £100m for adult social care pay will be required to fund the commitment to increase the hourly rate from £10.50 to £10.90 per hour, the remaining “flat cash” settlement means the HSCP are responsible for fully funding staffing pay awards, inflationary uplifts, including the National Care Home Contract (NCHC) and demographic impacts itself with no cost pressures funded by the Council. Negotiations around the NCHC continue with a significant gap between providers expectations and available funding.

**4.49** At this time the estimated £1.807m of new funding comes with cost commitments of approximately £1.398m for commissioned services, based on current rates. However, throughout 2022/23 a number of current providers have made representations for additional increases to cover inflationary pressure in all non-pay related costs (e.g. energy, insurance, travel). It is likely that the potential remaining £0.411m will have to be directed to these other costs.

**4.50** The HSCP Board have received information on 2023/24 estimates and the potential funding gaps both within the 15 November Financial Update Report and at dedicated members sessions. These estimates continue to be refined to ensure they maximise all available funding, in addition to applying the future year impacts of previously approved savings, baseline adjustments, service efficiencies (including considerations such as HSCP recovery and redesign work) and the application of reserves where appropriate. All current work has

contributed to reduce the initial social care budget gap of £7.550m to £4.712m as shown in Table 6 below. Further work is being undertaken to consider if turnover trends continue, including difficulties in filling vacancies, then the estimated pay inflation pressure could be recalculated and reduce the gap further.

- 4.51** The Council will consider the impact of the local government finance settlement for 2023/24 on 1 March 2023, at which time they will confirm the funding offer to the HSCP Board.

**Table 6 – Social Care Budget Gaps 2022/23 to 2023/24**

	<b>2023/24</b>	<b>2024/25</b>	<b>2025/26</b>
	<b>(£m)</b>	<b>(£m)</b>	<b>(£m)</b>
Indicative Draft Budget	89.859	94.012	97.494
Indicative Funding	84.610	84.610	84.610
<b>Annual Budget Gap</b>	<b>5.248</b>	<b>9.402</b>	<b>12.884</b>
<b>Cumulative Budget Gap</b>	<b>5.248</b>	<b>14.650</b>	<b>27.534</b>
Application of Reserves	0.536	0.185	0.194
<b>Annual Budget Gap</b>	<b>4.712</b>	<b>9.217</b>	<b>12.689</b>
<b>Cumulative Budget Gap</b>	<b>4.712</b>	<b>13.930</b>	<b>26.619</b>

- 4.52** Members should also note that the budget gaps as detailed in table 6 do not include any provision for growth items at this time. The senior management team are currently finalising proposals for management adjustments and savings options.

- 4.53** The HSCP Board Meeting scheduled for 15 March 2023 will be provided with a further update on confirmed budget offers and any further amendments to projections, in particular around pay policy; inflationary uplifts and service redesign plans. At that point any identified budget gap will be considered alongside a range of options that may be required to close the anticipated 2023/24 budget gap and is likely to include:

- Savings options and further efficiencies developed by Heads of Service; and
- Further application of reserves.

### **Health Care**

- 4.54** The key messages from the budget announcement are contained within a letter from the Director for Health Finance and Governance dated 15 December 2022 are detailed below with the letter appended to this report as Appendix 10.

- Boards will receive a total increase of 5.9% for 2023/24. This includes recurring funding for pay in 2022/23 and a baseline uplift of 2% for 2023/24.

- In terms of pay, given the challenging and uncertain outlook for inflation, the need to conclude some pay deals for the current year and the associated implications for spending baselines, the Government has not set out a public sector pay policy alongside the 2023/24 Budget and we will say more on 2023/24 pay (covering Agenda for Change and other staff groups) at an appropriate point in the new year.
- It is recognised that whilst the scale of Covid-19 costs has reduced significantly in 2022-23 and projected to reduce further in 2023-24, we recognise that there are specific legacy costs that will require additional funding support in the new financial year. This includes funding for:
  - Vaccinations staffing and delivery;
  - Test & Protect activities including Regional Testing facilities;
  - Additional PPE requirements; and
  - Some specific Public Health measures.

- 4.55** Historically NHSGGC Health Board will make an indicative offer to the HSCP Board in March which will include the 2% uplift will be applied to recurring budgets.
- 4.56** The 2023/24 pay inflation assumption will be a major consideration for the HSCP Board's budget setting exercise. It would be a reasonable assumption to include an assumption of 4% in line with the projection for local government staff at a cost of £1.259m. However as stated in section 4.40 above, it may be an acceptable risk to assume the Scottish Government will provide additional funding if pay settles at above the 2% uplift, as they have done in previous years. Table 7 reflects a 2% increase at a cost of £0.629m.
- 4.57** Annual increases to GP Prescribing budgets present the greatest financial risk to the health budgets covered in detail in sections 4.26 – 4.28 above. Pre Covid-19 average annual increases range from 4%-6% which have exceeded annual uplifts requiring ambitious efficiency programmes and additional investment. Since 2020/21 the impact of the Covid-19 pandemic and Britain's exit from the EU has influenced short supply price rises; however this pressure has been more than contained by the 4% reduction in items dispensed. The 2023/24 projected overspend would suggest that not only is prescribing activity returning to pre Covid levels but that they are being exceeded. Given the uncertainty of future volumes and prices, the prescribing budget could require to increase by between 5% and 10%, however table 7 reflects only a 5% increase at this time at a cost of £0.997m. In March the Board will be presented with a recommendation, taking into account the projected reserve balance.
- 4.58** These range of assumptions could result in an optimistic budget gap in 2023/24 of £1.349m. The March report will provide the Board with recommendations that could include reduced or no-inflation to non-pays budgets and further updates on prescribing.

**4.59** Historically health care budgets are agreed for one year only and no indicative future funding offers are agreed with Health Boards. However assuming this year's Scottish Government uplift and pay assumption is replicated in the future 2 years, with prescribing pressure being held at 5%, Table 7 summaries the indicative budget gap for 2023/24 along with further anticipated budget gaps for 2024/25 and 2025/26.

**Table 7 – Health Care Budget Gaps 2023/24 to 2025/26**

	<b>2023/24</b>	<b>2024/25</b>	<b>2025/26</b>
	<b>(£m)</b>	<b>(£m)</b>	<b>(£m)</b>
Indicative Draft Budget	107,343	108,880	110,447
Indicative Funding	105,994	107,505	109,045
<b>Annual Budget Gap</b>	<b>1,349</b>	<b>1,375</b>	<b>1,402</b>
<b>Cumulative Budget Gap</b>	<b>1,349</b>	<b>2,723</b>	<b>4,125</b>
Application of Reserves	0	0	0
<b>Annual Budget Gap</b>	<b>1,349</b>	<b>1,375</b>	<b>1,402</b>
<b>Cumulative Budget Gap</b>	<b>1,349</b>	<b>2,723</b>	<b>4,125</b>

## **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 the HSCP Board 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 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.

8.2 An employer's liability insurance claim has been submitted on behalf of an HSCP employee with a policy excess of £0.250m. While the Council anticipate that the HSCP could be responsible for costs up to this amount, the Integration Scheme sets out clear responsibilities with regards to Claims Handling, Liability and Indemnity. As the actual financial impact cannot be quantified at this time and once known there will be further discussions with

the Council, no provision has currently been included with the period 9 finance update report.

- 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.
- 8.4** 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 a range of community services;
  - Financial sustainability and the ongoing need to ensure the reserves strategy is prudent (taking into account potential future clawbacks) and serves the needs of the HSCP;
  - Continued pressure from external providers to sign up to Scotland Excel Frameworks which would result in significant rate increases;
  - Financial and governance impacts of the Independent Review of Adult Social Care and the outcome of the National Care Service consultation such as the phasing out of Non Residential Charges and the income derived from them;
  - Delivery of targets and outcomes such as delayed discharge and waiting times;
  - Managing demand and the impact of legislative changes such as the Carers Act and Free Personal Care for under 65's;
  - Implications from consumption of hosted services if current arrangements are revised;
  - Continued discussions regarding Set Aside arrangements;
  - Potential short supply prescribing pressures and the inability to deliver on efficiency programmes post pandemic;
  - Continuing impact on staff recruitment, drug prices and drug availability as a consequence of the United Kingdom leaving the EU; and
  - Staff recruitment challenges as all HSCP's seek to recruit from a limited pool of staff resulting in a potential inability to fulfil national priorities.

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

**9.1** None required.

## **10. Environmental Sustainability**

**10.1** None required.

## **11. Consultation**

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

## 12. Strategic Assessment

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

## 13. Directions

- 13.1 The recurring and non-recurring budget adjustments up to 31 December 2022 (as detailed within Appendix 2) will require the issuing of a revised direction, see Appendix 8.

**Julie Slavin – Chief Financial Officer**

**Date: 12 February 2023**

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**Person to Contact:** Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Dumbarton G82 1QL  
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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 £50k
- Appendix 6 – Reserves
- Appendix 7 – Social Care Capital Update
- Appendix 8 – Directions
- Appendix 9 – Letter from the Cabinet Secretary for Finance dated 15 December 2022
- Appendix 10 – Letter from the Director for Health Finance and Governance dated 15 December 2022

**Background Papers:** 2022/23 Financial Performance Update Report – November HSCP Board

**Localities Affected:** All





West Dunbartonshire Health & Social Care Partnership  
Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
<b>Budget Approved at Board Meeting on 21 March 2022</b>	<b>102,991</b>	<b>82,126</b>	<b>185,117</b>
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
<b>Period 1 to 3 Adjustments</b>			
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
<b>Period 4 Adjustments</b>			
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
<b>Period 5 to 6 Adjustments</b>			
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
Camchp61 Smoking Prevention	70		70
Gvp22067 Apremilast July	14		14

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
<b>Period 7 to 9 Adjustments</b>			
Adult Disability Payment Funding		71	71
SIP Trunking - telephone budget centralisation		(2)	(2)
Budget Transfer from WDC in relation to Children's Residential Schools based on 72% HSCP Share		1,419	1,419
Clawback of Covid-19 Reserves	(5,855)		(5,855)
<b>Anticipated further funding for Health Pay Uplift</b>	<b>1,607</b>		<b>1,607</b>
Gvp22090 Apremilast Sept 22	14		14
Apremilast Acute Oct22 Actual	12		12
Aprem Acute Oct22 Accr Mvmt	5		5
Apremilast Acute Oct22 Actual	15		15
Tariff Swap Adj 22/23 Wd	(267)		(267)
Ncl Forecast Update 2022-09	443		443
Tranche 2 of MDT Funding held back by Scottish Government	(166)		(166)
Additional funding re Winter Planning funding for 1000 Healthcare workers	39		39
Infant Feeding	(12)		(12)
Gw Tariff Swap Adj 22/23 Gso	(10)		(10)
Camchp88 District Nrsng Wdhscp	137		137
Camchp100 Wd Ch Lead Nurse	54		54
Camchp103 Wd Cap Minor Works	(34)		(34)
Camchp93 Wd Copd & Pulm Rehab	22		22
SG CAMHS funding	(218)		(218)
Ldl Team From Ld To Hscps	12		12
<b>Revised Budget 2022/23</b>	<b>100,582</b>	<b>83,524</b>	<b>184,106</b>
<b>Budget Funded from Earmarked Reserves</b>		<b>(349)</b>	<b>(349)</b>
<b>Budget Funded from Partner Organisations</b>	<b>100,582</b>	<b>83,175</b>	<b>183,757</b>

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022  
 Monitoring of Efficiencies and Management Adjustments 2022/23

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 Covid Reserve	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	£000
<b>Social Care</b>					
<b>2018/19 Savings Proposals Revised for Public Consultation and Review</b>					
Housing Support - Spend to Save Project. Move to Core and Cluster Model of Support. Phase 2 - New Build Bungalow	180	80			100
<b>2019/20 Savings Based on 27 March Council Meeting</b>					
Learning Disability - Out of Authority Repatriation Part Year	35	35			
Physical Disabilities - Charging £10 for Day opportunity	16				16
<b>2020/21 Baseline Budget Adjustments</b>					
Reduction to taxis for social work clients	20				20
Invoke Ordinary Resident	136				136
Review of Residential Placements reflecting work of Service Improvement Leads	150				150

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022  
 Monitoring of Efficiencies and Management Adjustments 2022/23

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 Covid Reserve	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	£000
Part Year Reduction in Care at Home budget reflecting work of Service Improvement Leads	181				181
<b>2020/21 Approved Savings delayed until 2021/22</b>					
Admin Saving	238				238
<b>2021/22 Recurring Savings</b>					
TRFS Staying Well Group	13	13			
Redetermination Adjustment for Community Placement	68	68			
<b>2021/22 Approved Savings</b>					
Review of foster carer strategy	215				215
Reduction in external property leases	30			30	
Care at Home service improvement project	425				425
<b>2022/23 Approved Savings</b>					
Reduction in external care home beds reflecting current level of service	890	890			0
<b>Total Savings to be Monitored</b>	<b>2,597</b>	<b>1,086</b>	<b>0</b>	<b>30</b>	<b>1,481</b>

West Dunbartonshire Health & Social Care Partnership  
Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022

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	33,011	24,837	23,745	1,092	31,167	1,844	389	1,455	4.41%
Care at Home	14,630	10,042	10,747	(705)	14,712	(82)	857	(939)	-6.42%
Physical Disability	2,686	1,980	1,787	193	2,430	256	0	256	9.53%
Childrens Residential Care and Community Services (incl. Specialist)	28,562	18,098	19,004	(906)	30,104	(1,542)	(412)	(1,130)	-3.96%
Strategy, Planning and Health Improvement	2,064	1,352	1,091	261	1,594	470	121	349	16.91%
Mental Health Services - Adult and Elderly, Community and Inpatients	10,592	6,900	6,854	46	10,546	46	(16)	62	0.59%
Addictions	2,824	1,983	2,122	(139)	3,433	(609)	(425)	(184)	-6.52%
Learning Disabilities - Residential and Community Services	13,231	10,521	10,580	(59)	13,340	(109)	(30)	(79)	-0.60%
Family Health Services (FHS)	30,453	23,643	23,643	0	30,453	0	0	0	0.00%
GP Prescribing	19,980	14,927	15,387	(460)	20,593	(613)	0	(613)	-3.07%
Hosted Services	8,301	5,886	5,684	202	8,321	(20)	(289)	269	3.24%
Criminal Justice (Including Transitions)	1	48	42	6	37	(36)	(45)	9	900.00%
Resource Transfer	17,096	12,822	12,822	0	17,096	0	0	0	0.00%
Covid-19	(5,855)	0	0	0	3,358	(9,213)	(9,213)	0	0.00%
HSCP Corporate and Other Services	6,181	3,424	3,354	70	7,857	(1,676)	(1,768)	92	1.49%
<b>Net Expenditure</b>	<b>183,757</b>	<b>136,463</b>	<b>136,862</b>	<b>(399)</b>	<b>195,041</b>	<b>(11,284)</b>	<b>(10,831)</b>	<b>(453)</b>	<b>-0.25%</b>

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	86,152	60,731	60,584	147	86,669	(517)	(745)	228	0.26%
Property	1,058	588	723	(135)	1,430	(372)	(191)	(181)	-17.11%
Transport and Plant	1,402	633	685	(52)	1,470	(68)	0	(68)	-4.85%
Supplies, Services and Admin	5,465	2,748	2,268	480	5,335	130	(513)	643	11.77%
Payments to Other Bodies	78,083	55,375	56,096	(721)	79,815	(1,732)	(770)	(962)	-1.23%
Family Health Services	31,195	24,232	24,232	0	31,195	0	0	0	0.00%
GP Prescribing	19,981	14,928	15,388	(460)	20,594	(613)	0	(613)	-3.07%
Other	(4,853)	449	(17)	466	3,148	(8,001)	(8,612)	611	-12.59%
<b>Gross Expenditure</b>	<b>218,483</b>	<b>159,684</b>	<b>159,959</b>	<b>(275)</b>	<b>229,656</b>	<b>(11,173)</b>	<b>(10,831)</b>	<b>(342)</b>	<b>-0.16%</b>
Income	(34,726)	(23,221)	(23,097)	(124)	(34,615)	(111)	0	(111)	0.32%
<b>Net Expenditure</b>	<b>183,757</b>	<b>136,463</b>	<b>136,862</b>	<b>(399)</b>	<b>195,041</b>	<b>(11,284)</b>	<b>(10,831)</b>	<b>(453)</b>	<b>-0.25%</b>



West Dunbartonshire Health & Social Care Partnership  
Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022

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	897	537	406	131	722	175	0	175	19.51%
Childrens Services - Community	3,627	2,504	2,499	5	3,679	(52)	(59)	7	0.19%
Childrens Services - Specialist	2,300	1,596	1,511	85	2,358	(58)	(172)	114	4.96%
Adult Community Services	11,175	7,356	7,169	187	10,901	274	24	250	2.24%
Community Learning Disabilities	706	549	528	21	677	29	0	29	4.11%
Addictions	1,946	1,200	1,145	55	2,179	(233)	(308)	75	3.85%
Mental Health - Adult Community	4,006	2,738	2,738	0	4,287	(281)	(282)	1	0.02%
Mental Health - Elderly Inpatients	3,256	1,827	1,827	0	3,178	78	79	(1)	-0.03%
Family Health Services (FHS)	30,453	23,643	23,643	0	30,453	0	0	0	0.00%
GP Prescribing	19,980	14,927	15,387	(460)	20,593	(613)	0	(613)	-3.07%
Other Services	2,694	1,334	1,357	(23)	5,061	(2,367)	(2,336)	(31)	-1.15%
Covid-19	(5,855)	0	0	0	515	(6,370)	(6,370)	0	0.00%
Resource Transfer	17,096	12,822	12,822	0	17,096	0	0	0	0.00%
Hosted Services	8,301	5,886	5,684	202	8,321	(20)	(289)	269	3.24%
<b>Net Expenditure</b>	<b>100,582</b>	<b>76,919</b>	<b>76,716</b>	<b>203</b>	<b>110,020</b>	<b>(9,438)</b>	<b>(9,713)</b>	<b>275</b>	<b>0.27%</b>

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**

<b>Social Care Net Expenditure</b>	<b>Annual Budget</b>	<b>Year to Date Budget</b>	<b>Year to Date Actual</b>	<b>Year to Date Variance</b>	<b>Forecast Full Year</b>	<b>Forecast Variance</b>	<b>Reserves Adjustment</b>	<b>Forecast Variance</b>	<b>Variance %</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	
Strategy Planning and Health Improvement	1,167	814	683	131	872	295	121	174	14.91%
Residential Accommodation for Young People	3,105	2,214	2,250	(36)	3,074	31	0	31	1.00%
Children's Community Placements	5,767	4,166	4,530	(364)	6,304	(537)	(52)	(485)	-8.41%
Children's Residential Schools	4,963	2,009	2,444	(435)	5,541	(578)	0	(578)	-11.65%
Childcare Operations	4,659	3,209	3,475	(266)	4,971	(312)	44	(356)	-7.64%
Other Services - Young People	4,143	2,401	2,296	105	4,176	(33)	(173)	140	3.38%
Residential Accommodation for Older People	7,224	5,470	5,023	447	6,629	595	0	595	8.24%
External Residential Accommodation for Elderly	9,006	8,046	7,829	217	8,351	655	365	290	3.22%
Sheltered Housing	1,417	1,348	1,346	2	1,414	3	0	3	0.21%
Day Centres Older People	1,211	763	631	132	1,035	176	0	176	14.53%
Meals on Wheels	26	13	20	(7)	35	(9)	0	(9)	-34.62%
Community Alarms	21	(217)	(173)	(44)	79	(58)	0	(58)	-276.19%
Community Health Operations	2,932	2,058	1,901	157	2,722	210	0	210	7.16%
Residential - Learning Disability	10,340	8,431	8,692	(261)	10,721	(381)	(30)	(351)	-3.39%
Physical Disability	2,401	1,783	1,592	191	2,145	256	0	256	10.66%
Day Centres - Learning Disability	2,184	1,541	1,359	182	1,942	242	0	242	11.08%
Criminal Justice (Including Transitions)	0	48	42	6	37	(37)	(45)	8	0.00%
Mental Health	3,330	2,335	2,289	46	3,082	248	187	61	1.83%
Care at Home	14,630	10,042	10,747	(705)	14,712	(82)	857	(939)	-6.42%
Addictions Services	878	783	977	(194)	1,254	(376)	(117)	(259)	-29.50%
Equipu	285	197	197	0	285	0	0	0	0.00%
Frailty	141	97	12	85	27	114	0	114	80.85%
Carers	1,564	1,157	1,156	1	994	570	570	0	0.00%
Integrated Change Fund	0	2	2	0	0	0	0	0	0.00%
Covid-19	0	0	0	0	2,843	(2,843)	(2,843)	0	0.00%
HSCP - Corporate	1,781	834	826	8	1,776	5	(2)	7	0.39%
<b>Net Expenditure</b>	<b>83,175</b>	<b>59,544</b>	<b>60,146</b>	<b>(602)</b>	<b>85,021</b>	<b>(1,846)</b>	<b>(1,118)</b>	<b>(728)</b>	<b>-0.88%</b>



West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022  
 Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
<b>Health Care Variances</b>					
Planning & Health Improvements	897	722	175	19%	↑
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				
Childrens Services - Specialist	2,300	2,187	113	5%	↑
Service Description	This care group provides specialist services for children				
Main Issues / Reason for Variance	The favourable variance is mainly due to staffing and recruitment challenges				
Mitigating Action	Service managers will continue to address staffing vacancies				
Anticipated Outcome	An underspend is anticipated at this time				

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**  
**Analysis for Variances Over £0.050m**

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Adult Community Services	11,175	10,925	250	2%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	The favourable variance is mainly due to underutilisation of the Glasgow HSCP Quayside bed within the delayed discharge budget.				
Mitigating Action	Service managers will look to identify the reason for the underutilisation of these beds				
Anticipated Outcome	An underspend is anticipated at this time				
Addictions	1,945	1,871	74	4%	↑
Service Description	This care group provides addictions services				
Main Issues / Reason for Variance	The favourable variance is due to a delay in filling vacancies within the core addictions team.				
Mitigating Action	Service managers will continue to address staffing vacancies				
Anticipated Outcome	An underspend is anticipated at this time				

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**  
**Analysis for Variances Over £0.050m**

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
GP Prescribing	19,980	20,593	(613)	-3%	↓
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.				
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	8,301	8,032	269	3%	↑
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				

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**  
**Analysis for Variances Over £0.050m**

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
<b>Social Care Variances</b>					
Strategy Planning and Health Improvement	1,167	993	174	15%	↑
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	6,252	(485)	-8%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The unadjusted adverse variance of £0.740m is mainly due to adoption delays, underrecovery of interagency income, increase in Scotland Excel negotiated rates and the previously approved savings for fostering reviews currently assumed to be unachieved. While this variance is partially offset by charging costs against the Covid-19 and Whole Family Wellbeing Fund earmarked reserve for adoption delays, lost adoption income and cost of living payments these are insufficient to completely negate the adverse impact.				
Mitigating Action	Service Managers will continue to look at ways to implement the fostering review while the commissioning team will look to challenge the increase in the Scotland Excel negotiated rates				
Anticipated Outcome	An overspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022  
 Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Children's Residential Schools	4,962	5,540	(578)	-12%	↓
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 £1.224m includes the net financial impact of the proposed 72/28 split (still subject to Board approval) between Education and Social Care. In addition to this calculated £0.209m financial burden (due to the proposed budget transfer from WDC being insufficient to fund increased cost) new placements and ongoing discussions regarding a number of transition clients result in increased cost pressures to the HSCP. While these adverse variances are partially offset by charging costs 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				
Childcare Operations	4,659	5,013	(354)	-8%	↓
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social				
Main Issues / Reason for Variance	The adverse variance is mainly due to increased staffing costs related to prior year decisions to increase social work capacity with a view to resolving historic staffing grievances and the financial impact of the social care pay settlement.				
Mitigating Action	None available at this time due to cost of pay settlement.				
Anticipated Outcome	An overspend is anticipated at this time				

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**  
**Analysis for Variances Over £0.050m**

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Other Services - Young People	4,143	4,003	140	3%	↑
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				
Residential Accommodation for Older People	7,224	6,628	596	8%	↑
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The favourable variance is mainly due to persistent vacancies and a lack of agency availability resulting in a savings in staffings. In addition an increase in the number of self funders and unanticipated one off invoices raised has resulted in anticipated income exceeding budget.				
Mitigating Action	Service Managers will continue to look at ways to increase staffing availability				
Anticipated Outcome	An underspend is anticipated at this time				

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**  
**Analysis for Variances Over £0.050m**

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
External Residential Accommodation for Elderly	9,007	8,716	291	3%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The favourable variance is due to reduction in the cost of external placements due to client mix and clients not staying as long in care homes resulting in a lower average cost per client				
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 underspend is anticipated at this time				
Day Centres Older People	1,210	1,035	176	15%	↑
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.				
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				

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**  
**Analysis for Variances Over £0.050m**

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Community Alarms	21	79	(58)	-274%	↓
Service Description	Installation and response service for Community Alarms				
Main Issues / Reason for Variance	The adverse variance is mainly due to continued spend on agency staff and an increase in premium rate overtime.				
Mitigating Action	Service managers will look to reduce the reliance on agency cover and review the levels of overtime paid at premium rate				
Anticipated Outcome	An overspend is anticipated at this time				
Community Health Operations	2,931	2,721	211	7%	↑
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	10,690	(349)	-3%	↓
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The adverse variance is mainly due to an increase in the costs of complex care packages				
Mitigating Action	Service managers will continue to review client packages.				
Anticipated Outcome	An overspend is anticipated at this time				



West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022  
 Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Physical Disability	2,401	2,145	256	11%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The favourable variance is mainly due to underspend on transitions and direct payment clients.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Day Centres - Learning Disability	2,184	1,942	242	11%	↑
Service Description	This service provides day services for learning disability clients				
Main Issues / Reason for Variance	There are a number of vacant posts , income will be not be achieved due to change in charging policy as ILF clients are no longer charged				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Mental Health	3,330	3,269	61	2%	↑
Service Description	This service provides mental health services				
Main Issues / Reason for Variance	The favourable variance is mainly due to a number of vacant posts with one long term sick employee is covered by agency staff along with a reduction in the cost of client packages due to hospital attendance.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	An underspend is anticipated at this time.				

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**  
**Analysis for Variances Over £0.050m**

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Care at Home	14,630	15,570	(940)	-6%	↓
Service Description	This service provides care at home which includes personal care and minor domestic				
Main Issues / Reason for Variance	The adverse variance is mainly due to the cost of the unfunded pay settlement and increased use of agency staff. This variance takes into account a drawdown from the winter planning reserve of £1.043m.				
Mitigating Action	None available at this time due to the cost of the unfunded pay settlement				
Anticipated Outcome	An overspend is anticipated at this time				
Frailty	141	28	113	80%	↑
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				

Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022  
Analysis of Reserves 2022/23

Analysis of Reserves	Actual Opening Balance as at 1 April 2022	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2023
	£000	£000	£000
<b><u>Unearmarked Reserves</u></b>			
Unearmarked Reserves	(4,579)	453	(4,126)
<b>Total Unearmarked Reserves</b>	<b>(4,579)</b>	<b>453</b>	<b>(4,126)</b>
<b><u>Earmarked Reserves</u></b>			
<b>Scottish Govt. Policy Initiatives</b>	<b>(9,704)</b>	<b>329</b>	<b>(9,375)</b>
Community Justice	(155)	(28)	(183)
Justice	(73)	73	0
Carers Funding	(857)	(570)	(1,427)
Social Care Fund - Living Wage/Fair Work Practices	(678)	0	(678)
Child and Adult Disability Payments	0	(132)	(132)
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)	(452)	(1,147)
New Dementia Funding	(63)	63	0
Scottish Government Alcohol and Drug Partnership (including various National Drugs Priorities)	(872)	405	(467)
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	0	0
Whole Family Wellbeing Fund	(72)	69	(3)
PCIF	(2,069)	2,069	0

Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022  
Analysis of Reserves 2022/23

Analysis of Reserves	Actual Opening Balance as at 1 April 2022	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2023
	£000	£000	£000
GP Premises (incl. PCIF)	(244)	0	(244)
Winter Plan for Social Protection - Fundng for Vulnerable Children	(65)	0	(65)
SG District Nursing Funding	(74)	(24)	(98)
Analogue to Digital Community Alarms	(30)	0	(30)
PEF Funding – Speech & Language Therapy Projects	(49)	23	(26)
Winter Planning Funding - MDT	(336)	(347)	(683)
Winter Planning Funding - 1000 Healthcare Workers	(260)	(123)	(383)
Winter Planning Funding - PCIF Funding Bid	(52)	0	(52)
Workforce Wellbeing	(72)	0	(72)
Winter Planning Funding - Interim Care	(673)	(554)	(1,227)
Winter Planning Funding - Enhance Care at Home	(1,043)	(857)	(1,900)
<b>HSCP Initiatives</b>	<b>(4,897)</b>	<b>528</b>	<b>(4,369)</b>
<b>Service Redesign and Transformation</b>	<b>(1,583)</b>	<b>217</b>	<b>(1,366)</b>
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)	49	(88)
Extension of the role of the Service Improvement Leads until 31 March 2023 . Approved by the Board at 25 March 2021 meeting.	(212)	168	(44)
Additional six social workers in children and families on a non recurring basis. Approved by the Board at 25 March 2021 meeting.	(344)	0	(344)
Unscheduled Care Services	(692)	0	(692)
<b>COVID-19 Recovery (HSCP Funded)</b>	<b>(754)</b>	<b>261</b>	<b>(493)</b>
Support to women and children in recovery from Domestic abuse and support redevelopment of the service as a trauma responsive service and Violence against Women coordination to support the development of the Violence against Women Partnership.	(425)	0	(425)

Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022  
 Analysis of Reserves 2022/23

Analysis of Reserves	Actual Opening Balance as at 1 April 2022	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2023
	£000	£000	£000
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)	50	(402)
Recruitment Campaign for Internal Foster Carers	(30)	0	(30)
Champions Board Top Up Funding	(18)	0	(18)
Promise Keeper Fixed Term Recruitment	(71)	0	(71)
Public Protection Officers	(244)	0	(244)
Participatory Budgeting	(300)	0	(300)
Digital Transformation	(282)	0	(282)
Training and Development	(327)	0	(327)
Change and Transformation	(144)	0	(144)
	0	0	0
<b>Covid-19- Scottish Government Funded</b>	<b>(9,268)</b>	<b>9,158</b>	<b>(109)</b>
Covid-19- Scottish Government Funded	(9,213)	9,212	0
NHS Board Adult Social Care	(55)	(54)	(109)
<b>Health Care</b>	<b>(4,661)</b>	<b>816</b>	<b>(3,845)</b>
DWP Conditions Management	(159)	7	(151)
Physio Waiting Times Initiative	(1,075)	219	(856)
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)

Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022  
 Analysis of Reserves 2022/23

Analysis of Reserves	Actual Opening Balance as at 1 April 2022	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2023
	£000	£000	£000
Mental Health Recovery and Renewal Fund	(853)	380	(473)
Office 365	(140)	140	0
Property Strategy	(178)	0	(178)
Workforce Wellbeing	(18)	0	(18)
<b>Social Care</b>	<b>(1,451)</b>	<b>0</b>	<b>(1,451)</b>
Complex Care Packages	(560)	0	(560)
Care Homes	(891)	0	(891)
<b>Total Earmarked Reserves</b>	<b>(29,981)</b>	<b>10,831</b>	<b>(19,148)</b>
<b>Total Reserves</b>	<b>(34,560)</b>	<b>11,284</b>	<b>(23,274)</b>

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**

**Month End Date** 31 December 2022

**Period** 9

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Variance	
	£000	£000	%	£000	£000	%
<b>Health Care Capital</b>						

<b>Clydebank Health Centre</b>						
Project Life Financials	19,000	20,371	107%	20,411	1,411	7%
Current Year Financials			0%		0	0%
Project Description	New build Clydebank Health Centre					
Project Manager	Fiona Taylor					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date	31-Mar-23	Forecast End Date	31-Mar-23		
<b>Main Issues / Reason for Variance</b>						
<p>The building went live on 7 February 2022 with the final project board held on 1 February 2023. A number of change orders are being finalised with the final costs expected to be £0.040m or less with some snagging items being allowed to go past the agreed time to repair. In relation to the Snooker Hall no landscaping work has taken place and is currently with WDC. The tariff in relation to the district heating system as now been received ad a draft heat supply agreement has been developed, a meeting was arranged for 10 February to discuss matters further.</p>						
<b>Mitigating Action</b>						
None required						
<b>Anticipated Outcome</b>						
New build Clydebank Health Centre						

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**

Month End Date 31 December 2022

Period 9

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

<b>Minor Capital Works</b>						
Project Life Financials	75	0	0%	47	(28)	-37%
Current Year Financials	75	0	0%	47	(28)	-37%
Project Description	Minor Capital Works					
Project Manager	Julie Slavin					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date	31-Mar-23	Forecast End Date	31-Mar-23		
<b>Main Issues / Reason for Variance</b>						
Proposed works to enhance a number of rooms for Addiction Services that are out of action within the Dumbarton Joint Hospital are at an early stage with anticipated spend in 2022/23 unclear at this time. It is anticipated that spend of £0.047m will be incurred in this financial year in relation to the cost of developing a West Dunbartonshire HSCP Property Strategy. Any funds not spent in this financial year will require to be returned to NHSGCC.						
<b>Mitigating Action</b>						
None Required						
<b>Anticipated Outcome</b>						
Development of property strategy						



**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**

**Month End Date** 31 December 2022

**Period** 9

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

**Social Care Capital**

<b>Special Needs - Aids &amp; Adaptations for HSCP clients</b>							
Project Life Financials	1,053	615	58%	1,053	0	0%	
Current Year Financials	1,053	615	58%	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			
<b>Main Issues / Reason for Variance</b>							
Reallocation of expenditure currently coded through HSCP Revenue Aids & Adaptations budget. There is likely to be an underspend at this time due to a lower provision of aids and adaptations to HSCP clients than anticipated due to Covid which will be caught up next financial year.							
<b>Mitigating Action</b>							
Officers will continue to monitor the position							
<b>Anticipated Outcome</b>							
Provision of adaptations and equipment to HSCP clients as anticipated.							

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**

Month End Date 31 December 2022

Period 9

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

<b>Criminal Justice Adaptations</b>						
Project Life Financials	73	53	73%	73	0	0%
Current Year Financials	73	53	73%	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		
<b>Main Issues / Reason for Variance</b>						
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.						
<b>Mitigating Action</b>						
None Required						
<b>Anticipated Outcome</b>						
Renovation of Unit 11 Levenside Business Court						

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**

Month End Date 31 December 2022

Period 9

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

<b>Replace Elderly Care Homes and Day Care Centres</b>						
Project Life Financials	27,531	27,266	99%	27,531	0	0%
Current Year Financials	61	55	91%	61	0	0%
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		
<b>Main Issues / Reason for Variance</b>						
Project complete with a slight overspend due to additional works required in relation to roof vents which required to be installed.						
<b>Mitigating Action</b>						
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.						
<b>Anticipated Outcome</b>						
Dumbarton Care Home opened 2017. Clydebank Care Home was certified complete on 9 November 2020 and projected to deliver on budget.						

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**

Month End Date 31 December 2022

Period 9

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

<b>Community Alarm upgrade</b>						
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		
<b>Main Issues / Reason for Variance</b>						
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.						
<b>Mitigating Action</b>						
None available at this time						
<b>Anticipated Outcome</b>						
Community Alarm Upgrade						

**West Dunbartonshire Health & Social Care Partnership**  
**Financial Year 2022/23 Period 9 covering 1 April 2022 to 31 December 2022**

Month End Date 31 December 2022

Period 9

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

<b>Replacement of Care First</b>						
Project Life Financials	0	0	0%	0	0	0%
Current Year Financials	0	0	0%	0	0	0%
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		
<b>Main Issues / Reason for Variance</b>						
<p>On 21 December Council took the decision to remove this project from the capital programme as whilst there had been concern that the CareFirst supplier (OLM) would no longer support the current version of Carefirst as they have developed a new cloud based replacement they have confirmed that their senior management team have not made any formal decisions around the general support for CareFirst. They have confirmed that they no longer provide bug fixes or enhancements for CareFirst unless there is a statutory need for them to do so. Given that support is still being provided and given the uncertainty about the future of social care provision due to the potential for a National Care Service the decision was taken that it is not advisable to invest material capital sums in a system which may or may not be needed in the short to medium future</p>						
<b>Mitigating Action</b>						
None available at this time						
<b>Anticipated Outcome</b>						
Project cancelled						



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

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

**From:** Chief Office HSCP  
**To:** Chief Executives WDC and NHSGCC  
**CC:** HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair  
**Subject:** For Action: Directions from HSCP Board 21 February 2023

**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	HSCPB000034JS21022023
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
		HSCPB000032JS15112022
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 £83.175m 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 £100.582m in line with the Strategic Plan and the budget outlined within this report
		West Dunbartonshire Council is directed to write off £0.026 of outstanding debt as detailed 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 £217.377m. Allocated as follows: West Dunbartonshire Council - £83.175m NHS Greater Glasgow and Clyde - £100.582m Set Aside - £33.620m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2022/23
12	Overall Delivery timescales	30 June 2023
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's.
14	Date direction will be reviewed	The next scheduled HSCP Board - 15 March 2023





An Leas-phrìomh Mhinistear agus Ath-shlànachadh  
Cobhid  
Deputy First Minister and Cabinet Secretary for Covid  
Recovery  
John Swinney MSP



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Councillor Morrison  
COSLA President  
Verity House  
19 Haymarket Yards  
Edinburgh  
EH12 5BH

Copy to: Councillor Steven Heddle  
The Leaders of all Scottish local authorities

15 December 2022

Dear Shona,

Today I formally set out the Scottish Government's proposed Budget for 2023-24 in a statement to the Scottish Parliament. I write now to confirm the details of the local government finance settlement for 2023-24.

As discussed when I met with you, the Resources Spokesperson, and Group Leaders on 1 December, we are facing the most challenging budget circumstances since devolution. This is primarily due to over a decade of austerity eroding financial settlements from Westminster, compounded by the impact of Brexit and the disastrous mini-budget. Scottish and local government are experiencing unprecedented challenges as a result of the UK Government's economic mismanagement, resulting in rising prices and soaring energy bills, with inflation estimated to be running at a 41 year high of 11.1% at the time of the Chancellor's Autumn Statement.

My Cabinet colleagues and I have engaged extensively with COSLA Leaders and spokespersons over the course of the year and there is collective understanding that this economic context is also having a significant impact upon local authorities. Councils, like the Scottish Government and rest of the public sector, are working hard to support people through the cost crisis. In this regard we are hugely grateful to councils for their hard work and we fully appreciate that no part of public life has been immune from taking deeply difficult decisions to live within the current fiscal reality.

I have already taken the unprecedented step of making a statement to Parliament to reprioritise over £1.2 billion of funding as part of my Emergency Budget Statement. Despite the scale of that challenge the Scottish Government actively chose to protect Councils during

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that exercise and increased the funding available to councils whilst most other portfolios were required to make significant savings.

The Scottish Government's revenue raising powers offer limited flexibility to deal with challenges of this magnitude. I wrote to the Chancellor on 19 October to highlight the impact of inflation on the Scottish Government's budget and to call for additional funding to help us deal with these inflationary pressures and to support public services.

As we face these challenges, and in the absence of meaningful change in direction by the UK Government, we need to work together to ensure that we deliver for people within the financial constraints we have. I very much welcomed the open discussion on 1 December about how we focus our efforts on our shared priorities, and to that end we are offering to jointly develop an approach to working within this budget which delivers our ambitions.

## **The Local Government Settlement**

Before turning to that offer, I will first set out how I have sought to support local government through the budget itself.

The Resource Spending Review guaranteed the combination of General Revenue Grant and Non-Domestic Rates Income at existing levels between 2023-24 and 2025-26 including the baselining of the £120 million that was added in Budget Bill 2022-23. The Budget delivers those commitments in full, despite the fact that the UK Government's Autumn Statement reversed their previous position on employer National Insurance Contributions resulting in negative consequential. This decision has conferred around £70 million of additional spending power for local government.

The difficult decisions in the Emergency Budget Statement provided one-off additional funding to support enhanced pay deals for local government staff. We recognise the role that increasing pay for local authority employees, especially those on lower incomes, plays in helping more people cope with the cost crisis, but the fact remains that every additional pound we spend on recurring pay deals, must be funded from elsewhere within the Scottish Government budget. I therefore hope that councils will welcome the fact that the budget baselines the additional £260.6 million allocated in 2022-23 to support the local government pay deal and also delivers additional funding to ensure that payment of SSSC fees for the Local Government workforce will continue to be made on a recurring basis.

Despite the challenging budget settlement I have sought to increase funding as much as I can. I have been able to increase General Revenue Grant by a further £72.5 million, taking the total increase to over £550 million. I have also ensured that we have maintained key transfers worth over £1 billion and added a further £102 million of resource to protect key shared priorities particularly around education and social care.

The Resource Spending Review also confirmed the outcome of the 2021 Capital Spending Review and this has been supplemented by £120.6 million mentioned as part of the support to the local government pay deal plus a further £50 million to help with the expansion of the Free School Meals policy.

With regards to that wider settlement, we are providing £145 million to be used by councils to support the school workforce. The Cabinet Secretary for Education and Skills has written separately to COSLA on this matter.

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I am also very grateful for the work undertaken through the Early Learning and Childcare Finance Working Group to develop and scrutinise detailed analysis of the delivery costs for the 1140-hour commitment. This is crucial to ensuring we meet our shared commitment to providing transparency and value for money in a significant programme of public sector investment. The Early Learning and Childcare settlement for 2023-24 takes account of significant declines in the eligible population in recent years and makes provision for important policy and delivery priorities based on feedback from COSLA and local government colleagues.

As set out in separate detailed communications, the Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by the non-recurring interim care money ending (£20 million).

The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.

The consolidation of funding into the new £30.5 million homelessness prevention fund not only reflects the importance local and national government jointly place on homelessness prevention and earlier intervention, but also simplifies the homelessness funding landscape. This provides more flexibility for council and greater clarity for citizens who want to understand how national and local government are working jointly to improve outcomes.

In total, including the funding to support the devolution of Empty Property Relief, the budget increases the local government settlement by over £550 million relative to the Resource Spending Review position.

I am conscious of the position you set out to me, and the challenges which councils will still face, like all parts of the public sector, in meeting current and emerging demands from within this budget. Therefore, I am offering to continue to work with you with real urgency in the coming weeks to determine how we might jointly approach these challenges and ensure sustainable public services to support our shared priorities now and in the future.

## **Delivering for People and Communities by Working Together Flexibly**

Through the Covid Recovery Strategy, Scottish Government and Local Government, committed to work together to address the systemic inequalities made worse by Covid, to make progress towards a wellbeing economy, and accelerate inclusive person-centred public services.

We must sustain this focus on the outcomes we care most deeply about, in particular:

- i) tackling child poverty,

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- ii) transforming the economy to deliver net zero, and
- iii) sustaining our public services.

No single part of the public service landscape can deliver these outcomes alone. We need to work in partnership to deliver outcomes for people and places across Scottish and local government as our two spheres of government, recognising our joint accountability for change. Local service providers have the critical relationships with people and communities and must be empowered and enabled to organise services around their needs, rather than the funding stream, policy area or body delivering. By doing so, we will collectively reduce complexity and barriers for people, deliver improved outcomes and reduce inequalities among communities in Scotland, and enable the fiscal sustainability of key public services.

Strong local leadership will make this approach work in practice, supported by a national vision and learning from good practice. Community Planning Partnerships are the mechanism in which we need to see a collective and intensive effort to align available resources into prevention and early intervention focused on delivering shared outcomes for people and place. Local authorities have the leading, critical role in CPPs, but CPPs also involve a range of public bodies which must play their part, alongside local third sector and community bodies.

The Scottish Government is committed to building trust and maximising benefits for our citizens and communities. We will act to:

- align budgets to maximise impact on outcomes;
- remove barriers which hinder flexibility in funding, and in the design and delivery of services around people, helping to embed the service changes flowing from this;
- require our partner public bodies and agencies to work collaboratively within CPPs to deliver shared outcomes, take action to address local priorities and align local funding, this will be supported by our Place Director network;
- enable third sector partners to participate and contribute in local plans, including through flexible funding.

Local authorities are key partners in this endeavour. Through COSLA, we will invite local authorities to work with us to:

- prioritise spending to agreed key outcomes for which we are jointly accountable, with clarity as to the way in which we will work together to secure and measure success;
- ensure that joint plans of activity across Community Planning Partnerships can deliver those outcomes in a way which reflects the needs of a local communities, and to robustly account for delivery of these plans;
- share resources across CPPs to deliver these activities in whatever way is most effective;
- continue to share and learn from best practice nationally and locally to embed person centred approaches that work for individuals and communities, and reduce barriers and duplication in our joint systems.

We will seek to agree jointly how to put this commitment into operation practically over the coming months and to develop robust assurance that demonstrates delivery of critical priorities and reform. We need to be data driven and transparent, reflecting the accountability which comes with responsibility. Scottish and Local Government need to agree metrics and mechanisms for monitoring impact and outcomes, so that intervention and resource can be

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targeted where it is most needed to secure improvement. This will include seeking to reduce unnecessary reporting.

This approach is aimed at building trust and relationships and as well as adopting it through this budget, it will be reflected in the partnership agreement that will underpin the New Deal for Local Government set out in the Resources Spending Review. In order to offer flexibility across funding and work towards removal of ring fencing, the Scottish Government will need clear commitment from local government about delivery of agreed joint outcomes.

The Cabinet Secretary for Social Justice, Housing and Local Government would welcome an initial discussion on this when you meet next week at the Strategic Review Group, in order to pave the way for work at pace among our officials.

## **Non-Domestic Rates and Other Local Taxation Measures**

As Leaders will be aware, the 1 April 2023 marks the date of the next Non-Domestic Rates revaluation, and the first to reflect the reforms introduced by the independent Barclay Review of Non-Domestic Rates. These reforms, including the move to three-yearly revaluations and a one-year tone date, will ensure that property values more closely align with prevailing property market conditions in Scotland.

The Budget freezes the poundage and acknowledges the impact of the revaluation by introducing a number of transitional reliefs to ensure that any properties which see significant increases in their rates liabilities following the revaluation do so in a phased manner. The Barclay Review also recommended a number of reforms to the Non-Domestic Rates appeals process which are critical to ensuring the deliverability of the three-yearly revaluation.

The new two-stage appeals process will commence on 1 April 2023 alongside the transfer of functions of Valuations Appeals Committees to the Scottish Courts and Tribunals Service. The Non-Domestic Rates (Scotland) Act 2020 and subsequent regulations have, amongst other things, provided Assessors and Councils with greater information-gathering powers and have also increased the transparency of the process for ratepayers including, for the first time, the provision of draft values on 30 November 2022. These reforms are intended to reduce the reliance on the formal appeals process to deliver accurate rateable values and the Act also provided a legal basis for the pre-agreement of values.

Many of the reforms of the Barclay Review seek to incentivise behaviour changes to deliver a more effective and efficient system. Reflecting the ability to pre-agree values and the importance of building resilience in the new appeals system to support the transition to more frequent revaluations, Ministers plan to make administrative changes to the funding treatment of appeals associated with public sector bodies, including councils.

The current system essentially sees the public sector challenge other parts of the public sector with private sector advisor fees effectively extracting resources from public services. The conclusion of the process determines funding allocations outside the remit of the annual budget framework with successful public bodies benefiting financially to the detriment of other ratepayers and public services. The volume of public sector appeals also serves to delay access to justice for other appellants.

Ministers do not believe that this offers value for money for the public. Whilst the right to propose and appeal will remain, to incentivise the use of the pre-agreement powers and

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discourage the continued reliance on the formal appeals process, from 1 April 2023, all bodies, including councils, who receive their funding through the Scottish Government budget process, will see the financial incentive for proposing and appealing removed.

Where a property occupied by a public body is subject to a successful proposal or appeal, the financial benefit from the reduction in rateable value will result in a downward re-determination of revenue allocations at a subsequent fiscal event. On this basis, Ministers will be encouraging all public bodies to begin the process of pre-agreement with their local assessors ahead of 1 April 2023 to ensure that values are accurate prior to the start of the revaluation and that this approach be adopted by default for future revaluations.

The Non-Domestic Rates (Scotland) Act also had the effect of abolishing Empty Property Relief as agreed with the Scottish Green Party a part of the 2019-20 Budget process. Unoccupied properties will therefore be liable for full rates from 1 April 2023 if relief is not available under a local scheme. To effectively devolve responsibility for the relief and provide greater fiscal empowerment for council, as agreed by the Settlement and Distribution Group, the budget provides an additional £105 million of General Revenue Grant, significantly more than the cost of maintaining the national relief in light of the subsequent decision to freeze the poundage.

In addition, following consultation with members of the Institute of Revenues, Rating and Valuation, we will bring forward regulations intended to empower councils to tackle rates avoidance more effectively. In combination, the funding transfer and the proposed new powers will provide significant additional fiscal flexibility to councils to administer support for unoccupied properties in a way that is tailored to local needs.

Furthermore, I can confirm that the Scottish Government will not seek to agree any freeze or cap in locally determined increases to Council Tax, meaning each council will have full flexibility to set the Council Tax rate that is appropriate for their local authority area. I do hope that councils will reflect carefully on the cost pressures facing the public when setting council tax rates.

We are also committed to expanding councils' ability to raise additional revenues and discussions among our respective officials have commenced to identify a structured approach to future potential local taxes. At the same time, councils now have the power to establish local workplace parking levy schemes and our work to introduce a local visitor levy bill in this parliamentary session is on track.

Finally, I am conscious that, while it is not directly applicable to Local Government pay negotiations, many stakeholders have used Public Sector Pay Policy as a reference point in previous years. For this reason, I feel it is important to highlight to you that we have taken the decision not to announce pay uplifts or publish a Public Sector Pay Policy for 2023-24.

There are a number of reasons for this, not least among them the desire to approach pay negotiations differently for 2023-24, the imperative for reform and the need to ensure the sustainability of public sector pay and workforce arrangements. This does not change our view that our job in the midst of a cost crisis is not to press down on pay, particularly the most vulnerable. We will be sharing further guidance in relation to 2023-24 pay at an appropriate point in the new year which is likely to be considered by Trade Union colleagues relevant in Local Government pay negotiations, if you agree I will ask my officials to engage

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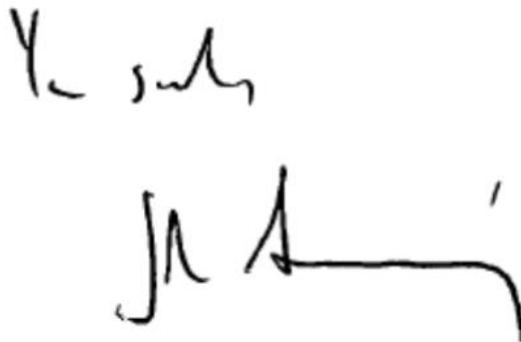


with COSLA officers as this develops to determine if you might wish to formally endorse or adopt it.

I am under no illusions about the challenging fiscal environment we face across all of our public services over the next few years but I have sought to protect the local government settlement as far as possible with an overall settlement of over £13.2 billion. The budget goes significantly beyond the commitments made in the Resource Spending Review. It provides substantive additional funding and it does not pass on the negative consequential for employer national insurance contributions resulting from of the Autumn Statement. Importantly, it provides a number of fiscal and policy flexibilities. Alongside the settlement, I hope my offer to build on the Covid Recovery Strategy will be warmly and urgently received, to enable us to make urgent progress on the New Deal.

I want us to work in partnership, to build on the Covid Recovery Strategy and agree an approach which improves delivery of sustainable public services, designed around the needs and interests of the people and communities of Scotland, at its heart.

I would welcome confirmation that you are supportive of the proposed joint work outlined above and I look forward to working with COSLA and Leaders in the months ahead to deliver on our shared priorities.



**JOHN SWINNEY**





Directorate for Health Finance and Governance  
Richard McCallum, Director



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Chief Executives, NHS Scotland

Copy to: NHS Chairs  
NHS Directors of Finance  
Integration Authority Chief Officers  
Integration Authority Chief Finance Officers

***Issued via email***

15th December, 2022

Dear Chief Executives

**Scottish Government Budget 2023-24**

Following the announcement of the Scottish Government's Budget for 2023-24 by the Deputy First Minister in Parliament today, I am writing to provide details of the indicative funding settlement for Health Boards. A breakdown of this is provided in **Annex A** to this letter.

The Deputy First Minister has set out this budget in the context of the current cost of living crisis and funding parameters set by the Chancellor of the Exchequer in November 2022. This budget sets out the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government, taking into account the current economic environment and recent Emergency Budget Review.

As in previous years, the position will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process, as well as recognising the further work that we will undertake with you specifically in relation to Covid-19 and pay funding arrangements. I will keep you up to date with any changes to our planning assumptions.

**Budget Uplift**

Compared to 2022-23 budgets, Boards will receive a total increase of 5.9% for 2023-24. This includes recurring funding for pay in 2022-23 and a baseline uplift of 2% for 2023-24. Within this total, those Boards furthest from NRAC parity will receive a share of £23.2 million, which will continue to maintain all Boards within 0.8% of parity.

In terms of pay, given the challenging and uncertain outlook for inflation, the need to conclude some pay deals for the current year and the associated implications for spending baselines, the Government has not set out a public sector pay policy alongside the 2023-24 Budget and we will say more on 2023-24 pay (covering Agenda for Change and other staff groups) at an appropriate point in the new year. As part of Boards recurring adjustments for 2022-23, amounts have been included based on pay offers for Agenda for Change and Medical and Dental staffing in 2022-23. The Agenda for Change pay deal remains subject to agreement, and we will work with Directors of Finance to finalise this position once the outcome is known. I will write to Boards in 2023 to confirm finalised baseline budgets following the conclusion of this work.

## **Health & Social Care Levy Funding**

I can confirm that the £69.1 million allocated in 2022-23 to support Boards with the costs of the additional National Insurance levy in 2022-23 will remain with Boards. Following the change in policy by UK Government, this funding is not ringfenced and it is to be determined locally how this resource is utilised.

## **Covid-19 Funding**

Whilst the scale of Covid-19 costs has reduced significantly in 2022-23 and projected to reduce further in 2023-24, we recognise that there are specific legacy costs that will require additional funding support in the new financial year. This includes funding for:

- Vaccinations staffing and delivery;
- Test & Protect activities including Regional Testing facilities;
- Additional PPE requirements; and
- Some specific Public Health measures.

Following today's budget we will seek to provide early clarity as to the total funding to be provided to support these costs. However, beyond the above, NHS Boards and Integration Authorities should expect to meet remaining costs from baseline funding and should continue to drive these costs down as far as possible.

## **Policy Funding**

In addition to the baseline uplift outlined, funding aligned to policy commitments and recovery of health and social care services will be allocated to Boards and Integration Authorities in 2023-24. It is our intention to provide early indication of allocations, where possible, and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year.

Recognising the level of funding that is provided through in-year non-recurring allocations, and to maximise flexibility in delivery, we intend to review funding arrangements ahead of 2023-24. As part of this work, we will seek to bundle and baseline funding where this is appropriate. We will work closely with both Territorial and National Boards to establish a suitable approach.

## **Health and Social Care Integration**

In line with previous years, 2023-24 NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2022-23 agreed recurring budgets and make appropriate provision for 2022-23 pay.

The Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by non-recurring Interim Care money ending (£20 million).

The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.

## **Capital Funding**

The Health Capital settlement for 2023-24 is in line with the expectations of the Capital Spending Review. Therefore I can confirm that Boards' Capital Resource Limit will be in line with that for 2022-23, plus additional funding will be provided for legally committed projects. The capital programme and commitments is subject to ongoing review by the National Infrastructure Board and the Capital Investment Group, and Boards will be advised at the earliest opportunity on any further allocations for projects in development during 2023-24.

## **2023-24 Financial Planning**

As previously confirmed, where Boards are indicating that financial support is required in 2022-23, we have asked Boards to submit financial recovery plans in the new year, setting out a return to financial balance in the next three years. I expect that Boards are taking proactive steps to develop these plans.

We will be requesting that financial plans for 2023-24 are submitted in the new year and will be issuing guidance to this effect shortly. As noted in my letter on 12 September, all Boards are expected to be engaging with the Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the four aims. The S&V board is now meeting regularly as are the working groups taking forward specific ideas. Value propositions have been set out to bring various elements of this work together which will be shared in due course.

Longer term work is required as we move out of recovery, towards transformation and renewal of our health services to deliver world-class, safe, person-centred, and sustainable healthcare for the people of Scotland. This will build on and prioritise specific areas of work in a joined-up way, whilst working in parallel to develop longer term transformation and renewal of our health services.

It is clear that there is significant financial challenge in 2023-24 and we will continue to work closely with Chief Executives to address this. I thank you again for your support to date and your continued engagement moving into the next financial year.

Yours sincerely



Richard McCallum  
Director of Health Finance and Governance

## Annex A – Board Funding Uplifts

	2022-23 Allocation	Recurring Allocations*	22-23 Pay**	Total 2022-23 Allocation	Uplift***	2023-24 Total Allocation	Uplift from 2022-23	NRAC Funding	Distance from NRAC Parity	HSC Levy Funding (retained by Boards) ****	Uplift from 2022-23 (inclusive of HSC Levy)
	£m		£m	£m	£m	£m	%	£m	%	£m	%
<b>NHS Territorial Boards</b>											
Ayrshire and Arran	806.8	(0.6)	27.4	833.5	16.7	850.2	5.4%	0.0	-0.4%	4.4	6.0%
Borders	234.8	(0.1)	8.0	242.6	6.0	248.6	5.9%	1.1	-0.8%	1.3	6.5%
Dumfries and Galloway	334.1	(0.2)	11.3	345.3	6.9	352.2	5.4%	0.0	1.9%	1.8	6.0%
Fife	749.4	(0.5)	25.5	774.3	16.5	790.8	5.5%	1.0	-0.8%	4.0	6.1%
Forth Valley	598.1	(0.3)	20.3	618.1	13.0	631.1	5.5%	0.6	-0.8%	3.2	6.1%
Grampian	1,072.2	(0.9)	36.4	1,107.7	22.2	1,129.9	5.4%	0.0	-0.4%	5.8	6.0%
Greater Glasgow and Clyde	2,504.0	(1.4)	85.0	2,587.6	51.8	2,639.4	5.4%	0.0	1.7%	13.6	6.0%
Highland	725.6	(0.5)	27.8	752.9	15.3	768.2	5.9%	0.2	-0.8%	3.9	6.4%
Lanarkshire	1,346.8	(0.8)	45.7	1,391.8	32.3	1,424.1	5.7%	4.5	-0.8%	7.3	6.3%
Lothian	1,639.3	(1.3)	55.7	1,693.7	49.6	1,743.3	6.3%	15.7	-0.8%	8.9	6.9%
Orkney	57.1	(0.1)	1.9	59.0	1.2	60.2	5.5%	0.1	-0.8%	0.3	6.0%
Shetland	57.0	0.0	1.9	59.0	1.2	60.1	5.5%	0.0	2.3%	0.3	6.1%
Tayside	856.5	8.7	29.1	894.3	17.9	912.2	6.5%	0.0	-0.7%	4.7	7.1%
Western Isles	84.5	(0.0)	2.9	87.3	1.7	89.0	5.4%	0.0	11.5%	0.5	6.0%
<b>Territorials Total</b>	<b>11,066.1</b>	<b>2.0</b>	<b>379.0</b>	<b>11,447.1</b>	<b>252.2</b>	<b>11,699.2</b>	<b>5.7%</b>	<b>23.2</b>		<b>60.0</b>	<b>6.3%</b>
<b>NHS National Boards</b>											
National Waiting Times Centre	68.1	0.0	6.2	74.3	1.5	75.8	11.3%			0.9	12.8%
Scottish Ambulance Service	305.9	5.6	16.2	327.7	6.6	334.2	9.3%			2.0	10.0%
The State Hospital	40.0	0.0	1.7	41.7	0.8	42.5	6.3%			0.3	7.0%
NHS 24	78.4	5.5	5.0	88.9	1.8	90.7	15.7%			0.7	16.7%
NHS Education for Scotland	492.3	1.4	13.8	507.5	10.1	517.6	5.1%			2.8	5.7%
NHS National Services Scotland	355.3	5.6	10.4	371.2	7.4	378.6	6.6%			1.5	7.0%
Healthcare Improvement Scotland	30.4	1.1	1.4	32.9	0.7	33.6	10.4%			0.2	11.0%
Public Health Scotland	52.1	0.2	3.5	55.8	1.1	56.9	9.3%			0.7	10.8%
<b>Nationals Total</b>	<b>1,422.6</b>	<b>19.5</b>	<b>58.0</b>	<b>1,500.1</b>	<b>30.0</b>	<b>1,530.1</b>	<b>7.6%</b>			<b>9.1</b>	<b>8.3%</b>
<b>Total NHS Boards</b>	<b>12,488.7</b>	<b>21.5</b>	<b>437.0</b>	<b>12,947.2</b>	<b>282.2</b>	<b>13,229.3</b>	<b>5.9%</b>			<b>69.1</b>	<b>6.5%</b>

\* Includes recurring allocations from 2021-22

\*\* Includes estimated funding for Agenda for Change and Medical & Dental pay uplift in 2022-23.

\*\*\* Includes NRAC parity adjustments.

\*\*\*\* Included in Boards 2022-23 Baseline Budgets

## WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

21 February 2023

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**Subject: Specialist Children's Services**

### 1. Purpose

**1.0** The purpose of this report is to provide an update to West Dunbartonshire Health and Social Care Partnership Board on the progress towards planning for implementation of a single service structure for Specialist Children's Services Child (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services. This report will provide an opportunity to update on the planning, engagement and initial process for the creation of a single management for SCS, with a view to a fuller report being submitted in March for approval of the details of transition.

### 2. Recommendations

**2.1 It is recommended that the Health & Social Care Partnership Board:**

**2.2** Note the content of the Report; and

Note that a further report will be submitted in March 2023 including the details of the transition of staff and budget, for approval.

### 3. Background/Main Issues

**3.1** Within the GG&C Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Hosted Tier 4 services.

**3.2** The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCPs, are intended to be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.

**3.3** A single system management arrangement is a development that Scottish Government are keen to see progressed and it has been raised within the CAMHS performance support meetings that are currently in place. It is seen as critical to the improvement of the co-ordination and management of

services across GG&C and the performance of CAMHS and community paediatrics across the health board area.

**3.4** The main principles that will guide the transition is as follows:

- Services will continue to be delivered locally, and by existing teams
- Services will remain located within their current HSCPs
- Services will continue to work closely in partnership with HSCP colleagues

**3.5** Change will be guided by a project plan which will be developed and will include a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group will be put in place to support the work, with representation from all HSCPs within the GGC area.

**3.6** Further and fuller details are available in **Appendix 1 - SCS Realignment Briefing**- which sets out the background, current structures, proposed process for implementation, current financial framework and associated staffing compliment, current management arrangements and clinical, care governance and performance arrangements.

**3.7** A further report will be submitted to the next meeting of each affected Integration Joint Board including the details of the transition of staff and budget, for approval.

**3.8** The health for all service for looked after children is currently managed by Specialist Children's service and is staffed by 1ft 0.5fte nurse post with a further 0.5fte being funded form reserves. It is proposed that this element of the service and associated budget is retained by West Dunbartonshire. A further update in relation to exact budget and service arrangements will be reported to the board in March 2023.

#### **4. People Implications**

Realignment of 1 fte service management post to be incorporated into Greater Glasgow and Clyde Specialist Children's services hosted by East Dunbartonshire.

#### **5. Financial Implications**

Realignment of SCS budgets, Tier 3 and 4 into a single budget hosted by East Dunbartonshire HSCP. A process of due diligence is underway, as part of the project plan, to provide assurance that the budgets to be re- aligned will be sufficient to support the new consolidated service delivery model with any financial risks to be highlighted. There are financial implications in the movement of the relevant budgets which will be set out in more detail in the next report.

The current 2022/23 recurring budget delegated to WDHSCP for SCS is £1.438m, split as follows:

- CAMHS - £0.375m
- Community Paediatrics - £0.853m
- SCS Management and Support - £0.210m

These recurring budgets are also enhanced by Scottish Government's Mental Health Recovery and Renewal Funding and locally applied reserves. This will also form part of the due diligence exercise.

## 6. Risk Analysis

The risks and control measures relating to this Report are as follows:-

An Oversight Group will ensure the effective and efficient transition to a single model and will capture any risks for mitigation within the project plan.

## 7. Consultation

Discussions have taken place with all relevant trade union groups have taken place and updates are continuing to be provided.

## 7. Directions

No Direction Required.

Name	Lesley James
Designation	Head of Children's Health, Care and Justice Services Chief Social Work Officer
Date	23 <sup>rd</sup> January 2023

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Person to Contact	Lesley James <a href="mailto:Lesley.james@west-dunbarton.gov.uk">Lesley.james@west-dunbarton.gov.uk</a>
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Appendices:	Appendix 1 – SCS Realignment Briefing
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## **Appendix 1 Realignment Briefing**

### **Briefing setting out the pre-established rationale for realignment of Child and Adolescent Mental Health Services and Specialist Children's Services**

#### **Implementation plan to support transition to a whole system management arrangement for Specialist Children's Services and the delivery of the Mental Health Recovery and Renewal plan.**

**Draft 0.1 27-11-22**

### **1. Situation**

Within the Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board hosted Tier 4 services.

The single system management arrangement aims to offer the following advantages:

- Flexibility, cross system and read across for budgets and workforce (for medical staffing this currently exists)
- Ability to better plan and implement improvement programmes on a GGC basis taking cognisance of local arrangements and variances
- Meeting increasing demand for CAMHS through creation of a single workforce plan to minimise waiting times for children and young people
- Improved standardisation of service delivery and reduced variation across the Board area
- Improved resilience and contingency arrangements
- Cohesion between Tier 3 and Tier 4 services
- Continued positive interface with acute Women and Children's Directorate and strengthens links with secondary care
- A structure to take forward the development of regional services including FCAMHS and Secure Care to include reviewing the increasing pressures from the private Secure Care estate on local teams where these units are situated across HSCP's.

Consideration has been given to where this single management arrangement will be held and it has been agreed that this will be held in a single HSCP, with strategic, financial and management responsibility for the full service. This will require revised management arrangements to ensure the capacity and capability to deliver on a single structure and some changes to the current governance arrangements.

### **2. Background**

Specialist Children's Services (SCS) provides CAMHS and Specialist Community Paediatrics Teams (SCPT) services for Children and Young People, both in and out of hours, at Tier 3 (community HSCP level), and Tier 4 (GGC wide, Regional and National Services).

In 2015 Tier 3 CAMHS and Tier 3 Community Paediatric services were delegated to Renfrewshire, Inverclyde and East Renfrewshire HSCP's (excluding medical staff). In 2019, and in line with other HSCPs, Tier 3 SCS services were delegated to Glasgow City HSCP.

Table 1 below details the team breakdown of the current delegated **Tier 3** Specialist Children's Service, including CAMHS and SCPT, by HSCP. Services for East Dunbartonshire, with the exception of Speech and Language Therapy, were provided by Glasgow.

HSCP	Number of CAMHS Teams	Number of SCPT Teams
Glasgow City	4xCAMHS (North/South/East/West)	4xSCPT (North/South/East/West)
Renfrewshire	1xCAMHS	1xSCPT
East Renfrewshire	1xCAMHS	SCPT provided from Glasgow HSCP
Inverclyde	1xCAMHS	1xSCPT
West Dunbartonshire	1xCAMHS	1xSCPT
East Dunbartonshire	CAMHS and SCPT services provided by Glasgow City HSCP, other than SLT	

Table 1

The Tier 4 and Board wide professional functions and services have remained retained by the Health Board, rather than delegated to HSCPs, and they are managed by a single HSCP Chief Officer, currently East Dunbartonshire, on behalf of the Board, rather than on behalf of the HSCP.

Tier 4 services are delivered Board wide, regionally and nationally and include:

- Child and Adolescent inpatient units
- Unscheduled and intensive CAMHS
- Eating Disorder, FCAMHS, Learning Disability CAMHS and Trauma services
- Infant Mental Health Team

Tier 4 SCS also deliver services into Women and Children's Directorate and includes:

- Paediatric OT, SLT and the Community Children's Nursing team
- Liaison Psychiatry, Paediatric Psychology and Maternal and Neonatal psychology

### 3. Implementation

Change will not be immediate, rather it will be guided by a project plan which will be developed and will include a communication and engagement plan. Work will be inclusive of all key stakeholders and our staff partnership colleagues. An oversight group will also be put in place to support the work.

The single system management arrangement will require a robust governance, management and financial structure to enable and drive improvement, and provide a GGC focus to strategic planning.

The roadmap for change will be underpinned by a set of principles which aim to minimise disruption of services and support staff with the transition

Principles

- Services will continue to be delivered locally, and by existing teams
- Services will remain located within their current HSCPs
- Services will continue to work closely in partnership with HSCP colleagues

Maintenance of local service delivery, links, and co-dependencies with preventative services and community based services will continue to be essential, and so there is a commitment to ensuring ongoing joint planning and collaboration. The services that are moving into the single service will commit to continuing to work closely with services being delivered and commissioned by HSCPs as part of their integrated local plans for services for children and families, including Tier 1 and Tier 2 services.

An Implementation Oversight Group will be established to oversee the development and implementation of the single service model. A range of sub groups will be required in order to ensure attention to all required areas.

### 3.1 Communication and Engagement plan

A communication and engagement plan will be required to ensure that we have a consistent and clear message that ensures that everyone is well informed and therefore minimising any cause for concerns. There are four key groups:

- Staff in both Tier 3 and Tier 4 of Specialist Children Services
- Staff in services in HSCPs and staff involved in transition areas
- Patients / Carers: All Patients and carers currently known to the service to receive an update on the service changes, the rationale for why we are making the service changes and our commitment to retain service delivery in the local areas.
- Referrers: Local Service managers to continue to communicate with referrers in local area about the changes and that local connections will be retained

### 3.2 Finance realignment

Tier 3 delegated CAMHS services has a total annual budget of £9.1m with circa 153.5wte. The Mental Health Recovery and Renewal workforce plan will see a significant increase in the workforce by a further 127.8wte, £7.2m. Tier 3 delegated SCPT services has a total budget of £12.5m with a circa 265 wte.

Tier 4 hosted services has a total annual budget of £24.2m with circa 340 wte. The Tier 4 mental Health recovery and Renewal funding will see an increase in budget of £2.8m. A workforce plan is in development for the new regional Intensive Psychiatric Care Unit and the regional services development for FCAMHS, SECURE and Learning Disabilities. These will see an overall increase in the service estate and reach.

Implementation of the single management model requires drawing together the funding currently held across a range of HSCP and SCS budgets, under a range of different codes, into one structure. This will include costing of the new model of service delivery to ensure this is viable within the budgets that are transferring. This will be overseen by a Chief Finance Officer.

### 3.3 Management Structure

The delegated Tier 3 services are currently operationally managed in HSCP's by 6.0 service managers whose remit is predominately SCS. The service managers are line managed by HSCP Heads of Children's Services who also manage a range of other services in their remit ie Health visiting/School nursing and social work and social care children's services

The hosted Tier 4 services are currently operationally managed by 2.5 wte service managers. The service managers are line managed by the Head of Specialist Children's Services (HoSCS) who also has line management responsibility for the Clinical Directors, Professional Leads and Quality Improvement team. The HoSCS also has responsibility for strategic planning and governance for SCS as a whole alongside the Clinical Directors.

Bringing the services together in to a single management and financial arrangement would see a combined annual budget of approximately £55.8 million with a staff of circa 926wte (including additional MHRR funding and posts). This would create a combined operational and strategic team of 19.5 wte (Table 2).

	<b>Service Managers tier 3 &amp; 4</b>	<b>Professional Leads</b>	<b>Clinical Directors</b>	<b>Total</b>
<b>Total</b>	9 wte	8.5 wte	2 wte	<b>19.5</b>

A Workforce Change Group will be established to oversee, advise and implement the processes for staff directly and indirectly impacted by the proposed changes reporting through the Oversight Group. A nomination will be sought from the Employee Director for a staff side representative to join the group given its Board wide remit.

In order to manage the realigned Tier 3 services it is assessed that there would be a need for a new permanent Head of Specialists Children's Service replacing the functions currently delivered by the HSCP's Heads of Children's Services. This would sit alongside the current post of (HoSCS) managing the Tier 4 services.

In order to manage the transition and the existing service developments associated with the Mental Health Recovery and Renewal plan it is proposed to create a temporary Project Manager Post to support the implementation of the new arrangements. Slippage from the Mental Health Recovery and Renewal funding will be used to fund this temporary role.

### **3.4 Clinical Governance**

The current clinical governance arrangements are complex. With Tier 3 services reporting through individual HSCPs while also reporting into the existing Board wide Clinical Governance executive committee chaired jointly by the CAMHS and SCPT Clinical Directors. For the Tier 4 hosted services, governance is reported through the East Dunbartonshire HSCP clinical and care governance forum and through the Women and Children's Directorate governance group.

### **3.5 Performance**

There exists a regular reporting framework for HSCPs and the Women and Children's Directorate Which includes performance against national targets and service developments. There also exists quarterly interface meeting with all HSCP's where the respective Heads of Service, Service Managers and CDs consider challenges and achievements.

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

**Report by MSK Physiotherapy Service/Helen Little MSK Physiotherapy  
Manager GGC**

**21 February 2023**

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**Subject: MSK Physiotherapy Service Annual Report 2021/22**

**1. Purpose**

- 1.1** To present the Annual Report for MSK Physiotherapy service (Greater Glasgow and Clyde) 2021-22.

**2. Recommendations**

It is recommended that the HSCP Integrated Joint Board:

- 2.1** Note the content of the report.  
**2.2** Note the achievements of the MSK service in regards to performance; priority project work; patient feedback and involvement; use of data and work on digital enhancement within the MSK service.  
**2.3** Agree that both MSK quarterly and annual performance reports are presented to Audit and Performance Committee, with the annual report being presented in Q1 each year moving forward to ensure timely reporting.

**3. Background**

- 3.1** This paper presents the Annual Report for MSK Physiotherapy Service for 2021/22. The paper is not meant to be representative of all the work that was carried out within the service but represents the key performance areas and priority project work during the period when the service was starting to recover and remobilise following the COVID 19 pandemic. Due to redeployment of staff (4 phases) during the pandemic this is the first MSK Physiotherapy Annual Report since 2018/19.

**4. Main Issues**

- 4.1** The paper presents an overview of service performance data from 2021/22. This includes waiting times data; impact data (including patient reported outcome measures and patient experience and impact data from Advanced Practice Physiotherapists within GP practice). It is important to note that the report relates to 2021/22 when the focus was on recovery and remobilisation, rather than on MSK Physiotherapy performance. The priority projects presented reflect the service priorities for that period. For noting current priority projects (within 2022/23) include addressing performance and waiting

times. For clarity and comparison of 2021/22 data with current data some current MSK performance information is bulleted below:

- Since March 22 the average waiting time (in days) has reduced from 71 days to current position of 60 days.
- Since March 22 the number of patients waiting for a routine appointment has decreased from 16,586 to current position of 13,997.
- Since March 22 the maximum routine wait has decreased from 23 weeks to 17 weeks.

**4.2** The paper provides an overview of the 4 priority objectives and associated priority project work within the service. The 4 priority objectives were: staff wellbeing; the introduction of Active Clinical Notes; the optimisation of appointment types (related to Virtual Patient Management) and staff training and development. These priority objectives were selected by the service for various reasons. The continued focussed work on staff wellbeing was due to the fact that wellbeing was low after 4 phases of redeployment and impact on MSK service. Active Clinical Notes were part of the digital agenda; to improve communication and thereby patient safety and MSK Physiotherapy service is the first MSK service nationally to have electronic patient records. The optimisation of appointment types was essential to ensure the right balance of virtual vs face to face appointments were provided, as well as to ensure safe and efficient patient care. Staff training and development was a priority focus due to loss of experienced Band 6 staff as part of Primary Care Improvement Programme recruitment. A brief overview is provided for each project. Hyperlinks are included to provide more detail on any particular project, including stakeholder feedback.

## **5. Options Appraisal**

None required.

## **6. People Implications**

No implications.

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

No implications.

## **8. Risk Analysis**

No associated risks within this report.

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

No EQIA associated with this report.

**10. Environmental Sustainability**

N/A

**11. Consultation**

This report has been completed in consultation with MSK Physiotherapy Extended Management Team and with support of MSK Practice Development staff.

**12. Strategic Assessment**

None required.

**13. Directions**

None required.

**Name Dr Helen  
Little**

**Designation MSK  
Physiotherapy  
Manager Greater  
Glasgow and Clyde**

**Date 21/2/23**

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**Person to Contact**

**Appendices:                   Appendix 1 - Annual Report**

**Background Papers**





## Introduction

Welcome to our Musculoskeletal (MSK) Physiotherapy annual report which covers the period from April 2021 to March 2022.

MSK conditions continue to have a major impact on people's lives. It is one of the leading causes of time off work and more years are lived with an MSK disability than any other condition. The MSK Physiotherapy Service continues to provide a person-centred approach where each person is individually assessed and their bespoke care is focused on symptom management, movement, exercise and supported self management. As we help patients to recover and return to normal activities, we also encourage them to take up more active and healthy lifestyles. In addition we focus on health improvement and support patients who have wider health needs (e.g. who require support on issues such as alcohol, smoking, weight management, stress management) by signposting to appropriate services.

Our report provides a brief overview of the main areas of focus over the last year, namely:

- Remobilisation of service provision: data on demand/activity and waiting times.
- Impact data: Patient reported outcomes measures and patient reported experience.
- Impact data: Success of Advanced Practice Physiotherapists within Primary Care.
- Brief summary of 4 key priority projects.
- MSK Digital strategy.

We believe that our report provides an overview of some of the key areas of work and successes within the MSK service over the last year and that the data presented within our report reflects the amount of work that goes into ensuring that our MSK service is "Fit for the Future, fit for life".



## Section 1: A year in data.

### Remobilisation

The last year (2021/22) has seen a focus on remobilisation of service provision as we emerge from the pandemic. In total there were 4 phases of redeployment, where MSK staff left our service and supported the pandemic effort. This significantly impacted clinical capacity, activity and therefore MSK waiting times.

Two periods of redeployment were within 2021/22 when demand for service provision had returned to pre pandemic levels. The service continues to address the backlog of patients waiting as a result of these periods of redeployment.

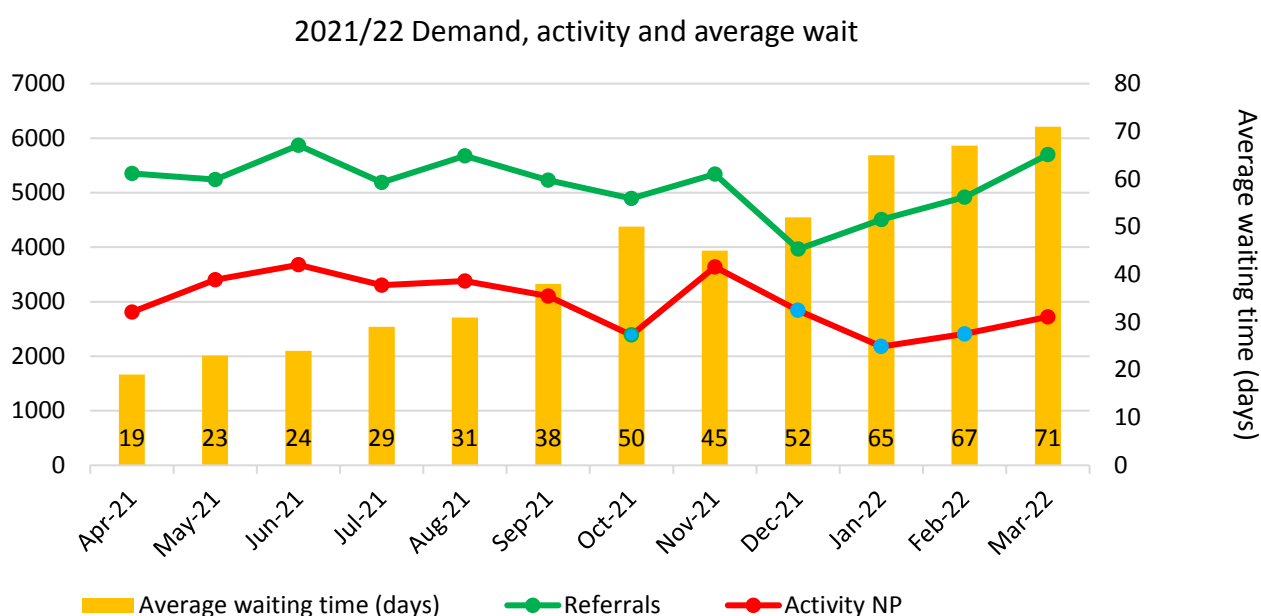
This is demonstrated within Section 1.1 of the report. Data collected from patients in regard to their treatment outcome and experience of the MSK service is presented within Section 1.2 and Section 1.3 provides data on the success of Advanced Practice Physiotherapists within GP practice.

## 1.1 Referral rate; activity and average waiting times.

### 1.1.1 Referrals and Demand

Demand for the MSK service has risen in 2021/22 compared to the 2 previous years when referral rates were extraordinarily low due to the pandemic. The service received 61, 877 referrals in 2021/22 (C/F 35,756 referrals in 2020/21). Other than the usual seasonal dip in referral rate in December 21 and Jan 22, the referral rate was consistently between 5 - 5.5 thousand referrals per month (see Graph 1. below).

#### Graph 1



### **1.1.2 Service Capacity and Activity**

New patient activity levels within 2021/22 demonstrate remobilisation of service provision (42,249 NPs in 2021/22 C/F 37,934 NPs in 2020/21). Graph 1 above shows 2 periods where NP capacity was significantly less than normal (October 21 and Dec-Feb 22, represented by blue markers on the red activity line). This reflects 2 separate periods of redeployment of MSK staff to support Acute colleagues. These periods of redeployment had a detrimental impact on service capacity, resulting in a rapid rise in waiting times (average wait rose by 12 days in first phase and by 20 days in second phase).

### **1.1.3 Demand vs Capacity and impact on waiting times**

The gap between the red and green lines on the graph demonstrates that the referral rate (demand) continues to be higher than New Patient (NP) capacity. This, as well as the backlog of patients waiting for a routine appointment (following periods of staff redeployment) has resulted in a rise in the routine waiting time.

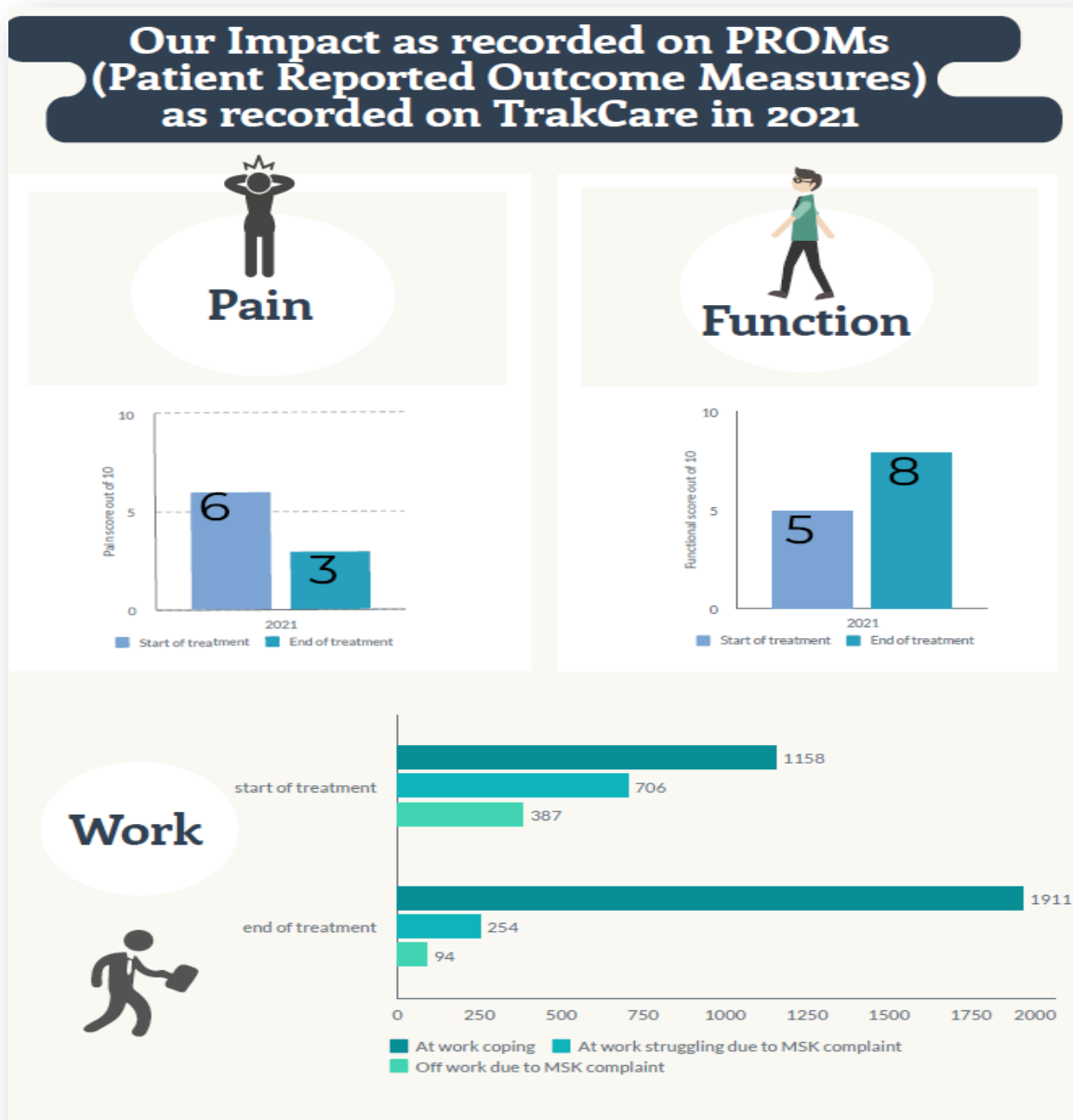
The gap between demand and capacity is not as great as the data suggests as a variable proportion of patients referred routinely to the service do not 'opt in' at the time of appointment offer. However, there is still a challenge around demand continuing to exceed capacity, which limits ability to address the backlog of patients waiting for a routine appointment.

Capacity during 2021/22 was also adversely impacted by high vacancy levels. Recruitment into MSK Physiotherapy is a national issue and the MSK service has commenced a priority project in 2022/23 to try and address local recruitment and retention issues. Accommodation challenges across several MSK sites have also detrimentally impacted on service capacity and the ability to provide the best rehabilitation environment for our patients. This has primarily been due to other services taking over MSK space during the pandemic and a delay in getting bespoke MSK rehabilitation space returned to the service. To date there are 2 sites where MSK space remains compromised.

These challenges only affects those waiting for a "routine" appointment and the service continues to see all patients with an "urgent" appointment (need) within the 4 week Scottish Government waiting times target.

## 1.2 Impact data: Patient Reported Outcomes and experience of the MSK service.

Patient Reported Outcome Measures (PROMS) using validated tools are gathered routinely after a course of treatment. The 2021/22 data are presented in the infographic below and demonstrate the reduction of pain; improvement in function and successful return to work as a result of our intervention.



All patients were invited to feed back on their 'experience' of the service through a webropol survey link included in any email communication. They were asked about a range of aspects of care and their overall recommendation. In 2021/22, 100 patients responded and a summary of their feedback is presented below.



### 1.3 Impact data: Patient Reported outcome and experience for Advanced Practice Physiotherapists within GP practice

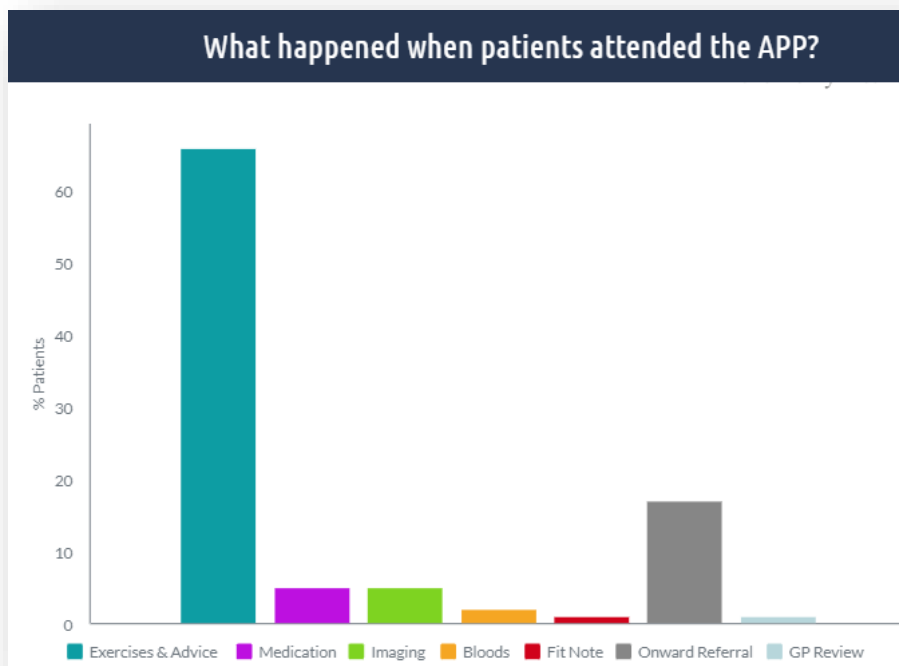
Advanced Practice Physiotherapists (APPs) were recruited to support GP practices as part of the Multidisciplinary team within the Primary Care Improvement Plan. This was with a view to releasing GP time and providing expert and timely MSK advice for patients.

There are now almost 30wte APPs in GP practices across GGC (covering 44% of the GGC population). The resource was based on the recommended national model of one whole time equivalent APP per 16 -18,000 head of population. In 2021/22, APPs provided 50,405 new patient appointments across GGC.

Impact data shows that:

68% of patients had not seen a GP prior to their APP appointment, demonstrating the release of GP time spent on MSK consultations. The remaining 32% of patients were directed to the APP via the GP.

Over 80% of patients attending an APP were supported to 'self manage' their MSK condition with exercises and advice. Please refer to the infographics below.



Due to the nature of primary care, it was anticipated that some of these patients may return to see their GP, APP or other health care professional (HCP) with the same condition for further help. A snapshot audit was therefore carried out and the results presented via the link below. The results demonstrated that patients do not re-access the GP practice within a 3 month period for the same problem.

<https://create.piktochart.com/output/59119606-ssm-snapshot-audit>

## 2.0 Key Priority Objectives

Despite the challenges of the pandemic, the service had a year of success with regards to delivering 4 priority objectives. The service priority objectives were:

- Staff wellbeing
- Introduction of Electronic Patient Records/Active Clinical Notes.
- Optimising appointment types (effective and efficient use of Face to Face versus Virtual).
- Training and development towards best patient care.

A short summary of each project is presented below.

### 2.1 Staff wellbeing

The service recognises that staff wellbeing is essential in delivering the high quality care we aspire to. The wellbeing of all staff in our MSK service has been an important consideration for several years now and we focus our efforts through the well-established Wellbeing steering group.

The service aim is to make wellbeing a priority, to really listen to what matters most to all staff, what lifts us up and what gets in the way. Where possible the service aims to take feasible action to support everyone to be as well as possible at work.

Wellbeing is on the agenda as a standing item at local team meetings and all staff groups are represented on the Wellbeing steering group. The service regularly seeks feedback, takes action to make improvement where possible, circulates resources and holds an annual wellbeing event. Here are some of the infographics from the last event and staff feedback.

- [Summary of 2021 Wellbeing event](#)
- [Summary of staff feedback and actions 2022](#)

Wellbeing within one team was the focus of the NHS Education for Scotland Scottish Improvement Leader course undertaken by one of our Practice development staff. The expertise about wellbeing and Quality Improvement methodology will be shared with all staff. Please find the summary of the results in this link [QI Wellbeing](#)

### 2.2 Introduction of Electronic Patient Records/Active Clinical Notes (EPR/ACN)

We are the first MSK Physiotherapy service in Scotland to embrace EPR/ACN. This shift to electronic record keeping will enhance the safety of patients by ensuring that clinical records are accessible to staff internal and external to the service. It ensures that all records are legible, can be transferred easily across sites and are easier to store. We are committed to embracing new technology that benefits our patients and explore all that digital developments have to offer (see also Digital Strategy below).

EPR has been piloted within two MSK sites and will be rolled out by end December 2022 across the whole service.

### **2.3 Optimising patient centred care through effective and efficient use of appointment type (Virtual Patient Management and Face to Face)**

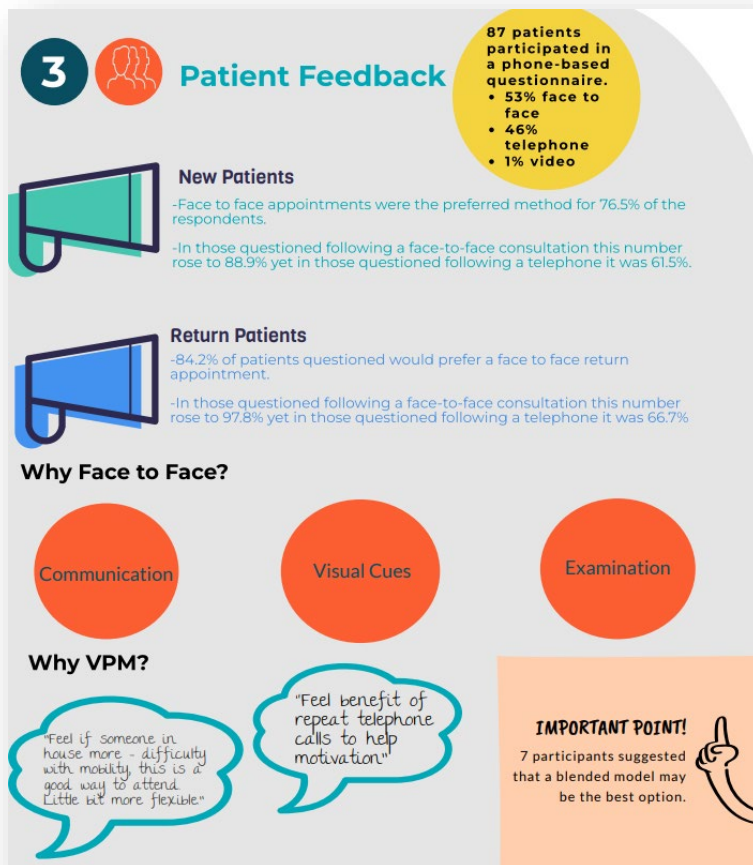
An improvement project was led by one of the service team leaders to explore which types of appointments we should offer as we came out of the pandemic restrictions. A range of stakeholders were consulted including; Patients, MSK Physiotherapy clinicians, Health Care Support Workers and Orthopaedic Surgeons. They all thought that a 'face to face' appointment was required at some point in the patient journey. The overall findings suggested that:

- Face to face appointments improved clinical diagnosis and communication.
- Virtual appointments allowed increased flexibility, reduced time for travel and parking.

We responded to this feedback and made the following service changes:

- All NP appointments were face to face from 6<sup>th</sup> June 2022, with the option of virtual if the patient preferred that.
- Return patients were a mix of face to face and virtual based on clinical need and patient choice.
- Further investigation into enhanced vetting and escalation pathways is planned, ensuring that pathways are clear and accessible and that HCSW training is considered as appropriate.





A link to the full findings can be accessed here: [Optimising Appointments Feedback Summary](#)

## 2.4 Training and development towards best patient care

Recruitment opportunities into Advanced Practice roles within Primary care (see section 1.3 above) resulted in the main MSK service having Physiotherapists with less clinical experience at both senior and junior level (recruitment criteria into MSK had to be lowered to ensure vacancies were filled). The service had to focus on staff training and development to ensure a skilled workforce. This priority project had a focus on a) training and support of staff to ensure that patients received the clinical care, and b) escalation pathways to ensure patients with the most complex problems received care from the right person with the right skills to meet their needs. Two pilot projects were introduced, namely; "Butterfly clinics" and "Ask the APP". Both of these projects embraced the virtual digital opportunity to ensure staff were supported in their training and care of patients.

A butterfly clinic is experiential learning through direct (face to face) or indirect (video) supervision. Details of the project can be accessed [here](#)

"Ask the APP" provided staff with the opportunity to ask non urgent clinical questions about best patient care. Details of the pilot can be accessed [here](#)

### **3.0 MSK Digital Strategy**

The use of Digital technology has become much more of a normal part of our service delivery in recent years and is a common thread running through the majority of work plans we have progressed through this period.

As a result we set up a Digital Steering Group for our service who produced our [Digital Strategy](#). This gives an overview of our current digital projects, but is also a place to articulate our future digital ambitions.

The main digital based projects during 21-22 are as follows:

- Electronic Patient Records/Active Clinical Notes (as detailed above)
- Patient Reported Outcome Measures (as detailed above).
- Virtual Patient Management (VPM) – As with most other services the COVID pandemic forced us to quickly embrace the use of VPM to allow patient consultations to continue through the peak of lock down restrictions. As restrictions have gradually eased and face to face is more possible we have worked to ensure a balance is maintained so that the advantages of VPM are not lost e.g. patient preference.
- Electronic Self-Referral – patients have been able to self-refer to our service for many years by filling in a paper form and either handing it in or posting it to their local department, however increasing stakeholder feedback – especially from patients has shown that a form that can be submitted electronically is what is required. We have now developed an appropriate form and hope to launch this later in '22 in conjunction with our Web Team.
- [Website](#) – Our public facing website has had a big face lift this year and now contains much more self-management advice for patients to access at any point in their Physiotherapy journey. This will be an ongoing development and will house our electronic self-referral form in '22.
- Netcall – An SBAR has been submitted to request that our service is considered in the roll out of Netcall. Our vision is to use Netcall to interact with our patients on our routine waiting list to direct them to appropriate

self-management advice while they await their first appointment. We also hope to explore patients being able to return extra information to us to help inform us at their first appointment and also possibly provide us with PREMS / patient feedback. We hope this will be a great way for us and our patients to interact more easily.

- Artificial Intelligence – As with every service demand continues to increase with our resource to deal with this unchanging or reducing. Our clinicians currently read and vet each referral received which means that approximately 80 hours clinical time per week is spent on vetting. The service is therefore actively exploring AI solutions that could help with this task, thus releasing our clinicians to see patients. Approximately 80 hours per week is spent on clinical vetting of patients. This is an innovative and forward thinking work stream which we will continue to pursue into 2022.

## **Conclusion**

We believe that this summary report demonstrates the huge volume of quality work that has been carried out within the MSK service despite the challenges of the ongoing pandemic and periods of redeployment. We take pride in the amount of data that we collate and use towards best staff and patient care. Our staff have been incredibly innovative in the shift to the Digital world and have embraced the change. We continue to drive the service forward in the interests of our patients and have continued to build on the work with priority projects for 2022/23 including 2 ongoing projects (staff wellbeing and ACN) and 4 new priority projects to address waiting times, recruitment and retention, staff training and development and MSK pathways of care.



**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD****Report by Fiona Taylor, Head of Health and Community Care****21 February 2023**

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**Subject: Urgent and Unscheduled Care update****1 Purpose**

- 1.1** The purpose of this report is to update the HSCP Board on developments in Urgent and Unscheduled Care (U&UC) governance across NHSGGC and how HSCPs are delivering against U&UC priorities to minimise the impact of unscheduled care.

**2 Recommendations**

- 2.1** The HSCP Board is asked to note the content of this report.

**3 Background**

- 3.1** In March 2022 HSCP Boards received an update report on the Unscheduled Care Design and Delivery Plan for the period 2022/23 to 2024/25. Ratified by all 6 HSCP Boards, this detailed how HSCPs would seek to operate in conjunction with acute sector colleagues to meet the unprecedented levels of unscheduled care across NHSGGC and meet the continuing challenges of an aging population with increasing complex care needs. There are 3 High Impact Change (HIC) areas that relate to this report:

- HIC 3 – Virtual Capacity
- HIC 5 – Rapid Assessment & Discharge
- HIC 8 – Community Focussed Integrated Care

**4 Urgent & Unscheduled Care Governance**

- 4.1** The NHS GG&C board and HSCP Chief Officers have adapted to Scottish Government requirements for assurance through refinement of the governance structure for Urgent and Unscheduled Care, whilst staying true to the three key themes of the Delivery Plan;
- Early intervention and prevention of admission to hospital to better support people in the community;
  - Improving hospital discharge and better supporting people to transfer from acute care to community supports; and,
  - Improving the primary / secondary care interface jointly with acute to better manage patient care in the most appropriate setting.

**4.2** This new governance structure is shown at Appendix 2. Operational delivery remains largely unchanged with acute sector and individual HSCP implementation groups driving activity locally. Tactical co-ordination has been aligned with the HIC structure, with HSCP senior officers leading on the “Discharge without Delay and Rapid Acute Assessment” and “Community Focussed Integrated Care” work streams. In the strategic space, a new Urgent and Unscheduled Care Oversight Board draws together all activity and is jointly led by Chief Operating Officer NHSGGC and Chief Officer GCHSCP. This group links to both the COVID-19 Recovery Tactical Group and Moving Forward Together Programme Board, ensuring whole-system integration and ultimately reports into the Board’s Corporate Management Team.

## **5 HIC 3 – Virtual Capacity**

**5.1** Designed to offer a virtual alternative to the need for face to face, in person attendance and in-patient care, this work is focused on driving innovation and improvement in virtual pathways making best use of technology where appropriate and increasing capacity across GG&C. Our HIC 3 work stream is targeted to deliver on four key areas:

- Reduced number and proportion of patients self-presenting to Emergency Departments (ED) as unplanned/unscheduled care attendance
- Increase the number of patients assessed and discharged through the use of the ‘Near Me’ consultation IT platform via the Flow Navigation Centre (FNC)
- Increase the number of patients attending /scheduled into more clinically appropriate alternative pathways via Flow Navigation Centre e.g. Minor Injury Units (MIA).
- Scottish Ambulance Service (SAS) hospital conveyance rates - work with SAS to reduce conveyancing rates to hospital to be aligned closer to the average NHS Scotland Board rates

**5.2** There are 14 virtual pathways across these four key areas now live across GGC with ongoing discussions with partner agencies e.g. SAS and NHS24 as to how their use can be further maximised. These pathways include a range that link with the Flow Navigation Centre and capacity is likely to be the rate limiting step in the short term, however options to expand this are being considered. Other virtual pathways include Heart Failure, Chronic Obstructive Pulmonary Disease, and Out Patient Antibiotic Treatment.

## **6 HIC 5 – Rapid Assessment & Discharge**

**6.1** The HIC 5 work stream seeks to optimise flow by aligning capacity with demand across the system. Much of this is synonymous with the existing Discharge to Assess policy and ongoing Discharge without Delay activity. The ‘Discharge to Assess’ (D2A) policy is a mechanism for avoiding delayed

discharge when a patient is medically fit for discharge from acute care. This process allows a decision to be made to discharge home to continue an assessment of need, inclusive of providing relevant rehabilitation in the home setting. The Community Hospital Discharge Team facilitates this approach, with a multidisciplinary team to support discharge as soon as the person is medically fit.

'Discharge without Delay' (DwD) is a Scottish Government programme which takes a whole system approach from the point of admission to improve the patient journey, from the initial point of a hospital stay, preventing any delays through early and effective planning.

Improvement will be enacted through refining discharge processes, improving patient experience by simplifying the discharge process and improve length-of-stay by ensuring the necessary arrangements have been made to safely discharge patients on the planned day of discharge. The interface care work stream is also monitored under HIC 5, however is a primarily acute endeavour.

Within West Dunbartonshire, this DwD work is being led by the Head of Health and Community Care, reporting to the Unscheduled Care group, and also into the GG&C Urgent and Unscheduled Care group.

- 6.2** For Discharge without Delay, HSCPs are equipped with Community Hospital Discharge Teams who proactively reach into hospital wards to prevent unnecessary delays and manage early supported, safe, timely and effective discharge. All HSCPs continue to develop the use of local data to understand and project demand, complexities of need to inform local responses around recruitment. This includes the re-alignment of resources and use of local interim care placements to provide a more suitable alternative pathway to acute hospital in-patient services offering a step up/step down approach. The use of interim beds across GG&C will be optimised over the winter period including Bonnyton intermediate care facility (East Renfrewshire), 6 additional care beds provided in Inverclyde, new IMC contract being tendered in Glasgow City (75 beds).
- 6.3** Key Performance Indicator targets are still being developed for HIC 5 around increasing the proportion of patients effectively discharged within 48 hours of admission and increasing the proportion of patients discharged pre-noon to improve patient flow through the hospital and improve access for new patients. Opportunities have already been identified to build on a successful rapid discharge practices through a test of change in Ward 54 of the QEUH by rolling this process out to 17 other wards across the South Sector, before further application in North and Clyde.

## **7 HIC 8 – Community Focussed Integrated Care**

- 7.1** The well-established Unscheduled Care Design and Delivery plan has allowed HSCPs to progress existing initiatives through HIC 8. We are delivering on 3 key priorities;
- GG&C Community Falls Pathway
  - Hospital@Home pilot (specific to residents in Glasgow City HSCP)
  - GG&C Home First Response Service
- 7.2** The GG&C Community Falls Pathway launched in September 2022, linking Scottish Ambulance Service (SAS) crews with professional advice through the FNC in order to reduce conveyance for those fallers for whom it was deemed clinically appropriate to direct to scheduled care. When compared with the previous year, GG&C wide data from September / October 2022 showed a 108% improvement in the rate of referral to Community Rehabilitation by SAS, demonstrating that the pathway is working. Further review is intended one-year post-implementation to demonstrate the utility and financial impacts of the pathway in addition to aspirations to make the pathway accessible to SAS crews responding to fallers in Care Homes. The West Dunbartonshire response service to link to this pathway is to the Focussed Intervention Team, and referrals and outcomes will be monitored and collated.

Referrals within West Dunbartonshire have been lower than GG&C statistics and this is being monitored through the West Dunbartonshire Unscheduled Care Group as there is SAS representation at this group.

- 7.3** Glasgow City HSCP is hosting the Hospital@Home (H@H) test of change and has published its first phase evaluation, delivering reduced admission by providing care direct to patients within their home or homely setting. With 187 patients having used the service it is estimated that 906 bed days have been saved since the project commenced in February 2022. Governance discussions are underway as to the timeline of expanding the 10 bed model to 15.
- 7.4** The Home First Response Service (HFRS), hosted by Renfrewshire and Glasgow City HSCPs, conducted the first of a series of phased launches on 1st November 2022. This service delivers a multidisciplinary virtual team at the Emergency Department (ED) front door of the Royal Alexandra Hospital and Queen Elizabeth University Hospital who review frail patients with a view to avoiding admittance through community care provision. Recruitment is ongoing to establish 11 Advanced Practice Frailty Practitioners with the ambition that they will all be in post by January 2023, however even with limited staff the initial phase of the service has proved promising with several patients having been urgently referred to Community Rehabilitation opposed to being unnecessarily admitted. Full data will be gathered once the service is deemed fully operational.
- 7.5** The HFRS will work as a 'Hub and Spoke' model, with each HSCP hosting their own Frailty Practitioner (FP) resource who will link directly with colleagues in the Hub, and also across the HSCP. The West Dunbartonshire FP is now in post and working within the Focussed Intervention Team with



close links across all health and community care services to provide responsive community care provision within a multi-disciplinary team. This role will be subject to ongoing review and evaluation as a test of change to ensure maximum productivity.

## **8 People Implications**

8.1 There are no personnel issues.

## **9 Financial and Procurement Implications**

9.1 The legislation requires the HSCP Board and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation. The HSCP Board budget for 2022/23 includes a “set aside” amount of £33.620m for the commissioning of acute hospital services within scope (e.g. accident & emergency services).

## **10 Risk Analysis**

10.1 Not applicable

## **11 Equalities Impact Assessment (EIA)**

11.1 Not applicable

## **12 Environmental Sustainability**

12.1 Not applicable

## **13 Consultation**

13.1 Not applicable

## **14 Strategic Assessment**

14.1 The Urgent and Unscheduled Care priorities align with the need to support individuals, families and carers to live independently and with dignity and also to develop efficient and effective frontline services that improve the everyday lives of residents.

**Fiona Taylor**

Head of Health and Community Care

29<sup>th</sup> December 2022

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**Person to Contact:** Fiona Taylor  
[Fiona.taylor2@ggc.scot.nhs.uk](mailto:Fiona.taylor2@ggc.scot.nhs.uk)  
Phone: 07766085272

**Appendices:** Appendix 1: Urgent & Unscheduled Care Collaborative  
The Right Care, in the Right Place, for Every Person,  
Every Time: High Impact Changes and Aims  
  
Appendix 2: New Governance Structure – NHS GGC  
Urgent and Unscheduled Care Programme

**Background Paper:** HSCP Board Paper ‘Unscheduled Care Commissioning  
Plan’ March 2022

**Wards Affected:** All

# Urgent & Unscheduled Care Collaborative

## The Right Care, in the Right Place, for Every Person, Every Time

### High Impact Changes and Aims

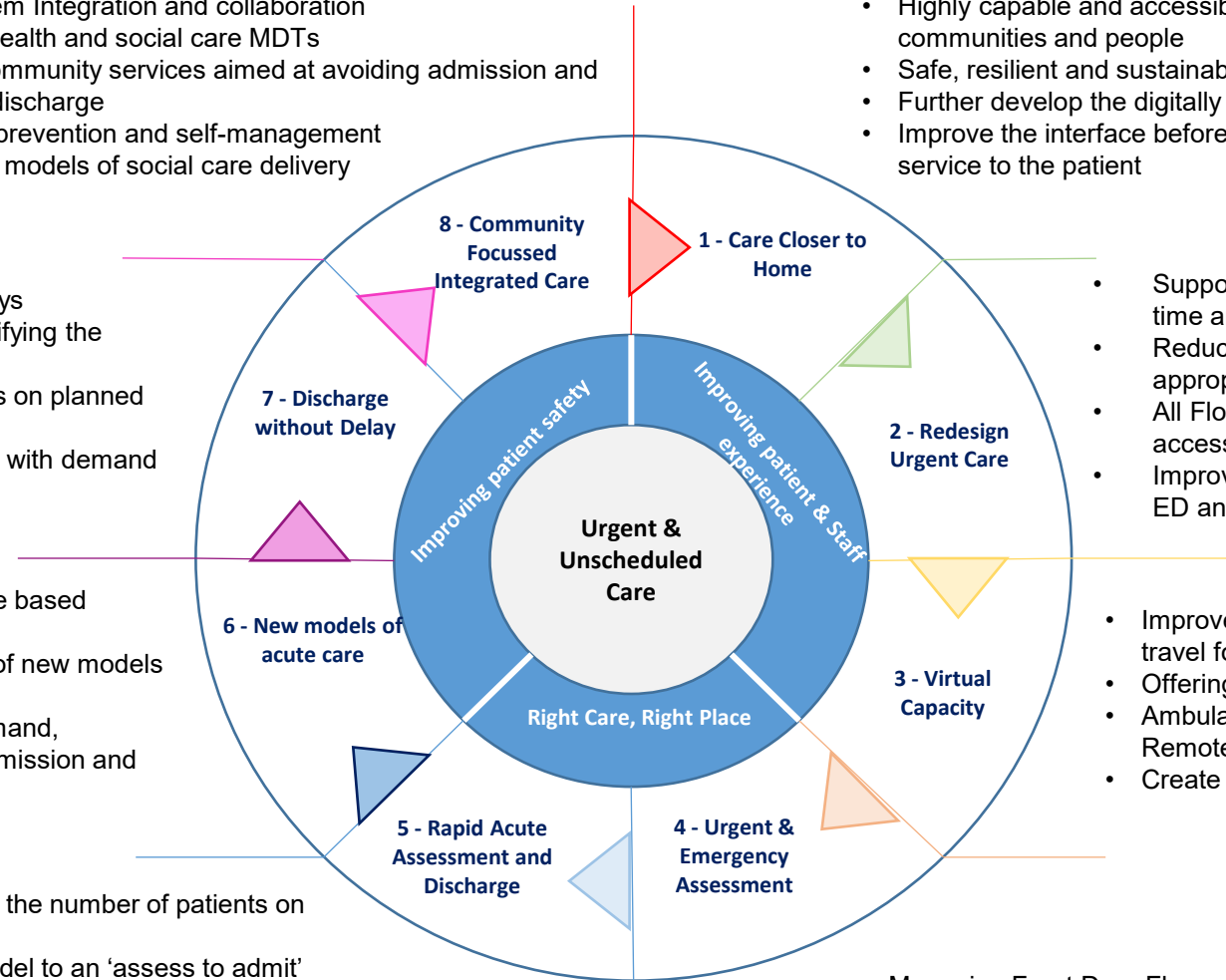
- Whole system Integration and collaboration
- Integrated health and social care MDTs
- Range of community services aimed at avoiding admission and supporting discharge
- Supporting prevention and self-management
- Sustainable models of social care delivery

- Highly capable and accessible MDTs built around the needs of communities and people
- Safe, resilient and sustainable Out of Hours primary care services
- Further develop the digitally enabled gateway to the NHS in Scotland
- Improve the interface before and after urgent care to provide a seamless service to the patient

- Optimise discharge without any delays
- Improve patient experience by simplifying the discharge process
- Improve LOS by discharging patients on planned day of discharge
- Optimising Flow by aligning capacity with demand across the system

- Developing new models of acute care based around patient need
- Use of data to support development of new models of acute care
- Understand current capacity and demand, realigning footprint and managing admission and discharge balance

- Optimising patient flow by increasing the number of patients on a 0-48 hour/ short stay pathway
- Moving from an 'admit to assess' model to an 'assess to admit' model
- Alternative pathways to prevent admission to downstream ward areas where appropriate
- Introducing clinical decision earlier in the pathway



- Supporting people to choose the right care delivered at the right time and in the right place
- Reduce avoidable ED attendances by directing patients to more appropriate urgent care settings
- All Flow Navigations Centres will be 24/7 with immediate access to senior clinical decision maker
- Improve patient safety by scheduling urgent appointments to ED and MIU and avoiding waits in busy A&E departments

- Improve patient experience by reducing the need to travel for care
- Offering alternatives to in-patient care
- Ambulatory Interface Care, Hospital at Home, Remote Monitoring
- Create Virtual Capacity

- Managing Front Door Flow – Every Patient, Every Time
- Rapid decision making and streaming
- Rapid assessment and diagnostics
- Delivering the 4-hour Emergency Access Standard
- Eliminate patient waits over 12 hours



**New Governance Structure – NHS GGC Urgent and Unscheduled Care Programme**

New Whole systems Oversight Board  
 New Rapid Discharge Group  
 New Virtual Pathways Group (replacing FNC group)  
 Community Integrated Care Group (currently HSCP unscheduled care group)

**Corporate Management Team**  
 Chair: J Grant

Report monthly to the Recovery Tactical Group  
 Chair: J Armstrong

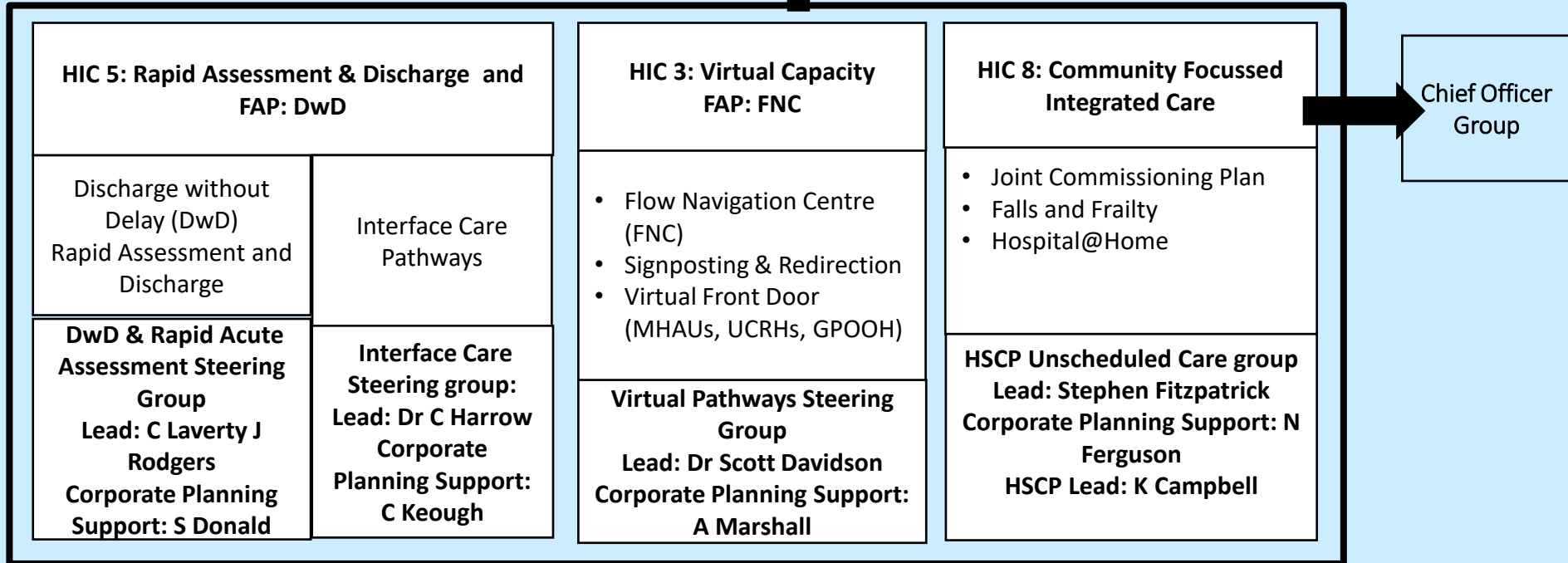
**Urgent & Unscheduled Care Oversight Board**  
 Monthly Co-Chairs: W Edwards, Chief Operating officer Acute, S Millar, Chief Officer, Glasgow City HSPC

Moving Forward Together Programme Board (Monthly)  
 Chair: J Armstrong

Strategic

Tactical

Operational



**Sector / HSPC Specific Unscheduled Care Implementation Groups**



## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

**Meeting:** Monthly Covid-19 Meeting of Joint Staff Forum

**Date:** Thursday 18<sup>th</sup> August 2022, 2.p.m. – 3.30 p.m.

**Venue:** Microsoft Teams

### MINUTE

**Present:** Peter O’Neill (chair); Andrew McCready; Ann Cameron-Burns; Audrey Slater; Beth Culshaw; David Scott; David Smith; Diana McCrone; Fiona Taylor; Gillian Bannatyne; Helen Little; Ian Stevenson; Julie Slavin; Leeanne Galasso; Lesley James; Margaret Wood; Margaret-Jane Cardno; Michelle McAloon; Moira Wilson; Paul Carey; Richy Kennedy; Shirley Furie; Sylvia Chatfield.

**Apologies:** Allan Wallace; Bernadette Smith; Margaret McCarthy; Val Jennings; Val Tierney; Vivien Thomson.

**In Attendance:** Hazel Slattery (minutes).

Item	Description	Action
1.	<b>Welcome, Introductions, Apologies</b> P O’Neill welcomed everyone to the meeting.	
2.	<b>Standing Agenda Items</b> a) Minutes of Last Meeting Amendments noted in relation to personal stress on page 3. A Slater confirmed that stress absences have been recorded correctly, L Galasso will continue to monitor and will ask managers for more detail in relation to types of stress.  Amendments were also noted in relation to Trade Union updates on temporary DL measures and learning contract.  Minutes of the last meeting agreed as accurate record following amendments.  b) Rolling Action List MJ Cardno advised that a work plan is being devised alongside Lauren Crooks who works alongside the HSCP. Further details will be shared at the next JSF.	<b>MJC</b>

c) Chief Officer Update

The HSCP continue to see an improving picture in relation to Covid, currently there are no Covid outbreaks in our care homes, care homes are continuing to feel the benefit of the vaccination programmes. The next stage of vaccinations will start in the first week of September alongside flu vaccinations. F Taylor's team are developing the arrangements.

Continuing to see challenges in relation to delayed discharges, services are working with partners to move patients as quickly as possible whilst improving the outcomes for those patients involved.

Positive feedback continues to be received about Queens Quay Care Home and Clydebank Health and Care Centre. The Clydebank Health and Care Centre have been nominated for an architectural award. The Chief Nursing for Scotland is visiting Queens Quay and Health and Care Centre next week; he will be meeting with a number of residents and staff.

B Culshaw highlighted that nominations for staff awards are open; this is your chance to nominate teams and individuals across the partnership over the past year who have carried out exceptional work. Categories for nominations are team of the year, employee of the year, innovation of the year, volunteer of the year and leader of the year (leader of year does not need to be manager it can be someone who has demonstrated leadership qualities or lead on a project). Fifteen nominations have been received so far and M Wilson will review the position at the closing date which is tomorrow and decide if this needs to be extended to next week.

Since our last meeting, a formal and informal IJB have taken place. Most of the formal IJB discussion focused on the current financial position with the motion to utilise HSCP reserves. There are real concerns around committing reserves at this stage, especially while there is so much uncertainty around pay wards and the vacancy freeze. An agreement was not reached on how to use reserves; B Culshaw is to meet with the Chair of Vice-Chair to discuss. The information meeting last week focussed again on finances and also the National Care Service.

D Scott asked if there was an update on when service buses will be accessing Clydebank Health and Care Centre, B Culshaw advised that a huge amount of work was done prior to opening. Service bus operators decided that currently there is not enough demand to facilitate a service bus; however this would be reviewed after 6 months. The Centre has now been opened for 6 months, this decision is due to be reviewed.

d) National Care Service – Margaret-Jane Cardno



P O'Neill opened the discussion by stating that initially Trade Unions supported the National Care Service to be run on a not for profit basis. However the proposal from Scottish Government does not reflect this, Trade Unions will be submitting consultation response to Scottish Government.

MJ Cardno provided members with presentation on National Care Service which included background; key principles of the National Care Service; care boards; strategic planning and ethical commissioning; transfer of functions; transfer of staff; Scottish Ministers powers to intervene; other features of the bill; costs and finance and implementation. Presentation will be shared with members.

Members engaged in a lengthy discussion on the implications and concerns within the National Care Service. It is essential that we start to engage with staff on the implications of the National Care Service without causing unnecessary alarm and distress. It was agreed that Trade Unions would work with MJ Cardno to develop a communication for staff.

**MJC,  
DM,  
PO**

e) HR Report (including iMatter)

HR report circulated to members. NHS absence decreased from 4.82% to 4.30% in July. The average level of absence for HSCP has decreased slightly from 5.91% in June to 5.79% in July 2022. Long term absence remains a concern and has increased slightly. Top reasons for absence for NHS were anxiety/ stress/ depression; unknown cause/ unspecified and other MSK problems.

WDC absence increased by 14.6% compared to the same period last year. In comparison to June, absence increased from 1.94 to 2.94 working days lost. Long term absence remains a concern with 70% of the total working days lost being attributed to long term. WDC reasons for absences are minor illness, acute medical, musculo-skeletal, personal stress and long covid.

The way WDC covid sickness is recorded has now changed, meaning that a comprehensive comparison is not available. NHS figures show that 7 staff are covid positive and 3 are off with long covid.

- KSF and PDP

Unfortunately compliance data was not available for July.

- Statutory and Mandatory Training

Overall compliance rates exceed 80%, five modules are now exceeding 90% completion compared to 2 in June. Managers are provided with named lists of staff who have out of date training and are requested to ensure staff are encouraged to complete modules as a priority.

- Leavers

Within NHS there have been 6 leavers during July, 17 staff have left across WDC members within the HSCP.

NHS GG&C are looking to roll out their peer support wellbeing worker programme, information was circulated to members of the JSF. The idea is to have someone within teams who can act as a go to person for additional advice/ support building on the Learnpro module on Psychological First Aid.

Special leave provisions for Covid19 related absences will cease from 1st July 2022 for WDC members of staff. Covid related absences will be managed in line with normal sick pay provisions.

- iMatter

M Wilson advised that iMatter closed in June. Average scores improved across all areas. Currently action planning is taking place with conclusion on 29<sup>th</sup> August 2022. Managers are facilitating discussions with their teams. Actions are owned by teams and are regularly reviewed until completed. M Wilson has arranged a virtual drop in support session for managers on 24<sup>th</sup> August between 10 a.m. and 11.30 a.m.

f) Service Updates

I. Mental Health, Addictions and Learning Disabilities

Staffing issues continue to cause challenges for the service area. Glenarn and wards are having daily safety huddles to ensure staffing levels are maintained. Vacancies with Mental Health continue to be monitored. Additional funding is coming for Learning Disabilities through Community Change Fund and Alcohol and Drug Partnership.

Mobile Harm Reduction Unit is now operating across West Dunbartonshire. M Wood asked if it be possible to visit the mobile unit. Visits can be requested through Jacquelyn McGinley, IOM Addiction Services.

II. Health and Community Care

Progress on the redesign of Care at Home continues. Moving forward with engaging with carers, linking in with CVS and Carers of WD to start getting feedback from carers. MJ Cardno asked if Trade Unions had any feedback before the meeting scheduled to take place next week. M Wood advised that feedback would be provided once Trade Unions had met with members. Bernadette Smith continues to lead on the review of day care services, Trade Unions are involved.

Staff vaccination programme for flu and Covid is being developed, front line HSCP staff are in the scoped for both vaccinations, staff will be invited to self-register. Those attending will require to have date of

last Covid vaccination. The Hub, Concord Centre and Alexandria CE Centre will be used to facilitate vaccination clinics. Clinics will start 3<sup>rd</sup> September 2022.

D Smith asked how long hospital discharge staff are given to complete the My Life Assessment. F Taylor advised that hospital discharge have not been provided with a timescale to complete assessment as hospital discharge patients have varying nuances depending on the needs of the patient. It was agreed that D Smith and F Taylor would have a further discussion out with the meeting. S Chatfield added that practice standards with care management state that assessments should be completed within 28 days or 20 working days. D Smith advised that difference within timescales for completing assessment should be communicated to Trade Unions.

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

Vacancy issues particularly in children and families social work, there are around 12 vacancies and some absences causing challenges. A small number of agency staff helping to ensure that critical protection services are delivered. Recruitment continue to be ongoing national issues. The Setting the Bar report identified that 1 in 6 social workers are leaving the profession within 6 years of becoming qualified. A working group has been set up to look at the workforce development plan.

Children's Services continue to undergo a period of inspection. Inspectors have confirmed they will be with us until March 2023, this is unprecedented. Inspectors are keen to work with us and enhance services. Between now and February 2023, self evaluation, a multi-agency audit and position statement will be required. A final report will be published by the Care Inspectorate in March 2023.

L James reassured members that suitability qualified members of social work staff will sit on interview panel for relevant posts. This will require reaching out to suitably qualified members of staff in children and adult services to assist with recruitment panels.

### IV. Strategy & Transformation

MJ Cardno is extremely concerned with regards to the vacancy freeze, her team has 17 vacancies and is concerned that vacancies will be removed from the establishment if vacant for more than 6 months. MJ Cardno has been trying to recruit a number of posts for more than 6 months. This is causing extreme pressure on her wider team. There are real anxieties given the recruitment freeze.

D Smith advised that Joint Trade Unions have written an initial response to the vacancy freeze and have requested that a detail paper is provided with regards to the vacancy freeze position. One of the key elements of the vacancy freeze was to provide generation of

jobs through the Switch policy, there is contradiction from taking posts away that have been vacant for 6 months.

L James added that a number of posts will fall into the exemption category. It would be expected that the critical nature of services a number of posts will come under the exemption category.

A Slater added that we are working through a lot of detail, a response will be developed to go back to Council Chief Executive. It is expected that a number of posts will come under exemption, a number of posts are also funded from external funding streams.

#### V. MSK

Premises issues in Queen Elizabeth University Hospital will be resolved in the next couple of weeks. In the new Baillieston Health Centre resolution for space for MSK has now been agreed. There is an ongoing situation at Vale of Leven Hospital, SATA is still required, the knock on effect of this has meant that minor injuries are using physio space. MSK only have 2 treatment bays available for MSK. H Little is visiting VOL to see if the ARC space is suitable for use by the MSK service. MSK area will also be provided in Royal Alexandra Hospital.

A significant amount of spend has been undertaken for staff training, 6 priority projects are ongoing including staff wellbeing, training, staff recruitment and retention.

H Little advised that the service have 9 WTE vacancies which are impacting on capacity. Links have been made with universities encouraging graduates to apply for posts within GG&C.

#### VI. Finance

Item covered within Chief Officer update.

### 3. Trade Union Updates

D Scott asked how much the HSCP are spending on agency staff across the partnership, this was asked if relation to staff shifts being taken off them and given to agency staff. F Taylor stated that she was unaware of any WD HSCP staff being taking off shift and replaced with agency staff. A further discussion will take place between D Scott and F Taylor.

D Smith also asked why sheltered housing supervisors are being called away to cover alert service leaving residents with no supervision. F Taylor advised that a full written response has been provided following her annual leave, this will also be discussed at the upcoming convenors meeting for her service next week.

D McCrone advised that nationally NHS staff have been balloted and are not in agreement to accept the 5% pay increase offered, members are being balloted regarding strike actions. P O'Neill added that local

government colleagues have also rejected the 3.5% proposed pay increase.

D Smith asked for it be noted that collectively in this forum we have tried to work together to support staff wellbeing, which has been magnificent. D Smith has major concerns about staff wellbeing, stress risk assessments in the workplace have increased by 3, a large number of staff are experiencing burn out.

**4. Any Other Business**

a) Impact on HSCP Services with Regards to Vacancy Freeze in WDC

Item covered in agenda items above.

b) Three key elements for Area Partnership Forum

- Cost of living crisis
- National Care Service.
- Vacancy Freeze.
- Impact on staff wellbeing.

A Slater was thanked for all her hard work, dedication and commitment to the committee as this is her last meeting of the JSF before moving on to another post outwith the HSCP. A Slater joined the HSCP during Covid at a very difficult time and has worked hard to develop relationships. Members will sorely miss working alongside her.

**5. Date of Next Meeting**

Thursday 15<sup>th</sup> September 2022

2 p.m. – 3.30 p.m.

MST



**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

**Meeting:** Monthly Covid-19 Meeting of Joint Staff Forum

**Date:** Thursday 15<sup>th</sup> September 2.p.m. – 3.30 p.m.

**Venue:** Microsoft Teams

**DRAFT MINUTE**

**Present:** Beth Culshaw(chair); Andrew McCreedy; Ann Cameron-Burns; David Scott; David Smith; Diana McCrone; Fiona Taylor; Julie Slavin; Lesley James; Margaret Wood; Margaret-Jane Cardno; Michelle McAloon; Paul Carey; Peter O'Neill; Richy Kennedy; Shirley Furie; Sylvia Chatfield.

**Apologies:** Allan Wallace; Barbara Sweeney; Leeanne Galasso.

**In Attendance:** Hazel Slattery (minutes).

<b>Item</b>	<b>Description</b>	<b>Action</b>
<b>1.</b>	<b>Welcome, Introductions, Apologies</b> B Culshaw welcomed everyone to the meeting.	
<b>2.</b>	<b>Standing Agenda Items</b>	
	a) Minutes of Last Meeting Minutes of the last meeting agreed as an accurate record.	
	b) Rolling Action List Communication Strategy Work is ongoing, monthly meetings have been arranged. Monthly progress report will be provided.	
	Learning Agreement Discussions are ongoing with West Dunbartonshire Council on the roll out of the learning agreement.	
	c) Chief Officer Update B Culshaw was pleased to announce that Fiona Taylor had been appointed to Heath of Community Health and Care following competitive interview.	
	In terms of Covid we continue to see a reduction in numbers across communities and a relaxation in the use of face masks. Guidance has been issued relating to testing in high risk areas. Roll out of winter vaccinations has started. S Furie advised that staff were provided with a text message advising of a fast track service last weekend for vaccinations but that some staff were turned away, the nurse in	

charge advised that appointments had to be booked via fast track, vaccinations were only given to those who had booked appointments. F Taylor apologised, the staff in the vaccination centres should have had provision for vaccinating those who dropped in. F Taylor will seek confirmation of vaccination clinics taking place this weekend.

D McCrone asked what was happening with vaccination appointments on Monday, F Taylor advised that vaccination clinics should continue. F Taylor has not received any further guidance.

In relation to Monday 19<sup>th</sup> September and the Queen's funeral B Culshaw advised that WDC have issued guidance and that the NHS Core Brief came out last night; GP's will not be open, health centres will be open with skeleton staff, local arrangements for community services are being developed. A Cameron-Burns felt that Scottish Government guidance could have been clearer for NHS services.

IJB due to take place in two weeks time. At the last meeting there was a lengthy debate in relation to use of reserves. B Culshaw advised that following the tied vote she is working with the Chair and the Vice Chair to progress.

HSCP Strategic Plan will be available for the next meeting of the JSF. This will be tabled as the main item on the agenda.

d) Guest Speaker  
No guest speaker.

e) HR Report (including iMatter)  
NHS absence has increased from 4.30% in July to 5.68% in August, absences when compared to same period last year. Long term absence remains a concern and has increased from 2.72% in July to 3.60% in August. Top three reasons were anxiety/stress/depression/ other psychiatric illnesses, unknown cause/not specified and other MSK problems.

WDC absence for the period was 2.09 working day lost which is a decrease of 0.3% from the same period last year. In comparison to the previous month, absence decreased from 2.38 to 2.09 working days lost. Long term absence remains a concern with 76.5% of the total working days being lost. Top three reasons for absence are minor illness, musculo-skeletal and acute medical conditions. Work is ongoing with supporting the management of absences on case by case basis.

- KSF and PDP  
KSF numbers have increased, members were encouraged to continue to carry out appraisals.



- Statutory and Mandatory Training

All courses exceed 80% completion, 3 courses exceed 90%. M McAloon thanked everyone for ensuring courses are completed.

- Leavers

Within NHS there have been 7 leavers, 1 at end of fixed term contract, 2 gained new employment with NHS Scotland; 1 other; 1 retirement age and 2 voluntary resignations.

During August 15 people have left WDC; 1 provided no reason; 10 resignations; 1 age retiral and 1 ill health retiral.

- iMatter

M McAloon advised that 61% action plans were uploaded by the deadline, as of today we are sitting at over 70%. Equalities and leadership training is available.

f) Service Updates

I. Mental Health, Addictions and Learning Disabilities

General theme of staffing challenges across nursing, continue to advertise where possible. Plans are in place to ensure services are delivered and staff are supported.

ASP audit took place last week, feedback will be provided over the next month or so. Supervision audit will be next to take place.

II. Health and Community Care

Members were encouraged to ask staff to attend for vaccination clinics. Redesign of Care at Home continues to progress. A Senior OT for the Reablement Service has been recruited. When this team is up and running they will be taking in Care at Home referrals. The Reablement Team and the Home Care Redesign are currently running as 2 distinct workstreams then will be brought together.

Following iMatter action planning, the service are working to ensure that we have a culture of all staff being involved ensuring they know where they fit within the service. F Taylor will be out visiting teams.

III. Children's Health, Care and Criminal Justice

Service are in process of scoping accommodation options for Justice services, a proposed move from Bridge Street following the closure of the building in March 2024. ,

On Monday CAMHS will provide a skeleton service with minimal staff working, Health Visiting services will be closed, Social Work Services will be closed with out of hours available for emergencies.

Raft of training and learning opportunities have been provided. A number of planned training sessions for social workers, in relation to

chronologies and plans. Supervision audit activity is taking place with the policy being launched alongside case recording policy in November of this year.

Challenges remain within Children & Families in relation to vacancies. Ongoing cycle of recruitment, 2 social workers have recently been recruited. In terms of vacancies, all social work posts across children, adults and older people will continue to go the recruitment process.

#### IV. Strategy & Transformation

Team are moving forward with Strategic Plan, MJ Cardno thanked those for attending Strategic Planning groups. Engagement phase of the Strategic Plan is due to start. The Strategic Plan is the priority for the team at the moment. Service Improvement Leads have been actively supporting operational services and have rolled out a programme of 'Just Enough' support training. Train the trainers will be used to embed practices.

The service area is carrying a high number of vacancies. Interviews are taking place soon for a Commissioning Manager.

D McCrone asked for an update in the relation to the Workforce Plan. No update as yet from Scottish Government. A McCready advised that East Renfrewshire and East Dunbartonshire are also waiting on feedback.

P O'Neill asked if the National Care Service document was a draft response, trade unions concerns over use of external providers is not reflected. MJ Cardno advised that an informal session as an IJB took place, IJB have now decided to put in a formal response. A formal update report was provided at the IJB Board. The next IJB is after the closing date for the consultation, IJB agreed that the response would be signed off by the Chair, Vice Chair and Chief Officer. The report on 27<sup>th</sup> September 2022 will be the final response. If this is not agreed the response from IJB will be withdrawn. Trade Unions have also provided a response to the consultation. There will be further consultation opportunities.

#### V. MSK

Accommodation remains a concern; a space has been re-secured at Royal Alexandra. B Culshaw and H Little are reviewing space at the Vale of Leven Hospital next week.

#### VI. Finance

Finalising latest financial performance report for IJB. Projecting a small underspend, however there are significant financial risks relating to the impact of current pay offer. The report will provide update on latest communication on Covid from Scottish Government; significant

reserves that all HSCPs have in relation to Covid, will not be spent, will be recalled by the Scottish Government.

Team continue to work with HSCP managers on budget estimates for 2023/24.

**3. Trade Union Updates**

S Furie highlighted decision to close on Monday, there is a lot of unrest amongst staff, as those working will be paid the same as those who are not. These are the type of decisions that are pushing people away from WD HSCP. B Culshaw advised that terms and conditions are set by WDC and NHS not the HSCP.

With regards to the pay award, Unite are recommending strike action in some areas.

D McCrone added that almost all Unison members rejected the 5% pay offer and balloting members re strike action.

**4. Any Other Business**

a) Three key elements for Area Partnership Forum

- HR figures on absence.
- Uncertainty around National Care Service.
- Unrest around pay.

**5. Date of Next Meeting**

B Culshaw, P O'Neill and D McCrone will review date of next meeting due to a number of clashes.



**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP****Meeting:** Monthly Covid-19 Meeting of Joint Staff Forum**Date:** Thursday 27 October 2022 at 1:00pm**Venue:** Microsoft Teams**DRAFT MINUTE****Present:** Diana McCrone; (chair); Beth Culshaw; David Scott; David Smith; Fiona Taylor; Lesley James; Margaret Wood; Margaret-Jane Cardno; Michelle McAloon; Paul Carey; Shirley Furie; Sylvia Chatfield; Leeanne Galasso; Morag Weir**Apologies:** Julie Slavin; Peter O'Neill, Helen Little**In Attendance:** Vivienne Warner (minutes).

<b>Item</b>	<b>Description</b>	<b>Action</b>
<b>1.</b>	<b>Welcome, Introduction, Apologies</b>	
	B Culshaw welcomed everyone to the meeting.	
<b>2.</b>	<b>Standing Agenda Items</b>	
	a) Minutes of Last Meeting	
	Agreed	
	b) Rolling Action List	
	<ul style="list-style-type: none"> <li>• Communication plan - still ongoing</li> <li>• Learning Agreement – D Smith updated the group with regards to a Learning Rep and the variety of bids. Funding has been approved for the local branch of Unison. Information to be brought to JSF. Close</li> <li>• Buses – no progress however B Culshaw has not heard any concerns from residents. L Kerr can pick up with local bus companies.</li> <li>• Communication for National Care Service – not yet complete. To be carried forward.</li> </ul>	
	c) Chief Officer Update	
	<ul style="list-style-type: none"> <li>• Winter Planning <ul style="list-style-type: none"> <li>○ B Culshaw discussed the preparations for the upcoming winter period.</li> <li>○ No major issues in the Care Homes.</li> </ul> </li> </ul>	

- Currently working on the development of savings proposals. There is an uncertain picture around the gap of £6-9m across the whole HSCP. Proposals will be shared later in the year. JSF will be key to communication.
  - JCC – engagement proposals re draft strategic plan
  - Staff awards at Church St – positive morning to recognise those who won the awards. Once we have more details regarding the overall winner we will share.
- Recruitment Process  
Work on process undertaken since last meeting with jobs being taken to SRRG – not seeing any issues.

#### d) HSCP Strategic Plan

MJ Cardno advised she will be reporting to IJB on 15 November with a draft of the plan. It is still with SMT for comment. There has been a programme of engagement events over the past 6 – 8 weeks including with Elected Members. Chance to influence and engage with the plan. A number of workshops earlier in the year shaped the first draft. Hope to be able to publish in March. Feedback has been positive.

#### e) HR Update

##### i. Report

M McAloon updated the group:

- Absence increased from Aug to Sept but lower than last year. Nothing concerning. Top reasons: anxiety depression, other MSK, covid related, unknown, chest and respiratory reasons.
- KSF gone up by 1%. Big push to get to 80% by March. M McAloon will speak to all Heads of Service. A lot of work to do. Want quality conversations with employees.
- Statutory/Mandatory: 5 modules exceed 90% progress. Fire is 85.5% but needs to be higher: we need to encourage members to do training. Need to provide a trajectory to show 90% - not such a big piece of work.
- 7 Leavers from NHS.
- M McAloon will send out the HR paper.

L Galasso –

- More of a positive for 2<sup>nd</sup> month with decline in sickness absences. Sept had 1.95 days lost which is a reduction. Better than same time last year. Main concerns are around long term absence over 4 weeks. Top 3 reasons are: minor illness, acute medical, MSK and personal stress.
- Email received from Victoria Rodgers yesterday. Pay offer has been accepted and payment will be made in Nov and Dec cycles. Still awaiting guidance re reimbursement of SSSC

fees and how we process this. D Scott enquired about those who have already paid their fees; this is part of guidance we are awaiting.

- 14 leavers: majority in Community Health & Care on resignation basis. D Smith noted his concerns about a danger to frontline service delivery. Looking at trend analysis as part of Recruitment and Retention group and will pick up again at next Convenors' meeting.
- Exit interviews are not compulsory. L Galasso will do detailed analysis but has no concerns. Not everyone who leaves completes the exit questionnaire.

## II. Workforce Plan Update

Feedback from Scottish Government (SG) received at the start of Oct. M McAloon will discuss with Audrey Slater as she wrote the Workforce Plan. Going to IJB in Nov. D McCrone requested a copy of the feedback however B Culshaw wants to wait until it goes to IJB before sharing.

## III. iMatter Update

M McAloon advised that the action planning from 2022 should still be ongoing, with the plans regularly reviewed and updated on the system. Once these have reached completion - or a stage where there is nothing else to change - then they can be "locked" on the system which means that they are complete.

The dates for iMatter 2023 are as follows:

Team confirmation - 24th April - 19th May  
Questionnaire to be completed - 22nd May - 12th June  
Action Planning - 26th June - 21st August

Moira Wilson will be contacting Managers during February and March to ensure that Team Names and the manager assigned to them is accurate.

## f) Service Updates

### I. Mental Health, Addictions and Learning Disabilities

S Chatfield provided the following update:

- Staffing issue is ongoing especially on NHS side in Addictions.
- Working on the Learning Disability the establishment with L Galasso.
- Have not been notified of any services saying it is difficult to provide front line staff
- Looking for permission to recruit to 2 posts using Coming Home money which is a Scottish Government initiative.

- D Smith noted some issues around job evaluations issues that they are working with management to resolve and thanked S Chatfield for help they are receiving
- Accommodation
  - Feasibility study for 118 Dumbarton Road has been concluded - have added a year to the lease.
  - Have funding for repairs at improve Dumbarton Joint Hospital – rooms at the back of the building.

## II. Health and Community Care

- F Taylor had convenors meeting on 6 Oct.
- COPT/ACT have had an increase in the number of complex cases. Making sure we target these. Impacts waiting lists.
- Day Services redesign is still ongoing – B Smith is liaising with the TU's.
- Care at Home redesign is ongoing. Discussing with staff and there is ongoing recruitment.
- Work within Residential and Care at Home is ongoing to ensure establishment is correct.
- Monitoring vacancies to recruit. Visited Clydebank College to see if students would be keen to do some shifts to work within the HSCP.
- Adult Nursing KSFs – always keen to promote the KSF discussion as part of professional planning. Sometimes challenging to get staff to engage.
- Plans to merge COPT and ACT
  - F Taylor explained that we had someone acting up as IOM for ACT however he decided to step back, therefore F Taylor asked H Kelly to take on oversight of ACT. Asked her to pick up on a temporary basis and around age distinction. Having discussions about these services - will be linking with staff and TU's. D Smith advised an Impact Assessment needs to be done.
- No concerns with redesign of Day Services however Joint TUs have concerns around redesign of Care at Home. Issues around not being able to meet with L Evans and J Carson. MJ Cardno advised it was inappropriate to meet with L Evans and J Carson separately and to bring to JSF. F Taylor advised should be raised at the Convenors Meeting and that she is happy to meet with the TU's to discuss and was going to email M Wood by the end of the day.
- We are in the 3<sup>rd</sup> phase of 4 for the Care at Home redesign – Discover, Define, Develop & Deliver.

D McCrone asked about the Recruitment and Retention group. M McAloon advised that there had been 2 meetings and an invitation will be sent out soon for next meeting. L Galasso referred to the Council's People First – opportunity for managers to answer a survey and participate in progress groups.



## Children's, Health, Care and Criminal Justice

- Staffing issues
  - We have more work to do. Need to monitor staffing closely and consider like a Red/Amber/Green status. Need to work closely with the Council around vacancy approval as don't want barriers/obstacles in the way of vacancy approval. D Scott – asked what the vacancies are council wide? No access to information at the moment: can bring to Victoria's convenors meeting. S Smith noted it was more appropriate as to how many in the HSCP.
  - The Establishment is not accurate in some areas at the moment.
- Going out to consultation next week around the proposed moves for staff into Church St. Not consulting Justice Services at this point. Will go out for consultation early next year. This is due to the closure of Bridge St by 2024. Consultation will be hybrid or able to do individually.
- Currently in Inspection process. A lot of activity to March next year. Challenging but hope to demonstrate distance travelled. Will be involved in the case reading process on 3 Nov.
- Received feedback re opening time of Church St – hope to extend to accommodate service requirements.
- Positives – 4 independent chairs' posts are out for advert and has been extended for further 2 weeks.
- Working hard with CAHMS service on delays/waiting times
- Funding provision for Breastfeeding and School Nursing from SG. Likely to be changes to these and will bring back when more information is available but it is not likely to affect staff.

### III. Strategy & Transformation

- Number of vacancies being worked through. Delayed by vacancy freeze.
- Two out of 4 managerial posts have started, 1 preferred candidate has been identified and one is ready to go out to advert.

### IV. MSK

Ongoing challenges regarding accommodation but a solution has been reached at the Vale.

### V. Finance

Main issue is collation of saving proposals. Will have a timeline of progress.

### **3. Trade Union Updates**

D Scott raised concerns regarding Home Carers leaving the service – some staff going to agencies as a result of the move from fortnightly to month pay by the Council; This is temporary until more staff recruited to payroll. Agency costs going up where staff are doing overtime for them

NHS – SG has given new pay offer of flat rate increase: consulting if this is acceptable.

### **4. Any Other Business**

None

Need key items for Partnership Forum

1. Recruitment and retention
2. Uncertainty of pay award outcome on Health side

### **5. Date of Next Meeting**

Thursday 17<sup>th</sup> November 2022  
2 p.m. – 3.30 p.m.  
MST

## WEST DUNBARTONSHIRE HEALTH &amp; SOCIAL CARE PARTNERSHIP

**Meeting:** Monthly Covid-19 Meeting of Joint Staff Forum  
**Date:** Thursday 17<sup>th</sup> November 2022, 2 p.m. – 3.30 p.m.  
**Venue:** Microsoft Teams

## MINUTE

**Present:** Peter O'Neill (chair); Diana McCrone; Beth Culshaw; Christopher Rossi; Debbie Duffy; Leeanne Galasso; Michelle McAloon; Shirley Furie; Moira Wilson; Julie Slavin; Margaret-Jane Cardno; Sylvia Chatfield

**Apologies:** Helen Little; Lesley James; Vivien Thomson; David Scott; Andrew McCready; Susan Walker; Allan Wallace; Margaret McCarthy; Moira Wilson; Paul Kyle, Richy Kennedy, Paul Carey, Fiona Taylor.

**In Attendance:** Hazel Slattery (minutes).

Item	Description	Action
1.	<b>Welcome, Introductions, Apologies</b> Chair welcomed everyone to the meeting.	
2.	<b>Standing Agenda Items</b>	
	a) Minutes of Last Meeting Minutes of the last meeting agreed as an accurate record.	
	b) Rolling Action List	
	Service Bus Access There are ongoing with the bus company with Clydebank Health Centre. M McAloon will ask for an update for the next meeting.	
	Staff Communication re National Care Service Management Team have been discussing how to share information with staff, however other than the legislation there is limited information to share with staff.	
	Draft Strategic Plan Draft Strategic Plan will be circulated to members of the group.	
	Workforce Plan The Workforce Plan has now been approved and will be shared with the group along with the report provided to the IJB. Feedback was received from the Scottish Government at the beginning of October with a turn round for the end of October, an extension was given due to the timing of the IJB meeting. The Scottish Government feedback a number of points to	

consider – what was able to be incorporated in the time available was incorporated, e.g. demographic information changed from words to charts; analysis of reasons for leaving and the other points will be incorporated into the annual review in 2023. Full details are contained in the report which will be shared.

D McCrone was disappointed that members were not provided with sight of the feedback.

c) Chief Officer Update

B Culshaw advised that we are undertaking interviews for Head of HR next week, it hoped that new member of staff will be able to join us early in the new year.

In relation to Covid-19 predictions are that over the winter we will see a further wave of two variants, we continue to encourage staff and members of the public to attend for vaccination clinics. Additional slots are available for Health and Social Care staff. S Furie asked if any slots would be available for staff in Clydebank, many of the clinics are outwith the West Dunbartonshire area. B Culshaw was unsure however would seek advice from F Taylor.

All vaccinations within care homes are completed, West Dunbartonshire was the first partnership to complete this. Vaccinations of house bound residents is underway, we have around 1000 house bound patients. We are seeing the positive benefits of the vaccination programme.

Audit and Performance and IJB Board took place this week. IJB considered finance paper on proposals to split funding for children in residential care; vote went to a 3/3, with no casting vote. B Culshaw has wrote to both Chief Executives to advise of the position, we will be working on identifying a resolution as this will have an impact on reserves and the amount of reserves that can be used. D McCrone asked that given the decision came from Council should the money not transfer to the HSCP.

d) HR Update

i) Report

Absence for NHS has increased from 6.03% in September to 6.41% in October. Long term absence remains a concern. Top three reasons for absence are stress, depression, other illness, Covid-19 and MSK.

WDC recorded 2.2 working days lost, this is a decrease compared to same time last year. There has been a slight increase on working days lost compared to last month. Again

long term absence remains a concern. Top three reasons remain consistent, minor illness, MSK, personal stress.

Big push to increase numbers of PDP's to be carried out. Numbers remain below the target. Work will be carried out to increase numbers over the next 5 months.

In relation to NHS statutory and mandatory training four modules are at over 90% compliance. Managers have been provided with lists of staff who require to complete modules.

There were 11 NHS leavers during October. Five went to new employment, 5 retired, 1 voluntary resignation. WDC had 5 members of staff leave, 1 with ill health and 4 retirements.

D McCrone advised that she retired and returned, and it is showing that she has not completed any training, however when she logs in to LearnPro her training is up to date. M McAloon will share guidance on how to rectify this.

D Duffy asked if all LearnPro modules can be used towards CPD. M McAloon will confirm.

L Galasso advised that in relation to the Council pay award, trade unions and CoSLA have reached an agreement and it will be paid over November and December. Guidance has been received on the payment of SSSC registration fees.

ii) Workforce Plan Update  
Covered above.

iii) iMatter Update  
M Wilson reminded managers to update and complete action plans. M Wilson will be in touch with Managers in February to check team names are all up to date.

e) Service Updates

I. Mental Health, Addictions and Learning Disabilities  
S Chatfield advised that the current staffing position within Mental Health social work team is stable, some staff are undergoing the practice teaching course. The Health side continues to have issues with vacancies, this is a national issue, bank staff are being used where necessary. Regular board wide meetings are taking place alongside daily safety meetings on the wards to monitor and address staffing levels.

Learning Disabilities- Coming Home Strategy posts have been agreed, these will be going to job evaluation. Meetings have been arranged with Manager of Learning Disabilities to discuss

work that required to be carried out in line with the Coming Home Strategy. One social worker post is being advertised.

Addictions – discussions are taking place. The ADP Strategy Lead Officer is leaving at the end of the month.

## II. Health and Community Care

B Culshaw advised that staff have been provided with dates and times of vaccination clinics including use of the bus. F Taylor met with convenors at the beginning of the week in relation to the older people's day services review which is starting to move forward. Care at Home service redesign is ongoing but we have to be conscious that we are entering winter – we will continue working with the management team.

D McCrone asked if the Re-enablement Team is a new team, B Culshaw advised that recurring funds will be used to have a stand-alone Re-enablement Team, an OT has been appointed to take this forward. Trade Unions will be invited to be involved in designing this service.

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

L James continues to meet with convenors. Meetings are taking place in relation to the issues arising with accommodation. Action plan in relation to the Children at Risk of Harm Inspection continues. L James advised she will provide a fuller update at the next meeting.

## IV. Strategy & Transformation

Commissioning Manager starts on 12<sup>th</sup> December 2022. Some outstanding vacancies, which are working through the recruitment process.

Strategic plan will be focus of her team for the next 4 months. MJ Cardno thanked Trade Union colleagues who are on the Strategic Planning Group for their helpful input. Electronic survey was carried out, over 160 responses were received, 44% of those who responded were HSCP staff. Positive and helpful feedback received, an overwhelming number of responses agreed with the strategic outcomes set out in the plan. Survey flagged up a degree of scepticism indicating that although the ambition is good and right ambition is in place there is doubt over our ability to deliver the strategic outcomes due to budget pressures. A follow up focus group has taken place with staff to unpick this. There was a strong message that despite scepticism we should not take the focus away from strategic outcomes and that we should continue to commend staff for their hard work and commitment over the past few difficult years.

## V. MSK

In relation to accommodation the situation has been resolved in QUEH, in VOL alternative space has been identified, which is larger than the current space. A capital bid is being taken forward to carry out necessary building work.

H Little is meeting with CSP at the beginning of December and is meeting with staff next week.

H Little is looking to see if current space can be expanded in VOL to allow more patients to be seen until the building works have taken place in the identified area.

## VI. Finance

J Slavin advised that latest financial position was reported to the IJB Board on Tuesday. Health pay award has not yet been settled. Budgets have been estimated on 2.5% however, it looks like the pay award will be more than this. Scottish Government have provided some additional funding following the announcement of the agreed Council pay award however, this does not meet the projected gap.

A number of risks including cost of living and rising inflation remain a concern for budgets. There continues to be a rise in the cost of medications, which is causing significant concern, reserves will cover the added expenditure this year however, there will be an impact on next year's budget.

It is projected that there will be over a 10.6 million gap for the 2023/24 budget. Management team are considering a number of savings options. Based on Scottish Government award we should be able to provide the IJB Board will an updated position in February and hopefully set the budget on 21<sup>st</sup> March 2023, between now and then sessions will be provided to staff, trade union and Board members.

### 3. **Trade Union Updates**

D McCrone advised that the Unison are meeting just now to discuss ballot from NHS staff that just closed on whether or not they will accept most recent pay offer.

### 4. **Any Other Business**

a) Three key elements for Area Partnership Forum Areas for inclusion;

- Workforce Plan;
- Absence compared to last year despite a challenging position we are doing well;
- Strategic Plan.

b) Accommodation

Covered within Children's Service and MSK update.

c) Vacancy Filling

Questions were asked at last JSF on the Council process for approving vacancies. B Culshaw advised that process has been in place for the HSCP, posts then go SRRG for scrutiny and financial agreement. Exemptions have been made to a number of posts across the HSCP; a request has been made for Occupational Therapists also to be exempt, this will be discussed on Monday.

d) National Care Service

No further information to share.

**5. Date of Next Meeting**

Thursday 15<sup>th</sup> December 2022

2 p.m. – 3.30 p.m.

MST



## WEST DUNBARTONSHIRE HEALTH &amp; SOCIAL CARE PARTNERSHIP

**Meeting:** Monthly Covid-19 Meeting of Joint Staff Forum  
**Date:** Thursday 15<sup>th</sup> December 2022, 2 p.m. – 3.30 p.m.  
**Venue:** Microsoft Teams

## DRAFT MINUTE

**Present:** Beth Culshaw; Diana McCrone (joint chair); Margaret Wood; Sylvia Chatfield; David Scott; David Smith; Debbie Duffy; Julie Slavin; Fiona Taylor; Moira Wilson; Michelle McAloon; Leeanne Galasso; Ann Cameron-Burns; Lesley James, Helen Little, Margaret-Jane Cardno

**Apologies:** Ian Stevenson, Shirley Furie; Val Tierney; Andrew McCready; Val Jennings; Susan Walker; Margaret McCarthy.

**In Attendance:** Hazel Slattery (minutes).

Item	Description	Action
1.	<b>Welcome, Introductions, Apologies</b> Chair welcomed everyone to the meeting.	
2.	<b>Standing Agenda Items</b>	
	a) Minutes of Last Meeting Minutes of the last meeting agreed as an accurate record.	
	b) Rolling Action List Service Buses Accessing Clydebank Health Centre This will be taken forward by Liz Kerr.	
	National Care System MJ Cardno has drafted a paper regarding communications which B Culshaw will review and distribute. However, it is still early days in the NCS legislative process. MJ Cardno explained that there has only been one formal request for consultation which was in relation to Mental Health services. The turnaround was very quick resulting in an "officer response" as there was no time to submit it to IJB. MJ Cardno attended a session on 14 <sup>th</sup> December in relation to the Scottish Government's approach to Co-production, led by Cat McAulay. She will share the slides from the session for information.	
	c) Chief Officer Update Small pockets of Covid-19 across the community, these are not having an impact locally. There have been some admissions	

to hospital with flu. B Culshaw encouraged members to attend flu vaccinations.

Scottish Government are announcing budget measures this afternoon, not yet sure how this will impact the financial settlement, it will be well into January before we know the implications. Informal IJB took place this week with members, highlighting the impact of the budget settlement will impact on the Strategic Delivery Plan.

B Culshaw was delighted to inform members that a New Head of Service for HR had been appointed. Gillian Gall will be joining us in mid-January.

B Culshaw thanked staff for continuing to deliver services in an ongoing challenging situation.

d) HR Update

i) Report

Absence increased for both WDC and NHS in November. NHS top reasons are not available. WDC top reasons were minor illness, stress – personal, MSK, acute medical conditions and recurring medical conditions. Absences have both increased compared to this time last year.

KSF performance has reduced slightly. The aim is to increase completion to above 80%. Conversations can take place and then be recorded on the system afterwards.

Eleven people left in NHS and WDC in the last month. Full breakdown has been provided within the HR report distributed prior to the meeting. D McCrone asked in regards to level of absences, historically there is a 4% rate, is this still the case. H Little assured members that absence is being monitored and reviewed.

D Scott asked how many vacancies they were across Home Care, given the number of staff who left last month. F Taylor will confirm exact numbers. Managers have not reported any challenges in recruitment. B Culshaw advised that due to high number of Home Carers we have there is always a turnover of staff.

D Duffy advised that from a personal experience, staff absence could be caused by demand on seeing GP's, accessing medication and demand on Occupational Health may be having an impact on absence figures.

ii) Workforce Plan Update

No further update. Annual Review will be due at the end of March 2023.

iii) iMatter Update

M Wilson advised that after the Christmas break she will be starting to contact managers about plans. Managers were encouraged to continually review action plans.

e) Service Updates

I. Mental Health, Addictions and Learning Disabilities

Within Mental Health, winter planning is taking place for patients and CMHT's, a development session will be taking place early in the new year, session will include developing risk assessments and general information sharing.

Learning Disabilities continue to advertise social work staff. Addiction Services are advertising for a senior social worker, interviews are taking place just before Christmas. Kate Conway, IOM, Goldenhill is retiring, her post will be advertised alongside the IOM post for Addiction Services.

S Chatfield informed members that 118 Dumbarton Road officer was evacuated yesterday due to a gas leak. Alternative office accommodation has been sourced. Scottish Gas are on site and hope to have the problem sorted within a couple of days.

D Smith asked how many grievances, risk assessment and job evaluation on going currently within the service. B Culshaw asked if there was a particular issue, and that going forward this should be covered within HR update. S Chatfield advised that some stress at work are being completed, investigations are ongoing and applications for a re-evaluation of post have yet to be received.

D McCrone was under the impression that the management vacancies were not being advertised. S Chatfield advised that that the 3 IOM post are integrated posts and are awaiting agreement for advert by Jane Grant. Posts will be open to both WDC and NHS staff. B Culshaw reiterated that all posts are scrutinised by herself and J Slavin on a weekly basis, then on to SRRG for Council agreement, band 8 and above also go to an NHS panel for approval. B Culshaw highlighted difficulties in recruiting to some posts.

D Smith asked about HSCP posts and if they are scrutinised by HSCP before then going to SRRG, meaning that two processes are taking place, but if this was a health post would it go to HSCP then to recruitment. B Culshaw advised that

NHS would review of above grade 8. This can be picked up by the recruitment and retention group.

## II. Health and Community Care

The first face to face Health and Community Care Convenors meeting took place. Two main areas to report back on, Care Inspectorate made an unannounced visit to Crosslet House this week, staff were commended for the response to the unannounced inspection. Members will be kept up to date. As part of the Day Services review, engagement event took place on 24<sup>th</sup> November 2022, service users and carers attended.

Hazel Kelly, IOM COPT is leaving in January and moving on to a post in Ayrshire. The IOM post will be advertised. Senior Nurse post will be going to advert early in the new year.

D Smith asked how many grievances, risk assessment and job evaluation on going currently within the service. F Taylor advised that she would bring that information to the next meeting.

D McCrone asked in relation to Re-enablement Service and that Trade Unions would be invited to participate in group. F Taylor advised that Senior OT has been recruited. Trade Unions will be invited to join the setting up the service group.

M Wood asked about for an update in relation to job evaluation for home carers and assistants, F Taylor advised that no formal resubmissions have been received, job evaluation will progress within the Care at Home Redesign. M Wood stated that this should be separate from the re-design as members have asked for their current roles to be re-evaluated. M Wood also asked for a meeting with F Taylor to discuss the re-design as soon as possible. F Taylor advised that extra time was added to the Convenors meeting however this discussion did not take place and that she is more than happy to meet to discuss. M Wood added that Unite are on the verge of balloting members. A Cameron-Burns felt that a meeting should take place as soon as possible, and that the re-design should not stand in the way of job evaluation. L Galasso added that information is still to be received in order to submit to job evaluation panel. No dates for job evaluation panels have been set, it is hoped that that these will start again in January. D Smith highlighted the frustrations felt by trade unions as job re-evaluations were submitted in April. Convenors have met with John Duffy, who is leading on the review of the job evaluation process. M Wood stated that 8 months is a long time to wait for job re-evaluation. D Scott advised that in order for a January panel to take place papers must be submitted by 30<sup>th</sup> December, given annual leave this is highly unlikely.

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

L James advised that matters pertaining to the Children & Families grievance are discussed within the services JCC. Agreement is being sought from JCC that it will now include Justice Services. JCC will be moving to face to face meetings in the new year. They will be looking at the terms of reference.

Children & Families are extremely busy, still undergoing inspection. There are currently significant activity in relation to case file reading and audit activity. Staff are providing good feedback, training continues to be provided.

National challenges in relation to social work staffing challenges across the country, particularly within Children & Families.

Justice Service continue to support colleagues in delivering bail supervision and developing the service.

Ongoing issues with CAMHS services to fill particular posts, consultant post and psychology remain vacant. This is having an impact on waiting times.

Consultation around grievance for C&F ended on 2<sup>nd</sup> December. Discussions are ongoing with colleagues, L James is considering to re-run or extend the consultation, only 25 of around 170 members of staff returned a response. L James is keen to do further work with service on hot desk spaces in offices. Information is going back to service asking for members to join a short life working group to develop the model going forward. L James has meeting with Angela Wilson and Michelle Lynn around existing properties.

D Smith asked L James to confirm that staff will be fully involved in any planning of spaces and papers. L James confirmed that staff have been and continue to be consulted; further detail is required on the satellite proposals, meeting room spaces and duty. L James will be engaging with staff on this early in the new year.

D Smith asked how many grievance, risk assessment and job evaluation on going currently within the service. L James has no current job evaluation requests, 1 is pending. One active investigation and fact finding. L James agreed that this information should be incorporated in to the HR report.

B Culshaw and S Chatfield left the meeting due to the budget announcement meeting. D McCrone took over the chairing of the meeting.

#### IV. Strategy & Transformation

MJ Cardno was delighted to advise that she now has three of four managers now in place. Three posts are at SRRG, two have been agreed for advertisement, one requires job evaluation.

The priority for her team between now and end of March is completing the Strategic Delivery Plan. Plan will be shared again at the beginning of January for further comments. MJ Cardno will also share a synopsis of the feedback and action taken, around 250 comments were received.

#### V. MSK

Conversion of ARC has been agreed. Feasibility assessment is required. Gym area requires flooring and adequate ventilation. H Little met with staff at the beginning of December.

Annual staff wellbeing event took place last week, which was positively received.

Ongoing issue with vacancies. Recruitment video has been produced by staff. This will be shared down south to encourage recruitment.

CSP have voted to accept the most recent pay offer. D McCrone asked if a CSP rep would like to join this group. H Little will extend the offer.

#### VI. Finance

Awaiting on budget settlement from Government today, the budget proceedings have been halted due a leak at the BBC studios. This will have an impact of the Chief Financial Officers meeting which is due to take place at 4 p.m. today.

There are a number of financial risks for the coming year. Assumptions are still to be finalised. Scottish Government has not provided full funding following the local council pay award. Laurence Slavin, Chief Officer, Finance, WDC is taking a paper to council next week. Residential costs are being proposed as a 72%, 28% with HSCP taking on 72%. One of the huge pressures for the HSCP is the changes in charges for GP prescribing.

Each Head of Service were asked to provide 10% savings of budget services. The target has not been met. Today's announcement will help us to understand full implications. D McCrone asked for agreement that special meeting of the JSF will be held on the budget savings. J Slavin agreed. D Smith

asked if early notifications based on if's and what's could be provided to trade unions, this was provided pre-Covid. J Slavin advised that this was provided with the papers that go to Board (table 5) likely/best/ worst case scenarios.

**3. Trade Union Updates**

Unite and Unison have accepted the NHS pay offer. GMB have rejected the offer.

D Smith advised that trade unions are working with a variety of managers across the HSCP to provide resolution to issues in the correct forums and informally as possible.

**4. National Care Service**

Covered above.

**5. Recruitment & Attraction Policy**

Policy has been agreed by NHS. M McAloon will circulate to members.

**6. Specialist Children's Service Hosted Service**

L James advised that it is proposed East Dunbartonshire host the service, meeting is scheduled with B Culshaw, L James, Caroline Sinclair, Chief Officer and Head of Specialist Children's Services. There will be no implication on staffing, line management of senior managers would change. Proposal has been taken to Area Partnership Forum.

**7. Finance**

Covered above.

**8. Vacancy Freeze of Council (and Integrated) Post**

Covered in S Chatfield update above.

**9. Any Other Business**

Three key items for Area Partnership Forum

- Strategy and Transformation Management recruitment.
- Financial concerns.
- Agreement of accommodation for MSK physio.

**10. Date of Future Meetings**

19<sup>th</sup> January 2023  
16<sup>th</sup> February 2023  
14<sup>th</sup> April 2023  
18<sup>th</sup> May 2023  
15<sup>th</sup> June 2023  
20<sup>th</sup> July 2023  
17<sup>th</sup> August 2023  
21<sup>st</sup> September 2023  
19<sup>th</sup> October 2023  
16<sup>th</sup> November 2023  
21<sup>st</sup> December 2023

All meetings will start at 2 p.m. – 3.30 p.m.