

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Wednesday, 15 March 2023

Time: 14:00

Format: Hybrid Meeting

Contact: Lynn Straker, Committee Officer
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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 in person at the Civic Space, 16 Church Street, Dumbarton, G82 1QL or remotely via Zoom Video Conference.

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: 8 March 2023

Audio Streaming

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

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AGENDA

WEDNESDAY, 15 MARCH 2023

1 APOLOGIES

2 DECLARATIONS OF INTEREST

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

3 RECORDING OF VOTES

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

4 (a) MINUTES OF PREVIOUS MEETING 7 - 11

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 21 February 2023.

(b) ROLLING ACTION LIST 13 - 14

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

5 VERBAL UPDATE FROM CHIEF OFFICER

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

6 WEST DUNBARTONSHIRE STRATEGIC PLAN 2023-2026 15 - 96
IMPROVING LIVES TOGETHER

Submit report Margaret-Jane Cardno, Head of Strategy and Transformation seeking HSCP Board approval for the Strategic Plan 2023 – 2026 “Improving Lives Together” and to update the Board on how the plan will be implemented.

7 SPECIALIST CHILDREN’S SERVICES 97 - 121

Submit report by Lesley James, Head of Children's, Health, Care and Justice Services and 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 (SCS).

8 WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP ASSISTED TRANSPORT POLICY 123 - 148

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation providing the Health and Social Care Partnership Board with a proposed policy position regarding assisted transport.

9 2023/24 ANNUAL BUDGET SETTING REPORT 149 - 198

Submit report by Julie Slavin, Chief Financial Officer providing the the main cost pressures, funding assumptions and key financial risks for the HSCP Board in 2023/24 and to seek members' approval to set an indicative 2023/24 revenue budget.

10 EXTERNAL AUDIT OVERVIEW AND APPROACH: 199 - 216
2022-2023 ANNUAL ACCOUNTS

Submit report by Julie Slavin, Chief Financial Officer, providing the Health and Social Care Partnership Board with a short presentation from our newly appointed external auditors on their audit overview and approach for 2022-2023.

11 REVIEW OF TERMS OF REFERENCE OF THE AUDIT 217 - 235
AND PERFORMANCE COMMITTEE

Submit report by Julie Slavin, Chief Financial Officer, providing the revised Terms of Reference (ToR) of the Audit and Performance Committee for approval of the Health and Social Care Partnership Board following a recent review.

12 SCOTTISH GOVERNMENT FUNDING FOR CHILDREN AND 237 - 258
YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH
SUPPORTS AND SERVICES

Submit report by Lesley James, Head of Children's, Health, Care and Justice Services and Chief Social Work Officer providing Members of the Health and Social Care Partnership Board with an update on work to develop and improve community mental health support and services for children and young people within West Dunbartonshire aligned to the programme for government funding.

13 SUPERVISION POLICY FOR CHILDREN'S SERVICES

259 - 289

Submit report by Lesley James, Head of Children's, Health, Care and Justice Services and Chief Social Work Officer providing an update to the Health and Social Care Partnership Board of the proposed implementation of a supervision policy for children's services.

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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Tuesday, 21 February 2023 at 2.02 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); Anne Selina Ross, Chief Officer –West Dunbartonshire CVS; John Kerr, Housing Development and Homelessness Manager; Kim McNab, Service Manager – Carers of West Dunbartonshire, Saied Pourghazi, Associate Clinical Director and General Practitioner and Helen Little, MSK Physiotherapy Manager GGC.
- 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; Gillian Gall, Head of Human Resources; Alan Douglas, Chief Officer – Regulatory and Regeneration; Margaret Williamson, HSCP Officer, Jamie Dockery, Senior Housing Development Officer; Anne MacDougall, Chair of the Locality Engagement Network, Clydebank; Nigel Ettles, Principal Legal Officer; Carolanne Stewart, Business Support Officer and Ashley MacIntyre and Lynn Straker, Committee Officers.
- Apologies:** Apologies for absence were intimated on behalf of Barbara Barnes, Chair of the Locality Engagement Network, Alexandria and Dumbarton and Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum.

Michelle McGinty in the Chair

STATEMENT BY CHAIR – AUDIO STREAMING

Councillor Michelle McGinty, Chair, advised that the meeting was being audio streamed and broadcast live to the internet and would be available for playback.

DECLARATIONS OF INTEREST

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

RECORDING OF VOTES

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 15 November 2022 were submitted and approved as a correct record.

ROLLING ACTION LIST

The Rolling Action List for the Board was noted and agreed by the Board.

VARIATION IN ORDER OF BUSINESS

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

SPECIALIST CHILDREN'S SERVICES

A report was submitted 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).

Members of the Board heard from three officers who explained the report and appendix in further detail and answered Members questions.

After discussion and having heard the Head of Children's Health, Care and Justice Services Chief Social Work Officer in further explanation and in answer to Members' questions, the Board agreed to note the content of the report and note that a further report would be submitted in March 2023 to the Board which would include details of the transition of staff and budget, and what it means for West Dunbartonshire, for approval.

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 noted Members would have felt the impact of Winter over the last few months with the increase of cases of Covid-19 and Flu putting pressure on our NHS services. She advised there were some small outbreaks in a number of Care Homes in West Dunbartonshire and this impacted on levels of service and caused some issues in terms of admissions to Care Homes and delayed discharges from hospital.

Ms Culshaw advised Delayed Discharge was something which was being focused on at great length and was not just a performance target which was reported on but also something where the focus was on the individual and the impact it was having on them and their care.

She also noted a lot of work had gone into the papers for the next HSCP Board meeting on 15 March 2023, including the Budget setting report and the Strategic Plan for HSCP going forward.

Lastly, Ms Culshaw noted Officers were continuing to work very closely with our Community Planning colleagues and progressing the work driven from the Protection of Children at Risk of Harm reports. There was also a very successful Adult Protection Day which involved some good training for staff and highlighted some of the issues we are facing when it comes to Adult protection.

2022/23 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 9 (31 DECEMBER 2022) AND 2023/24 ANNUAL BUDGET SETTING UPDATE

A report was submitted 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.

After discussion and having heard the Chief Financial Officer in further explanation of the report and the 10 appendices, 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 our partners to deliver services to meet the HSCP Board's strategic priorities;
- (2) to note the reported revenue position for the period 1 April 2022 to 31 December 2022 is reporting an adverse (overspend) position of £0.399m (0.29%);
- (3) to 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;

- (4) to note the bad debt write off for Quarter 2 and Quarter 3;
- (5) to 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;
- (6) to 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;
- (7) to note the update on the monitoring of savings agreed for 2022/23;
- (8) to note the current reserves balances;
- (9) to note the update on the capital position and projected completion timelines; and assumptions, and the expected timeline in relation to our partner bodies budget offers.

Note:- Alan Douglas, Chief Officer – Regulatory and Regeneration left the meeting after discussion of this item.

MUSCULOSKELETAL (MSK) PHYSIOTHERAPY SERVICE ANNUAL REPORT 2021/2022

A report was submitted by Helen Little, MSK Physiotherapy Manager GGC, presenting the Annual Report for MSK Physiotherapy service (Greater Glasgow and Clyde) 2021-2022.

After discussion and having heard the MSK Physiotherapy Manager GGC in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the content of the report;
- (2) to 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; and
- (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.

URGENT AND UNSCHEDULED CARE UPDATE

A report was submitted 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.

Members were shown a presentation by the Head of Health and Community Care detailing figures for A&E attendances, Emergency admissions, Unscheduled Bed days, Average lengths of stays and importantly our rate of Delayed Discharges which has seen a rise through the Winter period.

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 content of the report and also to note how 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.

MINUTES OF MEETING FOR NOTING

The Minutes of Meeting for Joint Staff Forum (JSF) held on the below dates were submitted and noted.

- (a) 18 August 2022;
- (b) 15 September 2022;
- (c) 27 October 2022;
- (d) 17 November 2022; and
- (e) 15 December 2022.

The meeting closed at 4.43 p.m.

WEST DUNBARTONSHIRE HSCP BOARD

ROLLING ACTION LIST

Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status
Item 11 – Dementia Strategy	Sylvia Chatfield to provide further information regarding the Dementia Strategy to Members	Sylvia Chatfield	March 2023	Ongoing	Open
Item 7 – Specialist Childrens Services	Officer to provide Members with detail of her discussions around Specialist Childrens Services	Karen Lamb	March 2023	Ongoing	Open
Item 6 - 2022/23 Financial Performance Report as at Period 9 (31 December 2022) and 2023/2024 Annual Budget Setting Update	Associate Clinical Director to provide a briefing at a future meeting of HSCP Board detailing Prescribing Services and upcoming changes planned.	Saied Pourghazi	May 2023	Ongoing	Open

Item 8 – MSK Physiotherapy Service Annual Report 2021/2022	MSK Physiotherapy Manager GGC to provide updated links to items within the report to Members	Helen Little	March 2023	Committee Services emailed to all attendees of the meeting with updated links attached as required on 3 March 2023.	Closed
Item 9 – Urgent and Unscheduled Care Update	Head of Health and Community Care to provide copy of colour presentation which was shown at meeting to all Members.	Fiona Taylor / Committee Services	February 2023	Committee Services emailed to all attendees 23 February 2023.	Closed

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

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

15 March 2023

Subject: West Dunbartonshire Strategic Plan 2023 – 2026 - Improving Lives Together

1. Purpose

- 1.1** The purpose of this report is to seek HSCP Board approval for the Strategic Plan 2023 – 2026 “Improving Lives Together” and to update the Board on how the plan will be implemented.

2. Recommendations

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

- (i) Approve “Improving Lives Together” the Integration Authorities Strategic Plan for 2023 – 2026.
- (ii) Approve the Strategic Delivery Plan, which is the means of implementing the Strategic Plan.

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act"), places a number of duties on Integration Authorities in relation to strategic planning. A key principle of the strategic planning process is that it should be equitable and transparent, and therefore open to influence from all stakeholders via an on-going dialogue with people who use services, their carers and providers. Integration Authorities are required by law to review their Plans at least every three years however exceptions can be made under extenuating circumstances.
- 3.2** On the 28 March 2019 the HSCP Board approved the final draft of the Strategic Plan 2019 – 2022. This plan was due to come to its natural conclusion on the 31 March 2022.
- 3.3** In light of the significant impact of the global pandemic, on the 22 November 2021 the HSCP Board agreed to extend that plan for one year empowering the Strategic Planning Group to commence a full and comprehensive review of the Plan with all stakeholders. The outcome of this work is the development of a revised Strategic Plan for the period 2023 – 2026 for approval at the HSCP Board in March 2023.

4. Main Issues

- 4.1** The draft Strategic Plan (Appendix 1) describes the HSCP Board's priorities for the next three years 2023 - 2026; as well as providing the integrated performance framework for the HSCP Annual Performance Report.
- 4.2** Over the last year the Strategic Planning Group has reviewed the June 2022 Strategic Needs Assessment. This assessment formed the basis of the creation of the 2023 – 2026 Strategic Plan, the priorities being based upon the evidence provided via that document.
- 4.3** Broader engagement work has also taken place including online surveys, targeted workshops and formal engagement sessions with community planning partners.
- 4.4** The case for change is clear with the Strategic Plan highlighting quite starkly that within West Dunbartonshire life expectancy is lower than the Scottish average with those living in the most deprived communities spending, on average 24 years fewer in good health than those living in the least deprived areas. With those in the most deprived areas also dying younger, they spend more than one third of their lives in poor health.
- 4.5** Scottish Government guidance highlights that there is a need within strategic plans to specify the total resources available across health and social care to deliver the outcomes and objectives articulated within said strategic plans. Given the budget setting processes of the partner organisations, the Strategic Plan is necessarily high level in scope to reflect the uncertainties regarding the financial allocations that will be made to the HSCP Board over each of the financial years.
- 4.6** The Strategic Planning Group received robust feedback that there should be transparency around how the Strategic Plan would be delivered. The HSCP Board is therefore asked to approve the Strategic Delivery Plan (Appendix II) which supports the implementation of the more high level Strategic Plan.
- 4.7** In respect of the section entitled “Measuring the Change” the HSCP Board is invited to note that targets for 2023/24 have yet to be confirmed although the tables do show details of the discussions held by the senior management team in terms of future targets. The reason no actual figures are shown at this stage is because targets are dependent on the 2022/23 actual figures which are not available at the time of writing. These targets will be fully confirmed and will be visible to the Audit and Performance Committee by the time the quarter one performance report has been produced.
- 4.8** The implementation of the Strategic Delivery Plan will be monitored by the HSCP Senior Management Team and will be reported to the HSCP Board on an annual basis. The performance framework within the Strategic

Plan will be reported to the HSCP Audit and Performance Committee on a quarterly basis.

5. Options Appraisal

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

6. People Implications

- 6.1** There are no direct people implications in respect of the recommendations within this report. It is acknowledged that some of the actions within the Strategic Delivery Plan will have people implications and these will be reported to the HSCP Board on a stand-alone basis at an appropriate time.

7. Financial and Procurement Implications

- 7.1** The Strategic Plan (Appendix I) provides a detailed section on Finance (see Strategic Enablers).
- 7.2** Sufficient levels of financial resources are fundamental to ensure appropriate service delivery, however public sector funding struggles to keep pace with rising costs and our demographic pressures. This strategic plan demonstrates that the HSCP delivers a wide range of complex services with predicted increases in demand across all sectors, workforce pressures and reducing financial resources. It is therefore important that the HSCP Board continue to focus on service improvement to ensure service delivery is efficient and effective as possible, securing best value and ensuring we use our existing resources to best effect.

8. Risk Analysis

- 8.1** The HSCP Board has a duty to implement Best Value, namely to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost. There remains volatility in respect of ongoing public sector funding, this aligned with rising costs and demographic pressures does generate a risk that the HSCP will be unable to deliver on all aspects of the Strategic Delivery Plan. However, as outlined in paragraph 4.7, the delivery plan will be closely monitored and emerging issues reported to the HSCP Board at an appropriate time.

9. Equalities Impact Assessment (EIA)

- 9.1** A full Equalities Impact Assessment has been undertaken and can be found in Appendix III of this report.

10. Environmental Sustainability

- 10.1** A Strategic Environmental Assessment (SEA) is not required in respect of the recommendations within this report. It is acknowledged that some of the actions within the Strategic Delivery Plan may have environmental sustainability implications and these will be reported to the HSCP Board on a stand-alone basis at an appropriate time.

11. Consultation

- 11.1** The Senior Management Team, Chief Finance Officer and the Monitoring Solicitor have been consulted in the development of this report and any comments incorporated.

12. Strategic Assessment

- 12.1** This section is not applicable as the recommendations within this report relate to the approval of the Strategic Plan and the supporting Strategic Delivery Plan.

13. Directions

- 13.1** A Direction is required in respect of the recommendations within this report. This should be issued, on behalf of the HSCP Board, by the Chief Officer to the respective Chief Executives of West Dunbartonshire Council and NHS Greater Glasgow and Clyde. The Direction can be found in Appendix IV of this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care
Partnership
Date: 13 February 2023

Person to Contact: Margaret-Jane Cardno
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Appendices Appendix 1: West Dunbartonshire HSCP Strategic
Plan 2023 – 2026 “Improving Lives Together”;

Appendix 2: West Dunbartonshire HSCP Strategic
Delivery Plan 2023 – 2026;

Appendix 3: Equalities Impact Assessment

Appendix 4: Direction Ref Number:
HSCPB000035MJC150323

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
STRATEGIC PLAN 2023 – 2026

IMPROVING LIVES TOGETHER

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Our Strategic Plan At A Glance

OUR STRATEGIC OUTCOMES			
Caring Communities	Safe and Thriving Communities	Equal Communities	Healthy Communities
OUR STRATEGIC PRIORITIES			
<p>We will deliver better support to unpaid carers.</p> <p>We will undertake whole pathway reviews ensuring coordination and equity of access to services.</p> <p>We will empower our communities to be involved in planning and leading services locally.</p> <p>We will ensure staff are meaningfully engaged and supported to deliver self-evaluation and improvement activity to develop our continuous learning culture.</p> <p>We will shift the balance of care for children and adults by strengthening prevention and our community based supports keeping individuals located in their community where possible.</p>	<p>We will work with people to safely maintain their independence at home and in their local community building on strengths and supporting unmet need.</p> <p>We will focus on re-ablement. In order to promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; maximise independent living and reduce or eliminate the need for an ongoing care package.</p> <p>We will make the best use of technology enabled care to transform the way people engage in and control their own healthcare, empowering them to manage it in a way that is right for them.</p> <p>We will work with partners and citizens to protect vulnerable</p>	<p>Working in partnership we will drive down the prevalence of gender based violence and provide those affected with the support they need.</p> <p>We will work with partners and communities to reduce the number of suicides and drug related deaths.</p> <p>With a focus on poverty, we will support people to reduce, prevent or undo the impact of the wider determinants of health.</p> <p>We will ensure equality is mainstreamed across our services ensuring coordination and equity of access.</p> <p>Whist prioritising service delivery for those with greatest need, we will ensure equality of access is mainstreamed.</p>	<p>We will address the preventable risk factors for poor physical and mental health including: obesity; smoking; the use of alcohol and drugs.</p> <p>Working with partners we will enhance opportunities and support measures to tackle current barriers to active travel and promote the more effective use of green space.</p> <p>We recognise the impact of Adverse Childhood Experiences (ACEs) and seek to reduce the incidents and impacts of all types of childhood adversity and trauma.</p> <p>We will adopt a community based preventative approach to reduce admission to hospital.</p> <p>We will enhance opportunities and support measures to develop a Public Health Approach to Justice to improve community justice outcomes.</p>

	<p>adults and children and reduce exposure to harm.</p> <p>We will work with partners to expand the choice of specialist and particular housing needs for children and adults.</p> <p>We will ensure those involved in justice services are supported to reduce offending behaviour and improve community justice outcomes across all order types.</p>	<p>We will ensure children and young people who require permanent care out with their family home have appropriate and timely care options that meet their needs.</p> <p>The voice of patients and service users will be at the centre of upholding their rights and informing our intervention.</p> <p>A self-directed partnership approach will underpin our service intervention.</p> <p>We will improve mental health and wellbeing for children and adults.</p>		
OUR ENABLERS				
Workforce	Finance	Technology	Partnerships	Infrastructure
<p>Develop and implement our Workforce Plan, focusing on recruitment, retention, training, staff health and wellbeing.</p> <p>Undertake workforce modelling to inform ICT needs, balanced against a blend of office-based, hybrid and home working.</p> <p>Develop more innovative ways to promote West Dunbartonshire HSCP as an employer of choice.</p>	<p>Refresh our Medium Term Financial Plan on an annual basis.</p> <p>Report on financial performance on a regular basis to the Integration Joint Board and the Audit and Performance Committee.</p>	<p>Develop and implement a project plan for the replacement of the Carefirst System.</p> <p>Renew our focus on the provision of robust trend and performance data which enables services to monitor and deliver effective and efficient services.</p>	<p>Continue to take a proactive and positive role within community planning structures.</p> <p>Review and implement our Participation and</p>	<p>Develop and implement an HSCP Transport Policy.</p> <p>Working with Council and NHS colleagues develop a property</p>

Through the “Just Enough Support” programme empower staff to empower citizens to take greater responsibility for their own outcomes.	<p>Support budget holders to achieve best value in service delivery and be outcome focussed.</p> <p>We will deliver Value Based Health and Care (VBH&C), which focusses on achieving outcomes that matter to people, while using their resources wisely.</p>	<p>Support the implementation of appropriate technology based improvements including the federation of NHS and Council systems.</p> <p>In partnership with the Self Directed Support Team expand the use of Technology Enabled Care throughout West Dunbartonshire.</p> <p>Addressing digital exclusion by exploring ways to assist access to digital systems and promote automation.</p> <p>Develop and deliver the Analogue to Digital Implementation Plan.</p>	<p>Engagement Strategy.</p> <p>Transform our commissioning approach focusing on social care market stability and embed ethical commissioning principles.</p> <p>Co-produce services with service users around their needs.</p> <p>Develop and implement clear communication plans to keep communities informed and engaged.</p>	<p>strategy for West Dunbartonshire which considers improved planning on the location of services as part of a commitment to promoting active travel.</p>
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Welcome

The West Dunbartonshire Health and Social Care Partnership (HSCP) Board are delighted to present “Improving Lives Together” our Strategic Plan for 2023 - 2026 and the associated delivery plan.

The last three years have been extremely challenging, but in many ways exceptionally rewarding, with staff and communities going above and beyond to care for service users and each other during one of the most challenging periods in recent history. The Integration Joint Board continues to be ambitious for our communities and our key focus remains the furtherance of integrated services by increasing access to community based health and social care services, shifting the balance of care from hospital to more homely settings and supporting our most vulnerable residents to lead healthy, happy and fulfilling lives.

The global Covid-19 pandemic has had a significant impact on our health and social care system, our staff and the communities across West Dunbartonshire. We continue to be humbled by the endeavours of our health and social care workforce and are extremely grateful to our communities, especially those unpaid carers, who have worked with us under difficult circumstances to respond to the challenges of the pandemic.

The next three years will be equally challenging, albeit in a different way. Alongside the impacts of the global pandemic, we have to plan for external factors such as the impact of climate change, housing and crucially the disproportionate impact of the cost of living crisis.

All these factors impact on health inequalities and this plan seeks to address these focusing on the role of the HSCP in building resilience to prevent ill health and enable the people of West Dunbartonshire to live healthy, happy and fulfilling lives.

This work is set in a context of predicted additional demand on finite resources. Existing core budgets are already under significant pressure but the challenges we face present the opportunity to do things differently – to make optimal use of the resources we have and create a health and care system that more effectively utilises existing strength in our efforts to better meet the needs and promote health and wellbeing of our communities.

June 2022 saw the National Care Service (NCS) Scotland Bill laid before parliament. At the time of writing the details of the new governance arrangements are still to be developed. The HSCP is committed to working with the Scottish Government and will embrace every opportunity to shape the NCS, ensuring the voice of West Dunbartonshire is heard throughout the process through full engagement at a national level. It is expected that within the lifetime of this strategic plan a local transition plan will be developed with local partners, this will drive the implementation of the National Care Service once the Bill has received Royal Assent.

The NCS provides exciting opportunities. However, the HSCP retains a strategic focus and this plan provides the Integration Joint Board with a means of monitoring progress.

West Dunbartonshire has already been visionary in its decision making with both the Council and the NHS Greater Glasgow and Clyde Board going beyond the existing legislation and delegating children’s services to the Integration Joint Board. We have provided the Scottish Government with examples of good practice which have been achieved within the current legislative framework and also opportunities for improvement. We are committed to continuing this conversation with the Scottish Government to exemplify what can be achieved when the principles of integration are fully embedded.

This Strategic Plan aims to detail the progress the Integration Joint Board have made in realising the aims of integration whilst outlining how we will transform and develop over the next three years.

We continue to develop partnership working and seek to develop stronger links with statutory and other partners.

The HSCP is fully engaged in Community Planning West Dunbartonshire and has a leadership role in the delivery of the West Dunbartonshire Plan for Place – West Dunbartonshire’s Local Outcome Improvement Plan and NHS Greater Glasgow and Clyde’s Moving Forward Together plan which aims to deliver a modernised, health and social care system for Greater Glasgow and Clyde residents.

Who We Are

West Dunbartonshire Health and Social Care Partnership (HSCP) delivers children’s and adult’s community health and social care services, some of which are delivered with partners in other sectors. As well as our local services such as Social Work, Community Nursing and Allied Health Professionals, the partnership “hosts” Greater Glasgow and Clyde wide services such as Musculoskeletal (MSK) services and Diabetic Retinopathy Screening. The Integration Joint Board, known locally as the Integration Joint Board, governs and directs the work of the partnership. Appendix I shows all the services delegated to the Integration Joint Board.

Our Approach

Our approach to service delivery follows the national Integration Principles. We aim that our services:

Are Joined Up and Easy to Understand From the Point of View of Service Users

Colleagues in acute have already improved frailty services, integrating service delivery across West Dunbartonshire. This has resulted in frail older adults in West Dunbartonshire having shorter stays in hospital and being less likely to be re-admitted, with the Vale of Leven Hospital experiencing a drop in seven day re-admission rates from 6% to 2%, with 29% of patients who receive input from a Frailty Practitioner being discharged on the same day. We will continue to deliver on this principle by reviewing further whole pathways of service delivery including how residents access our services.

Building on the excellent work of acute colleagues at the Vale of Leven Hospital, a Frailty Practitioner has recently been recruited to the HSCP and will build on frailty focussed care pathways at the front door at the RAH and the QEUH (The Home First Response Service) to prevent admission to hospital. The Frailty Practitioner, in collaboration with health and community care teams, will develop collaborative quality improvement activity to enhance interventions to promote improved health and social care outcomes for those who have been identified as 'frail'.

Take account of the particular needs, strengths and outcomes of different service-users

We have introduced the My Life Assessment tool within services for adults which aims to change the way individuals with care and support needs are assessed and supported by social work and social care services. The My Life Assessment refocuses interventions away from ‘need’ and deficits and towards resources and ‘strengths’ identifying what is working well and what can be built on.

Through a human learning systems approach we will build on the work of the My Life Assessment and the “Just Enough Support” programme by starting with what people want and working to connect them in ways which enable them to achieve that. A human learning systems approach, understands the need for service provision to be more person centred to meet the multiple and complex needs of individuals and communities and recognises the value of adaptability and learning together.

We will deliver Value Based Health and Care (VBH&C), which focusses on achieving outcomes that matter to people, while using their resources wisely.

Respect the Rights and Dignity of Service Users and takes account of the particular characteristics and circumstances of different service-users

We have developed and implemented our Equality Mainstreaming Framework 2020 – 2024 which aims to make access to all HSCP services more equitable, respecting and valuing the diversity of our service users in West Dunbartonshire and ensuring they are free from discrimination. We are actively reviewing how our services are accessed to achieve timely responses and to avoid duplication in service users' experience.

Be planned and led locally in a way which is engaged with the community and, takes account of the particular needs of service-users in different parts of the area in which the service is being provided

In Clydebank we have launched The Shaping Places for Wellbeing Programme. This is a delivery partnership between the Improvement Service and Public Health Scotland (PHS).

The overall ambition of the programme is to improve Clydebank's wellbeing and reduce inequalities. It aims to change our collective approaches to the places where we live, work and play. To deliver upstream preventative interventions that reduce the areas significant health inequalities while delivering on a range of national ambitions around Covid recovery and climate action. Promoting strong partnership working around data driven knowledge on inequality with citizen involvement to create systems change. An important element of this work is alignment with the Scottish Governments 20 Minute Neighbourhood vision for places where people can have their needs met locally within a 20 minute walk from their homes, reducing emissions and encouraging active travel.

In 2023 we have provided a commitment to review and improve our Participation and Engagement Strategy. This will include reviewing the role of Local Engagement Networks across our two localities and the development of locality plans informed by, and delivered with, people living in these localities. We will report to the Integration Joint Board on the progress of this work to ensure our focus in on continued delivery.

Protects and Improves the Safety of Service Users

In July 2021 the HSCP was involved in a joint inspection of adult support and inspection. This inspection highlighted a number of strengths and, helpfully, a number of areas for improvement. Over recent months we have developed more robust arrangements to deliver our legal duty around Adult Support and Protection, including a new approach to the delivery of the duty service.

We will continue to develop and enhance arrangements in respect of public protection ensuring the most vulnerable within our communities are protected and kept safe. A significant theme throughout this strategic plan is the consideration of how services delivered to adults, children and families can come together to better consider the needs of the whole family in an early and preventative manner. We will continue to lead, develop and strengthen our local Community Justice Partnership and contribute to the delivery of our Community Justice Outcome Improvement Plan, due for publication June 2023.

We will continue to lead, develop and enhance our local MARAC (Multi-Agency Risk Assessment Conference) to improve outcomes for high-risk victims of domestic abuse.

A continued Joint Inspection of services for children at risk of harm has been ongoing in West Dunbartonshire since September 2021 and will be concluded by March 2023. Key improvement requirements have been identified in relation to:

- Strengthening the voice of children and young people.
- Improving self- evaluation and the use of data to measure our performance.
- Strengthening collaborative leadership with partners.

- Deliver improvement in assessment planning and review of children's plans ensuring a Getting It Right for Every Child (GIRFEC) approach.

These improvement priorities are reflected in our key priorities as part of this strategic plan.

Trauma Informed Care

Trauma informed care shifts the focus from "What's wrong with you?" to "What happened to you?" A trauma informed approach to care acknowledges that health and social care teams need to have a complete picture of a person's life situation, past and present, in order to provide effective services. Adopting trauma informed practices can potentially improve engagement, treatment adherence, and outcomes. It can also help reduce avoidable care and excess costs across the health and social care sector.

By adopting a trauma-informed approach the HSCP seeks to:

- Realise the widespread impact of trauma and understand paths for recovery;
- Recognise the signs and symptoms of trauma in service users, families, and staff;
- Integrate knowledge about trauma into policies, procedures, and practices; and
- Actively avoid re-traumatisation.

Improves The Quality of the Service

Our Clinical and Care Governance group is the system through which the HSCP works to monitor and improve the quality of the health and social care services we deliver. We work to ensure that we have a clear and consistent approach to clinical and care governance across West Dunbartonshire and each year publish an annual report [Annual Performance Report](#).

We are strengthening our oversight of social work and social care as part of our clinical and care governance process and a quarterly sub group has been developed to ensure enhanced scrutiny beyond clinical care is incorporated into our clinical and care governance activity.

Best Anticipates Needs and Prevents Them Arising

West Dunbartonshire's Community Link Workers Service, which is provided within GP Practices, is designed to support people with a variety of social, financial, mental health and practical issues. This ranges from helping people with benefits, housing, bereavement, anxiety and low mood to helping them join activities in their community. This gives GPs and nursing staff more time to deal with medical issues.

This integrated approach to service delivery across community health and care, as well as third sector providers, aims to deliver effective and targeted specialist services to support safe, strong and involved communities. The service provides a person-centred service that is responsive to the needs and interests of the service user.

Makes The Best Use Of The Available Facilities, People And Other Resources

This plan outlines a number of key strategic enablers which have to be used effectively in order to deliver our strategic outcomes and priorities whilst achieving best value. These include our workforce, finance, technology, partnerships and infrastructure. We will ensure we deliver on each of our strategic priorities in a way which ensures we achieve best value.

Community Mobilisation

The greatest improvement in people's health will be as a result of what they do to and for themselves. It is not the result of external interventions. Many daily decisions about health are made by individuals and families in their own homes, not by health workers. We are committed to working

with communities across West Dunbartonshire to support individuals and families to make healthy decisions, equipping our communities with appropriate skills and knowledge and empowering them through community participation. The greatest resources we have in our community are good relationships with individuals and groups; we acknowledge the important role of the third sector and the opportunity for collective mobilisation to pool the resources available across West Dunbartonshire.

Our Achievements

Since the publication of our last Strategic Plan in 2019 West Dunbartonshire HSCP has worked hard to transform both services and the lives of our residents. Every year the Integration Joint Board has published an annual performance report [Annual Performance Report](#), but here is a list of some of the achievements we are most proud of:

1. Continued promotion of child immunisations and breastfeeding by Health Visitors resulting in improved rates. MMR1 vaccinations for 5 year olds above the Scotland figure of 96% at 97.5% and immunisation rates higher than those for the Health Board and Scotland for all immunisations at 24 months and 5 years of age.
2. Working in partnership with Turning Point Scotland's Overdose Response Team as part of a range of measures to prevent drug misuse deaths.
3. Almost 75% of people aged 65 and over who have had 2 or more emergency admissions to hospital in the last year have had an assessment of their needs.
4. 1,248 people have received support with their medication from our Homecare Pharmacy Team.
5. Work with NHS Greater Glasgow and Clyde to refresh the Unscheduled Care Joint Commissioning Plan in light of the impact of the pandemic.
6. 95.2% of carers felt supported to continue in their caring role when asked as part of their Adult Carer Support Plan.
7. 1,918 people were receiving a Community Alarm/Telecare service at March 2022.
8. 94% of the 920 referrals to addiction services, including third sector partners, starting treatment within the national target time of three weeks, exceeding the 90% standard.
9. 20,509 people had an Electronic Key Information Summary (eKIS) in place to allow for sharing of key information across the HSCP, hospital Acute Services and Primary Care.
10. Developing our understanding of our Child Protection processes and the children we protect through collation and analysis of quality data through the Child Protection Minimum Dataset.
11. Undertaking a review of our Special Needs in Pregnancy service.
12. A 7% reduction in the number of looked after children from 491 in March 2021 to 456 in March 2022.
13. Full rollout of a new My Life Assessment tool in line with eligibility criteria for social care support with 404 full My Life Assessments carried out during 2021/22.
14. 10,519 hours of homecare delivered to 1,425 West Dunbartonshire residents as at March 2022 to support them to live as independently as possible in their own homes.
15. 75% of people on the Palliative Care Register supported to die at home or in a homely setting.
16. A series of 'What Matters To You?' conversations to help improve services for people with a learning disability.
17. The development of a new Self-Directed Support Policy.
18. Programmes of training delivered within Justice Services covering assessment tools and Trauma Informed Practice.
19. 80.6% of people with a Community Payback Order attending an induction session within five working days of sentence: a significant improvement on 65% in the previous year.
20. Ongoing negotiations with the National Caledonian Team by Justice Services to bring both Caledonian group work and the 1-1 programme to West Dunbartonshire.
21. A local authority-wide community consultation capturing women's experiences of domestic abuse during Covid-19 lockdown restrictions and their access points for specialist Domestic Abuse service support and information carried out by the Children Experiencing Domestic Abuse Recovery service.

22. Establishment of MARAC (Multi-Agency Risk Assessment Conference) for high-risk victims of domestic abuse.
23. Establishment of our West Dunbartonshire Community Justice Partnership to provide strategic oversight and direction towards reducing offending/reoffending and improving community justice outcomes.
24. Development of a West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16 to 24 years (26 years for care experienced).
25. The expansion of the Scottish Families Affected by Drugs/Alcohol Young Person's Routes Project.
26. A comprehensive survey of secondary age children in West Dunbartonshire as part of a Planet Youth pilot.
27. Sustained improvement in waiting times for referral to treatment for Child and Adolescent Mental Health Services with 96% of children and young people starting treatment within 18 weeks at March 2022 and an average wait of 7 weeks.
28. 83 people participating in Resilience Hub discussions regarding 'Healing Trauma and Connecting People through Community Arts' and 'The First 1001 Days'.
29. Mental Health Check Ins for HSCP staff in August 2021 and February 2022.
30. An extremely positive first Care Inspectorate report for our new Queens Quay Care Home. In addition, a recent unannounced inspection of Crosslet Care Home resulted in a very positive report and high grades.
31. Participation of some of our care experienced young people in a national campaign for the recruitment of new Children's Hearings Scotland panel members.
32. Champions Board staff being part of a national project in relation to care experienced people accessing their care records.
33. Prescribing costs of £168.58 per weighted patient below the average across Greater Glasgow and Clyde of £173.79.
34. 89% of looked after children being looked after in the community helping the maintain relationships and community links.
35. All young people who left care during the year and aged 16 or 17 years of age entered a positive destination, further/higher education, training or employment, at the point of leaving care.
36. Work Connect service users featured in the Scottish Mental Health Arts Festival in May 2021 including a documentary exploring the notion of what is normality in the wake of a life-changing pandemic.
37. Creation of bespoke training sessions for Equality Impact Assessments specific to HSCP situations.
38. Prompt delivery of the Covid and Flu vaccination programmes to all Care Home residents in West Dunbartonshire, thereby reducing infection rates within Care Homes.
39. A recognition of 'excellent' sector leading support to our young people in Blairvadoch Children house.
40. The successful opening of Clydebank's new care home, Queens Quay House. This £14.092 million state of the art care facility welcomed its first residents in December 2021.

Our Learning

Over the last three years the Integration Joint Board and the HSCP have engaged in reflective practice, considering the valuable lessons learned through the global pandemic and, using the public sector improvement framework, have also proactively engaged in improvement planning to shape how we deliver services going forward.

The following are key lessons from those work streams:

1. To further improve how the HSCP engages with the local community to develop a common understanding of local needs and priorities. Although we have made clear our strategic intentions to work together with our communities, further work is required to ensure we do this effectively. The development of a more effective partnership with the community will result in a greater sense of ownership and the delivery of services tailored to their needs.

2. Review the HSCP [Workforce Strategy 2022-25](#) to ensure alignment with the five pillars of the [National Workforce Strategy Health and Social Care](#), supporting the HSCP to plan effectively for the workforce at a local level to ensure we have the right workforce with the right skills in the right place at the right time.

We recognise the critical role our workforce will play in the successful delivery of this strategy. The Workforce Strategy must therefore address the following areas: leadership development to support managers to understand the strategic landscape and alignment of operational delivery; empowering staff to empower citizens to take greater responsibility for their own outcomes; recruitment and retention; the right skills mix; and that plans are in place to manage capacity. We recognise our most valuable asset is our dedicated and hardworking staff. Our staff have been challenged during the global pandemic and without fail continued to perform above and beyond their duties to ensure the safe delivery of critical services. We will review the workforce plan to ensure this acknowledges their professionalism, provides flexible yet robust career opportunities, considers their health and wellbeing and seeks parity of esteem for the social care workforce. This will ensure that the HSCP continues to have a highly skilled and motivated workforce.

3. Consider how the HSCP can further develop its use, interpretation and sharing of data to support effective decision making. We recognise that good data leads to strong decision making. Whilst accessing and sharing accurate and current data remains a challenge we will build on existing systems and processes and seek to improve the availability of data, ensuring this is used safely and securely, for the benefit of patients, service users and staff.
4. The Integration Joint Board have sought to positively engage with the Scottish Government at all stages of the development of the proposed National Care Service. It is recognised that the implementation of Local Care Boards and other legislative changes may impact on our governance arrangements. We have provided Government with a number of strong examples where integration has led to positive outcomes within West Dunbartonshire and it is our intention to build on these solid foundations, in partnership, in order to improve our overall service delivery.
5. We acknowledge the existing pressure on our resources and are committed to continuous improvement using our resources and infrastructure in a way which achieves best value and enables the delivery of effective and efficient services. Central to achieving best value is the added value partnership working can bring to the HSCP. The collaborative advantage realised from strong partnerships will support the HSCP Board to achieve its strategic objectives.
6. We seek to embrace the benefits of new technology, in service delivery, in supporting our staff to be able to do their job well, and in improving outcomes for the people of West Dunbartonshire. Where appropriate we will maximise the use of technology and will support those who do not have equity of access.

Our Vision, Mission and Values

The pandemic has shown us the value of working closely with partners and communities and this plan builds on our vision that:

Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, they receive care and support that prioritises independence, control, choice and recovery.

We know we cannot achieve this vision on our own and we need to develop the principle that, working together, health and social care services should be firmly integrated around the needs of individuals, their carers and other family members. This includes understanding the wider impacts on health and social care and shaping and influencing them wherever possible. It doesn't mean doing everything ourselves: it means working together with the wider community to make the right things happen in the right way at the right time. Our mission statement explains our role in how we will meet these challenges, focusing everything we do on what matters, our mission statement is:

Improving Lives With The People of West Dunbartonshire

Working together as an integrated health and social care system means we must share a set of values for how we work. This means that everyone knows what to expect. These values are key to delivering our vision and align with the values of our partner organisations within NHS Greater Glasgow and Clyde and West Dunbartonshire Council. Our values are:

Respect
Compassion
Empathy
Care
Honesty

These values will be woven through how the HSCP undertakes its work, for example

Strengths Based and Person Centred

- We respect everyone as individuals with strengths, assets, skills and talents.
- We avoid trying to fit people into a range of inflexible services. Instead, we focus on their strengths, assets and the outcomes they want to achieve.
- We listen empathically to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support locally.
- We tackle inequality, working to make sure that everyone has the same access to and experience of excellent care and support.

Collaborative and Empowering

- We communicate openly and honestly, sharing information and listening to others.
- We make sure everyone can make informed decisions about their support and maintain an active role in their community.
- We collaborate with people and communities to make sure we're working together effectively, and we are committed to developing more ways to share power.
- We continue to value quality and teamwork supporting effective integration, particularly across health and social care, but also across the whole system.
- We support everyone who works to deliver health and social care services to be knowledgeable, informed, innovative and creative in their work.
- We will proactively seek opportunities to collaborate with community planning partners, including Police Scotland, education, housing and Third Sector.

Good Governance and Best Value

- Our services both in house and commissioned will deliver sustainable outcomes at a sustainable cost, ensuring the optimal use of resources to achieve the intended outcomes. They will focus on person centred care and outcomes; be inclusive, well lead and promote a sustainable and diverse market.
- We will focus on the experience of our service users, building on what works and improving where required.
- Our decision making is clear, transparent, and inclusive (meaning everyone is involved). Decisions are made with the people they affect and as locally as possible.
- We will adopt a Human Rights approach, the principles of dignity, fairness, respect, and equality will be at the centre of all we do.
- We fully promote creative approaches to how people are supported. Aligning to the Scottish Standards for Service Design we will invest in innovation and improvement in order to provide support that works.
- We will give full consideration to the impact of our services on climate change and will work with our NHS and local authority partners to meet their sustainability goals.
- We promote best practice, commit to improving and meeting standards, and encourage evidence-based innovation across all health and social care services.
- We will deliver Value Based Health and Care (VBH&C), which focusses on achieving outcomes that matter to people, while using their resources wisely.

Working Together With Partners

We aspire that everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, they receive care and support that prioritises independence, control, choice and recovery.

The right home, in the right place, with the right connections is crucial. People are connected to communities that care, looking after one another, recognised and valued for who they are, so that they can focus on what matters to them. Family and friends, hobbies and interests, new experiences, work, volunteering, or learning — these are the connections that matter, that make people feel valued and keep them well.

When people do need help, West Dunbartonshire HSCP will strive to ensure that help builds on these connections and focusses on helping people to achieve their outcomes through personalised, person-led, accessible, and excellent quality support. Enabling people take control of their own health and which includes taking an active role in designing their support and listen to each other. When crisis happens, people are supported quickly and intensively to regain stability and control in their lives.

Young people with complex needs and their families are supported in the move from children's to adult social care. People have a good choice of excellent quality provision at every stage, tailored to their needs, in order to maintain and build their independence and recovery. Commissioning and Self Directed Support play an important role in enabling people to have choice and links with the third and independent sections are crucial in ensuring this happens.

Those that care for people are supported and valued, including unpaid carers, who are recognised for the invaluable role they play. Unpaid carers are recognised for their expertise and supported to make the right choices for them and their family.

Through our [Workforce Plan](#) we want to make sure that West Dunbartonshire HSCP is an employer of choice, recognised as a great place to have a career in health and social care. We strive to ensure our workforce is empowered to make decisions with the people they support. They are supported through excellent quality, ongoing professional development, innovative and creative practice and advancement opportunities.

We also want to ensure that everyone can live their lives well and live the end of their lives with dignity where they wish.

Continuing our commitment to strong partnership working, the HSCP and Third Sector Interface (TSI) will reconfirm its commitment to collaboration by revising the Partnership Agreement between both parties. The Partnership Agreement will set out how both the HSCP and TSI, working together with one another and with the wider community, can help deliver the HSCP vision/mission/strategic outcomes.

We will continue to work closely with our partners in the third and independent sectors, working with service users to identify need in order to ethically commission community health and social care services on an individual and locality basis to meet current and future demand. This will ensure full engagement with those who access care and support, those who support people to access care and support, families and friends, unpaid carers, the workforce and providers.

Working Together With People

Working together we believe we can improve lives and want to encourage and support people to:

- Make the most of the opportunities within West Dunbartonshire to do things that make them happy, promote their health and wellbeing and that connect them to their community. Stay connected by reaching out to friends, talking to a neighbour and participating in community events.
- Choose the right health care when they need it, which might be visiting their local pharmacist, the GP or looking after themselves through self-care at home.
- Take responsibility for their own health and wellbeing, accessing services in a timely manner, keeping healthy, active and safe, including managing emerging and existing conditions.
- Tell us if they care for a family member or relative and make sure they look after their own health and happiness as well as the person they are caring for.
- If they need our services, be honest with us about the things they love to do so we can help them to improve their life. Talk to us about what they need and tell us if we get it wrong. Take an active role in defining and influencing care and support.

By working together in this way, people will be able to take control of their lives, manage their conditions, and live with a sense of independence.

Our Case for Change

As part of the development of this Strategic Plan the HSCP undertook a comprehensive [Strategic Needs Assessment](#), this complemented an earlier piece of work focusing primarily on [Children's Services](#). Although the impact of Covid-19 is yet to fully reveal itself our forecasts indicate that the demand for health and social care services will increase over the coming years, financial resources will decrease and more people will be living with multiple long term conditions.

If we are to achieve our ambition of caring for people in more homely settings, we need to increase the availability and accessibility of high quality community-based services, particularly for those with higher levels of need, and find more ways to keep people safe at home. Equally we need to ensure that people have choice and control over the services they receive, and it is important that services within the community which support prevention and early intervention are also easily accessible.

West Dunbartonshire has a decreasing and aging population. Between 2018 and 2028, the population of West Dunbartonshire is projected to decrease from 89,130 to 87,141. This is due to fewer babies being born each year and more people moving out of the area than moving in.

West Dunbartonshire has both a high percentage of lone parent families and lone parents who are not in employment. 50% of lone parents in West Dunbartonshire were not in employment, the third highest of all local authorities in Scotland. Children in lone parent families and non-working lone parent families are more likely to have lower mental wellbeing than those who are not in those categories. West Dunbartonshire is likely to have a high percentage of children, young people and parents who have a number of Adverse Childhood Experiences (ACES).

Life expectancy is lower than the Scottish average with those living in the most deprived communities spending, on average 24 years fewer in good health than those living in the least deprived areas. With those in the most deprived areas also dying younger, they spend more than one third of their lives in poor health.

Healthy life expectancy has decreased in West Dunbartonshire to 58.1 years for males and 58.5 for females. If all cancers were grouped together, cancer would be the leading cause of death in West Dunbartonshire, setting this aside, the leading cause of death for males in 2020 was ischaemic heart diseases (13.6% of all male deaths), followed by lung cancer (8.1%). The leading cause of death for females in 2020 was dementia and Alzheimer's disease (15.2% of all female deaths), followed by ischaemic heart disease (8.3%).

Before the pandemic, one in five Scots were living in relative poverty after housing costs, including almost one in four children. West Dunbartonshire contains the third equal highest share of the most deprived data zones out of Scotland's 32 local authority areas. In 2019 29% of West Dunbartonshire residents were in fuel poverty, this is predicted to rise to 41% from April 2022. Child health and wellbeing is also affected by household income and the employment status of parents. 17.3% of children live in households in fuel poverty.

West Dunbartonshire has continued high rate of child poverty across the whole area (26%) with projections that this will rise to 33%. 22.6% of children live in low income families and there is a high eligibility for and uptake of free school meals (27.4% for primary 4-7 pupils) although the registration rate for secondary school pupils is on a downward trend. Almost half of the primary schools in West Dunbartonshire have rates of over 30% of pupils in Primary 4-7 registered for free school meals.

The total number of households in West Dunbartonshire is project to decline between 2023 and 2043, with 42% of those named as responsible for the accommodation being over the age of 60. By 2028 it is projected that 1 in 2.4 households will have a single adult with the number of single adult dwellings increasing since 2012 to an average of 41.1%. Since 2016 45.4% of children are living in homes that failed the Scottish Housing quality Standard (SHQS).

West Dunbartonshire has a rate of 23.7 per 1,000 school pupils assessed and/or declared as having a disability compared to the Scottish rate of 24.3 per 1,000 pupils. 26% of residents report having a lifelong time limiting condition (Scotland is 24%). Women are more likely to be disabled than men, with disabled women at greater risk of violence and abuse compared with both non-disabled people and disabled men. 458 Individuals with a learning disability are known to HSCP learning disability services, learning disability rates are above the Scottish average and these individuals have some of the poorest health outcomes of any group in Scotland.

In West Dunbartonshire 2,810 are people living with sight loss; 2,440 people with partial sight; 370 living with blindness; and 536 are registered blind or partially sighted. By 2030, there is expected to be 3,230 people in West Dunbartonshire living with sight loss, an increase of 15% from 2021.

Domestic Abuse rates in West Dunbartonshire are the second highest in Scotland, at 168 incidents per 10,000 population reported to Police Scotland. Children are adversely affected by domestic abuse with the average number of people involved per incident remaining at four (victim, perpetrator and two children).

Police Scotland crime and offences recorded in West Dunbartonshire 2020-2021 show 632 (crimes) and 600 (offences) per 10,000 of the population. The national data for Scotland show 451 for crimes and 439 for offences. West Dunbartonshire appears to be adversely impacted with higher crime and offence levels which can be linked to other social, health and economic determinants related to poverty.

The proportion of adults achieving the recommended levels of physical activity are similar in West Dunbartonshire (62%) to NHS GGC (63%) and equal to Scotland (62%), however West Dunbartonshire is ranked 8th lowest local authority for active travel (cycling/walking) across Scotland. This is also reflected in a decrease in the number of children walking to school. All schools in West Dunbartonshire engage with West Dunbartonshire Leisure Sports Development programmes and there has been an increase in Active Schools participation.

The proportion of adults that are overweight (including obese) is higher in West Dunbartonshire (71%) than NHS GGC (63%) and Scotland (65%). Historically, West Dunbartonshire has one of the highest rates of maternal obesity in Scotland at 26.3%. This is higher than Scotland average of 22.6%. However childhood obesity in primary one has steadily fallen since 2013/14, and in 2016/17 was 7.6%, statistically significantly 'better' than the national average of 10.4%.

Mental wellbeing is lower in West Dunbartonshire compared to both NHS GGC and Scotland, females have lower mental wellbeing than males.

Self-reported male alcohol consumption in West Dunbartonshire is 15.2 units which is higher than the Chief Medical Officer low risk guidelines of 14 units.

The prevalence of smoking is higher in West Dunbartonshire (17.5%) than NHS GGC (15.5%) and Scotland (16%).

Estimated drug use prevalence in West Dunbartonshire was 1.87%. This equates to an approximate 940 - 1,400 problem drug users. This is higher than 1.62% for Scotland as a whole and makes West Dunbartonshire the 7th worst local authority area in Scotland for problem drug use rates. Parental substance misuse has an adverse effect on children and young people and concerns related to alcohol, drug and substance misuse are frequently identified as causes for concern at case conferences of children who are on the child protection register.

West Dunbartonshire has 14.7% of S4 pupils reported drinking alcohol at least once a week. This is higher than Scotland at 11.5% and 4.1% of S4 pupil reporting using drugs monthly. The rate of drug related hospital stays in 11-25 year olds is increasing and is higher than the Scottish average. West Dunbartonshire also has 543 young people in prison per 100,000. This is the highest figure of any local authority in Scotland.

The prevalence rate of cancer in West Dunbartonshire (39.48) is higher than NHS GGC (35.6) and Scotland (37.9) as a whole.

Cancer is the top burden of disease, the disease burden is the impact of a health problem as measured by financial cost, mortality, morbidity, or other indicators. Cancer is ranked the top burden of disease within West Dunbartonshire with a projected 23.5% increase in males and 9.1% increase in females by 2030. The top three types of cancer prevalent in West Dunbartonshire are breast, prostate and colorectal.

Cardiovascular disease (Heart Disease, Stroke and Hypertension) is the second highest burden of disease. Rates of Coronary Heart Disease, Stroke and Hypertension are higher in West

Dunbartonshire than in NHSGGC and in Scotland. Without considerable changes in risk factors, such as smoking, diet and physical inactivity, together with the population changes (ageing population) these compounding factors could result in a sizeable increase in cardiovascular disease.

Neurological disorders are the third highest burden of disease. 688 people within West Dunbartonshire are living with dementia. Within West Dunbartonshire there is projected increase for individuals diagnosed with dementia (16.3% by 2031).

Substance Use Disorders are the fourth highest burden of disease. Alcohol related hospital admissions for West Dunbartonshire (1,075.35 per 100,000) are higher than the Scottish average (673.27 per 100,000) and increasing. Nationally SIMD one and two experience 68% more admissions. Alcohol specific death rates are slowly decreasing in West Dunbartonshire (28.55 per 100,000) however are still higher than the Scottish average (20.4 per 100,000).

Drug related hospital admissions for West Dunbartonshire (284.15 per 100,000) are higher than the Scottish average (221.26 per 100,000) and rising. Drug related deaths are higher for West Dunbartonshire (35.66 per 100,000) than the Scottish average (25.44 per 100,000).

The rate of patients registered with depression is increasing year on year in West Dunbartonshire. Although the number of completed suicides in West Dunbartonshire has decreased from 24.41 (2007-2011) to 13.24 (2015-2019), suicide remains a significant issue in West Dunbartonshire.

Within West Dunbartonshire the rate of attendance at A&E (251.94 per 1,000 population) is higher for all age ranges compared to NHSGGC and Scotland (204.08 per 1,000) as a whole, with nearly three fifths (average 57%) of emergency admissions for adults aged under 65 years.

The rate of emergency readmissions within seven days of discharge is increasing in West Dunbartonshire.

Bed days associated with potentially preventable admissions have been consistently higher in West Dunbartonshire (114.65 days per 1,000 population) than NHSGGC and Scotland (82.27 days per 1,000 population) as a whole. In the March 2021 alone, 999 bed days were lost due to delayed discharge. The rate of delayed discharge for adults with incapacity was higher in West Dunbartonshire than NHSGGC and Scotland as a whole.

Falls related admissions for 65+ was lowest in 2020/21 since 2016/17.

Across Scotland, young carers were more likely to live in the most deprived SIMD deciles. In West Dunbartonshire: the majority of known adult unpaid carers are most likely to be female; adult unpaid carers are most likely to be aged between 45-64 years; reported adult carers needs include support to access services, financial and health and wellbeing support. During 2020/21, Carers of West Dunbartonshire supported 1,250 different carers and identified 263 new carers. 23.4% of the 145 young carers known to Y Sort It are aged 8 - 11 years.

Measuring The Change

The HSCP has developed a Performance Management Framework to monitor and report performance across all service areas against the National Health and Wellbeing Outcomes, National Outcomes for Children and Young People, National Outcomes for Criminal Justice and the Core Integration Indicators developed by the Scottish Government.

National Health and Wellbeing Outcomes

Performance Indicator	2021/22 Value	2021/22 Target	2023/24 Target	Comment
Number of delayed discharges over 3 days (72 hours) non-complex cases	15	0	0	National target
Number of bed days lost to delayed discharge 18+ All reasons	10,260	5,839	TBC	20% reduction on 2022/23 actual
Number of bed days lost to delayed discharge 18+ Complex Codes	5,623	No target set	TBC	TBC
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	7,392	4,417	TBC	20% reduction on 2022/23 actual
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	3,564	No target set	TBC	TBC
Number of emergency admissions 18+	8,875	9,180	TBC	10% reduction on 2022/23 actual
Number of emergency admissions aged 65+	4,492	4,537	TBC	10% reduction on 2022/23 actual
Emergency admissions aged 65+ as a rate per 1,000 population	266.3	271	TBC	10% reduction on 2022/23 actual
Number of unscheduled bed days 18+	76,758	70,940	TBC	10% reduction on 2022/23 actual
Unscheduled acute bed days (aged 65+)	54,016	48,626	TBC	10% reduction on 2022/23 actual
Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	3,202	2,906	TBC	10% reduction on 2022/23 actual

Performance Indicator	2021/22 Value	2021/22 Target	2023/24 Target	Comment
Number of Attendances at Accident and Emergency 18+	21,782	18,800	TBC	10% reduction on 2022/23 actual

Number of clients receiving Home Care Pharmacy Team support	1,248	1,030	TBC	TBC
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services – WDHSCP	33%	90%	90%	National target
Percentage of carers who feel able to continue in their caring role when asked through their Adult Carer Support Plan	95.2%	95%	95%	Retain 2022/23 target
Percentage of carers who are willing to continue in their caring role when asked through their Adult Carer Support Plan	N/A	90%	95%	Set in line with indicator above
Number of Adult Carer Support Plans completed	N/A	N/A	TBC	Monitoring indicator – no target set
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	94%	90%	90%	National target
Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	70%	100%	100%	Retain 2022/23 target
Number of people receiving Telecare/Community Alarm service – All ages	1,918	2,200	TBC	Maintain at March 2023 level
Number of people receiving homecare – All ages	1,425	No target set	TBC	TBC
Number of weekly hours of homecare – All ages	10,519	No target set	TBC	TBC
Percentage of people who receive 20 or more interventions per week	N/A	N/A	TBC	New indicator
Percentage of homecare clients receiving personal care	N/A	N/A	99%	New indicator
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	18.8%	30%	25%	5% reduction on 2022/23 target
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	35.1%	32%	TBC	TBC

Performance Indicator	2021/22 Value	2021/22 Target	2023/24 Target	Comment
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	68.5%	90%	90%	National target

Prescribing cost per weighted patient (Annualised)	£168.58	£173.79	TBC	Average across NHS GGC
Compliance with Formulary Preferred List	77.16%	78%	78%	National target

National Outcomes for Children and Young People

Performance Indicator	2021/22 Value	2021/22 Target	2023/24 Target	Comment
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	Retain 2022/23 target
Percentage of child protection investigations to case conference within 21 days	69.4%	95%	95%	National target
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	311	No target set	N/A	Monitoring indicator – no target set
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	59	No target set	N/A	Monitoring indicator – no target set
Balance of Care for looked after children: % of children being looked after in the Community	89%	90%	90%	Retain 2022/23 target
Percentage of children from BME communities who are looked after that are being looked after in the community	71%	No target set	90%	New target
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	75%	80%	Increase of 5% on 2022/23 target
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	96%	90%	90%	National target
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	18	18	In line with national target

National Outcomes for Criminal Justice

Performance Indicator	2021/22 Value	2021/22 Target	2023/24 Target	Comment
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Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	72%	98%	98%	National target
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	80.6%	80%	80%	National target
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	30.2%	80%	80%	National target

Core Integration Indicators

Performance Indicator	Year	Value
Percentage of adults able to look after their health very well or quite well	2021/22	89.9%
Percentage of adults supported at home who agree that they are supported to live as independently as possible	2021/22	83.2%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	2021/22	75.1%
Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	2021/22	77.2%
Percentage of adults receiving any care or support who rate it as excellent or good	2021/22	77.5%
Percentage of people with positive experience of the care provided by their GP practice	2021/22	64.6%
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2021/22	85.7%
Percentage of carers who feel supported to continue in their caring role	2021/22	31.7%
Percentage of adults supported at home who agree that they felt safe	2021/22	87.9%
Premature mortality rate per 100,000 persons	2021	627.2
Rate of emergency admissions per 100,000 population for adults	2021	13,156
Rate of emergency bed days per 100,000 population for adults	2021	133,255
Rate of readmission to hospital within 28 days per 1,000 discharges	2021	96
Proportion of last 6 months of life spent at home or in a community setting	2021	90%
Falls rate per 1,000 population aged 65+	2021	22.7
Percentage proportion of care services graded "good" or better in Care Inspectorate inspections	2021/22	87.7%
Percentage of adults (18+) with intensive care needs receiving care at home	2021/22	72.1%
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	2021/22	972

Actions in this Strategic Plan will seek to improve our performance on all of these indicators but particularly those which show a declining trend.

Our Strategic Landscape

The West Dunbartonshire Strategic Planning Group has considered the data supporting our case for change and through a series of partnership workshops. The strategic drivers identified from those workshops align with the key themes which define our strategic landscape both locally and nationally.

- To truly improve health and reduce inequalities in health outcomes, we need not only to provide high quality health and social care but to address the wider determinants of health which are rooted within the societal, economic, cultural, commercial, and environmental context across the communities within West Dunbartonshire.
- Ensure that health and social care across adult and children's services is person-centred, human rights based, and is seen as an investment in society.
- To improve the care and wellbeing of people in West Dunbartonshire by making best use of digital technologies in the design and delivery of services. This includes the maximisation of new technologies and the enhanced use of data to inform our planning.
- To develop a new model of health and social care, shifting the paradigm where practitioners service users and communities are full partners in efforts to achieve the triple aim of an improved service user experience of care (including quality and satisfaction), improved outcomes in the health of populations, and a reduction in the per capita cost of healthcare.
- Using the National Standards for Community Engagement and the Scottish Approach to Service Design, place a greater emphasis on engaging local people in decision-making processes to ensure effective outcomes.
- Focus on Covid-19 recovery by embedding the urgency, flexibility and creativity that was so readily embraced during the pandemic, to tackling the inequality and disadvantage exposed by Covid.

The integration of health and social care was introduced via The Public Bodies (Joint Working) (Scotland) Act 2014. The aim of the Act is to integrate health and social care in Scotland, to improve services for people who use them. Integration aims to ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long term conditions and disabilities.

There are nine National Health and Wellbeing Outcomes which apply to integrated health and social care. These are shown below and everything in the West Dunbartonshire HSCP Strategic Plan is aimed at achieving these:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The nine National Health and Wellbeing Outcomes are embedded within the [Framework for Community Health and Social Care Integrated Services](#).

The Framework draws upon contemporary evidence and taking account of enablers from an organisational development, strategic planning and service delivery perspective, the Framework describes characteristics of effective integrated care. There is strong alignment between the HSCP strategic outcomes, priorities, mission, vision and values and the Framework and the HSCP will collaborate with partners on the use of the Framework in the delivery of our strategic plan and service improvement activity.

Primary care is often the first point of contact with the HSCP and the NHS. This includes contact with community based services provided by general practitioners (GPs), community nurses, dentists and dental nurses, optometrists, dispensing opticians, pharmacists and pharmacy technicians. It can also be with allied health professionals such as physiotherapists and occupational therapists, midwives and pharmacists. All these services have been delegated to the Integration Joint Board and through our Primary Care Improvement Plan (PCIP) we are working to transform primary care services so we can better meet changing needs and demands.

Public Health Scotland's Strategic Plan [Where Everybody Thrives](#) has a clear focus on four key priorities: Covid-19, mental wellbeing, communities and place, and poverty and children. They represent complex, linked challenges that require the collective action of many partners, across sectors. This strategic plan aims to support these priorities and has helped to inform our areas of focus.

The Scottish Government [Women's Health Plan](#) underpins actions to improve women's health inequalities by raising awareness around women's health, improving access to health care and reducing inequalities in health outcomes for girls and women, both for sex-specific conditions and in women's general health.

[Equally Safe](#) is the Scottish Government's strategy to take action on all forms of violence against women and girls. By this we mean violent and abusive behaviour directed at women and girls precisely because they are women and girls. Behaviour which is carried out predominantly by men.

The [Community Justice Strategy](#) complements the Scottish Government's [Vision for Justice](#) in Scotland published in 2022, which sets out our vision for a just, safe and resilient Scotland. The vision is aligned with the Scottish Government's National Performance Framework (NPF). Reducing offending and reoffending will lead to less victims, crimes/offences and will contribute to improving community justice outcomes.

The Scottish Government's [Housing to 2040 Strategy](#) sets out a vision for housing in Scotland to 2040 and a route map to get there. It aims to deliver our ambition for everyone to have a safe, good quality and affordable home that meets their needs in the place they want to be.

West Dunbartonshire Council has its own [Local Housing Strategy 2022-2027](#). Chapter five of the strategy is dedicated to supported, specialist and particular needs housing, recognising that housing has an important role to play in health because homes can impact on people's health in a way that few other factors can. Homes are where people spend a significant portion of their time and the links to physical health are clear but homes also invoke feelings of safety and security and therefore have important connections to mental health too. Having access to the right housing can deliver positive mental and physical outcomes and this is particularly the case for those who require specialist accommodation, support to live independently or have housing requirements that vary from other groups. West Dunbartonshire HSCP enjoys a strong and positive relationship with Council Housing colleagues and will continue to build on this partnership to ensure the housing needs of those most vulnerable are met.

The update to [Scotland's Climate Change Plan 2018 - 2032](#) recognises the global pandemic has had a negative impact on our ability to meet statutory targets for net zero emissions. The plan recognises climate change as a human rights issue and the transition to net zero as an opportunity to tackle inequalities. West Dunbartonshire HSCP and its partners must do all that it can to support vulnerable people through these challenges as well as making every effort to reduce its own carbon footprint.

[Scotland Digital Health and Care Strategy](#) aims to improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services. The principle of the strategy include being collaborative, inclusive, ethical and user focused, data driven, and technology enabled. One of the aims is that no one is left behind by ensuring we tackle digital exclusion and reduce inequality. As part of this West Dunbartonshire will seek to develop this work stream and use digital technology to transform people's lives where possible. A major barrier to the effective use of data is the inability to share information easily between the various agencies. Work is ongoing with Council and NHS colleagues to drive systemic change to enable improved data sharing and access to systems within the context of ensuring data security and integrity is maintained.

NHS Greater Glasgow and Clyde have a strong track record in successful digital transformation and have published their [Digital on Demand Strategy 2023-28](#) which presents their vision for the next phase in their digital journey. Working closely with NHS partners we will ensure the work of the HSCP aligns with this strategy as we consider how technology can help us meet the challenges of the coming years.

[The Promise Scotland](#) is responsible for driving the work of change demanded by the findings of the Independent Care Review for children committing to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential.

[A joint inspection of services for children at risk of harm in the West Dunbartonshire community planning partnership area took place between October 2021 and March 2022.](#) This inspection highlighted a number of areas for improvement and in line with our commitments in respect of The Promise it will be a priority for West Dunbartonshire HSCP to continue to work with partners on key areas of reform.

The Scottish Government will incorporate the United Nations Convention on the Rights of the Child (UNCRC) into law, having published a Bill. The UNCRC is the 'gold standard' across the world for children's rights. It covers all aspects of a child's life and sets out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights. This will mean that West Dunbartonshire HSCP must take steps to respect children's rights in their decisions and actions. It will also mean that children, young people and their representatives will be able to use courts in Scotland to enforce their rights.

June 2022 saw the [National Care Service \(NCS\) Scotland Bill](#) laid before parliament. Although much of the detail has yet to reveal itself, the principles leading to this Bill are driven by a need to shift the paradigm in relation to social care towards it being seen as an investment rather than a burden, to it being consistent and fair, enabling rights and capabilities, a vehicle for supporting independent living, being preventative and anticipatory, and as a result of collaboration and relationships.

West Dunbartonshire HSCP have already made progress in some of these areas and in their response to the first round of consultation on the establish of the National Care Service the Integration Joint Board were able to demonstrate a number of good practice examples, [A National Care Service For Scotland Consultation 1 November 2021](#), however there is still more to do. This Strategic Plan seeks to highlight the actions we will take to continue to deliver the pillars of the National Care Service for Scotland and in this intervening period, in line with the [Scottish Government and CoSLAs statement of intent](#), aims to progress those actions which do not require legislative solutions.

[NHS Greater Glasgow and Clyde Moving Forward Together](#) promotes a partnership approach to develop plans for a better, changed modernised, healthcare and social care system for Greater Glasgow and Clyde residents.

The Scottish Government Urgent and Unscheduled Care Collaborative is a strategic driver to deliver the right care in the right place at the right time for every person, developing new models of care and services to meet the needs of the population. The Scottish Government has identified a set of principles and eight whole system High Impact Changes (HICs) with overall ambitions, defining what good would look like.

These High Impact Changes (HIC) are:

1. Care Closer to Home
2. Redesign of Urgent care
3. Virtual Capacity
4. Urgent and Emergency assessment
5. Rapid Assessment and Discharge

6. Models for Acute Care
7. Discharge without Delay
8. Community Focussed Integrated care

The current West Dunbartonshire Unscheduled Care Design and Delivery work streams are being progressed within this collaborative approach, along with new initiatives and opportunities to develop local services to meet the needs of our citizens.

This new system of care will be organised in the most effective way to provide safe, effective, person centred and sustainable care to meet the current and future needs of our population and to provide best value.

It will be designed to:

- Support and empower people to improve their own health
- Support people to live independently at home for longer
- Empower and support people to manage their own long term conditions
- Enable people to stay in their communities accessing the care they need
- Enable people to access high quality primary and community care services close to home
- Provide access to world class hospital based care when the required level of care or treatment cannot be provided in the community
- Deliver hospital care on an ambulatory or day case basis whenever possible
- Provide highly specialist hospital services for the people of Greater Glasgow and Clyde and for some services, in the West of Scotland

This Strategic Plan is designed to support the principles of Moving Forward Together and deliver its ambition to deliver safe, effective, person centred and sustainable services.

[West Dunbartonshire Council Strategic Plan 2017 - 2022](#) is currently under review. This Strategic Plan is designed to support the existing Council priorities and will be reviewed in line with the publication of the new Council Plan.

Our Strategic Outcomes, Strategic Priorities and Enablers

Strategic Outcomes

For 2023 – 2026 we have identified four strategic outcomes. These outcomes build on the previous strategic plan, our learning and the data highlighted in our case for change.

The Strategic Planning Group were very clear that the emphasis on prevention, personalisation, inequalities and resilience should be retained but far greater emphasis placed on engagement and wider community connections.

Caring Communities:

Outcome: We will work to enhance service user satisfaction, increase perceived quality of care and ensure equitable access to services.

Approach: In partnership with our staff, service users and communities, ensure that health and social care services are high quality, accessible, safe, and sustainable; that people have their rights, dignity and diversity respected; and that they have a voice in how services are designed and delivered both for themselves and for those they care for, ensuring they can access the right care, at the right time, in the most appropriate setting.

Safe and Thriving Communities:

Outcome: We will work with our partners and communities to ensure people are able to look after, improve their own health and wellbeing, and live in good health longer whilst ensuring that our citizens are safe from harm.

Approach: When they need it, people can be cared for safely in a place they can call home, reducing the number of times they need to be admitted to hospital or reducing the length of stay where admission is unavoidable. This includes a continued focus on improving the circumstances of adults and children at risk of harm.

Equal Communities:

Outcome: The reduction of the impact of the wider determinants of health.

Approach: Tackling health inequalities both in terms of equitable access to health services and avoidable differences in people's health outcomes, increasing the number of years that people are healthy and reducing the difference in life expectancy between communities. Mobilising communities to build the resilience to overcome the health and wellbeing challenges they may face, particularly in relation to inequality, recovering from Covid-19, and the impact of an unpaid caring role, enabling them to lead healthy, happy and fulfilling lives.

Healthy Communities:

Outcomes: Improving mental and physical health, increasing independence and resilience, reducing hospital admissions, avoiding re-admittance and reducing reliance on health and social care services.

Approach: Supporting communities to stay in good health by focusing services towards prevention and early intervention, addressing the preventable causes of ill health, with access to timely and responsive services.

Strategic Priorities

Caring Communities

We will deliver better support to unpaid carers.

Our ambition and commitment is to elevate the status and support for carers, proactively supporting health and wellbeing in its broadest sense, providing a wraparound offer which supports and nurtures the role of unpaid carers within our communities. We know that unpaid carers have been disproportionately impacted by the Covid-19 pandemic. We will build on the existing strategy to identify unpaid carers, listen to their voices, and ensure they are made aware of the support available to them and how to access it. We will also identify and where possible address gaps in provision. Through co-production we will seek to identify any challenges faced by unpaid carers when accessing services and support them to overcome these barriers.

We will undertake whole pathway reviews ensuring coordination and equity of access to services.

In order to deliver equity of access to services, we need to ensure easy access to services. Where people need support from more than one team, these must be integrated from the service users' point of view. We will focus on a number of key areas including transitions between children's and adult services, pathways related to our burden of disease priorities, the Caledonian Pathway, and targeted children's services. Recent inspections have highlighted the need for effective collaboration and partnership and we will work closely with partners across the whole system to promote improved data sharing and early identification of preventative interventions which will focus on providing care in the most effective way at the earliest opportunity within each pathway. This will ensure our services are as accessible and as joined up as possible.

We will empower our communities to be involved in planning and leading services locally.

In order to ensure service users can exercise choice and control over the services they receive we will ensure strength based assessment and support planning with personalisation and Self Directed Support is at the heart of all we do. We are committed to a culture of co-production with communities of interest and communities of geography and will review our participation and engagement strategy in order to deliver our mission statement.

We will ensure staff are meaningfully engaged and supported to deliver self-evaluation and improvement activity to develop our continuous learning culture.

The importance of self-evaluation is that it allows the HSCP to further its own learning journey by allowing reflection on performance. By seeking the voice of those with lived experience we will identify service strengths and opportunities for improvement allowing services to develop and grow.

We will shift the balance of care for children and adults by strengthening prevention and our community based supports keeping individuals located in their community where possible.

Shifting the balance of care is an underpinning priority in a number of Scottish Government national policies and strategies for health and social care and applies across all care groups. This priority within the strategic plan reflects the desire to move from traditional institutional forms of care to providing more person centred support in community based settings with a focus on prevention and early intervention.

Integration is key to this policy direction as we work to ensure people get the right care, at the right time and in the right place, and are supported to live well and as independently as possible. An important aspect of this is ensuring that people's care needs are better anticipated, so that fewer people are inappropriately admitted to hospital or long-term care. That is why we will focus on reducing inappropriate use of hospital services as part of our unscheduled care plans, shifting resources to primary and community care, and developing additional community supports.

Safe and Thriving Communities

We will work with people to safely maintain their independence at home and in their local community building on strengths and supporting unmet need.

Building on the My Life Assessment and embedding our approach to Self-Directed Support we will ensure our approaches are person-centred and focused on the rights of individuals to exercise

choice and control. Staff will be trained in the just enough support approach which promotes collaborative practice and increases awareness of available community supports and activities. We will ensure service users receive timely reviews and where necessary reassessments as post pandemic we move into a period of business as usual.

We will focus on re-ablement. In order to promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; maximise independent living and reduce or eliminate the need for an ongoing care package.

The main aim of re-ablement is to allow people to gain or regain their confidence, ability and the necessary skills to live as independently as possible, especially after an illness, injury or deterioration in health. Re-ablement is a person-centred approach and the HSCP will develop this approach through the Care at Home service, providing a tailored multi-disciplinary care package for a short period of time to help individuals recover and increase their independence.

We will make the best use of technology enabled care to transform the way people engage in and control their own healthcare, empowering them to manage it in a way that is right for them.

Our ambition is to make the best use of technology to shift the focus of health and care systems from crisis intervention towards prevention, early intervention, enablement and supported self-management. Building on the innovative practice used during the pandemic we will support the use of Virtual Patient Management and will ensure that digital technology is used only as appropriate to the needs of the service users.

We will work with partners and citizens to protect vulnerable adults and children and reduce exposure to harm.

We will ensure processes are in place to meet our legal and statutory responsibilities of adult and child protection and recognise this is a high priority for the HSCP. In order to achieve this we will ensure we have robust arrangements in place to provide strong leadership, vision and direction across both adult and children's services. This includes having clear accessible policies and procedures in line with relevant legislation to ensure the HSCP meets its statutory responsibilities through the delivery of best practice. We recognise that living a life that is free from harm and abuse is a fundamental right of every person. We will encourage the people of West Dunbartonshire to act as good neighbours and citizens in looking out for one another and seeking to prevent harmful and abusive situations for children and adults at risk of harm.

We will work with partners to expand the choice of specialist and particular housing needs for children and adults.

We recognise that housing is a positive enabler which has an important role to play in health as homes can impact on people's health in a way that few other factors can. Homes are where people spend a significant portion of their time and the links to physical health are clear but homes also invoke feelings of safety and security and therefore have important connections to mental health too. Having access to the right housing can deliver positive mental and physical outcomes and this is particularly the case for those who require specialist accommodation, support to live independently or have housing requirements that vary from other groups. West Dunbartonshire HSCP enjoys a strong and positive relationship with Council Housing colleagues and will continue to build on this partnership to ensure the housing needs of those most vulnerable are met.

We will ensure those involved in justice services are supported to reduce offending behaviour and improve community justice outcomes across all order types.

We recognise the harms caused by the impact of offending and are committed to reducing offending and reoffending through collaborative and innovative multi-agency working arrangements and practice. We will support the delivery and scrutiny of outcomes together with the Community Justice Partnership, Public Protection Chief Officers Group, MAPPA and Community Planning structures.

Equal Communities

Working in partnership we will drive down the prevalence of gender based violence and provide those affected with the support they need.

We remain committed to the Caledonian system which is a nationally accredited programme for domestic abuse perpetrators with fully integrated women and children's services. The innovative and internationally renowned Caledonian model has shown to improve men's ability to control their behaviour and reactions and make their partners feel safer.

We will mobilise the communities of West Dunbartonshire to understand gender based violence, why it happens and to make it everyone's business. We want victims, their children and their families to know where to go to ask for help. We want everyone to know what to do if they suspect a friend, relative, colleague or neighbour is a victim of violence. We want people to care enough and to be brave enough to ask.

We will deliver a range of effective services that offer help and support to victims, their children and their families no matter what the risk or the seriousness of the issue. We will continue to assess risk and deliver the right intervention at the right time that recognises effective safeguarding as well as ensuring the voice of the victim, voice of the child is at the heart of everything we do.

We will work with partners and communities to reduce the number of suicides and drug related deaths.

Local and national data has shown that a large percentage of individuals exhibiting suicidal ideation and self-harming behaviour are not in contact with health or social care services, and that action is required beyond the health and social care system. Partnership working is required with individuals, families, community groups, private sector businesses and the third sector to help identify and support people at risk of suicide and those bereaved by suicide.

Key learning from practice and research is that suicide is preventable and that it is everyone's business, and that collaborative working is key to successful suicide prevention. The local Community Planning West Dunbartonshire Suicide Prevention action plan has been developed by a wide range of community planning partners to ensure that it takes a collaborative whole-system approach and that actions to prevent suicide is a shared responsibility across West Dunbartonshire's community planning partnership.

The Integration Joint Board will focus on suicide prevention and create an environment where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide.

With a focus on poverty, we will support people to reduce, prevent or undo the impact of the wider determinants of health.

We recognise the cost of living crisis and the deepening and widening of poverty across West Dunbartonshire will affect the health and behaviours of people who use the health and care system including its staff. The Covid-19 pandemic has highlighted existing health inequalities, it has also renewed a focus on poverty. People experiencing poverty are at the deep end of health inequalities, and are also more likely to be a part of minority groups who also experience health inequalities as a result of, for example, race, gender and disability. It's important that work addressing health inequalities is also explicit about the impact of poverty, because those affected by poverty have a high risk of the worst health outcomes.

Good or bad health is not simply the result of individual behaviours, genetics and medical care. A substantial part of the difference in health outcomes is down to the social, economic and environmental factors that shape people's lives. These factors are collectively described as the wider determinants of health.

Social inequalities determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs, and deal with changes to their circumstances. The link between social inequalities and differences in health outcomes is strong and persistent. Mobilising communities to address the wider determinants of health will help improve health equity as well as overall health. We will ensure that HSCP staff have an awareness of these factors, and deliver services in a person-centred way, targeted to the specific needs of service users.

Whilst prioritising service delivery for those with greatest need, we will ensure equality of access is mainstreamed.

Mainstreaming sets out to effect both cultural and systemic change across the HSCP so that an equality perspective is integrated into its day-to-day working across all services. It is a long-term, strategic approach to ensuring that equality, diversity and inclusion sit at the heart of our culture and operational delivery.

Many of our community members, including staff, service users and carers experience inequality due to their age, sex, disability, sexual orientation, gender reassignment, marital status, pregnancy or maternity status, race, religion, or belief. We will ensure service design, delivery and development takes account of the needs of those who are inappropriately stigmatised by ensuring these are considered in the planning process with mitigating adjustments put in place.

We will ensure children and young people who require permanent care out with their family home have appropriate and timely care options that meet their needs.

We are currently reviewing our response to referrals for all children and young people where there are new concerns in order to better enable social workers and their managers to sufficiently prioritise long term permanency planning arrangements for children. Consideration of exiting and the need for any additional resources will be given as part of the review.

Our need for improved data and developed performance measures in relation to a child's permanency journey will now be supported by a service improvement lead to improve performance insuring that children's plans in permanent care are concluded. Independent Chairing of Looked After reviews for children in placement will add to the scrutiny and oversight for individual children and ensure quarterly reporting on progression of plans.

The voice of patients and service users will be at the centre of upholding their rights and informing our intervention.

Services delivered to children and young people will be rights based with the voice of children at the centre of our service delivery and care planning. As part of our implementation a five year strategic approach is being launched to shift the balance of care, to ensure more children benefit from family based loving relationship within their own families and communities. We have recently appointed four new Independent Chairs, which are initially funded for two years, to provide scrutiny and oversight to ensure children's rights are upheld. Our ambition in delivering on 'The Promise', developed following the national care review, is central to service delivery for children and their families.

Person centred care is central to the range of health and social care assessments within the HSCP, and subsequent care planning ensures that all agreed health and social care interventions are rights based. We will enhance the use of service user feedback to inform service improvement by developing a regular cycle of service user feedback, which will be reported through Clinical Care and Governance.

We will commission a dedicated advocacy service specifically for service users and their families accessing treatment and care within Addiction Services. The implementation of REACH advocacy training across the whole system will raise awareness of service user rights. This will be underpinned by the implementation of Mat Standards.

The introduction of a Lived and Living experience panel and family support group will support in assisting our intervention. This co-production approach will be taken forward in collaboration by the Recovery Orientated Systems of Care delivery groups.

A self-directed partnership approach will underpin our service intervention.

Children's Services are currently developing a five year strategy within the service which will be launched in April 2023. Delivering on The Promise and ensuring the voice of families is central to all that we do will be at the heart of this strategy, ensuring self-directed options for families are incorporated into children's planning.

A self-directed partnership approach is also central to service delivery within adult services and is being actively promoted across integrated teams.

Within addiction services the implementation of Mat Standards will be embedded in to practice, this will ensure all service users have an element of choice.

We will improve mental health and wellbeing for children and adults.

There is evidence indicating that particular groups are at higher risk of developing mental health problems. Those at particular risk include: carers; LGBT people; people living with disabilities and/or physical health problems; those who have experienced adverse life events; people with learning disabilities; people living with dementia and Autistic Spectrum Disorder (ASD) and ex-armed forces.

It is important to identify people who need mental health support as early as possible, whenever opportunities are presented, which is most often in a place people are comfortable in. This may be in Primary Care, or it may be in housing or advice and welfare provision (amongst others).

We aim to build on our asset-based way of working to ensure the right support is given at the earliest opportunity by continuing to upskill frontline staff across the public, voluntary sector and within workplace settings to identify and appropriately support or signpost people to support.

Healthy Communities

We will address the preventable risk factors for poor physical and mental health including: obesity; smoking; the use of alcohol and drugs.

We recognise that smoking, poor diet, physical inactivity and substance use are leading risk factors driving West Dunbartonshire's high burden of preventable ill health and premature mortality. All are socioeconomically patterned and contribute significantly to widening health inequalities. We will seek to develop approaches that address the complex system of influences shaping people's behaviour. In order to address preventable and long-term conditions we will promote the adoption of self-care or self-management techniques.

We will continue to play an active role in the West Dunbartonshire Alcohol and Drug Partnership (ADP) the strategic, multi-agency group tasked by the Scottish Government to reduce harm caused by alcohol and drug use.

Working with partners we will enhance opportunities and support measures to tackle current barriers to active travel and promote the more effective use of green space.

Active travel traditionally refers to non-motorised forms of transport that involve physical activity, such as walking and cycling, but it can also include public transport for longer distance trips as these generally include walking or cycling components.

Active travel and access to high quality open and green spaces promotes independence, generates health, economic, and social benefits, can contribute to improved wellbeing and help to prevent or manage a range of chronic health conditions.

We recognise the impact of Adverse Childhood Experiences (ACEs) and seek to reduce the incidents and impacts of all types of childhood adversity and trauma.

Psychological trauma, including adverse and traumatic experiences in childhood and adulthood, is more common than is often assumed. Many people will recover without the need for professional therapy or treatment, but if those affected are not supported, it can have a range of negative consequences.

In particular, growing up with adverse childhood experiences (ACEs) – such as abuse, neglect, community violence, homelessness or growing up in a household where adults are experiencing mental health issues or harmful alcohol or drug use – can have a long-lasting effect on people's lives.

We are working in partnership with a wide range of sectors and services to help reduce the incidence and impact of all types of childhood adversity and trauma, focusing on:

- support for children, parents and families to prevent ACEs and trauma

- mitigating ACEs and trauma for children and young people
- developing trauma-informed workforce and services
- raising societal awareness about ACEs and trauma, and supporting local actions across communities

We are also working to address the social and economic circumstances in which people live. Social inequalities, such as poverty or gender inequality, can influence levels of childhood adversity and trauma along with people's ability to overcome such experiences. The Covid-19 pandemic has further exacerbated social inequalities and in some cases, led to an increase in childhood adversity and trauma.

We will adopt a community based preventative approach to reduce admission to hospital.

A community based preventative approach is central to developing awareness and building assets to support a range of pre-emptive activities to reduce admission to hospital. An example of this is the Power Of Attorney campaign underway in Dumbarton and Alexandria, working with Citizens Advice Bureau and Carers of West Dunbartonshire to promote and support the completion of POA's and registration at the Office of Public Guardians.

This preventative approach is also inclusive of self-management of long term conditions, with the aim to work with communities to develop initiatives to raise awareness of the importance of self-management, the impact this will have on healthy life expectancy and reduction in risk of hospital admission.

We will implement a planned five year strategy in children services underpinned by a medium term financial plan to develop our preventative provision and reduce the balance of care. Our strategic approach to Community Justice is being developed to ensure custody to community pathways are further developed and prevention is a key focus to our approach. We will develop services based on our service user's voice and lived experience to ensure rights based services are fully deliverable.

Within addiction services we will expand the current assertive outreach model of care being delivered by statutory and non-statutory partners via the harm reduction mobile unit and non-fatal assertive outreach team.

Strategic Enablers

Strategic enablers are capabilities, capacities, and resources that contribute to the operating effectiveness of the HSCP and are required to effectively deliver the strategic plan. We have identified five strategic enablers these are workforce; finance; technology; partnerships and infrastructure.

Workforce: Our staff, and those of our partner organisation, are our most valued asset. We need to invest in our workforce and overcome challenges in respect of recruitment and retention, be more creative in respect of hard to fill vacancies, including improving our pipeline of available resources, train and develop our staff and ensure they are supported to improve their health and wellbeing.

Finance: Sufficient levels of financial resources are fundamental to ensure appropriate service delivery, however public sector funding struggles to keep pace with rising costs and our

demographic pressures. This strategic plan demonstrates that the HSCP delivers a wide range of complex services with predicted increases in demand across all sectors, workforce pressures and reducing financial resources. It is therefore important that we continue to focus on service improvement to ensure service delivery is efficient and effective as possible, securing best value and ensuring we use our existing resources to best effect.

Our Medium Term Financial Plan (MTFP) 2022/23 to 2026/27 sets out the scale of the financial resource likely to be available to the HSCP and how inflationary and demographic pressures alone will exceed the budgets available. The MTFP also sets out at a high level how the strategic enablers will support service delivery while maintaining financial balance.

The broad key themes include:

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

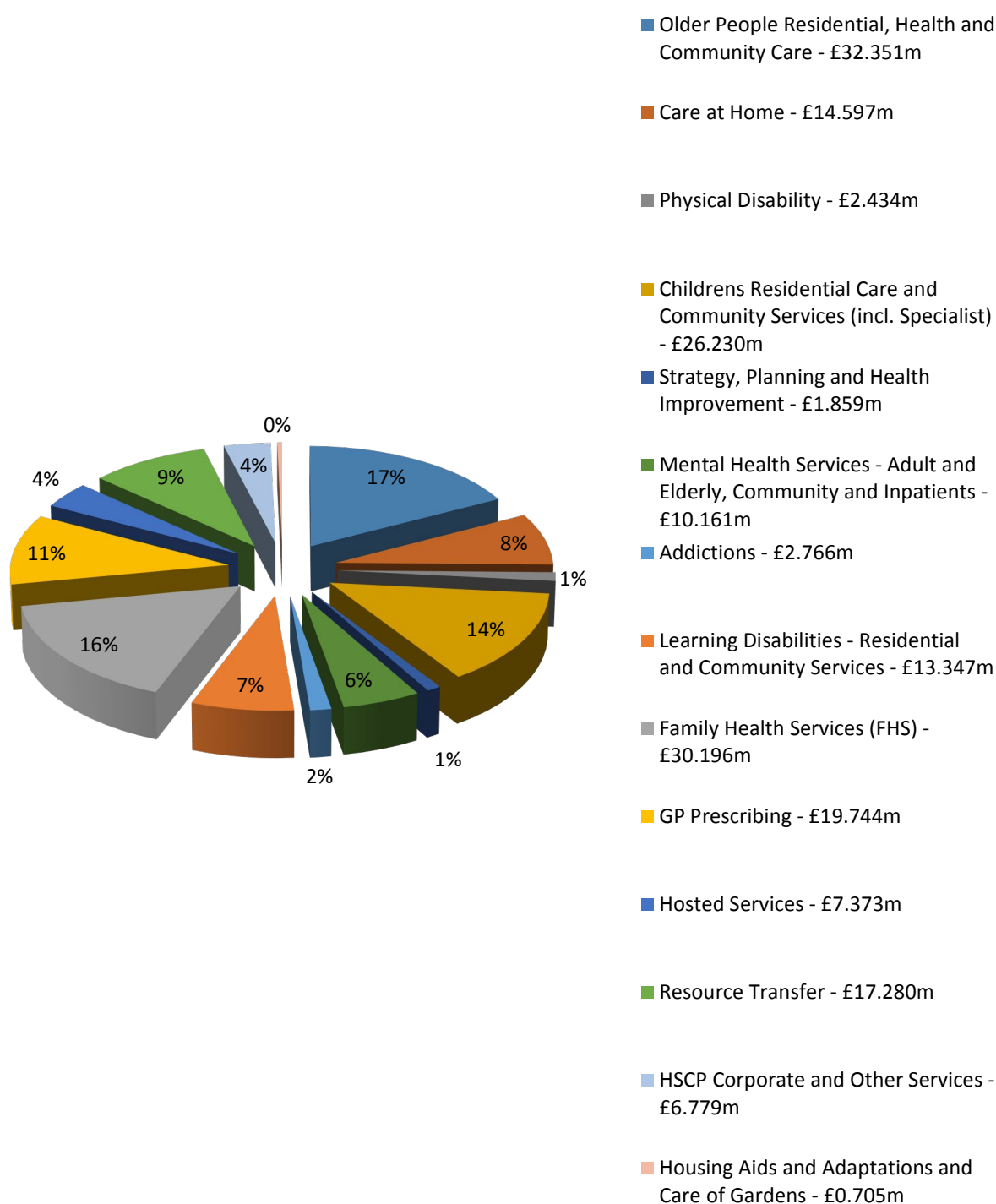
The strategic priorities for the HSCP form the basis for the commissioning of services; and are informed by the strategic needs assessment and integrated performance framework of the HSCP.

The table below is an extract from the Medium Term Financial Plan 2022/23 and highlights the final and indicative budgets to 2026/27. The projected gaps are subject to change to reflect the pay awards exceeding the 2022/23 public sector pay policy.

Approved/Indicative Budget by Service Area	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate
	2022/23	2023/24	2024/25	2025/26	2026/27
	£000's	£000's	£000's	£000's	£000's
Older People Residential, Health and Community Care	32,351	32,835	33,770	34,730	35,715
Care at Home	14,597	15,133	15,673	16,232	16,811
Physical Disability	2,434	2,599	2,725	2,857	2,995
Childrens Residential Care and Community Services	26,230	26,730	27,426	28,139	28,871
Strategy, Planning and Health Improvement	1,859	1,899	1,956	2,014	2,075
Mental Health Services - Adult and Elderly, Community and Inpatients	10,161	10,606	10,994	11,395	11,919
Addictions	2,766	2,847	2,953	3,063	3,178
Learning Disabilities - Residential and Community Services	13,347	13,643	14,061	14,489	14,931
Family Health Services (FHS)	30,196	30,196	30,196	30,196	30,196
GP Prescribing	19,744	20,692	21,698	22,723	23,769
Hosted Services	7,373	7,594	7,821	8,054	8,294
Criminal Justice	0	0	0	0	0
Resource Transfer	17,280	17,578	17,889	18,200	18,405
Covid-19	0	0	0	0	0
HSCP Corporate and Other Services	6,779	7,033	7,106	7,181	7,257
Indicative Revenue Budget	185,117	189,386	194,268	199,274	204,415
Housing Aids and Adaptations and Care of Gardens	705	719	733	747	762
Indicative Budget Requirement	185,822	190,105	195,000	200,021	205,177
Actual/Indicative Funding by Resource Type	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate	Indicative Estimate
	2022/23	2023/24	2024/25	2025/26	2026/27
	£000's	£000's	£000's	£000's	£000's
WDC Revenue Funding	81,777	81,441	81,441	81,785	81,785
Housing Aids and Adaptations and Care of Gardens	705	719	733	747	762
NHSGCC Revenue Funding	102,991	104,787	106,859	107,838	109,994
Application of Reserves	349	344	344	0	0
Indicative Funding	185,822	187,290	189,377	190,370	192,541
Indicative Budget Gap	(0)	(2,815)	(5,623)	(9,652)	(12,635)

How we use our current funding is shown below:

WD HSCP Net Expenditure 2022/23 - £185.822m (excluding Set Aside)



Technology: The health and social care sector is facing many pressures, and this plan demonstrates the risk in respect of demand outweighing available resources. During the pandemic these pressures were magnified and the use of technology essential proving to be a positive addition to the sector. Data and digital technologies must be central of service improvements in order to

improve outcomes, promote efficiency and to prevent and reduce demand. The effective use of data and digital technologies can connect people; help us to understand and meet their needs; build on the strengths of individuals and communities; and support independence and resilience. This will ensure limited resources are targeted to support and protect the most vulnerable in our communities. They can also transform how services are designed, broadening and deepening staff, service user, and community engagement; and improving outcomes with proactive and preventative decision making.

Partnerships: Partnerships are important because they enable action on the determinants of health, which is vital in order to address health inequalities. Our priorities will connect strongly to, and will help accelerate, our contribution to local strategic planning and Community Planning Partnership activity, recognising that key partners will have a number of common priorities. Developing and maintaining positive relationships with our community planning partners and our communities is crucial to the successful delivery of this Strategic Plan. We will seek to embed partnership working within our ethical commissioning process in order to effectively understand, plan and deliver services. Co-production with communities of geography and communities of interest, especially those with lived and living experience must be at the core of designing, delivering and improving our services in order to achieve our strategic outcomes.

Infrastructure: The property and assets we use for the delivery of health and social care services need to be fit for purpose and driven and shaped by the needs and demands of services. The HSCP are committed to reducing its carbon footprint, and recognises through work such as the Shaping Places for Wellbeing project the built environment impacts on our service delivery. Transport is also a key enabler in order that service users, their families and carers can easily access services.

Our Delivery Plan and Measuring Success

This Strategic Plan is supported by a clear Delivery Plan, which shows all the actions we will take over the next three years to deliver against our strategic outcomes. This provides a framework for the Integration Joint Board to monitor progress in respect of the delivery of the strategic plan and enhances the current performance reporting arrangements.

The Delivery Plan provides the detail on the programmes of work and individual projects to be undertaken in relation to each priority, who will be responsible for delivery, the timescale within which it will be delivered and outcome measures.

Progress on this Strategic Plan will be monitored on an ongoing basis by the Senior Management Team using our existing programme management and governance arrangements and where appropriate the Clinical and Care Governance Committee and the Audit and Performance Committee.

Our Annual Performance Report will continue to be approved and published annually by the Integration Joint Board as required under the Public Bodies (Joint Working) (Scotland) Act 2014.

The nine National Wellbeing Outcomes noted above in the section entitled Our Strategic Landscape above are measured using an agreed core suite of 23 National Indicators. It is accepted that a degree of development is required in relation to the core suite however these are what we are measured on at the moment.

In our [Annual Performance Report \(APR\)](#), we are required to demonstrate how we are improving the National Health and Wellbeing Outcomes and across Scotland we have agreed that including an appendix to the APR showing latest performance against the national indicators is currently the best and only way to do this that also allows for benchmarking.

[The Local Government Benchmarking Framework \(LGBF\)](#) brings together a wide range of information about how all Scottish councils perform in delivering services to local communities.

It is a high-level benchmarking tool designed to help the senior management team and Integration Joint Board Members ask questions about key services. Because of the complex nature of how social care services are delivered LGBF is one of a number of sources used by the HSCP to monitor the performance of delegated services.

Across Scotland we work together to report standard information on the services we provide. This information takes the form of indicators that measure aspects of performance for example, how much a service costs per user or how satisfied local people are with a service.

The LGBF provides high-level information designed to encourage scrutiny in respect of why variations in cost and performance are occurring between similar local authority areas. The framework itself does not supply the answers however it does support data informed decision making. This happens as HSCP services 'drill down' and explore why these variations are happening, this will in turn drive improvement activity.

Appendix I: Health and Social Care Partnership Board Delegations

Services delegated by the Health Board to the Integration Joint Board:

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:
 - General medicine.
 - Geriatric medicine.
 - Rehabilitation medicine.
 - Respiratory medicine.
 - Psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- Health Visiting services.
- School Nursing.
- Speech and Language Therapy.
- Specialist Health Improvement.
- Community Children's Services.
- Child and Adolescent Mental Health Services
- District Nursing services.
- The public dental service.
- Primary care services provided under a general medical services contract.
- General dental services.
- Ophthalmic services.
- Pharmaceutical services.

- Services providing primary medical services to patients during the out-of-hours period.
- Services provided outwith a hospital in relation to geriatric medicine.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Rehabilitative Services provided in the community.
- Mental health services provided outwith a hospital.
- Continence services provided outwith a hospital.
- Kidney dialysis services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health.

Services delegated by the Council to the Integration Joint Board

- Social work services for adults and older people.
- Services and support for adults with physical disabilities and learning disabilities.
- Mental health services.
- Drug and alcohol services.
- Adult protection and domestic abuse.
- Carers support services.
- Community care assessment teams.
- Support services.
- Care home services.
- Adult placement services.
- Health improvement services.
- The legislative minimum delegation of housing support, including aids and adaptations.
- Day services.
- Local area co-ordination.
- Self-Directed Support.
- Occupational therapy services.
- Re-ablement services, equipment and telecare.
- Residential and non-residential care charging.
- Respite provision for adults and young people.
- Social work services for children and young people:
- Child Care Assessment and Care Management.
- Looked After and Accommodated Children.
- Child Protection.
- Adoption and Fostering.
- Child Care.
- Special Needs/Additional Support.
- Early intervention.
- Through care Services.
- Social work criminal justice services, including Youth Justice Services.

Hosted Services:

- Musculoskeletal Physiotherapy.
- Diabetic Retinal Screening.

Item 6

Appendix 2

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE STRATEGIC DELIVERY PLAN

CARING COMMUNITIES	<p>National Health and Wellbeing Outcomes</p> <p>O3. People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> <p>O4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> <p>O5. Health and social care services contribute to reducing health inequalities.</p> <p>O6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.</p> <p>O7. People who use health and social care services are safe from harm.</p> <p>O8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</p> <p>O9. Resources are used effectively and efficiently in the provision of health and social care services.</p> <p>Strategic Measures (National Health and Wellbeing Outcome Areas)</p> <p>NI4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.</p> <p>NI5. Percentage of adults receiving any care or support who rate it as excellent or good.</p> <p>NI6. Percentage of people with positive experience of care at their GP practice.</p> <p>NI8. Percentage of carers who feel supported to continue in their caring role.</p>

Programme/Project	Responsible Officer	Year 1	Year 2	Year 3	Strategic Outcome	Measure of Output
Unpaid Carers						
Develop and deliver the Local Carers Strategy with unpaid carers and providers of carers support services, considering the impact of Covid 19.	Head of Strategy & Transformation	September 2023			06 N8 ↑	Revised Strategy Approved by HSCP Board.

Monitor and evaluate the impact of the Local Carers Strategy on an ongoing basis factoring in early preparations for the next revision.	Head of Strategy & Transformation	September 2023	September 2024	September 2025	06 N8 ↑	Annual reports to Audit and Performance Committee showing a positive impact on defined local outcomes.
Further develop our support to Kinship carers, and provide access to regular support and learning opportunities to help sustain the care of children and young people.	Head of Children's Health, Care and Justice	March 2024	March 2025			Reduction in placement breakdowns.
Support and enhance our Foster Carer provision and ensure training needs and support is provided to deliver high quality care experiences to children and young people.	Head of Children's Health, Care and Justice	March 2024	March 2025	March 2026		Increase numbers of foster carers. Reduction in the number of children within external resources.
Develop a parenting strategy to ensure the needs of parents and carers and access to services is in place aligned to families assessed needs.	Head of Children's Health, Care and Justice	March 2024	March 2025	March 2026		Reduction in the number of children in the care system.
Community Empowerment						
Progress the recruitment of a Community Participation Officer. Building on existing community infrastructure this officer will drive forward the community mobilisation agenda, engaging with the public and identified local communities through a variety of means in order to raise awareness and promote empowerment.	Head of Strategy & Transformation	April 2023			03 & 04 N5 ↑ N6 ↑	Appointment of Community Participation Officer.
Review and update the HSCP Participation and Engagement Strategy.	Head of Strategy & Transformation	September 2023			03 & 04 N5 ↑ N6 ↑	Approved by HSCP Board.
Review the role and function of Local Engagement Networks; the role of existing channels including communities of interest and geography in the service planning process and the development of locality plans.	Head of Strategy & Transformation	March 2024			03 & 04 N5 ↑ N6 ↑	Reports to the HSCP Board in respect of diversity Membership.

						Number of groups involved.
Train our staff and embed the use of guidance for Public Engagement (rolling programme).	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O3 & O4 N5 ↑ N6 ↑	Percentage of staff trained.
Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice.	Head of Strategy & Transformation		April 2024		O3 & O4 N5 ↑ N6 ↑	Number of engagements with Care Opinion.
Strengthen the voice and view of service users within our individual care planning approach using My Assessment tools.	Head of Children's Health, Care and Justice	March 2024	March 2025	March 2026		Report and capture the views of children within looked after reviews.
Pathway Reviews						
Develop and implement a Transition Plan for those transitioning between children and adult social care services.	Head of Learning Disability, Mental Health and Addictions	September 2023			O4 & O5 N4 ↑	Seamless pathway with clearly defined protocols implemented
Undertake service design activity in relation to how partners and service users access HSCP services.	Head of Strategy & Transformation	December 2023			O3, O5 & O9 N4 ↑	Pathway to HSCP services plan implemented, improving accessibility & coordination
Deliver the Children and Young People at Risk of Harm, joint children's services inspection action plan.	Chief Officer	March 2024				Improvement Plan complete
Deliver the fostering and adoption inspection action plan.	Head of Children's Health, Care and Justice	March 2024				Improvement Plan complete
Deliver the Justice inspection action plan.	Head of Children's Health, Care and Justice	September 2023				Improvement Plan complete

Deliver the Primary Care Improvement Plan (PCIP).	Head of Health and Community Care	April 2024			O3,O4, O5, O8, O9, ↑ N16 ↑	Delivery complete
GIRFEC Guidance Refresh. Implementation of training aligned with new national guidance and appointment of GIRFEC Lead Officer.	Head of Children's Health, Care and Justice	March 2024	March 2025	March 2026	O3↑ O4↑ O5↑	Evaluation of multi-agency training.
Develop and implement a Children's Services Initial Response Team.	Head of Children's Health, Care and Justice	February 2024			O3↑ O4↑ O5↑	Develop KPI re impact including referral rates, pending services, wait times and service and staff satisfaction.
Review support workers and ATC model to ensure delivery of early help and support and the prevention of children coming into care.	Head of Children's Health, Care and Justice	December 2024			O3↑ O4↑ O5↑ O7↑	Targeted support with clear referral pathways and defined impact measures.
Train and recruit staff to deliver Caledonian Pathways and promote mandated and non-mandated access to the programme in order to reduce risk to women and girls.	Head of Children's Health, Care and Justice	July 2023			O4↑ O7↑	Develop measures aligned to national standards.
Self-Evaluation and Improvement Activity						
We will implement the HSCP Quality Improvement Policy across all teams and as part of a wider Quality Framework develop a Quality Assurance Policy. We will identify mechanisms to share good practice and benchmarking information routinely and systematically.	Head of Strategy & Transformation	September 2023			O8↑ N5↑	Approval and implementation of QI and Service Design Policy
Ensure planned audit and self- evaluation activity in place across service areas to drive improvement.	Head of Children's Health, Care and Justice	March 2024	March 2025	March 2026		Development and implementation of systematic self-evaluation activity.

Implement Independent reviewing arrangements for all looked after children.	Head of Children's Health, Care and Justice	March 2023			O8↑	Quality assurance report to be published on a quarterly basis.
Shifting the Balance of Care						
We will continue to collaborate with Acute, other HSCP's and Primary Care Services to drive forward service improvements that will progress the Moving Forward Together strategic priorities.	Head of Health and Community Care	March 2024	March 2025	March 2026	O3, O4, O6, O8, O9, N14 all ↑	Relevant GG&C reporting defined across the range and breadth of activities within MFT
Develop and implement a five year strategic approach across Children's Services - 'What Would it Take?' - underpinned by a medium term financial plan and defined work streams for children services. This will include: commissioning child centred services; supported accommodation for care leavers; best practice in Child Protection; children at the centre of residential care and fostering for the future.	Head of Children's Health, Care and Justice	March 2024	March 2025	March 2026		Development of impact measures. IJB approval of Strategic Plan.

SAFE AND THRIVING COMMUNITIES	National Health and Wellbeing Outcomes <p>O1. People are able to look after, improve their own health and wellbeing, and live in good health longer.</p> <p>O2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p> <p>O3. People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> <p>O4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> <p>O5. Health and social care services contribute to reducing health inequalities.</p>
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	<p>O7. People who use health and social care services are safe from harm.</p> <p>O9. Resources are used effectively and efficiently in the provision of health and social care services.</p> <p>Strategic Measures (National Health and Wellbeing Outcome Areas)</p> <p>N1. Percentage of adults able to look after their health very well or quite well.</p> <p>N2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.</p> <p>N3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.</p> <p>N4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.</p> <p>N6. Percentage of people with positive experience of care at their GP practice.</p> <p>N7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.</p> <p>N9. Percentage of adults supported at home who agree they felt safe.</p> <p>N12. Rate of emergency admissions for adults.*</p> <p>N15. Proportion of last 6 months of life spent at home or in community setting.</p> <p>N18. Percentage of adults with intensive needs receiving care at home.</p> <p>*Indicator under development</p>

Programme/Project	Responsible Officer	Year 1	Year 2	Year 3	Strategic Outcome & Measure	Measure of Output
Promoting Independence						
We will work with communities to promote awareness and completion (when appropriate) of Anticipatory Care Planning, including Power of Attorney, to promote a person centred approach to future planning	Head of Health & Community Care	May 2023	May 2024	May 2025	O1,O2,N2↑, N3↑, N4↑, N12↓, N15↑N18↑	ACP completion POA's lodged at the Office of Public Guardians
We will work in partnership with stakeholders and service users to develop pathways of care that promote and support self management of long term conditions. This will be facilitated by the establishment of GG&C	Head of Health and Community Care	September 2023	September 2024	September 2025	O1, O2, O3, O4, O5, O9, N1↑, N2↑, N6↑	Delivery of relevant strategies

Primary Care Strategy, progression of Moving Forward Together and the Unscheduled Care agenda.						
Re-ablement						
We will establish a re-ablement approach within Care at Home which will promote independence; enable active engagement in meaningful activities; support and enable positive risk-taking to maximise independence.	Head of Health & Community Care	September 2023			01, 02, 04, 05 N1↑ N2↑	Implementation of re-ablement approach within Care at Home
Adult and Child Protection						
Implement learning and development of the work force and quality assurance with x3 additional posts aligned to child and adult protection committees to develop resilience and support our workforce to be engaged in self-evaluation and promotion of learning.	Chief Social Work Officer	July 2024	March 2025	March 2026	07 N9↑	Establish team. Evaluation for learning. Development of audit systems and peer audit aligned to audit framework.
Implement the recommendations from the recent Adult Support and Protection inspection	Head of Learning Disability, Mental Health and Addictions	March 2024			07 N9↑	Improvement Plan complete
Deliver the Children and Young People at Risk of Harm, joint children's services inspection improvement plan.	Chief Officer	March 2024			07	Improvement Plan complete
Refresh our Violence against Women and Girls oversight in relation to domestic abuse.	Head of Children's Health, Care and Justice	September 2023				Re-establishment of oversight group.
Implement National Child Protection Guidance 2021.	Head of Children's Health, Care and Justice	May 2023	March 2024	March 2025		Completion of scoping exercise. Development of local guidance.
Adopt national Adult Protection measure and report through Adult Protection Committee.	Chief Social Work Officer	March 2024	March 2025			Implementation of national measures.
Implement phase two of national measure and report through Child protection Committee.	Chief Social Work Officer	March 2024	March 2025			Implementation of national measures.

Implement the Scottish Child Interview Model (SCIM) as part of a revised model of 'duty' to ensure initial response services to concerns are robust and timely.	Head of Children's Health, Care and Justice	March 2024				Implementation of SCIM.
Housing						
We will work with West Dunbartonshire Council to carry out a review of older people's housing options including a review of sheltered, amenity and retirement housing.	Head of Strategy & Transformation	March 2024			O2, O3, O5, O7 & O9 N2↑ N7↑ N9↑	Delivery of the Strategic Housing Investment Plan
We will work with West Dunbartonshire Council to review their adaptations approach in alignment with anticipated updated policy guidance from the Scottish Government.	Head of Strategy & Transformation		March 2025		O2, O3, O5, O7 & O9	Delivery of the Strategic Housing Investment Plan
We will continue to work with colleagues in West Dunbartonshire Council to ascertain demand for specialist accommodation for people with learning disabilities for example, and developing new suitable properties where appropriate.	Head of Strategy & Transformation	March 2024			N2↑	Delivery of the Strategic Housing Investment Plan
We will work with colleagues in West Dunbartonshire Council to review our children's homes to seek an optimum model for replacement, linked to the development of supported accommodation for care leavers.	Head of Children's Health, Care and Justice		March 2025		N7↑	Inclusion of new Children's Home in WDC Capital Plan
Improve Outcomes From Custody						
Implement a custody to community sub group of the Community Justice Partnership.	Head of Children's Health, Care and Justice	March 2024	March 2025			Develop and enhance pathways from custody to support improved outcomes and reduced repeat offending.
Implement outcomes star to improve measuring and reporting on those involved in Justice interventions.	Head of Children's Health, Care and Justice	March 2024				Development of outcome measures.

Outcomes for adult offenders subject to Community Pay Back Orders have increased skills and opportunities for learning and employment.	Head of Children's Health, Care and Justice	March 2024	March 2025	March 2026	O3, O4 & O5	Data capture of destination for offenders subject to CPO to be developed.
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EQUAL COMMUNITIES	<p>National Health and Wellbeing Outcomes</p> <p>O1. People are able to look after, improve their own health and wellbeing, and live in good health longer.</p> <p>O2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p> <p>O3. People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> <p>O4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> <p>O5. Health and social care services contribute to reducing health inequalities.</p> <p>O7. People who use health and social care services are safe from harm.</p> <p>O8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</p> <p>O9. Resources are used effectively and efficiently in the provision of health and social care services.</p> <p>Strategic Measures (National Health and Wellbeing Outcome Areas)</p> <p>N1. Percentage of adults able to look after their health very well or quite well.</p> <p>N2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.</p> <p>N3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.</p> <p>N4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.</p> <p>N5. Percentage of adults receiving any care or support who rate it as excellent or good.</p> <p>N7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.</p> <p>N9. Percentage of adults supported at home who agree they felt safe.</p> <p>N10. Percentage of staff who say they would recommend their workplace as a good place to work.*</p> <p>N11. Premature mortality rate.</p>
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	<p>N12. Rate of emergency admissions for adults.*</p> <p>N13. Rate of emergency bed days for adults.*</p> <p>N14. Readmissions to hospital within 28 days of discharge.*</p> <p>N15. Proportion of last 6 months of life spent at home or in community setting.</p> <p>N16. Falls rate per 1,000 population in over 65s.*</p> <p>N17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.</p> <p>N18. Percentage of adults with intensive needs receiving care at home.</p> <p>N19. Number of days people spend in hospital when they are ready to be discharged.</p> <p>*Indicator under developent</p>

Programme/Project	Responsible Officer	Year 1	Year 2	Year 3	Strategic Outcome & Measure	Measure of Output
Gender Based Violence						
Refresh our Violence against Women and Girls oversight in relation to domestic abuse.	Head of Children's Health, Care and Justice	September 2023				Re-establishment of oversight group.
Suicide & Drug Related Deaths						
Working within the West Dunbartonshire Community Planning Partnership we will take an active role in the development and the "Suicide Prevention Programme"	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O7	Delivery of the Suicide Prevention Programme
Delivery of the West Dunbartonshire Alcohol and Drug Partnership (ADP) Strategy	West Dunbartonshire Alcohol & Drug Partnership (ADP)	March 2024	March 2025	March 2026	O3, O4 & O5 N11, N12 & N13	Delivery of action plan
Delivery of the Medication Assisted Treatment (MAT) Standards Implementation Plan within West Dunbartonshire	West Dunbartonshire	March 2024	March 2025	March 2026	O3, O4 & O5 N11, N12 & N13	Full implementation of MAT Standards

	Alcohol & Drug Partnership (ADP)					
Review DTTO and integration options of nursing services as part of current delivery within Justice service.	Head of Children's Health, Care and Justice	November 2023			O3, O4 & O5	Improve service user access and reduce cost.
Determinants of Health						
Maximising every contact by identifying any wider determinant issue and ensuring patients, clients and their carers are signposted to relevant services for help.	Head of Strategy & Transformation	September 2023	March 2025	March 2026	O9 & O8	Development and implementation of a service directory
Working with Community Planning Partners proactively support the development and delivery of the Child Poverty Strategy	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O9	Delivery of Child Poverty Action Plan
Building on Shaping Places for Wellbeing embed the place principles in policy planning.	Head of Strategy & Transformation	September 2023	March 2025	March 2026	O5 & O9	Improved policy guidance and improved place based outcomes
Proactively contribute to the delivery of West Dunbartonshire Councils Climate Change Strategy	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O1 & O9	Delivery of action plan
Mainstreaming Equalities						
Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the IJB and the Risk, Audit and Performance Committee and plan to review and revise the outcomes within the framework.	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O5	JB and Committee Reports
Mental Health and Wellbeing						
Focus on improving quality of care for people living with dementia and their families; and develop strategies to reduce risk of people developing dementia.	Head of Mental Health, Learning Disability & Addictions	March 2024	March 2025	March 2026	O1,O2,O3,O4,O5 N1, N2, N3, N4, N5, N7, N9↑	Implementation of the dementia strategy

Development and implement the Mental Health and Learning Disabilities improvement plan to increase community delivery across secondary and primary care.	Head of Mental Health, Learning Disability & Addictions	March 2024	March 2025	March 2026	O1,O2,O3,O4,O5 N1, N2, N3, N4, N5, N7, N9↑	Implementation of the improvement plan
Review pathways and access to mental health services for children and young people and further develop support early help models of support.	Head of Children's Health, Care and Justice	March 2024				Implementation of pathways.
Review pathways and access to mental health services for young people and consider an early help model for young people following consultation work with Glasgow University.	Head of Children's Health, Care and Justice	August 2023			O3↑ O4↑ O5↑ O7↑	Consultation feedback from young people, strengthened referral pathways.
Review the consultation outcomes piloted in schools in partnership with education re children's wellbeing as part of the Icelandic Planet Youth Model to better understand mental health support.	Head of Children's Health, Care and Justice	May 2023			O3↑ O4↑ O5↑ O7↑	Analysis of pilot data and agreed intervention and support.
Permanent Care for Children and Young People						
Implement permanence and care excellence measures and use data to drive improvement in permanence planning timescales for children and young people.	Head of Children's Health, Care and Justice	September 2023				Improved children and young people permanence journey.

HEALTHY COMMUNITIES	National Health and Wellbeing Outcomes
	<p>O1. People are able to look after, improve their own health and wellbeing, and live in good health longer.</p> <p>O3. People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> <p>O4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> <p>O5. Health and social care services contribute to reducing health inequalities.</p> <p>Strategic Measures (National Health and Wellbeing Outcome Areas)</p>

	N1. Percentage of adults able to look after their health very well or quite well. N11. Premature mortality rate.

Programme/Project	Responsible Officer	Year 1	Year 2	Year 3	Strategic Outcome & Measure	Measure of Output
Prevention						
Reduce the use and harm from alcohol and other drugs	West Dunbartonshire Alcohol & Drug Partnership (ADP)	March 2024	March 2025	March 2026	O1 N1↑ & N11↑	Reduction in drug and alcohol related admissions and deaths.
Through the Health Improvement Team to develop a range of interventions linked to cancer prevention, sexual health physical activity and substance use, the leading risk factors driving West Dunbartonshire's high burden of preventable ill health and premature mortality.	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O1 N1↑ & N11↑	Improved engagement data
Contribute to the development and implementation of the West Dunbartonshire Council Active Travel Plan and Open Space Plan.	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O1 N1↑ & N11↑	Wellbeing included in policy development. Increase in the percentage of West Dunbartonshire population accessing Open Space. Increase in the percentage of

						West Dunbartonshire population walking and cycling for travel.
Adverse Childhood Experiences						
Deliver Trauma informed training across our work force which underpins our approach to engagement.	Chief Social Work Officer	March 2024	March 2025	March 2026	O3↑ O4↑ O5↑	Implementation of work plan.
Develop evaluation framework for ACES evaluation and trauma informed practice and strengthen representation of care experienced young people through the Champions Board.	Head of Children's Health, Care and Justice	June 2023			O3↑ O4↑ O5↑	Measures to be developed.

STRATEGIC ENABLERS

National Health and Wellbeing Outcomes

- O3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- O4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- O5. Health and social care services contribute to reducing health inequalities.
- O6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.
- O8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- O9. Resources are used effectively and efficiently in the provision of health and social care services.

Strategic Measures (National Health and Wellbeing Outcome Areas)

- N2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
- N3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
- N4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.

N10. Percentage of staff who say they would recommend their workplace as a good place to work.*						
Programme/Project	Responsible Officer	Year 1	Year 2	Year 3	Strategic Outcome & Measure	Measure of Output
Workforce						
Management development to support integration and build leadership capacity at all levels.	Head of HR	March 2024	March 2025	March 2026	O8 N10↑	Increased engagement in management and professional development programs
Reflecting on the 23/26 Strategic Plan, review the Workforce Plan in line with national and regional policy.	Head of HR	July 2023			O8 & O9 N10↑	Publication of updated integrated Workforce Plan
Develop and implement our Workforce Plan, focusing on recruitment, retention, training, staff health and wellbeing.	Head of HR	March 2024	March 2025	March 2026	O8 & O9 N10↑	Workforce Plan delivered
Undertake workforce modelling to inform ICT needs, balanced against a blend of office-based, hybrid and home working.	Head of HR	July 2023			O8 & O9 N10↑	Workforce modelling complete
Develop more innovative ways to promote West Dunbartonshire HSCP as an employer of choice.	Head of HR	March 2024	March 2025	March 2026	O8 & O9 N10↑	Initiative delivered
Through the “Just Enough Support” programme empower staff to empower citizens to take greater responsibility for their own outcomes.	Head of HR	March 2024	March 2025	March 2026	O6, O8, O9 N3↑	Percentage of workforce trained
Business Support Services Review.	Head of Strategy and Transformation	March 2024			O9	Savings Targets Achieved

Deliver Trauma informed training across our work force which underpins our approach to engagement.	Chief Social Work Officer	March 2024	March 2025	March 2026		Implementation of work plan.
Finance						
Increase the % of spend on commissioned social care services being compliant with financial and procurement regulations.	Head of Strategy and Transformation	March 2024	March 2025	March 2026	O9	Improvement in compliance
Strengthen budget setting arrangements with WDC and NHSGGC and revise the Medium Term Financial Plan (MTFP) in line with the Strategic Plan 2023 – 2026.	Chief Finance Officer	March 2024	March 2025	March 2026	O9	Report on financial performance on a regular basis to the HSCP Board and the Audit and Performance Committee
Develop and implement an improved ARG process to ensure every service user and their carer, where applicable, is offered the opportunity to have their income maximised annually.	Head of Mental Health, Learning Disability and Addictions	March 2024	March 2025	March 2026	O4, O5 & O6 N7↑	Improved scrutiny of every service agreement approved through revised ARG process
Technology						
Develop and implement a project plan for the replacement of the Carefirst System.	Head of Strategy & Transformation			March 2026	O9	Replacement System Implemented
Renew our focus on the provision of good data which enables services to monitor and deliver effective and efficient services.	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O9	Enhanced strategic, tactical and operational reporting
Support the implementation of appropriate technology based improvements including the federation of NHS and Council systems.	Head of Strategy & Transformation			March 2026	O9	Implement federation of NHS and Council systems
Expand the use of Technology Enabled Care (TEC) throughout West Dunbartonshire.	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O9 N2↑	TEC usage statistics

Addressing digital exclusion by exploring ways to assist access to digital systems and promote automation.	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O9	Digital Strategy developed and implemented
Develop and deliver the Analogue to Digital Implementation Plan.	Head of Strategy & Transformation		March 2025		O9 N2↑	Plan developed and delivered
Partnerships						
Continue to take a proactive and positive role within community planning structures.	Chief Officer	March 2024	March 2025	March 2026	O9	Improved inspection outcomes
Review and implement our Participation and Engagement Strategy.	Head of Strategy & Transformation	September 2023			O8 N3↑	Strategy reviewed and implemented
Transform our commissioning approach focusing on social care market stability.	Head of Strategy & Transformation	September 2023			O9	Improved market stability
Co-produce services with service users around their needs.	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O8 N3↑	Number of co-production events
Develop and implement clear communication plans to keep communities informed and engaged.	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O8	Number of proactive communications
Deliver ethical commissioning in relation to financial transparency and fair working conditions for social care staff as well as progressing implementation of Unisons Ethical Care Charter	Head of Strategy & Transformation	March 2024	March 2025	March 2026	O9	Number of ethical commissioning arrangements and % of Unison's Ethical Care Charter implemented
Infrastructure						
Develop and implement an HSCP Transport Policy.	Head of Strategy & Transformation	April 2023	March 2024	March 2025	O9 N2↑ & N4↑	Publication and implementation of Transport Strategy
Develop and implement a property strategy for West Dunbartonshire which considers improved planning on the location of services in order to improve access, influence	Head of Strategy & Transformation	April 2023	March 2024	March 2025	O9 N4↑	Publication of Property Strategy

capital planning processes and develop 20 minute neighbourhoods.						
Implement the improvement plan from grievance outcome in social work with a focus on accommodation, service user provision, wellbeing and worth of workforce.	Head of Children's Health, Care and Justice	August 2023			O8↑	Resolution through implementation of required improvement WDC and HSCP.
Scope the business case to consider closure of Helensburgh Children's House and develop an options appraisal based on future requirements.	Head of Children's Health, Care and Justice	September 2023			O3 & O9	Improved accommodation for young people in care.

Item 6

Appendix 3

Equality Impact Assessment record layout for information

Owner:	Head of Strategy and Transformation, West Dunbartonshire Health and Social Care Partnership (HSCP)
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Resource:		Service/Establishment:	West Dunbartonshire Health and Social Care Partnership
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	First Name	Surname	Job Title
Head Officer:	Margaret-Jane	Cardno	Head of Strategy and Transformation

	Include job titles/organisation
Members:	

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	West Dunbartonshire Health and Social Care Partnership Strategic Plan 2023-2026

The aim, objective, purpose and intended outcome of policy
The HSCP Strategic Plan aims to detail the progress the HSCP Board have made in realising the aims of integration whilst outlining how services will transform and develop over the next three years. The HSCP Board continue to develop partnership working and seek to develop stronger links with statutory and other partners.

The four key strategic outcomes are:

1. Caring Communities
2. Safe and Thriving Communities
3. Equal Communities
4. Healthy Communities

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy

- Multi-agency Strategic Planning Group
- Eight Workshops undertaken, over 60 people engaged
- Two rounds of surveying, over 170 people engaged West Dunbartonshire Council Performance, Monitoring Review Group
- NHS Greater Glasgow and Clyde Corporate Management Team and Finance, Policy and Performance Committee
- Series of focus groups with: service users; staff; special interest groups including patient groups and people with disabilities; unpaid carers; locality planning groups.
- Improvement Service
- Healthcare Improvement Scotland

Does the proposals involve the procurement of any goods or services?

This is ultimately a strategic commissioning plan, the actions within the delivery plan will lead to the commissioning of services. However, these are currently at a strategic level and work with the procurement service will commence as the delivery plan is implemented.

If yes please confirm that you have contacted our procurement services to discuss your requirements

See above.

SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Yes
Relevance to Human Rights (HR)	Yes
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE)	Yes

Who will be affected by this policy?
All citizens of West Dunbartonshire will be affected by the HSCP Strategic Plan. The plan adopts a placed based approach to service development and delivery and focuses on the wider determinants of health, early intervention and prevention alongside the delivery of services to people experiencing a range of health and social care issues

Who will be/has been involved in the consultation process?
<ul style="list-style-type: none"> ○ Multi-agency Strategic Planning Group ○ Eight Workshops undertaken, over 60 people engaged ○ Two rounds of surveying, over 170 people engaged West Dunbartonshire Council Performance, Monitoring Review Group ○ NHS Greater Glasgow and Clyde Corporate Management Team and Finance, Policy and Performance Committee ○ Series of focus groups with: service users; staff; special interest groups including patient groups and people with disabilities; unpaid carers; locality planning groups. ○ Improvement Service ○ Healthcare Improvement Scotland

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	The strategic plan recognises that West Dunbartonshire has a decreasing and aging population.	<p>Between 2018 and 2028, the population of West Dunbartonshire is projected to decrease from 89,130 to 87,141. This is due to fewer babies being born each year and more people moving out of the area than moving in.</p> <p>The total number of households in West Dunbartonshire is projected to decline between 2023 and 2043, with 42% of those named as responsible for the accommodation being over the age of 60. By 2028 it is projected that 1 in 2.4 households will have a single adult with the number of single adult dwellings increasing since 2012 to an average of 41.1%.</p>	<p>The Strategic Plan has been developed in recognition not only of West Dunbartonshire's aging population but in cognisance of the cumulative impacts of poverty and the fact that those living in deprived areas live far longer in poor health than those in more affluent areas.</p> <p>The Plan focuses on creating the conditions where everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, they receive care and support that prioritises independence, control, choice and recovery.</p>

	Needs	Evidence	Impact
Disability	<p>The strategic plan recognises that many of our community members, including staff, service users and carers experience inequality due to disability.</p>	<p>West Dunbartonshire has a rate of 23.7 per 1,000 school pupils assessed and/or declared as having a disability compared to the Scottish rate of 24.3 per 1,000 pupils.</p> <p>26% of residents report having a lifelong time limiting condition (Scotland is 24%).</p> <p>Women are more likely to be disabled than men, with disabled women at greater risk of violence and abuse compared with both non-disabled people and disabled men.</p> <p>458 Individuals with a learning disability are known to HSCP learning disability services, learning disability rates are above the Scottish average and these individuals have some of the poorest health outcomes of any group in Scotland.</p> <p>The HSCP provides a range of specialist and non-specialist support to people with disabilities.</p>	<p>We recognise the cost of living crisis and the deepening and widening of poverty across West Dunbartonshire will affect the health and behaviours of people who use the health and care system including its staff. The Covid-19 pandemic has highlighted existing health inequalities, it has also renewed a focus on poverty. People experiencing poverty are at the deep end of health inequalities, and are also more likely to be a part of minoritised groups who also experience health inequalities as a result of, for example, disability.</p> <p>The Strategic Plan and associated delivery plan ensures service design, delivery and development takes account of the needs of those who are inappropriately stigmatised by ensuring these are considered in the planning process with mitigating adjustments put in place.</p> <p>The Plan focuses on creating the conditions where everyone in West Dunbartonshire lives in a place they can call home, in</p>

			<p>communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, they receive care and support that prioritises independence, control, choice and recovery.</p> <p>The Strategic Plan and associated delivery plan ensures service design, delivery and development takes account of the needs of those who are inappropriately stigmatised by ensuring these are considered in the planning process with mitigating adjustments put in place.</p>
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	Needs	Evidence	Impact
Gender Reassign	No specific issues have been identified through the compilation of the Strategic Plan.	The HSCP will use the data collected from the Census 2022 once available in considering future equality outcomes.	The HSCP continues to promote and implement the NHSGGC Gender Reassignment Policy and raise awareness of Police Scotland third party reporting for hate crime.
Marriage & Civil Partnership	No specific issues have been identified through the compilation of the Strategic Plan.		This protected characteristic relates to employment only. As employees working within the HSCP remain the responsibility of the Health Board and the Council, the HSCP will continue to support staff by implementing the relevant organisational policies and procedures and continue to adopt a strong approach to staff governance.
Pregnancy & Maternity	No specific issues have been identified through the compilation of the Strategic Plan.	The HSCP has a leading role on behalf of Community Planning partners in the local implementation of the national Pregnancy and Parenthood in Young People Strategy 2016-2026.	Supporting pregnant employees working within the HSCP remain the responsibility of the Health Board and the Council. The HSCP will continue to support local staff by implementing the relevant organisational policies and procedures as appropriate.
	Needs	Evidence	Impact
Race	No specific issues have been identified through the compilation of the Strategic Plan.	The numbers of BME children and young people who are looked after in West Dunbartonshire continues to be very small however is increasing and the proportion of BME children and young people who are looked after in a homely setting is being sustained.	The continued focus of the Permanence and Care Programme on permanent homes and the local work of the champions board and the Promise on love, respect and opportunities for all care experienced

			young people in West Dunbartonshire appear to being implemented equitably for children and young people of all ethnicities.
Religion & Belief	No specific issues have been identified through the compilation of the Strategic Plan.	All adults supported by the District Nursing teams have their religious/beliefs considered by the service in relation to their ongoing care.	Further work is required in this area and the HSCP Mainstreaming Equalities Action Plan, which supports the Strategic Plan, recognises the requirement to scope out options for further development of service considerations of patient's religious/beliefs for their care.

	Needs	Evidence	Impact
Sex	The evidence in the Strategic Plan recognises health inequalities across the population and focuses on specific areas where both men and women are adversely affected.	<p>Healthy life expectancy has decreased in West Dunbartonshire to 58.1 years for males and 58.5 for females. If all cancers were grouped together, cancer would be the leading cause of death in West Dunbartonshire, setting this aside, the leading cause of death for males in 2020 was ischaemic heart diseases (13.6% of all male deaths), followed by lung cancer (8.1%). The leading cause of death for females in 2020 was dementia and Alzheimer's disease (15.2% of all female deaths), followed by ischaemic heart disease (8.3%).</p> <p>Women are more likely to be disabled than men, with disabled women at greater risk of violence and abuse</p>	<p>The supporting delivery plan recognises and seeks to address these issues.</p> <p>Other supporting plans and strategies support the delivery of the HSCP Strategic Plan for example:</p> <p>The Scottish Government Women's Health Plan underpins actions to improve women's health inequalities by raising awareness around women's</p>

		<p>compared with both non-disabled people and disabled men.</p> <p>Domestic Abuse rates in West Dunbartonshire are the second highest in Scotland, at 168 incidents per 1,000 population reported to Police Scotland. Children are adversely affected by domestic abuse with the average number of people involved per incident remaining at four (victim, perpetrator and two children).</p> <p>Mental wellbeing is lower in West Dunbartonshire compared to both NHSGGC and Scotland, females have lower mental wellbeing than males.</p> <p>Self-reported male alcohol consumption in West Dunbartonshire is 15.2 units which is higher than the Chief Medical Officer low risk guidelines of 14 units. Cancer is the top burden of disease, the disease burden is the impact of a health problem as measured by financial cost, mortality, morbidity, or other indicators. Cancer is ranked the top burden of disease within West Dunbartonshire with a projected 23.5% increase in males and 9.1% increase in females by 2030. The top three types of cancer prevalent in West Dunbartonshire are breast, prostate and colorectal.</p> <p>Across Scotland, young carers were more likely to live in the most deprived SIMD deciles. In West Dunbartonshire: the majority of known adult unpaid carers are most likely to be female; adult unpaid carers are most likely to be aged</p>	<p>health, improving access to health care and reducing inequalities in health outcomes for girls and women, both for sex-specific conditions and in women's general health. We will consider and implement the aspects of these plans which relate to HSCPs.</p> <p>Equally Safe is the Scottish Governments strategy to take action on all forms of violence against women and girls. By this we mean violent and abusive behaviour directed at women and girls precisely because they are women and girls. Behaviour which is carried out predominantly by men.</p> <p>Working in partnership we will drive down the prevalence of gender based violence and provide those affected with the support they need.</p>
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		between 45-64 years; reported adult carers needs include support to access services, financial and health and wellbeing support.	
Sexual Orientation	No specific issues have been identified through the compilation of the Strategic Plan.	<p>The intention is that a specific “sexual orientation” related outcome measure would be identified for equality monitoring by using the Public Health Scotland Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-Binary People in Scotland.</p> <p>Upon publication the findings from this research will help inform work at HSCP level in relation to this protected characteristic.</p>	The HSCP Mainstreaming Equalities action plan which supports the delivery of the Strategic Plan does not include a specific equality outcome concerning sexual orientation due to the lack of the data collected in relation to this protected characteristic.

	Needs	Evidence	Impact
Human Rights (ECHR statutory) UNCRC (note: currently non statutory)	No specific issues have been identified through the compilation of the Strategic Plan.	<p>Ongoing work upon which the Strategic Plan has been developed evidences a commitment to human rights for example:</p> <ul style="list-style-type: none"> ○ The development and implementation of a more strengths based and human rights based Adult Carer Support Plan. ○ To support the implementation of the Medication Assisted Treatment (MAT) standards the Alcohol and Drug Partnership is the first area in Scotland to take forward system wide human rights-based awareness training. ○ In April 2021, the HSCP replaced its Single Shared Assessment document with the My Life 	<p>The Strategic Plan is based on the National Performance Framework 2018. The framework clearly references human rights while recognising and protecting the intrinsic value of all people and supports our work with community planning partners to build a society founded on fairness, dignity, equality, and respect.</p> <p>The HSCP continues to use the Health and Social Care Standards (2018) to make health and social care services better for everyone so every person is treated with respect and</p>

		Assessment (MLA). By adopting the PANEL Principles and ensuring protected characteristics are considered in every assessment, the HSCP is ensuring human rights are at the centre of its approach to assessment.	dignity, and their human rights are upheld.
Health	Health inequalities is a significant issue for communities across West Dunbartonshire.		The Strategic Plan recognises a wide variety of factors which impact on health inequalities and the plan seeks to address these focusing on the role of the HSCP in building resilience to prevent ill health and enable the people of West Dunbartonshire to live healthy, happy and fulfilling lives.

	Needs	Evidence	Impact
Social & Economic Impact	<p>The Strategic Plan recognises the cost of living crisis and the deepening and widening of poverty across West Dunbartonshire will affect the health and behaviours of people who use the health and care system including its staff.</p> <p>The Covid-19 pandemic has highlighted existing health inequalities, it has also renewed a focus on poverty. People experiencing poverty are</p>	<p>Before the pandemic, one in five Scots were living in relative poverty after housing costs, including almost one in four children. West Dunbartonshire contains the third equal highest share of the most deprived data zones out of Scotland's 32 local authority areas.</p> <p>In 2019 29% of West Dunbartonshire residents were in fuel poverty, this is predicted to rise to 41% from April 2022. Child health and wellbeing is also affected by household income and the employment status of parents. 17.3% of children live in households in fuel poverty.</p> <p>West Dunbartonshire has continued high rate of child poverty across the whole area (26%) with projections that this will rise to 33%. 22.6% of children live in low income families and there is a high eligibility for and</p>	With a focus on poverty, the plan seeks to support people to reduce, prevent or undo the impact of the wider determinants of health.

	<p>at the deep end of health inequalities, and are also more likely to be a part of minoritised groups who also experience health inequalities as a result of, for example, race, gender and disability.</p> <p>It's important that work addressing health inequalities is also explicit about the impact of poverty, because those affected by poverty have a high risk of the worst health outcomes.</p>	uptake of free school meals (27.4% for primary 4-7 pupils) although the registration rate for secondary school pupils is on a downward trend. Almost half of the primary schools in West Dunbartonshire have rates of over 30% of pupils in Primary 4-7 registered for free school meals.	
Cross Cutting			

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this
Not applicable.
Will the impact of the policy be monitored and reported on an ongoing bases?
The impact of the Strategic Plan will be monitored quarterly by the HSCP Audit and Performance committee and annually, via an Annual Performance Report, by the HSCP Board and Scottish Government. Specific projects within the delivery plan will be monitored by the HSCTPs Programme Management Office (PMO) and will be reported to formal committees as appropriate.

What is your recommendation for this policy?
Introduce the Policy

Please provide a meaningful summary of how you have reached the recommendation
<p>The HSCP Strategic Plan is based on addressing inequalities across West Dunbartonshire. It provides clear evidence through the compilation of a comprehensive strategic needs assessment combined with professional and lived experience that the needs of those with protected characteristics are understood and can be addressed.</p> <p>It is acknowledged that this is a strategic document and that each action within the associated delivery plan will need to be screened prior to implementation and, if required, further equality impact assessments undertaken prior to delivery.</p>

Item 6

Appendix 4

Appendix IV: 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 Officer, HSCP
To: Chief Executives West Dunbartonshire Council and NHS Greater Glasgow and Clyde
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: Direction from HSCP Board (15 March 2023) FOR ACTION
Attachment: West Dunbartonshire Strategic Plan 2023 – 2026 “Improving Lives Together”

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000035MJC150323
2	Date direction issued by Integration Joint Board	15 March 2023
3	Report Author	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
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 28 March 2019: Strategic Plan 2019 – 2022 (No reference number available)
6	Functions covered by direction	The strategic plan encompasses all functions delegated to the HSCP Board by NHS Greater Glasgow and Clyde and West Dunbartonshire Council.
7	Full text and detail of direction	West Dunbartonshire Council and NHS GGC are jointly directed to deliver services in line with the priorities within the West Dunbartonshire HSCP Board Strategic Plan and deliver the actions within the supporting delivery plan, as advised and instructed by the Chief Officer and within the budget levels outlined below.
8	Specification of those impacted by the change	Patients, people who use services, carers, local communities and staff will be impacted by the delivery of the Strategic Plan. A comprehensive equality impact assessment (EIA) has been undertaken and can be found in appendix III of the report.

		It is acknowledged that some of the actions within the Strategic Delivery Plan will have implications beyond this EIA. These will be assessed on a stand-alone basis and will be reported to the HSCP Board at an appropriate time. It is likely these actions will form the basis of future directions.	
9	Budget allocated by Integration Joint Board to carry out direction	The Strategic Plan sets out the overall strategic direction for services delegated to the HSCP Board for the period 2023-26. Current budget settlements are on an annual basis. For 2023-24 this is circa £186m excluding set aside.	
10	Desired outcomes detail of what the direction is intended to achieve	The functions will be carried out in a manner consistent with the strategic objectives and outcomes set out in the Strategic Plan 2023-26 and the supporting delivery plan.	
11	Strategic Milestones	Key milestones can be found in the Strategic Delivery Plan which can be found at Appendix II of the report.	
12	Overall Delivery timescales	31 March 2026	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.	
14	Date direction will be reviewed	31 March 2024	

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**

15 March 2023

Subject: Specialist Children's Services**1. Purpose**

- 1.1 The purpose of this report is to provide an update to the 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 Pediatrics Teams (SCPT) Services. This report is further to the report considered at the last meeting detailing the hosting arrangements and rational for change and specially details the budget and resource transfer and order that East Dunbartonshire host SCS from 1 April 2023.

2. Recommendations

- 2.1 It is recommended that the Health and Social Care Partnership Board:
- (i) note the content of the report; and
 - (ii) approve the budget transfer of Specialist Children Services to East Dunbartonshire HSCP of £1.546m consisting of £1.438m recurring budget plus £0.126m for anticipated share of pay awards for 2022/23 and 2023/24.

3. Background/Main Issues

- 3.1 Within the Greater Glasgow and Clyde 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 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 GGandC and the performance of CAMHS and Community Paediatrics across the health board area.

3.3 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

3.4 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.

4. People Implications

4.1 Table 1 below provides a breakdown of the recurring budget and associated whole time equivalent staff (wte). This includes the realignment of 1.0 wte Service Manager to be incorporated into Greater Glasgow and Clyde Specialist Children's services hosted by East Dunbartonshire HSCP.

TABLE 1: Extract of Recurring Budget and associated WTEs

Code Description	Recurring Annual Budget	WTE
Community Paediatrics	1,031,791	23.98
Community Camhs	742,197	12.30
Scs Management + Support	205,668	5.20
Pay	1,979,656	41.48
Community Paediatrics	93,190	
Community Camhs	23,497	
Scs Management + Support	4,370	
Non Pay	121,057	
Community Paediatrics	(272,097)	
Community Camhs	(390,532)	
Hch Income	(662,629)	
Child Services - Specialist	1,438,084	41.48

5. Financial Implications

5.1 The current 2022/23 recurring budget delegated to WDHSCP for SCS is £1.438m, split as follows (refer to Table 1 above):

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

5.2 As part of the due diligence exercise an element of funding for the 2022/23 pay uplift is still be added. Once this is confirmed by the Scottish Government an adjustment will be made. Similarly a share of the 2% 2023/24 uplift will be applied to the roll-over budget on the 1 April 2023. This is estimated to be £0.126m and is referenced within the “2023/24 Annual Budget Setting Report” on this agenda.

5.3 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

6.1 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

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

8. Directions

8.1 No direction required in respect of the recommendation(s) within this report. .

Name	Lesley James
Designation	Head of Children’s Health, Care and Justice Services Chief Social Work Officer
Date	8 March 2023

Person to Contact	Lesley James Lesley.James@west-dunbarton.gov.uk
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Appendices:	Appendix 1: EIA
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Background Papers	HSCP Board 21 February 2023 – Specialist Children’s Services
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NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Specialist Children's Services Single Service Alignment

Is this a: Current Service ☐ Service Development ☐ Service Redesign ☐ New Service ☐ New Policy ☐ Policy Review ☐

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

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.

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 HSCHPs, are intended to be consolidated under a formal hosting arrangement within East Dunbartonshire HSCHP. 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.

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.

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

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.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

This EQIA has been undertaken to demonstrate transparency of process and evidence that due regard has been shown in meeting the 3 parts of the Public Sector Equality Duty in any decisions proposed. The 3 parts are:

- Eliminate Discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations between people who share a protected characteristic and those who do not

As this change of service relates exclusively to a change of management arrangements with no anticipated impact on patient experience of service design or delivery, we do not anticipate risk of legislative breach.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Karen Lamb, Supported by Lesley Boyd	Date of Lead Reviewer Training: 2019
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Karen Lamb, Lesley Boyd, Alastair Low

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>As this service change does not impact on direct service experience for our patients and poses no additional requirements of staff (either physically moving, travelling or changing job role) there is no requirement to assess risk against disaggregated data by protected characteristic of either employee or patient groups.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing</i></p>	<p>As per above, though specialist child and adolescent mental health services have access to desegregated patient and employee data by some protected characteristics, the nature of the service change is limited and does not impact directly or indirectly on protected characteristic groups.</p>	

	2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>	<i>monitoring of uptake. (Due regard promoting equality of opportunity)</i>		
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> 1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>	<i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i>	A single system management approach has been supported by the Scottish Government as the most effective way to operationally and strategically meet the demands of complex specialist children's services. This model is currently in operation in all other Health Board areas within Scotland.	

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>As this decision does not impact on direct service experience for our patients there is no tangible change in service to engage with our patient group on. This decision relates solely to the management of services and proposed changes to currently devolved arrangements, In line with this, recognised processes have been followed to engage with staff-side representation.</p>	

	4) Not applicable <input type="checkbox"/>			
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>The scope of the decision being made does not cover any changes to physical access to existing services but limits itself to management arrangements of services.</p>	

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>Changes to current management arrangements will be discussed in partnership through staff-side representation and direct engagement with staff currently employed within service. As previously stated, there is no anticipated change to roles and responsibilities or the physical location of staff that poses a risk if breaching our responsibilities as outlines in the Public Sector Equality Duty.</p>	

	paid in your evidence to show how the service review or policy has taken note of this.			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>		

(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

	2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>While there is no anticipated impact on patients or staff, any planned changes to management structure will be communicated to staff absent from the workplace due to pregnancy, maternity or paternity leave in line with protections afforded under the Equality Act (2010).</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

	3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>		
(g)	Religion and Belief Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 	<p>No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to people through further reducing inequality of outcome caused by socio-economic disadvantage.</p>	

	<p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to marginalised groups currently accessing services.	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and</p>	There is no anticipated cost saving from the proposed realigned management arrangements. A single management structure is expected to bring a more effective co-ordination of service provision which may lead to greater efficiencies within services.	

	victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>		
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	All staff groups will continue to receive role specific training required to undertake respective roles in specialist children's mental health services. This will include completion of the Statutory and Mandatory Equality and Human Rights e-learning module.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

This decision will not impact on the human rights afforded to either patients or staff.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

This decision will not impact on the human rights afforded to either patients or staff. However, staff within the service will be fully engaged with all developments of the decision making process.

*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- ☒ Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- ☐ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- ☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- ☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that ‘stands out’ as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

N/A

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)
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N/A	
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

6 month review post alignment to check that there hasn't been an impact

Lead Reviewer:	Name	Karen Lamb/Lesley Boyd
EQIA Sign Off:	Job Title	Head of Specialist Children's Services
	Signature	
	Date	15-02-2023

Quality Assurance Sign Off:	Name
	Job Title
	Signature
	Date

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL **MEETING THE NEEDS OF DIVERSE COMMUNITIES** **6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk

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

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

15 March 2023

Subject: West Dunbartonshire Health and Social Care Partnership Assisted Transport Policy

1. Purpose

- 1.1** The purpose of this report is to provide the Health and Social Care Partnership Board with a proposed policy position regarding assisted transport.

2. Recommendations

- 2.1** It is recommended the HSCP Board approves the proposed HSCP Assisted Transport Policy for implementation from 1 April 2023.

3. Background

- 3.1** The ability of service users to access health and social care by appropriate means of transport is an essential component of their care and support plan.
- 3.2** Some services have traditionally, and sometimes by default, incorporated a transport element to support service users to access services. The provision of transport has grown organically which has led to inconsistencies across the health and social care partnership.
- 3.3** The proposed Assisted Transport Policy (Appendix I) will provide all staff with a policy position that aims to maximise independence, choice and control, values inherent within the HSCP approach to Self-Directed Support. The policy aims to ensure that care managers systematically consider all alternative transport options with individuals to maximise independence which will also reduce costs to the HSCP.
- 3.4** The absence of a policy on transport provision risks inconsistent, unequal and inequitable service provision which the proposed policy will prevent.
- 3.5** Within adult services there are approximately 50 people in receipt of support with externally provided transport and approximately 156 people supported

to access internally provided transport. Within Children's Health, Care and Justice 85 people are supported to access externally provided transport.

3.6 The HSCP Transport Budget for 2022/23 is set as follows:

	Learning Disability (incl. Day Centre Support)	Older People (incl. Day Centre Support)	Children & Families (incl. Respite and Contact Visits)	
	Budget	Budget	Budget	Total Budget
Internal Transport Costs	347,202	442,089	53,861	843,152
Taxi Costs	52,726	-	92,653	145,379
Total	399,928	442,089	146,514	988,531
Income	- 107,714	- 207,440	-	- 315,154

3.7 The projected end of year position is as follows:

	Learning Disability (incl. Day Centre Support)	Older People (incl. Day Centre Support)	Children & Families (incl. Respite and Contact Visits)	
	Probable	Probable	Probable	Probable 22/23
Internal Transport Costs	344,630	448,417	53,201	846,248
Taxi Costs	75,162	-	96,462	171,624
Total	419,792	448,417	149,663	1,017,872

Income	- 15,731	- 72,784		- 88,515
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4. Main Issues

- 4.1** This policy aims to increase consistency and equitability in the provision of assisted transport to maximise independence, choice and control over transport options for people accessing community-based resources.
- 4.2** The policy applies to all children and adults, including unpaid carers, and where eligibility has been appropriately assessed, those who access support provided directly from or commissioned by the Health and Social Care Partnership. This policy will not affect the current policy and transport arrangements for children in education.
- 4.3** The principles underpinning this policy include: affordability; the promotion of independence; health; and equality. These are elaborated upon within the policy and so too eligibility for transport support. Best Value and cost effectiveness will also be a consideration.
- 4.4** There are currently no policies or procedures in place to support care managers, individuals, their families and carers when assessing and taking decisions regarding transport options available to people accessing HSCP services.
- 4.5** A review of the provision of assistance with transport was included in the HSCP Mid-Term Financial Plan, approved by the HSCP Board in March 2022, and identified a potential saving of approximately £20,000. In March 2023 as part of the budget setting exercise the HSCP Board will be asked to consider a further saving of £100,000.
- 4.6** In the absence of an Assisted Transport Policy, when there is an assessment of need and a requirement for services which involve the need for assistance with transport, the HSCP often provides that support as part of the overall package of care regardless of what other supports may be available such as mobility benefits, mobility car or the ability of an individual to make their own arrangements for transport.
- 4.7** The policy aims to avoid the provision of transport as a default option and allow the HSCP to use its resources more equitably and effectively to ensure those who need assisted transport the most are able to access it.
- 4.8** The policy will ensure the HSCP is fulfilling its legal duties while providing clarity across services on the provision of assistance with transport.

- 4.9** In fulfilling its legal responsibilities the HSCP will only consider providing assistance with transport where:
- a) There is a **duty** to provide this, and / or
 - b) Such assistance is assessed as essential to enable the achievement of the assessed care plan.

4.10 In considering any assistance with transport, and in line with the above, the HSCP will take into account the availability of other sources of assistance with transport. Where other assistance with transport is available, and depending on the source and nature of that assistance, the HSCP will decide to:

- Provide some assistance with transport;
- Provide no assistance with transport;
- Provide some assistance with transport and claim / reclaim the cost or part of the cost of this assistance (from the person who received the assistance where appropriate).

4.11 The Policy will become effective on 1 April 2023 (the “Implementation Date”) except in those instances where arrangements are already in place prior to the Implementation Date, in which case the transitional arrangements specified at paragraph 4.12 will apply.

4.12 It is the HSCPs intention to review those cases where there are already arrangements in place for assistance with transport at the earliest appropriate time, in line with the new Policy. This will likely mean that a review of any assistance with transport will take place at the same time as a review of the service user’s care plan or when a review assessment of need is taking place. The pre-existing arrangements for assistance with transport will continue until such time as the review is complete and new arrangements are put in place.

5. Options Appraisal

5.1 An options appraisal is not required in respect of the recommendations within this report.

6. People Implications

6.1 The consequence of the absence of a policy on assistance with transport is that variations on when and how transport should be provided exist within and between teams. Harmonising the approach will inevitably involve change for some staff and teams. For many, the default position has been for the HSCP to provide transport and the policy encourages provision only

to be agreed following systematic assessment of appropriateness and eligibility and in line with the principles of the policy and its legal framework.

- 6.2** In meeting the twin aims of increasing independent travel, choice and control while also increasing effective resource management, this may lead to a change in transport provision for some people. In these cases and where an assessment shows the HSCP should not provide (and should not have been providing) transport, both staff and service users may perceive the removal of a service.

7. Financial and Procurement Implications

- 7.1** The HSCP operates to a defined allocated budget. The HSCP Board is accountable for use of this budget and has a duty to implement Best Value. Ensuring these duties are fulfilled includes spending the money it has in the most effective and efficient way, and ensuring that it does not incur expense unnecessarily. In relation to providing assistance with transport, it is considered that incurring expense unnecessarily would include giving assistance with transport to a service user when they have in place, or can gain access to, more appropriate means of such assistance.
- 7.2** The implementation of the policy stands to have financial implications from both a costs and income perspective.
- 7.3** Transport assistance is subject to the HSCP Charging Policy for Non-Residential Services. The income generated and changes to income generated as a result of the implementation of the policy will be monitored.
- 7.4** As noted, as part of its Medium-Term Financial Plan, the HSCP Board approved a review / implementation of an Assisted Transport Policy and identified an estimated £20,000 of savings would be generated from the implementation of the policy. The savings from the policy will be monitored on an ongoing basis to understand if this saving is realised.
- 7.5** Changes to procurement of transport could affect demand for service provision. This in turn means that there are potential implications that could arise if the type and scale of the transport service commissioned from West Dunbartonshire Council changes. The HSCP has discussed these implications with West Dunbartonshire Council's Transport Team and note that this will be monitored and discussed on an ongoing basis.

8. Risk Analysis

- 8.1** Because of how transport is currently provided, the implementation of the policy will inevitably involve change. Some people may perceive this negatively while others will see it as an equitable, consistent and transparent

approach and will support choice, independence and control alongside the planning of their care.

- 8.2** A financial risk to the HSCP is that any reduction in the usage of HSCP transport provision will reduce the income generated by charges in this area.
- 8.3** An additional financial risk was identified in the EIA in the shape of West Dunbartonshire's aging population and older people's disproportionate use of HSCP services (i.e. more older than younger people) and perhaps requiring assistance with transport. There are a number of variables which stand to impact upon this including, for example, the type of service provided, the location of those services and the resources available to the person using services. This area will require to be monitored to understand any net costs and / or savings and whether the anticipated saving is realised.
- 8.4** A critical risk to generating efficiencies lies with changing the procurement of transport based on the implementation of the policy. As noted, should the policy see a reduction in demand for certain types of transport, active steps will be required to change the commissioning of this transport. Failure to do so would see transport continue to be commissioned but effectively unused. This risk will be monitored as part of the monitoring framework detailed within the policy.

9. Equalities Impact Assessment (EIA)

- 9.1** An Equalities Impact Assessment has been completed in relation to the Assisted Transport Policy and is provided as Appendix II. The EIA was led by an HSCP Service Improvement Lead familiar with the policy and service landscape who facilitated two workshop sessions with input from a number of partners and disciplines including: Carers of West Dunbartonshire; HSCP teams from Health Improvement, Older Adult Day Services, Learning Disability Day Services and Children and Families Services.
- 9.2** The EIA identified the policy as having relevance across socio-economic and health impacts as well as the duty to eliminate discrimination, advance equal opportunities and foster good relations.
- 9.3** The EIA primarily considers a policy through the lens of the Equalities Act 2010 and the nine protected characteristics therein. A review of the policy and evidence found there likely to be no differential impact on the protected characteristics of: race, sexual orientation, gender reassignment, religion and belief, marriage and civil partnership status and pregnancy and maternity. There was some evidence of differential impact on age and disability.

- 9.4** In relation to age, the EIA noted both positive and negative impacts. In relation to the latter, the data show that the number of people using HSCP services tend to be older and therefore will be disproportionately affected by the policy change than younger people. With an aging population in West Dunbartonshire, the number of older people requiring to access services is likely to increase.
- 9.5** In terms of the positive impact of the policy in relation to age, it was noted that in response to the challenge of an aging population and an anticipated increase in demand for services, a transparent and consistent policy position to manage a finite resource will help ensure those who need it most are able to access it. It was also noted that personalised planning will facilitate more tailored responses to individual needs and strengths with the benefits of independent travel and the health benefits of walking, even short distances, likely to increase.
- 9.6** Regarding the protected characteristic of disability, the EIA noted the barriers to transport which can be accompanied by a physical or mental disability and how, for example, accessing transport can be more difficult if a person requires the use of mobility aids. The EIA reflected that appropriate implementation of the Assisted Transport Policy would likely see those most impacted by disability be more likely to receive additional support in relation to transport and on a consistent basis.
- 9.7** The EIA noted the intersectionality of age and disability; the effect of the policy on someone who is both older and in some way disabled. In these cases it was suspected that appropriate implementation would again see people affected by age and disability would be more likely to be positively impacted by the policy with the systematic application of assessment and appropriate allocation of resources.
- 9.8** Socio-economic and health impacts were related inasmuch as both show a declining picture: the cost of living crisis data suggests more people are likely to experience poverty and may therefore be less likely to be able to afford transport, and the number of years spent in good health by people living in West Dunbartonshire is declining. Active travel requires to be encouraged as much as practical and practicable to both offset the financial costs of travel for people and so too to realise the associated health benefits.
- 9.9** The EIA notes that the most undesirable consequence of the policy could see people withdraw from services as a consequence of not being provided with transport. While due care will be required to mitigate this risk, the guidance will be clear that transport should not be provided based solely on what the person 'wants' when there are other options available to them which, based on their abilities and resources, they are able to pursue.

10. Environmental Sustainability

- 10.1** The policy has some bearing on environment sustainability inasmuch as it aligns with national and local policy emphasis upon active travel and encouraging, where practical and practicable, use of sustainable transport options. This is a key priority within WDC 'Climate Change Strategy: A route map for a net zero future'.

11. Consultation

- 11.1** Consultation was undertaken in a targeted way: people using or providing services likely to be affected by the policy were prioritised and methods of engagement were selected to increase the likelihood of eliciting detailed feedback. Therefore options including online public surveys were ruled out and focus groups and one to one conversations were considered optimal.
- 11.2** An online survey was developed and provided as an option for any stakeholders who preferred that method. The link to the survey was shared with partners including the Big Disability Group, Carers of West Dunbartonshire and Lomond and Argyle Advocacy Services. No stakeholders took up the offer to complete the online survey.
- 11.3** A stakeholder analysis identified carers, people using Older Adult Day Services and people using Learning Disability Day Services as most likely to be affected by the policy and were therefore considered priority stakeholders and were engaged accordingly.
- 11.4** In addition, staff from the local Carer's Centre and across the HSCP were engaged, primarily through the Equalities Impact Assessment (EIA) and include staff from: Health Improvement; Children's Services; Learning Disabilities; Older Adult Day Services and Carers of West Dunbartonshire.
- 11.5** The consultation focused on the principles of the Assisted Transport Policy and, through focus groups and one to one conversations, ascertained the views of over 20 service users across services likely to be affected by the policy.
- 11.6** In terms of general agreement with the policy, the majority of people who responded felt that they agreed but there were some concerns from respondents about their own ability to travel independently and being able to continue to engage with services if transport ceased to be provided.
- 11.7** Those who agreed with the policy felt that it would help ensure those who really need support with transport would get it and that others should be encouraged to explore alternative means where they are able to do so.

- 11.8** There were mixed views among respondents about whether the policy was fair and equitable whereby it was generally seen in principle to be so but that much would rely on implementation. For example, consistent implementation within and between services would be important and so too quickly responding to people if and when their needs changed.
- 11.9** Similarly, when asked if they thought the policy would have an overall positive or negative impact across the HSCP, respondent views were mixed. On one hand, they thought some people might see it as the removal of a service while, on the other hand, they could see the fairness in trying to ensure those who need support the most – and don't already receive funding for transport – were prioritised via the policy. There was consensus regarding the inclusion of the assessment transport needs within the MLA and reducing the number of times a person may need to answer similar questions.
- 11.10** There was general consensus among respondents that it is important to promote independent travel but that this must be balanced with what people are able to and have the resources to undertake; increasing independent travel may have financial benefits to the HSCP as well as benefits to an individual in terms of health and independence but these should not be prioritised over how able people are to use alternative transport arrangements.
- 11.11** The feedback can be fairly summarised as mixed. While people recognise the benefits of independent travel (both to individuals and the HSCP) and the importance of ensuring those who need it the most can receive it, some concerns remained regarding implementation. In particular it will be important for the HSCP to respond quickly to changes in need and ensure waiting times for assessment are kept to a minimum.

12. Strategic Assessment

- 12.1** The assisted transport policy reflects the challenges faced by the HSCP alongside the opportunity to assess and support people to make decisions. This policy aligns with the principles of Self-Directed Support and the HSCPs strategic approach to the implementation of SDS.
- 12.2** A more consistent and transparent approach to decision-making will ensure an equitable approach is taken to support those who require assisted transport.
- 12.3** As such, the policy is aligned to the HSCP Strategic Plan 2019-2023 strategic priorities of assets, access and resilience. People will be supported to identify and draw upon their personal assets as well as local community assets (such as transport infrastructure) which in turn will support access to

HSCP and non-HSCP services which aggregately contributes towards the development of individual and community resilience.

- 12.4** The principles of affordability, equality, health and promotion of independence which underpin the policy are well aligned to the strategic outcomes of the forthcoming HSCP Strategic Plan 2023-2026, including safer and thriving communities, healthy communities, equal communities and caring communities.

13. Directions

- 13.1** A Direction is required in respect of the recommendation within this report. This should be issued, on behalf of the HSCP Board, by the Chief Officer to the Chief Executive of West Dunbartonshire Council. The Direction can be found in Appendix III of this report.

Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation
Date:	24 January 2023

Person to Contact:	Jacqueline Carson, Service Improvement Lead E: Jacqueline.carson@west-dunbarton.gov.uk T: 07880 472395
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Appendices:	Appendix 1: Assisted Transport Policy Appendix 2: Assisted Transport Policy Equalities Impact Assessment Appendix 3: Direction Reference HSCPB000036MJC150323
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Background Papers:	<u>My Life Assessment & Guidance</u> <u>Self-Directed Support (Scotland) Act 2013</u> <u>Social Work (Scotland) Act 1968</u> <u>Education Scotland Act 2016</u> <u>West Dunbartonshire Health and Social Care Strategic Plan 2019-2022</u>
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West Dunbartonshire

Health and Social Care Partnership

Assisted Transport Policy

Document Management Details

Table 1 - Document Management Details

Document Management Category	Details
Policy Title	Assisted Transport Policy
Owner	Margaret- Jane Cardno
Approved By	WDHSCP Integration Joint Board
Date Approved:	March 2023
Version No:	V1
Superseded Version:	N/A
Date Effective	April 2023
Review Date	April 2025
Policy Title & Reference	Assisted Transport Policy
Version Number & Date	V1November 2022
Version Number & Date of superseded version (if applicable)	N/A
Rationale for Introduction/driver for Change	To provide a policy position aligned to service provision, to ensure equitable and fair allocation and access
Summary of Substantive Changes (if applicable)	This policy will ensure as part of an individual's needs assessment their requirement and eligibility for assisted transport will also be assessed
Summary of Technical changes (if applicable)	N/A
Lead Officer	Jacqueline Carson
Final Trades Union Position	TBC
Consultation and Approval Process	Consultation with staff, service users and wider stakeholders. Presented and approved by IJB
Financial consultation	N/A
Legal consultation	Consulted Section Head, Regulatory and Regeneration
Audit and Fraud consultation	N/A
Trades Union consultation	TBC
Approval at IJB	March 2023
Accompanying Documentation (including EQIA)	TBC
Linked Policies and Procedures	Adult Social Care Eligibility Criteria and My Life Assessment

Background/Introduction

West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to promoting independence across all areas of service provision and seeks to ensure as many people live as independently as possible within their local community.

In line with the vision of the HSCP Strategic Plan 2019-2023 and the forthcoming HSCP Strategic Plan 2023-2026 (under preparation) with its commitment to the implementation of this policy, the HSCP is developing modern, flexible, financially sustainable approaches that will support people and their carers to remain independent and enabled to lead fulfilling lives. Travel is a necessary aspect of everyday life and central to this Assisted Transport Policy is the aim that people live and travel as independently and safely as possible.

Policy Aims and Purpose

This policy has been developed to provide a fair, equitable and transparent approach to transport provision applied across HSCP services by empowering and enabling individuals to be as independent and in control of their lives as they want and can be.

This policy outlines a consistent and equitable way of supporting people in the provision of assisted transport. The policy also seeks to encourage reduced dependency on transport provided by the HSCP via West Dunbartonshire Council and at the same time to maximise independence and the use of community-based resources. The over-riding principle of this policy is that the decision to provide transport is based on promoting independence and wellbeing while maintaining the HSCP commitment to Best Value.

The policy is underpinned by the following principles:

- Ensuring safety
- Promoting Independence and enablement
- Dignity
- Best Value and cost effectiveness
- Improving quality of life by supporting health and wellbeing
- Maximising choice and control
- Accessing local and universal services
- Person-centred and personalised outcomes
- Care for the environment

In the absence of an Assisted Transport Policy, when there is an assessment of need and a requirement for services which involve the need for transport, the HSCP often provides that support as part of the overall package of care regardless of what other supports may be available such as mobility benefits, mobility car or the ability of an individual to make their own arrangements for transport. The policy aims to

avoid the provision of transport as a default option and allow the HSCP to use its resources more equitably and effectively to ensure those who need assisted transport the most are able to access it.

Scope

The Assisted Transport Policy applies to:

- Children and families accessing social work and social care support
- People assessed as eligible for social care support via the WDHSCP Eligibility Criteria for Adult Social Care
- Carers assessed as eligible for support via the WDHSCP Eligibility Criteria for (Unpaid) Carers

Related legislation, policies and procedural mechanisms

This policy should be read in conjunction with other relevant policies, procedures, legislation and guidance as appropriate including:

- [My Life Assessment & Guidance](#)
- [WDHSCP Eligibility Criteria for Adult Social Care](#)
- [Self Directed Support\(Scotland\) Act 2013](#)
- [Social Work \(Scotland\) Act 1968](#)
- [Education Scotland Act 2016](#)
- [West Dunbartonshire Health and Social Care Strategic Plan 2019-2022](#)
- [West Dunbartonshire Education Transport Policy and Guidance](#)
- **Assisted Transport Policy Guidance**

Legislative Context

This policy is aligned to Social Work Scotland Act 1968 where it is stated that the Local Authority has a function in relation to the provision of travel. Part 4, chapter 2 section 27 states:

Assistance with travel
A Local Authority:

(a) shall

(i) provide, for persons who are not in hospital and who have or have had a mental disorder, such facilities for, or assistance in, travelling as the authority may

consider necessary to enable those persons to attend or participate in any of the services mentioned in sections 25 and 26 of this Act; or

(ii) secure the provision of such facilities or assistance for such persons; and

(b) may

(i) provide such facilities or assistance for persons who are in hospital and who have or have had a mental disorder; or

(ii) secure the provision of such facilities or assistance for such persons.

In meeting the legal responsibilities outlined above, this Assisted Transport Policy provides that the HSCP will only consider providing assistance with transport where:

a) There is a duty to provide this, and / or

b) Such assistance is assessed as essential to enable the achievement of the assessed care plan.

- In considering any assistance with transport, and in line with the above, the HSCP will take into account the availability of other sources of assistance with transport. Where other assistance with transport is available, and depending on the source and nature of that assistance, the HSCP will decide to:
- Provide some assistance with transport
- Provide no assistance with transport
- Provide some assistance with transport and claim / reclaim the cost or part of the cost of this assistance (from the person who received the assistance where appropriate).

Ensuring the meeting of this function does not deter West Dunbartonshire Council in meeting the statutory duties that are outline in the Education Act (Scotland) 2016.

Children's services will continue to provide travel to and from school as outlined within the School Transport Guidance 2021 document. This policy is separate from and will operate alongside the School Transport Policy.

Equalities

An Equalities Impact Assessment (EIA) has been completed in relation to the Assisted Transport Policy and identified the policy as having relevance across socio-economic and health impacts as well as the duty to eliminate discrimination, advance equal opportunities and foster good relations.

The EIA primarily considers a policy through the lens of the Equalities Act 2010 and the nine protected characteristics therein. A review of the policy and evidence found there likely to be no differential impact on the protected characteristics of: race,

sexual orientation, gender reassignment, religion and belief, marriage and civil partnership status and pregnancy and maternity. There was some evidence of differential impact on age and disability because people affected by the policy were more likely to possess these protected characteristics.

More detail on these impacts can be found within the EIA. The EIA concluded that the policy should be implemented and monitored on an ongoing basis, initially using the indicators noted below and supplementing these with additional data if and when appropriate.

Implementation

Guidance documentation has been co-produced with members of staff and stakeholders who will be responsible for supporting policy implementation. The guidance will assist with the implementation of the policy, ensuring that access to assisted transport is equitable and transparent, at the same time supporting the practitioner in their decision making.

While reference to the guidance will be required to aid implementation, the guidance is underpinned by the principles below.

Principles:

- Equality – Transport will be provided where it is not possible for the person to use public transport or travel by other independent means, this also includes instances where it would not be appropriate for an unpaid carer to provide support with transport in line with the Carers (Scotland) Act 2016.
- Practitioners will use their professional knowledge and experience in assessing an individual's eligibility for support with transport. People who are unable to access public transport without assistance should be provided with support to travel where possible so that they are not disadvantaged.
- Health – The HSCP wants to encourage people to be physically active as much as practical and practicable; walking even short distances can help people to feel better mentally and physically. Any decisions regarding procurement of transport should also be cognisant of the public health impacts of the transport system.
- Affordability – Any assessment of need and subsequent package of support should take into account the travel and transport arrangements that can be made from the individual's own resources and the affordability of any transport, including the use of a mobility vehicle or mobility benefits to transport themselves. This should happen regardless of the SDS option that is chosen. Any request for help with transport will be underpinned by an assessment of need and cognisant of any appropriate eligibility criteria.

- Promoting Independence – Any transport that is arranged must support the person to be as independent as possible. Assistance with transport must support the person to make the best use of their abilities and local resources. Any service that is arranged for the service user should be as local as possible. Transport should not be provided to take the person to a resource further away if there is a reasonable alternative closer to where the person lives.
- Eligibility – Assistance with travel or transport should only be considered after all the other options have been explored. In addition to this for a request to be considered, all of the following (1-5) must apply:

1. The person is attending a resource or facility for which there is no suitable more local alternative.

2. The distance is too great for the person to walk independently or with help.

3. The person does not have it within their own means to transport themselves, including the use of a mobility vehicle and / or benefits provided for the purpose of travel support

4. There is no public transport available or the person cannot use public transport or has difficulty accessing public transport unassisted.

5. There is no assistance with transport available from family or friends (including unpaid carer).

Or

The person is subject to conditions laid down in the Mental Health Care and Treatment (Scotland) Act 2003 and is therefore entitled to assistance with travel.

Transport provision is subject to the HSCP Non-Residential Services Charging Policy. There are additional costs for transport that must be assessed on a case by case basis. In line with the principles of the Assisted Transport Policy, decisions should be made taking cognisance of Best Value, the interests and abilities of the person and intended outcomes from care planning.

Where individuals have external Support Providers escorting or driving them to activities, the costs for staff travel and use of staff vehicles will also be considered in the assessment and charge calculation, so any transport costs are fair and transparent.

Practitioners must use Assisted Transport Policy guidance to ensure due regard has been given to alternative support and transport options before presenting their assessment on the use of transport to their respective Area Resource Group (ARG). This will be as part of the overall assessment with the request for a suitable resource for the individual. The decision on assistance with transport will be recorded as part of the ARG meeting.

Review of Policy

The Assisted Transport Policy will be reviewed every two years from date of approval however, monitoring of the policy will be undertaken on an ongoing basis. Following consideration by stakeholders, the following indicators will be used to monitor the implementation of the Assisted Transport Policy (additional indicators may be added over time):

- Number of Assisted Transport Assessments completed
- Number of applications for assistance with transport made to ARG
- Number of applications for assistance with transport approved by ARG
- Number of applications for assistance with transport declined by ARG
- Attendance trends at services where assistance with transport is used
- Variance in cost incurred due to commissioned transport (changes to transport provision commissioned by HSCP)

Item 8 Appendix 2

AssessmentNo		Owner	Jacqueline Carson and Margaret-Jane Cardno	
Resource	HSCP		Service/Establishment	All HSCP Services
	First Name	Surname	Job title	
Head Officer	Jacqueline	Carson	Service Improvement Lead	
	(include job titles/organisation)			
Members	Jacqueline Carson Service Improvement Lead; Chris Kelly Health Improvement Lead; Joanne McGinley, Operations Manager, Carers of West Dunbartonshire; Lynne O'Donnell, Service Manager Learning, Disability Services; Arlene Mustarde, Older Adult Day Service; Suzanne O'Neil, Day Service Manager Older Adults; Sarah Louise Fleming SDS officer Children Services.			
	<i>(Please note: the word 'policy' is used as shorthand for strategy policy function or financial decision)</i>			
Policy Title	Health and Social Care Partnership HSCP Assisted Transport Policy			
	The aim, objective, purpose and intended outcome of policy			
	<p>This policy has been developed to provide a fair, equitable and transparent approach to transport provision applied across HSCP services by empowering and enabling individuals to be as independent and in control of their lives as they want and can be.</p> <p>This policy outlines a consistent and equitable way of supporting people in the provision of assisted transport. The policy also seeks to encourage reduced dependency on transport provided by the HSCP via West Dunbartonshire Council and at the same time to maximise independence and the use of community-based resources. The over-riding principle of this policy is that the decision to provide transport is based on promoting independence and wellbeing. Best Value and cost effectiveness will, by necessity, also be a consideration.</p> <p>Scope</p> <p>The Assisted Transport Policy applies to:</p> <ul style="list-style-type: none"> - Children and families accessing social work and social care support - People assessed as eligible for social care support via the WDHSCP Eligibility Criteria for Adult Social Care 			
	Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.			
	<p>Focus Groups with those currently using services.</p> <p>Carers focus group support and facilitated by Cares of West Dunbartonshire</p> <p>Online Survey shared with partners Big Disability Group, carers of west Dunbartonshire and Lomond Argyle Advocacy Service</p> <p>Online Survey Link share on HSCP internet page inviting those who use services, carers and families to complete.</p>			
Does the proposals involve the procurement of any goods or services?			No	
If yes please confirm that you have contacted our procurement services to discuss your requirements.			No	
SCREENING				

You must indicate if there is any relevance to the four areas			
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)			Yes
Relevance to Human Rights (HR)			Yes
Relevance to Health Impacts (H)			Yes
Relevance to Social Economic Impacts (SE)			Yes
Who will be affected by this policy?			
Both adults and children who have been assessed as eligible for social care services.			
Who will be/has been involved in the consultation process?			
An online survey was circulated within HSCP and across a number of partners including Carers of West Dunbartonshire, the Big Disability Group and Lomond and Argyle Advocacy Services. No stakeholders used the survey and instead one to one and focus group engagement were the preferred methods. Those identified as most likely to be affected by the policy were prioritised and, consequently, focus groups were facilitated with carers, people using Learning Disability Day Services and Older Adult Day Services. In addition, the multi-agency and multi-disciplinary group involved in the EQIA were also involved in helping to shape the policy.			
Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.			
	Needs	Evidence	Impact
Age	<p>As people age they are more likely to require Health and social Care support due to their advancing fragility.</p> <p>Younger people up to the age of 22years are entitled to free travel.</p>	<p>West Dunbartonshire has an aging population. In terms of overall size, the 45-64 age group was the largest in 2020, with a population of 25,646 (29%). Therefore in the coming years pressure on older adult services is likely to increase as this population gets older.</p> <p>Adults who are over the working age can not apply for Personal Independence Payment (PIP) –reducing access to Mobility component. In July 2022, there were 3,041 adults aged 16-74 claiming PIP at the Mobility Award Enhanced Rate in West Dunbartonshire. This was 43% of all adults claiming PIP in West Dunbartonshire. The proportion of people claiming PIP in receipt of the Mobility Award Enhanced Rate was highest among the</p>	<p><u>Negative Impact</u></p> <p>Current service users who may no longer meet the criteria for transport provision risk being excluded following the implementation of the policy. While they will be supported to consider alternative transport, they may elect not to pursue these options and no longer access services.</p> <p><u>Positive Impact</u></p> <p>As a finite resource and with an ageing population and therefore likely increase in demand, transport provision will be targeted to those most in need.</p> <p>The introduction of the policy may present opportunity to look at more personalised planning around support with transport</p>

		16-19 year and 60-74 age group, and lowest among the 25-49 year age group.	with consideration to healthier choices.
Cross Cutting			
Disability	<p>This group is more likely to require support with transport, due to physical or cognitive impairments.</p> <p>It can be difficult to access transport if you require the use of mobility aids.</p>	<p>The 2011 Scottish Census states 8.3% of individuals within West Dun have a physical disability. Additionally, the older you are the more likely you are to have a disability. It is estimated that, in 2019, over half (51%) of the population aged 75 or over had a disability</p>	<p><u>Positive Impact</u> Eligibility criteria has been established to target those with a disability thus increasing the likelihood of those with a disability being able to access assisted transport provision.</p> <p><u>Negative impact</u> If this group through assessment are not eligible of support with transport then this could result in withdrawing from services resulting in isolation. Some people due to disability can be vulnerable when using public transport .</p>
Social & Economic Impact	<p>A lot of those in receipt of social care services, main income is benefit based.</p>	<p>Between 2015 and 2019, 12% of pensioners in Scotland were in persistent poverty after housing costs, unchanged from the previous period.</p> <p>There is an increase to the cost of living and consumables across the country. With inflation currently sitting at 10.7%</p>	<p><u>Negative Impact</u> The inability to access free assisted transport may impede service users in accessing services due to costs</p> <p><u>Positive Impact</u> Considering other methods of transport such as cycling and walking is more environmentally friendly as well as less costly</p>
Sex		<p>As of 2020, the gender split of the population showed more females (52.2%) than males (47.8%) living in West Dunbartonshire.</p>	<p>Due to data collection issues, it is not yet possible to report evidence of differential impact.</p>

Gender Reassign			No evidence of differential impact
Health		Healthy life expectancy has decreased in West Dunbartonshire to 58.1 years for males and 58.5 for females. This is in line with a picture of declining healthy life expectancy for Scotland as a whole.	With health conditions having a significant impact on individuals across West Dunbartonshire, the increase in demand for social care and associated assisted transport may increase.
Human Rights			None Noted
Marriage & Civil Partnership			None Noted
Pregnancy & Maternity			No evidence of differential impact

Race		Most residents (93%) of West Dunbartonshire identified as being white Scottish, as illustrated below. This is almost 10% greater than the Scottish figure of 84%. Those identifying as being White other British, White Irish, White Polish, White Other comprise 5.5% of the population (compared to 12% in Scotland as whole) with just 1.5% identifying as Asian, Asian Scottish or Asian British, or 'other ethnicity', which is lower than Scotland at 4%	No evidence of differential impact	
Religion and Belief			No evidence of differential impact	
Sexual Orientation			No evidence of differential impact	

Actions

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this.

Any negative impacts will be mitigated by good assessment, care and support planning.

Will the impact of the policy be monitored and reported on an ongoing bases?

The impact of the policy will be monitored through a monitoring framework developed as part of the policy.

Q7 What is your recommendation for this policy?

This policy should be introduced on the basis that it will provide a fair and equitable assessment process for citizens eligible for social care services, and to date the organisation has not held a policy position in relation to the use of this resource. The policy has good strategic alignment to both the current and forthcoming HSCP Strategic Plans.

Please provide a meaningful summary of how you have reached the recommendation

This policy has been developed to provide a fair, equitable and transparent approach to transport provision applied across HSCP services by empowering and enabling individuals to be as independent and in control of their lives as they want and can be. Promoting wellbeing and meeting needs is not always about direct service provision, as other means of support may be more appropriate to meeting an individual's needs, such as information and advice, universal services, preventative interventions, community and voluntary resources, carers and Self-Directed Support Payments.

This policy outlines a consistent and equitable way of supporting people in the provision of 'assisted transport'. However, the policy also seeks to encourage reduced dependency on transport provided by the HSCP via West Dunbartonshire Council and at the same time to maximise independence and the use of community-based resources. The over-riding principle of this policy is that the decision to provide transport is based on promoting independence and wellbeing. Best Value and cost effectiveness will, by necessity, also be a consideration. The impact of the policy will be monitored on an ongoing basis with the policy itself to be reviewed within two years.

Item 8

Appendix 3

Appendix III: 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 Officer, HSCP
To: Chief Executive West Dunbartonshire Council
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: Direction from HSCP Board (15 March 2023) FOR ACTION
Attachment: West Dunbartonshire HSCP Assisted Transport Policy

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000036MJC150323
2	Date direction issued by Integration Joint Board	15 March 2023
3	Report Author	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
4	Direction to:	West Dunbartonshire Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	The functions covered by this direction pertain to the provision of social care.
7	Full text and detail of direction	West Dunbartonshire Council is directed to support service users to access social care services by appropriate means of transport in line with the approved Assisted Transport Policy, as advised and instructed by the Chief Officer.
8	Specification of those impacted by the change	Service users, carers and staff will be impacted by the implementation of the Assisted Transport Policy. A comprehensive equality impact assessment (EIA) has been undertaken and can be found in appendix II of the report.
9	Budget allocated by Integration Joint Board to carry out direction	The HSCP currently spend £929,357 on the provision of both external and internal transport. There is a requirement to ensure Best Value and achieve an agreed budgetary saving of £20,000.

10	Desired outcomes detail of what the direction is intended to achieve	The implementation of the Assisted Transport Policy is intended to support the Integration Authority to meet its duties in respect of Best Value whilst also promoting consistency and equitability in the provision of assisted transport to maximise independence, choice and control over transport options for people accessing community-based resources.	
11	Strategic Milestones	Implementation of Assisted Transport Policy	1 April 2023
		Review of existing care plans	1 April 2023 – 31 September 2023
		Review of Direction	31 March 2024
12	Overall Delivery timescales	31 March 2024	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year. The HSCP Programme Management Office will oversee the implementation of the Policy and the required budgetary saving.	
14	Date direction will be reviewed	31 March 2024	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

15 March 2023

Subject: 2023/24 Annual Budget Setting Report**1. Purpose**

- 1.1** This report summarises the main cost pressures, funding assumptions and key financial risks for the HSCP Board in 2023/24 and to seek members' approval to set an indicative 2023/24 revenue budget.

2. Recommendations

- 2.1** The HSCP Board is recommended to:

- a) **Accept** the flat cash offer of the roll forward of the 2022/23 recurring base allocation from West Dunbartonshire Council of £83.174m;
- b) **Accept** the full pass through the allocated share of the £95m and other Scottish Government funding streams for IJBs of £1.494m;
- c) **Accept** the total 2023/24 allocation from WDC based on (a) and (b) above of £84.668m with the caveat of an expectation of a share of additional Scottish Government funding, anticipated to be £155m to local authorities;
- d) **Note** the analysis of the reserves position and the projected balances as at 31 March 2023;
- e) **Approve** the budget transfer of Specialist Children Services to East Dunbartonshire HSCP of £1.546m consisting of £1.438m recurring budget plus £0.126m for anticipated share of pay awards;
- f) **Accept** the indicative 2023/24 budget allocation from NHSGGC of £104.430m, subject to confirmation of the final 2023/24 recurring base and indicative set aside budget of £34.292m;
- g) **Approve** an overall indicative funding allocation of £189.098m, excluding set aside for the delivery of delegated health and social care services for 2023/24;
- h) **Approve** the range of savings options to the value of £1.4m contained within Table 6. If approved this results in a 2023/24 annual budget to deliver delegated services of £191.017m, with the shortfall between funding allocation and budget of £1.919m being fully covered by a release of earmarked reserve;
- i) **Note** the 2023/24 budget allocations for Housing Aids and Adaptations of £0.250m and the Care of Gardens budget of £0.229m, held and managed by the Council on behalf of the HSCP Board;
- j) **Note** the update to the WDC's 10 Year Capital Plan from 2023/24 to 2031/32; and
- k) **Note** the updated budget gaps across the Medium Term Financial Plan 2023/24 to 2025/26.

3. Background

- 3.1** This report is a continuation of the 21 February Annual Budget Setting report and sets out a proposed 2023/24 revenue budget subject to board approval.
- 3.2** The 2023/24 revenue budget estimates have been constructed considering the impact of any known or anticipated inflationary and current demographic demand on HSCP services, coupled with any agreed changes to service delivery models implemented and to be retained in response to the COVID-19 pandemic.
- 3.3** All previously approved savings in prior years not fully delivered in 2022/23 will have to be delivered by services in 2023/24 in addition to any further savings options approved within this report. The current level of earmarked reserve of £0.402m held for "Unachievement of Savings" will be reviewed as part of the 2022/23 annual accounts exercise and recommendations will be put to the HSCP Board for consideration.
- 3.4** The Scottish Government announced their 2023/24 financial settlements to local authorities and health boards on 15 December 2022. Both settlement letters (presented to the 21 February HSCP Board) contained specific reference on funding to be directed to Integration Authorities.
- 3.5** The indicative 2023/24 funding gaps reported to the 21 February HSCP Board are summarised below, with Table 1 providing further detail:
- Social Care - £4.712m
 - Health Care - £1.349m

Table 1: Composition of 2023/24 projected gaps as at February 2023

WD HSCP Composition of February Gaps	Social Care £m	Health Care £m	Total HSCP £m
2022/23 Recurring Budgets excluding Set Aside (assuming fully funded Health pays)	83.174	104.514	187.688
Net Expenditure Pressures - as at February 2023			
Unfunded Pay Uplift 2022/23	2.409		2.409
Projected Pay Uplifts 2023/24 (4% Social Care & 2% Health)	2.046	0.774	2.820
Net Demand Pressures c/f - adult services	1.301		1.301
Commissioning Services Inflation (Adult SLW, NCHC, Hospice)	1.409	0.071	1.480
Children & Families additional 22% for Residential Schools	0.290		0.290
Children & Families Community Placements	1.169		1.169
Resource Transfer	(0.315)	0.315	0.000
Other Inflation (Energy etc.)	0.244	0.567	0.811
Prescribing (assume 5%)		0.997	0.997
COVID-19 Recurring Costs	0.041	0.105	0.146
Application Carers Act Funding - November Board	(0.553)		(0.553)
Application of remaining "Expanding Care at Home Funding"	(0.687)		(0.687)
Reversal of 1.25% National Insurance *	(0.669)		(0.669)
2023/24 Estimated Budget	89.859	107.343	197.202
2023/24 Assumed Funding from Partners	(84.610)	(105.994)	(190.604)
Estimated Funding Gap	5.249	1.349	6.598
Application of previously approved reserves	(0.537)	0.000	(0.537)
Estimated Gap as at 21 February Board	4.712	1.349	6.061

- 3.6 This position has been continually revised by officers to minimise the requirement for savings programmes and protecting a proportion of general reserve to support financial sustainability in the short to medium term. The reported position will be subject to continual review as more definitive information is forthcoming regarding both 2022/23 and 2023/24 agreed pay deals and the impact of additional Scottish Government funding to our partners, with appropriate shares being passed through for local government and health board employed staff delivering HSCP delegated services.

4. Main Issues

Scottish Government – Budget 2023/24

- 4.1 The 21 February 2023 HSCP Board considered the main messages from the Scottish Government's 15 December 2022 letters and the impact on health and social care funding, including details on:
1. **Additional** funding of £95m transferred from the Health and Social Care Portfolio to Local Government for policy commitments delegated to Integration Authorities;
 2. **For Social Care** - the direction that, "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 £95m greater than 2022/23 recurring budgets" (refer to Table 2 below); and
 3. **For Health Care** – the direction that "NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2022/23 agreed recurring budgets (refer to Table 2 below) and make provision for 2022/23 pay."

TABLE 2: SCOTTISH GOVERNMENT FUNDING

Financial Settlement	Scotland Wide £m	WD HSCP Allocation £m	WD HSCP Allocation £m
Fair Work Practices - £10.50 to £10.90	100.000	1.686	-
Free Personal & Nursing Care Uplift	15.000	0.144	-
Remove Non-Recurring Interim Care	(20.000)	(0.336)	-
<i>NHS 2% Uplift Estimate (TBC)</i>	-	-	1.480
Additional SG Funding	95.000	1.494	1.480

- 4.2 Since the settlement announcement on 15 December 2022, the Scottish Government budget has progressed through the three parliamentary stages to final approval on the 21 February 2023. This included the announcement of an additional £223m for local authorities to support 2023/24 pay awards:

- £100m for non-teaching staff; and
- £123m for teaching staff to support a new pay offer to teachers (this will be subject to change to reflect the most improved deal announced on 3 March 2023).

4.3 The 21 February letter from the Deputy First Minister to CoSLA is attached at Appendix 1 and states the Scottish Government:

“will provide an additional £100 million as a contribution to support councils to make a meaningful 2023-24 pay offer for non-teaching local government staff, recognising the critical role that those staff play in delivering front line services.”

4.4 On-going discussions between the Scottish Government and COSLA suggest that there is a further £55m of funding to be made available to bring the financial support for 2023/24 pay negotiations to £155m. What constitutes a “meaningful offer” will be influenced by any agreement reached with local authority teaching staff as a level of equity may be pursued.

4.5 Whilst the Council did not pass through an in-year or recurring share of the £260.6m additional funding for the 2022/23 pay offer, it is expected that the new 2023/24 funding will cover council employed HSCP social care staff.

4.6 The main elements of the 2023/24 social care budget gap is the result of the HSCP Board receiving no additional pay award funding for 2022/23 and flat-cash for 2023/24. The cumulative impact of pay awards in 2022/23 and a projected pay award of 4% in 2023/24 in circa £4.5 million for social care staff

4.7 Further detail on the distribution method and what percentage (%) contribution the additional financial support should cover towards a pay deal is not yet confirmed, i.e. the Scottish Government’s contribution will be based on council’s making provision within their current settlement to cover an element of any pay deal. For example if the 2023/24 pay offer for non-teaching staff was to match the previous offer of 5.5% to teachers, the Scottish Government may already expect local authorities to have made at least a 3% provision and therefore the £155m (estimated WDC share based on 1.82% GAE is £2.821m) would cover 2.5%. For the current budgeted establishment of HSCP social care staff, every additional 1% would cost circa £0.512 million.

4.8 This detail, together with early confirmation from WDC that a share will be passed through to the HSCP Board could impact on the 2023/24 projected pay costs and resulting social care budget gap.

4.9 In respect of the outstanding 2022/23 pay uplift funding for health staff, confirmation of the overall funding package of £458.7m was announced on 8 March, see Appendix 2 from the Director of Health Finance, Corporate Governance & Value Directorate. This commits to covering all additional costs, with appropriate shares being passed through to Integration Authorities.

2022/23 Financial Performance Update and Review of HSCP Reserves

- 4.10** The [21 February Financial Performance Report](#) projected an overspend for the year ended 31 March 2023 of (£0.453m). This was verbally updated on the day to highlight further inflationary price increases in drug costs, estimated to add a further £0.344m of pressure to the GP Prescribing budget, resulting in a final year-end projection of (£0.797m) overspend. This overspend is split (£0.728m) Social Care and (£0.069m) Health Care.
- 4.11** There have been no further significant movements, and this projection will be used to assess the impact on the overall HSCP reserves position at the end of the financial year, and how reserves could be applied to some 2023/24 cost pressures, after accounting for the impact of savings options for approval.
- 4.12** The HSCP Board's Reserves Policy recommends that as part of the annual budget setting exercise the Chief Financial Officer should review the current level of reserves, estimate the year end position and assess their adequacy in light of the medium term financial outlook.
- 4.13** The HSCP Board's Reserves Policy recommends that a prudent level of general reserve would be approximately 2% of the partnership's net expenditure budget. Prior to the COVID-19 pandemic, this was considered a reasonable reserves level capable of underwriting any unexpected financial risk to the HSCP Board's approved budget. However due to the uncertainties on COVID demand, flat-cash funding and significant inflationary pressures, the HSCP Board at the 27 June 2022 meeting, agreed to a general unearmarked reserves balance of £4.579m (2.6% of 2021/22 net expenditure excluding COVID-19 costs).
- 4.14** Based on the projected 2022/23 net expenditure of £195.041m, less the application of earmarked reserves of £10.831m the minimum 2% value would equate to £3.684 million.
- 4.15** The uncertainties around demand for health and social care services have been exacerbated by the highest inflation rates in decades, with the Consumer Price Index (CPI) around 10.1% in January 2023. The Bank of England predicts rates will reduce to around 4% by the middle of the year, still double their target inflation rate of 2%. This may be considered an optimistic outlook, and the HSCP Board may wish to consider increasing the 2% prudent level of general reserve or maintain it at 2% in 2023/24 and revisit when pay award funding is confirmed and progress on savings programmes are reported through regular financial performance reports.
- 4.16** The 21 February Financial Performance Update Report, provided members with a comprehensive update on the application of (withdrawal) and anticipated additions to both unearmarked and earmarked reserves, projected to 31 March 2023.

- 4.17** The additional prescribing pressure of £0.344m covered in section 4.9 above results in an overall projected overspend in GP Prescribing of (£0.957m). While this is only based on December data and is likely to change, it could be fully covered by the current earmarked prescribing reserve balance of £1.563m. However given the volatility of this budget will extend into 2023/24 it would be prudent to protect this reserve to underwrite the 2023/24 budget assumption covered more fully in sections 4.38 – 4.39 below.
- 4.18** Table 3 below sets out the projected outturn's impact on unearmarked reserves as set out in section 4.10 above and the projected movement in earmarked reserves from the February report.

Table 3: Anticipated Reserve Position as at 31 March 2023

Anticipated General Reserves Balances as at 31 March 2023	Opening Balances	Projected Movements	Projected Closing Balances
	2022/23 £m	2022/23 £m	2022/23 £m
Unearmarked Reserves	(4.579)	0.797	(3.782)
Earmarked Reserves	(29.981)	10.831	(19.150)
Total Reserves	(34.560)	11.628	(22.932)

- 4.19** The projected 2023/24 budget gaps set out in Table 1 above have included a modest application of £0.537m of earmarked reserves which will be taken from the £19.150m detailed in Table 3 above. While decisions to utilise reserves for some expenditure can be agreed by the HSCP Board for the purposes of calculating a level of unearmarked reserve, the overall 2023/24 net expenditure budget for the HSCP cannot exceed funding allocations made by our partners. Recognising there may be some further changes to the indicative allocations set-out in Table 4 and 5 below, based on a total indicative budget of £189.098m, a 2% contribution to hold as an unearmarked reserve would equate to £3.782m, which is in line with the anticipated projected closing balance for 2022/23.
- 4.20** Table 6 below considers further application of earmarked reserves to provide cover for some significant financial risks as well as to supplement the proposed savings options identified to close the projected budget gaps.

Funding from West Dunbartonshire Council

- 4.21** West Dunbartonshire Council met on 1 March to set their 2023/24 budget including the approval of their funding contribution to the HSCP Board. The approved funding contribution is based on a “flat-cash” allocation of the 2022/23 recurring budget requisition plus the full pass through of the WDC share of the additional £95m and is set out in Table 4 below:

Table 4: WDC Approved Funding Allocation to HSCP Board

Extract for WDC 1 March 2023 Report *	£m
Recurring 2022/23 Social Care Budget (see Table 1)	83.174
Full Pass through of share of £95m (see Table 2)	1.494
2023/24 Budget Contribution for Social Care	84.668

* Excludes Community Justice Funding as expenditure 100% covered by specific ring-fenced grant

- 4.22** This confirmed allocation includes a small increase of £0.058m from the £84.610m of funding assumed within the February Report (Table 1 above). Whilst compliant with the Scottish Government direction, a flat-cash allocation requires the HSCP to cover all inflationary and demographic pressures for 2023/24, coupled with the 2022/23 unfunded pay gap. This approved funding contribution does not include any anticipated share of the additional Scottish Government funding for 2023/24 local authority, non-teaching staff expected to be at least £155 million. Therefore the HSCP Board should consider this an indicative 2023/24 contribution at this time.

Justice Social Work (JSW) Services

- 4.23** The 2023/24 budget allocation for Justice Social Work Services was confirmed on 28 February 2023 as £2.047m.
- 4.24** This specific grant funding is ring-fenced under s27a and s27b of the Social Work (Scotland) Act 1968. The base funding awarded for 2023/24 has been set at the same level as 2022/23 funding to reflect the impact the pandemic has had on workload data. Similar to funding for delegated social care services this is a flat-cash allocation and the additional cost of the 2023/24 pay uplift will have to be managed by the service by turnover and minimising overtime costs.
- 4.25** In addition to the above, the Scottish Government has allocated a total of £11.8m to support pandemic recovery efforts, in line with last year, and £3.2m to support bail services including bail, bail supervision and EM bail in 2023/24. West Dunbartonshire's share of this additional funding (of £15m in total), which includes the bail supervision incentivisation scheme, will be confirmed separately once the distribution methodology has been agreed with COSLA for 2023-24.

Funding from NHS Greater Glasgow & Clyde

- 4.26** Due to the nature of the monthly financial allocations made by the Scottish Government to Health Boards, the final recurring budget roll-forward position will not be confirmed until month 12 is finalised in April 2023, followed by formal confirmation from the Health Board. This is further complicated as Health Boards have just been notified of their funding allocations to cover the cost of the 2022/23 pay uplift, with appropriate share to be passed through to

HSCPs (see Appendix 2). The indicative budget contribution is set out in Table 5 below.

- 4.27** The February HSCP Board considered a paper on the proposed change to the management of Specialist Children Services (SCS) to a single service structure hosted by East Dunbartonshire HSCP. A further paper on the progress of this change is also included within this March meeting agenda. To ratify this service change, the HSCP Board must agree to the transfer of £1.438m of 2022/23 SCS recurring budget plus an indicative share of the 2022/23 and 2023/24 pay uplift of £0.126m. This is reflected in Table 5 below.

Table 5: NHSGGC Indicative Funding Allocation to the HSCP Board

Indicative Funding Allocation based on Month 10	£m
Recurring 2022/23 Health Care Budget (see Table 1)	104.514
NHS 2% Uplift on eligible services (i.e. excludes FHS)	1.480
Transfer of SCS to East Dunbartonshire HSCP	(1.564)
2023/24 Budget Contribution for Health Care	104.430
Notional 2022/23 Set Aside Budget	33.620
NHS 2% Uplift	0.672
2023/24 Notional Set Aside Budget	34.292

Financial Risks and Uncertainties

- 4.28** Table 1 above sets out a summarised picture of the key component cost pressures considered as part of the construction of the 2023/24 revenue estimates exercise. The following sections expands on the content, uncertainties and risks related to these pressures and the mitigation that could be applied.

Pay

- 4.29** Health and social care pay increases are one of the main risk areas for the HSCP as 2023/24 pay uplifts and the potential levels of funding are unknown at this time. The Scottish Government have not published a Public Sector Pay Policy as yet, given the uncertain outlook for inflation.
- 4.30** For local authority employed staff, including those delivering delegated social care services through the HSCP, respective s95 officers have taken a collegiate approach when considering what percentage (%) to add. In West Dunbartonshire 4% has been assumed for both Council and HSCP services. This has varied across neighbouring LA and HSCP areas where uplifts have ranged from 2% - 5%. As set-out in Table 1 and section 4.7 above, 4% equates to a cost pressure of £2.046m, with every additional 1% costing circa £0.512m. Given the Scottish Government's communication of at least and additional £100m plus £55m (to be confirmed), the HSCP Board should note that senior officers will continue to negotiate that a proportionate amount is directed to fund social care staff.

- 4.31** For health board employed staff, including those delivering delegated community health care services, senior NHS GGC finance colleagues and the six CFOs have been consistent in assuming a 2% uplift for Agenda for Change and other staff groups. This is a risk, given the scale of the 2023/24 offers already being muted, however the 2% uplift has been applied on the basis that historically the Scottish Government have committed to fund pay uplifts in excess of the public sector pay policy, including the 2022/23 pay deal. The letter received on 8 March from the Director of Health Finance, Corporate Governance & Value Directorate (Appendix 2) acknowledges this commitment and confirms that the additional funding for 2022/23 pay uplifts will be added to the 2023/24 recurring base and that Health Board's should ensure that an appropriate share is passed through to Integration Authorities. As set-out in Table 1 above, a 2% equates to a cost pressure of £0.774m (including £0.129m of AfC increments), with every additional 1% costing circa £0.323m.

Inflationary Uplifts and Policy Commitments

- 4.32** The Scottish Government has provided £100m to uplift the living wage for commissioned adult social care workers to a minimum of £10.90/hr from £10.50/hr an increase of 3.8%. The 1 March 2023 letter from Director of Social Care and National Care Service Development, Scottish Government is included at Appendix 3.
- 4.33** Table 2 above sets out the HSCP share as £1.686m and this is fully committed in 2023/24 covering the 3.8% base uplift on current levels of commissioned services, new demand and increases to personal assistants. This carries a risk, as it is likely that providers of commissioned services will request additional uplifts to cover increases in non-pay related costs, given the current levels of inflation. The HSCP Commissioning Manager will work with services, providers, procurement and finance teams to scrutinise and minimise any additional funding requests in line with available funding. This challenge will align with the requirements for all new packages or care and reviews of current packages being consistent application of Eligibility Criteria.
- 4.34** There is a similar risk aligned to the 2023/24 National Care Home Contract (NCHC) negotiations. Scotland Excel, COSLA and HSCP representatives continue to work with care home sector representatives to agree on a fair deal that recognises the significant financial pressure all sectors are under. The current estimates assume an average 5% uplift after taking into account the 3.8% uplift and the 10% increase to Free Personal and Nursing Care Rates. The impact of a 1% increase over and above this would equate to an additional cost pressure of circa £0.120m.

Current 2022/23 demand continuing into 2023/24

- 4.35** Regular financial performance reports throughout the 2022/23 financial year, have highlighted areas where actual costs are in excess of approved

budgets. The main ones being Children and Families Community Placements (some costs being offset with COVID-19 funding); Care at Home overtime and agency costs (being offset by Winter Monies) and GP Prescribing (being offset with turnover across all other health services but with an earmarked reserve available).

- 4.36** Table 1 above highlights the additional cost of community and residential placements pressure for 2023/24 as £1.459m, which has further increased over the last couple of months as placement numbers have increased and information of 2023/24 potential inflationary uplifts exceed the 5% currently estimated. As part of the planned review across children and family services, the Head of Service is developing a medium term plan “What Would it Take” that includes Shifting the Balance of Care from external fostering agencies and residential placements to local in-house foster care and kinship arrangements.
- 4.37** The Care at Home Review continues to make progress and enhancements to the CM2000 scheduling tool and increased compliance information will be used to maximise effective planning of daily service delivery to clients, reducing premium rate overtime costs and travel costs. The new Reablement Team (funded from Expanding Care at Home Winter Funding) is currently being recruited to, now the manager is in place, and this will also contribute to managing new demand by supporting people intensively to regain their independence in the first 6 weeks to reduce the need for service in the short to medium term.
- 4.38** GP Prescribing is the largest singular budget delegated to the HSCP at £20m, yet the management of such a budget is highly complex and significantly impacted by global price inflation, as the majority of drugs are imported from Asia and Europe. During the first two years of the pandemic the volume of drugs dispensed fell significantly, and while there was some price increases due to short supply, overall the costs were less than the approved budget. This provided an opportunity to create and maintain an earmarked prescribing reserve over the last three years. Refer to “2022/23 Financial Performance Update and Review of HSCP Reserves” section above.
- 4.39** During 2022/23 the volume of items dispensed across our GP Practices has increased by an average of 2.2%, coupled with an average price increase of 5.1%. If the current volume and price trends continued on this trajectory, before including any prescribing efficiency, the 2023/24 budget would have to increase by 10.6% at a cost of £2.1m. Given the Scottish Government have only uprated recurring budgets by 2%, significant savings would have to be found across other front line services to balance this pressure. The current estimated uplift set-out in Table 1 above is based on a 5% uplift and is a main element of the current health care gap. It is recommended that the budgeted increase does not exceed the 5% level, and the current earmarked reserve of £1.563m (subject to change as the January to March information is made available) is used to underwrite any potential 2023/24 shortfall.

Update on Projected Budget Gaps

- 4.40** Further scrutiny and analysis has been undertaken by senior managers to minimise the projected budget gaps set out in Table 1 above. Any further management action, savings options or application of reserves has been considered in line with the new strategic priorities set out in the “2023 - 2026 Strategic Plan: Improving Lives Together”, included for approval as a separate item on this agenda. While the plan sets out the case for change across West Dunbartonshire, to tackle health and social care issues exacerbated by deprivation, it also acknowledges the challenging financial landscape public sector bodies operate within.
- 4.41** Table 6 below (and Appendices 4 to 7) sets out the further adjustments made which includes reducing the projected burden of pay awards by reflecting the above average turnover and recruitment challenges experienced in 2022/23 across the HSCP, in particular social worker and care staff. It also takes cognisance of the impact of COVID-19 in reducing demand in some services with numbers not yet returned to pre-pandemic levels e.g. care home places. The response to the pandemic also impacted on annual service reviews of individual service packages and how they align to the Eligibility Criteria approved by the HSCP Board in February 2021. All new packages and reviews of existing packages will be subject to a My Life Assessment (MLA) Screening and/or a full MLA review with funding signed off by the refreshed Area Resource Group.

TABLE 6: 2023/24 Closing the Revised Budget Gap

WD HSCP Composition of February Gaps	Social Care £m	Health Care £m	Total HSCP £m
Estimated Gap as at 21 February Board (Table 1 above)	4.712	1.349	6.061
Change from Projected Funding to Confirmed Funding	0.058	0.000	0.058
Revised 2023/24 Gap before Options	4.654	1.349	6.003
Management Adjustments:			
Please refer to Appendix 4 for full detail	(2.084)	(1.137)	(3.221)
Revised 2023/24 Budget Gap as at March 2023	2.570	0.212	2.782
Savings Options requiring HSCP Board Approval:			
Please refer to Appendix 5 and 6 for full detail	(1.294)	(0.106)	(1.400)
Shortfall in Savings if all options taken	1.276	0.106	1.382
Suggested Application of Reserves to close the gap:			
Residual Scottish Government Grant funding for roll out of Adult and Child Disability Pyts			(0.132)
Reduce DWP Conditions Management Reserve to reflect significantly reduced costs being recharged by NHSGGC			(0.100)
Scale back plans of previously approved application of reserves from June 2021 as continued difficulties in recruitment e.g. Digital Transformation, Training & Development and Participatory Budgeting			(0.469)
Reduce Complex Care Packages reserve by 50%			(0.280)
Remove Unscheduled Care Earmarked Reserve as no current plan as superseded by capacity within Winter Planning earmarked reserves			(0.692)
Total of Reserves Proposals			(1.673)
Please refer to Appendix 7 for full detail			
Final Position if all options and reserves accepted			(0.291)

- 4.42** The proposals set-out in Table 6 above and accompanying appendices provides a small element of flexibility if all the savings options are accepted and would allow the HSCP Board to set a balanced budget based on the indicative funding offers and estimated costs of delivering delegated health and social care services in 2023/24. It would also add a small margin for any delay in the delivery of management adjustments and savings options.
- 4.43** As covered in the “Financial Risks and Uncertainties” section above, delivery of the range of options do not come without risk, and as such a number of the adjustments related to additional turnover are assumed for one year only. Turnover targets have always been factored in health and social care budgets and formed part of the original delegated budgets. They range from 1% to 4% depending on frontline or support services and over the last three years they have been exceeded across the majority of services. This situation is not unique to West Dunbartonshire, and is one of the main contributory factors in all Scottish HSCPs holding significant levels of reserves across a range of Scottish Government policy commitments. While the recovery from COVID may encourage more people to seek career opportunities across health and social care, filling vacancies timeously will remain challenging. Therefore together with all the other uncertainties around inflation and pay, increasing turnover targets, where appropriate, in 2023/24 is considered a reasonable approach in the short term.

5. Refresh of Medium Term Financial Plan 2023/24 – 2027/28

- 5.1** The 2022/23 to 2026/27 Medium Term Financial Plan (MTFP) was approved by the HSCP Board on 21 March 2022. This “likely” or “mid-range” estimates within the MTFP were predicated on continued pay restraint in public sector pay of between 2%-3%. With pay settlements in 2022/23 being on average 7%, all future estimates require to be rebased and reflect 2023/24 offers. Table 7 below provides a high level review of the indicative future year’s gaps for 2024/25 and 2025/26 based on the anticipated 2023/24 position.

TABLE 7: Integrated Budget Gaps 2023/24 to 2025/26

	2023/24	2024/25	2025/26
	(£m)	(£m)	(£m)
Indicative Draft Budget	191.017	197.016	202.026
Indicative Funding	189.098	190.578	192.087
Annual Budget Gap	1.919	6.438	9.939
Cumulative Budget Gap	1.919	6.147	15.610
Application of Reserves	2.210	0.185	0.194
Annual Budget Gap	(0.291)	5.962	15.416
Cumulative Budget Gap	(0.291)	5.671	21.087

- 5.2** The MTFP requires a fuller refresh to reflect the priorities and strategic direction of the new “Strategic Plan 2023 – 2026 Improving Lives Together” as well as considering the range of risks currently facing the HSCP. In particular

pay awards, significant inflationary pressures on commissioned services and how the trajectory of demand for health and social care services will alter to reflect deprived communities disproportionately impacted after three years of COVID-19 and a current “cost of living crisis”.

- 5.3** The refreshed plan, with work undertaken after the conclusion of the annual accounts exercise, will consider the medium term financial outlook over the next 5 years based on current financial performance and planned financial performance for 2023/24. Through the application of sensitivity analysis it will identify a range of future year pressures, potential funding gaps ranging from the “most likely” to “worst case”. Our response to minimise the gap will be updated to reflect progress of service transformation programmes either delayed or paused as limited staffing resources focused on responding to the pandemic and resulting service backlogs. Also what benefits can be realised through strategic commissioning and community empowerment supported by our Reserves Strategy.

6. Other Integrated Budgets in Scope

- 6.1** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to Integration Authorities.

- 6.2** As covered within the regular financial performance report, these budgets are currently held within WDC’s ‘Roads and Neighbourhood’ and ‘Housing and Employability’ Services and are managed on behalf of the HSCP Board. The 2023/24 budgets approved by Council on 1 March 2023 are detailed below, including the impact of approved savings:

- Aids and Adaptations - £0.250m (unchanged)
- Care of Gardens - £0.229m (reduced from £0.440m) – WDC Savings Option RN04 – extract below:

“All households joining the scheme would pay an annual fee of £100 per property. It is estimated that approximately 400 households would not re-apply for the scheme if this option was taken. This would reduce the cost of running the service by £135,200 and together with achieving a potential income of £76,000 through the introduction of a fee, this option could deliver a total saving of £211,200.”

7. Capital

- 7.1** West Dunbartonshire Council approved their refreshed 10 year capital plan on 21 December 2022 and made a number of changes to the plan approved in March 2022, including reprofiling, removing or reducing projects based on *“delivering best value for the Council, including prioritisation to ensure the continued delivery of essential services”*.

7.2 The Community Alarm Upgrade from Analogue to Digital remains unchanged with a capital budget allocation of £0.924m to deliver the project. This will be monitored by the HSCP Board through regular financial performance reporting. An extract of the decisions to both remove funding and reduce funding over the 10 year period are shown below:

- Remove funding for replacement of Carefirst saving £1.4m.

HSCP	Replacement of CareFirst	Whilst there has been concern that the CareFirst supplier (OLM) will 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 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.
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- Reduce annual funding for Aids & Adaptations by 15% saving £1.071m over the 10 year plan.

HSCP	Aids & Adaptations for HSCP clients and telecare	This is a recurring and demand led budget which historically has spend fluctuating between 79% and 100% of budget which suggests there is scope to reduce the commitment but not by an excessive amount. COVID has resulted in a backlog of social work assessments and this, added to the deterioration in the health and mobility of people affected by COVID restrictions means there is a possibility of an increase in pressure on this budget. Therefore spend against it should be closely monitored to determine if the reduced budget is sufficient over the medium to long term. Proposal is to reduce annual allocation by 15%
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7.3 The phasing of the approved HSCP capital budgets from 2023/24 to 2031/32 are detailed in Table 8 below:

Table 8 – Capital Budgets 2023/24 to 2031/32
(Extract from WDC 1 March 2023 Budget Setting Report)

Description	Forecast Outturn 2022/23	Budget 2023/24	Budget 2024/25	Budget 2025/26	Budget 2026/27 to 2031/32
	£m	£m	£m	£m	£m
Aids & Adaptations	0.969	0.804	0.744	0.767	4.602
Community Alarm Upgrade	0.040	0.268	0.154	0.000	0.462

8. Options Appraisal

- 8.1** All savings options underwent review and challenge by the Senior Management Team supported by Finance and HR colleagues. Those presented for approval are contained within Appendix 6.

9. People Implications

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

10. Financial and Procurement Implications

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

11. Risk Analysis

- 11.1** The main financial risks to the 2022/23 outturn position and 2023/24 estimates relate to uncertainty over current and future year pay awards and associated funding, coupled with inflationary pressures contributing to the “cost of living crisis” which will have a disproportionate impact on low income households and those with a disability and other health and social care needs. The HSCP Delivery Plan that supports the new “Strategic Plan 2023 – 2026 Improving Lives Together” will require to adapt as the financial year progresses to address any realisation of risk, after mitigation.
- 11.2** In relation to budget setting there are a number of risks in relation to the current and future years including:
- The legacy impact of the Covid-19 pandemic on, demand pressures across the range of community services;
 - Financial sustainability and the ongoing need to ensure the reserves strategy is prudent and serves the needs of the HSCP;
 - Scottish Government funding for 2023/24 pay settlements not being sufficient to cover actual costs across local government and health boards;
 - No clear direction from Scottish Government to ensure our partners pass through an appropriate share of any funding received;
 - Scottish Government not providing sufficient funding for planned increases to the Scottish Living Wage in respect of the National Care Home Contract;
 - Financial impact of the Independent Review of Adult Social Care;
 - Delivery of targets and outcomes such as delayed discharge and waiting times;
 - Managing demand and the impact of legislative changes e.g. Carers Act and Free Personal Care for under 65’s;
 - Potential short supply prescribing pressures and inability to deliver of efficiency programmes; and

12. Equalities Impact Assessment (EIA)

- 12.1** Equalities Impact Assessments have been undertaken by Heads of Service in relation to any saving options presented for consideration and approval. These will be made available on the HSCP website as required.

13. Environmental Sustainability

- 13.1** None required.

14. Consultation

- 14.1** This report and the projections and assumptions contained within it has been discussed with both council and health board senior colleagues and HSCP Board members, through targeted board member sessions.

15. Strategic Assessment

- 15.1** Proper budgetary control and sound financial practice are cornerstones of good governance and support the HSCP Board and officers to pursue the priorities of the new Strategic Plan 2023 – 2026 Improving Lives Together.

16. Directions

- 16.1** The 2023/24 indicative budget allocation for core health and social care services are set out within a direction at Appendix 8 to both WDC and NHSGGC.

Name	Julie Slavin
Designation	Chief financial Officer
Date:	15 March 2023

Person to Contact: Julie Slavin – Chief Financial Officer
E-mail: julie.slavin@ggc.scot.nhs.uk

Appendices:

- Appendix 1 – Letter Deputy First Minister to COSLA
21 February 2023
- Appendix 2 – Letter Director of Health Finance, Corporate
Governance & Value Directorate 8 March
- Appendix 3 – Adult Social Care Uplift Letter
March 2023
- Appendix 4 – Management Adjustments Summary
- Appendix 5 – Savings Options Summary
- Appendix 6 – Savings Options Detail
- Appendix 7 – Proposed Reserves Adjustments
- Appendix 8 – Directions

Background Papers: 2022/23 Financial Performance Report as at Period 9 and 2023/24 Annual Budget Setting Update (21 February 2023)

Localities Affected: All

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



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Copied to:
Cllr Stephen Heddle, COSLA Vice President
&
Cllr Katie Hagmann, COSLA Resources
Spokesperson

21 February 2023

Dear Shona,

I am writing to set out further detail on the stage 3 Budget announcement. Since the publication of the draft budget on 15 December, I have listened closely to all of our partners. I understand the significant budget challenges faced by Local Government to deliver crucial support for people and communities across Scotland.

Hard decisions are having to be made across all public services and I have already provided additional funding to Local Government as set out in my letter on 15 December. But I recognise that local authorities, like this government and other public bodies, are facing significant additional pressures, caused largely by the increase in inflation and energy costs. The failure of the U.K. Government to provide specific additional support for the public sector is disappointing and I hope you will join me in pressing for this in the U.K. budget.

I have nevertheless announced today in parliament that I will provide an additional £100 million as a contribution to support councils to make a meaningful 2023-24 pay offer for non-teaching local government staff, recognising the critical role that those staff play in delivering front line services. This delivers on the commitment made in my letter of the 14 February.

I hope this will enable a swift agreement in the Scottish Joint Council pay negotiations so that relevant staff receive a pay increase in 2023-24 as early as possible.

We are already supporting Local Government pay with an additional £260.6 million reflecting the 2022-23 pay award. This will be baselined within the Budget for future years and in 2023-24 consists of £140 million revenue and £120.6 million capital.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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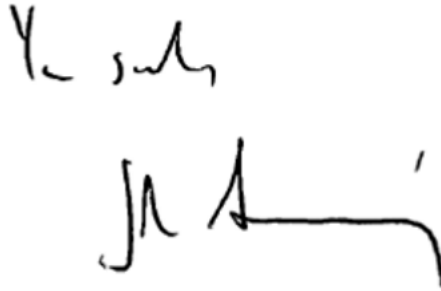
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In addition I confirmed last week that we would provide a further £156 million in Scottish Government funding (£33 million for 2022-23, and £123 million for 2023-24) to support the enhanced offer to the SNCT pay negotiations for both years.

I trust that this letter serves to confirm the position for SJC pay negotiations ahead of consideration by COSLA Leaders on Friday 24 February.

A handwritten signature in dark ink, appearing to read 'John Swinney', with a stylized flourish at the end.

JOHN SWINNEY

**Health Finance, Corporate Governance &
Value Directorate**
Richard McCallum, Director



Scottish Government
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NHS Chief Executives

Copied to;
NHS Directors of Finance
Integration Authority Chief Finance Officers

via email

8th March, 2023

Chief Executives

2022-23 Pay Uplift

Following review of data submitted by NHS Boards and work with the NHS Peer Review Group, I can confirm that funding of £458.7 million is being provided in year to meet the additional costs of the Agenda for Change and Medical & Dental pay uplifts in 2022-23. A breakdown by NHS Board is included in the Annex to this letter. This includes full provision for staff funded through in-year allocations, e.g. PCIF or Mental Health Action 15. NHS Boards should ensure that an appropriate level of funding is passed through to Integration Authorities to meet additional in-year costs of the pay deal. Additionally, as this funding has largely been distributed based on baseline budgets, appropriate adjustment should be made to service level agreements between Boards. Further detail on the allocation will also be shared with NHS Corporate Finance Network and uplift on service level agreements will be agreed in this forum.

This funding is being provided on a non-recurring basis for the current year. Funding in 2023-24 will be provided on a recurring basis and form part of Boards baseline funding going forward. This will take into account additional funding indicated through the 2023-24 budget process and associated uplift. We will work closely with NHS Boards to better understand the recurring cost and the implications of the 2023-24 Agenda for Change pay offer, along with the current work to baseline and bundle allocations where appropriate.

Yours sincerely

Richard McCallum
Director of Health Finance and Governance



Annex: 2022-23 Pay Uplift

NHS Boards	£000s
NHS Ayrshire & Arran	29,000
NHS Borders	8,200
NHS Dumfries & Galloway	12,400
NHS Fife	27,400
NHS Forth Valley	19,300
NHS Grampian	40,300
NHS Greater Glasgow & Clyde	91,100
NHS Highland	28,300
NHS Lanarkshire	45,500
NHS Lothian	64,200
NHS Orkney	2,000
NHS Shetland	2,500
NHS Tayside	30,900
NHS Western Isles	3,100
Territorial Sub-Total	404,200
NHS National Services Scotland	6,800
Scottish Ambulance Service	18,000
NHS Education for Scotland	15,000
NHS 24	4,000
NHS Golden Jubilee	4,600
The State Hospital	2,500
Public Health Scotland	2,300
Healthcare Improvement Scotland	1,300
Total	458,700

Note: Funding excludes NSD topslice and research staffing. Full funding of 7.5% (average- Agenda for Change) and 4.5% has been applied to staffing reported as non-recurring.

Director of Social Care and National Care
Service Development Directorate
Donna Bell



E: donna.bell@gov.scot

To: Integration Authority Chief Officers
Integration Authority Chief Finance Officers
Local Authority Chief Executives
Local Authority Directors of Finance
COSLA
Scotland Excel
ILF Scotland
Chief Social Work Officers
Scottish Care
CCPS
Care Inspectorate
Unite
UNISON
GMB
STUC
Care providers

From: Donna Bell, Director of Social Care and National Care Service Development,
Scottish Government

Date: 1 March 2023

Adult Social Care Pay Uplift

Dear colleague,

Following agreement at COSLA Leaders on 27 January 2023, I am writing to confirm the initial details of the pay uplift for adult social care workers that was announced on 15 December 2022 by the Cabinet Secretary for Finance and Economy as part of the Scottish Budget for 2023/24.

As you are aware, in the Scottish Budget for the 2023/24 financial year, it was announced that £100 million will be transferred to Local Government to support the delivery of a £10.90 minimum wage for all adult social care staff delivering direct care in commissioned services from April 2023. This funding will be paid to Local Authorities in the weekly General Revenue Grant payments from 1 April 2023. While the majority of the funding is expected to be committed to this pay uplift, Integration Joint Boards (IJBs) have the discretion to spend any remaining funding on other measures relating to the social care workforce in commissioned services.

There has been political agreement that the uplift to £10.90 per hour will be delivered in the same manner as the uplift to £10.50 per hour for these workers, which was delivered from April 2022.

Scope

The pay uplift will apply to staff providing direct care within Adult Social Care in commissioned services in the third and independent sectors. This will include Supervisors, Practitioners, Support Workers, Personal Assistants and staff providing overnight support. This funding will apply to workers in care homes, care at home, day care, housing support, adult placement services, respite services and those delivering direct support through all SDS Options.

This funding will enable pay for these workers, in these services, to be uplifted from at least £10.50 per hour to at least £10.90 per hour.

Full details of scope and eligible services can be found at Annex A.

Timing and Process

This funding will take effect from April 2023.

In line with existing process and previous years approach, Local Government and Integration Joint Boards will be working through the required governance, legal and contractual arrangements to deliver this to providers.

Local indications suggest that most payments will be made across April and May, with funding back dated and provided for all hours worked from April 2023. Best endeavours will be made to have all payments with providers by July 2023. However, this relies on timely return of contract variation letters by providers.

The Scottish Government and COSLA will meet with Scottish Care, Coalition of Care and Support Providers Scotland (CCPS) and Trade Union representatives to discuss any concerns or questions around implementation and will work together to resolve these quickly.

Policy Implementation

The uplift to £10.90 per hour will be distributed in the same manner as the previous uplift to £10.50 per hour for the workers in scope.

This will mean a 3.8% uplift will be applied to a set percentage (national weighting) of contract values, in line with the **average full workforce costs** for residential and non-residential services. A separate agreed weighted percentage has been set for Personal Assistants who are paid directly through SDS Option 1 budgets.

The current approach provides funding for wages and on-costs and the national weightings are based on the **average full¹ workforce costs** within a contract.

¹ The term **average full workforce cost** references and means that the weightings do not only include workers on the £10.50 per hour in direct care roles - that this uplift to £10.90 is intended for - but that the calculation also provides for all workers employed directly within services and the associated on-costs. This includes workers on higher rates and in non-direct care roles as are included in the contracts.

National Weightings

The national weightings for the £10.90 uplift will be the same as those used for the uplift to £10.50. These percentages are below:

- Residential care – uplift applied to **71.8%** of full contract value
- Non-residential – uplift applied to **86.9%** of full contract value
- Personal Assistants – uplift applied to **90%** of SDS Option 1 budgets

This equates to contract uplifts of 2.73%, 3.30% and 3.42% respectively.

Due to the nature of this approach, this may result in some providers having funds remaining once the policy intent - **to uplift pay for the workforce delivering direct care to at least £10.90 per hour** - has been fully delivered.

Any additional funds that providers may have from this policy must be spent on uplifting pay for the directly employed workforce working within services for the 2023/24 financial year. It is the provider's discretion of how any remaining funds are to be spent within these stipulations, but this can be used to support differentials.

Non-workforce costs

This policy, to uplift the minimum rate of pay for adult social care workers, provides funding for wages and on-costs within providers contracts.

Local areas still have the ability to offer increases to providers on the non-workforce costs within their contracts.

Any changes, over and above the funding for the pay uplift, on the rest of local contracts / Scotland Excel, Adult Social Care National Flexible Frameworks to address other increasing and inflationary non-workforce costs would be outwith the remit of this policy, and would form part of the normal local contractual negotiating process with providers and their local commissioners and finance departments. For national arrangements, Scotland Excel will work in collaboration with providers and commissioners in line with the Framework's Price Review process.

Assurance process

For this uplift, and in line with previous practice, providers will be required to sign and return contract variation letters. This will confirm that the funding must only be used for uplifting pay and local areas will be responsible for assuring this funding is used for these purposes through their normal contract monitoring processes.

As per usual process, funding will then be released to providers as soon as possible after they return their signed contract variation letters.

Personal Assistants

Separate guidance will be issued for PA employers.

ILF Scotland

Separate guidance will be issued for ILF Scotland recipients.

Next steps

I hope this provides clarity on the pay uplift for 2023/24.

The Scottish Government recognises the exceptional work of the social care workforce and we thank them for the most important role that they play in our communities.

We appreciate you sharing this with your networks and working with us to get this uplift delivered to the workforce at speed.

Yours sincerely,



Donna Bell

Director of Social Care and National Care Service Development

Annex A

Workforce in scope (those eligible to be paid a minimum of £10.90)

Broad title	Role description
Supervisor in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	<p>Worker who holds responsibilities for providing and supervising the provision of care and/or support provided directly to adults using residential care / a user within a care at home service or of a housing support service.</p> <p>This also includes workers providing overnight support²</p>
Practitioner in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	<p>Worker who provides care and support to adults using residential care and who has responsibility for co-ordinating the implementation of care plans. This may include holding keyworker responsibilities.</p> <p>This also includes workers providing overnight support</p>
Support Worker in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	<p>Worker employed in providing care / and or support directly to adults using residential care / a user of service within a care at home service or of a housing support service.</p> <p>This also includes workers providing overnight support</p>
Personal Assistants	Separate guidance will be provided.

Services in scope

² Overnight support is where a care worker sleeps, provides a waking night service or night sitting service, in the home of someone they support or in work premises, so that they are on hand in case of an emergency or any other issue during the night.

The uplift applies to commissioned services for adult social care in the independent and third sectors.

This does not include workers in children's, justice or homelessness services.

Type of service	Definition of services
Care homes	A service which provides accommodation, together with nursing, personal care or personal support, for persons by reason of their vulnerability or need this may include for: alcohol & drug misuse, blood borne virus, learning disabilities, mental health problems, older people, physical and sensory impairment or respite care and short breaks.
Care at home	<p>Care at home is registered by the Care Inspectorate as a support service – "Support Service – Care at home."</p> <p>A support service is defined as a personal care or personal support service provided by arrangement made by a local authority or health body to a vulnerable or person in need. This does not include a care home service or a service providing overnight accommodation.</p>
Day care	<p>Adult day care is registered as a support service – "Support service – Other than care at home."</p> <p>See definition above.</p>
Housing support	<p>A service, also defined as Supported Living, which provides support, assistance, advice or counselling to a person who has particular needs, with a view to enabling that person to occupy residential accommodation as a sole or main residence.</p> <p><u>This will include delegated and non-delegated services.</u></p> <p>The nature of the work within the contract (either residential or non-residential care) should attract the current percentage uplifts applied to the total value of the contract.</p>
Adult placement services	A service which consists of, or includes, arranging for the provision of accommodation for an adult (age of eighteen years or over), together with personal care or personal support or counselling, or other help, provided other than as part of a planned programme of care by reason of the

	<p>person's vulnerability or need, by placing the person with a family or individual; but a service may be excepted from this definition by regulations.</p>
All SDS Options (1, 2, 3 and 4)	<p>All SDS Options where workers provide direct Adult Social Care support, either in a social care provider organisation or someone paying a Personal Assistant.</p>
Respite services	<p>Registerable under a care home and housing support as per the definitions above.</p>
Shared Lives	<p>Shared Lives services are a form of care that supports people to live safely and comfortably in a home and community of their choosing. Care is provided by professional carers - either individuals, couples or families - in their homes and as part of their local community.</p> <p>The services in scope are</p> <ul style="list-style-type: none"> • Live-in support • Daytime support <p>The nature of the work within the contract (either residential or non-residential care) should attract the current percentage uplifts applied to the total value of the contract.</p>

**West Dunbartonshire Health & Social Care Partnership
2023/24 Budget Preparation - Management Adjustments**

Ref:	Head of Service	Health Care or Social Care	Management Adjustment	2023/24		2024/25		2025/26	
				Saving (£000)	FTE	Saving (£000)	FTE	Saving (£000)	FTE
HQ01	All	Health Care	Remove incremental AfC estimate and manage through turnover	129	0.00	129	0.00	129	0.00
HQ02	All	Health Care	Remove inflationary uplifts on non-pay items	92	0.00	92	0.00	92	0.00
MH05	S Chatfield	Health Care	Reduce travel costs as MS Teams will be default for meetings going forward	50	0.00	50	0.00	50	0.00
MH06	S Chatfield	Health Care	Temporary Increase in Turnover to reflect recruitment challenges - additional 1% from current 3% recurring target (one year only)	50	0.00	0	0.00	0	0.00
RS01	H Little	Health Care	Removal of long-term vacant B7 following conclusion of service redesign	64	0.00	64	0.00	64	0.00
MSK01	H Little	Health Care	Temporary Increase in Turnover to reflect recruitment challenges - additional 5% from current 4% recurring target (one year only)	362	0.00	0	0.00	0	0.00
PR01	F Taylor	Health Care	Reduce funding for costs of in-person meetings replaced by MS Teams	15	0.00	15	0.00	15	0.00
AN01	F Taylor	Health Care	Removal of 1.8 wte long-term vacant nursing posts previously used to support Care Homes (replaced by new arrangements)	97	1.80	97	1.80	97	1.80
FIT01	F Taylor	Health Care	Removal of long-term vacant Pharmacy Technician post	43	1.00	15	1.00	15	1.00
FIT02	F Taylor	Health Care	Remove allocation to CVS for PACE Service	50	0.00	50	0.00	50	0.00
COPT03	F Taylor	Health Care	Remove vacant Band 3 Rehab Worker	34	1.00	34	1.00	34	1.00
HCC01	F Taylor	Health Care	Remove funding for NHS Highland SLA vacant shared nursing post	31	0.50	31	0.50	31	0.50
HCC02	F Taylor	Health Care	Remove budget for AWI Commissioned beds in Quayside	120	0.00	120	0.00	120	0.00
			HEALTH CARE SUB-TOTAL	1,137	4.30	697	4.30	697	4.30
S&T03	MJ Cardno	Social Care	Removal of Press Officer vacancy from end of March 2023	54	1.00	54	1.00	54	1.00
HQ04	All	Social Care	Reduce cost of 2022/23 unfunded pay gap to reflect turnover across services (one year only)	361	0.00	0	0.00	0	0.00
HQ05	All	Social Care	Revise the estimated cost of the additional day's annual leave for front line staff only	204	0.00	204	0.00	204	0.00
LD02	S Chatfield	Social Care	Application of Eligibility Criteria to all reviewed packages with support of commissioned providers	200	0.00	200	0.00	200	0.00
MH01	S Chatfield	Social Care	Application of Eligibility Criteria to all reviewed packages with support of commissioned providers	161	0.00	291	0.00	291	0.00
MH03	S Chatfield	Social Care	Remove rental cost support to MH Forum Service User Group	7	0.00	7	0.00	7	0.00
CAH01	F Taylor	Social Care	Reduction in Care at Home overtime and agency spend	600	0.00	975	0.00	975	0.00
CH01	F Taylor	Social Care	Revision of income targets in QQ based on 22/23 trends of more Self-funders and full charge to LAs outwith area	128	0.00	128	0.00	128	0.00
CH04	F Taylor	Social Care	Maintain externally purchased care home beds at current 2022/23 budgeted level, in recognition of additional internal capacity	369	0.00	369	0.00	369	0.00
			SOCIAL CARE SUB-TOTAL	2,084	1.00	2,228	1.00	2,228	1.00
			TOTAL MANAGEMENT ADJUSTMENTS	3,221	5.30	2,925	5.30	2,925	5.30

**West Dunbartonshire Health & Social Care Partnership
2023/24 Budget Preparation - Savings Proposal**

Ref:	Head of Service	Health Care or Social Care	Savings Proposal	2023/24		2024/25		2025/26	
				Saving (£000)	FTE	Saving (£000)	FTE	Saving (£000)	FTE
S&T01	F Taylor	Health Care	Removal of funding for external support for Scottish Care	30	0.00	30	0.00	30	0.00
S&T05	MJ Cardno	Health Care	Removal of Vacant Senior Health Improvement Officer	76	1.00	76	1.00	76	1.00
			HEALTH CARE SUB-TOTAL	106	1.00	106	1.00	106	1.00
S&T04	MJ Cardno	Social Care	Approval of new Transport Policy will reduce requirement for taxis and some internal transport across social care services	100	0.00	100	0.00	100	0.00
C&F01	L James	Social Care	Review of Residential School Placements as part of redesign*	198	0.00	198	0.00	198	0.00
C&F02	L James	Social Care	Review of Kinship placements as part of redesign*	54	0.00	54	0.00	54	0.00
C&F05	L James	Social Care	Review of external fostering placements as part of redesign*	91	0.00	91	0.00	91	0.00
LD01	S Chatfield	Social Care	Review of Community and Employment Support Teams*	88	2.00	88	2.00	88	2.00
ADD01	S Chatfield	Social Care	Removal of funding to Y-Sort It for decommissioned "Wrecked and Wasted" campaign	30	0.00	30	0.00	30	0.00
ADD02	S Chatfield	Social Care	Removal of funding to Alternatives for rent costs	7	0.00	7	0.00	7	0.00
MH01	S Chatfield	Social Care	Review of Mental Health Teams	103	3.00	180	3.00	180	3.00
CAH03	F Taylor	Social Care	Removal of care at home overnight support as provided by District Nurses	140	2.80	140	2.80	140	2.80
CH01	F Taylor	Social Care	Pause in expansion of opening 14 beds across our care homes	483	15.00	0	0.00	0	0.00
			SOCIAL CARE SUB-TOTAL	1,294	22.80	888	7.80	888	7.80
			* Future Years Savings subject to change/increase						
			TOTAL SAVINGS OPTIONS FOR APPROVAL	1,400	23.80	994	8.80	994	8.80

2023/24 BUDGET PREPARATION – SAVING OPTION

Chief Officer: Fiona Taylor		Saving Ref S&T01			
Saving Title		Removal of funding for external support for Scottish Care Independent Sector Lead			
Summary of Savings Proposal					
End contract with Scottish Care: Independent Sector Lead					
Impact and Risk Associated with Proposed Savings					
<p>Since the start of the pandemic a number of initiatives, pathways of care and services have been established to support Care Homes which have enhanced the level of partnership working between the HCSP and the 7 Independent Care Home providers in West Dunbartonshire.</p> <p>Examples: HSCP Collaborative Care Home group, support from the Health Board Care Home Collaborative Group, Care Home Liaison Nurse, Nurse Team Leader aligned to support Care Homes across the Quality Assurance agenda, Senior Social Worker for Care Homes, regular provider meetings led by the Nurse Team Leader.</p> <p>Regular Care Home manager meetings are in place as a platform to share good practice and identify areas of concern, looking ahead these will be led by the Head of Service, supported by the HSCP Commissioning team. The format of these meetings will be amended to ensure that Independent Contractors have an opportunity to participate in decision making and collaborate on initiatives. This will be reflected also for Non Residential Independent Contractors – led by the Commissioning and Procurement Team.</p> <p>Risk:</p> <p>Within the role profile for this post is responsibility to ‘engage with and build the capacity of the independent sector to contribute to the integration of health and social care’. Mitigated across examples given above. Opportunity also for greater participation by Managers at Locality Meetings and, if indicated, specific Health and Community Care meetings- as assessed by the Head of Service and in collaboration with Independent Managers.</p>					
Saving					
2023/24		2024/25		2025/26	
£000	FTE	£000	FTE	£000	FTE
30		30		30	

2023/24 BUDGET PREPARATION – SAVING OPTION

Chief Officer: Margaret Jane Cardno		Saving Ref: S&T01			
Saving Title		Removal of Vacant Health Improvement Manager Post (NHS Band 8B)			
Summary of Savings Proposal					
Removal of vacant Health Improvement Manager Post (NHS Band 8B)					
Impact and Risk Associated with Proposed Savings					
<p>A review of management capacity across the Strategy and Transformation Service would allow removal of this post whilst mitigating against the impact by providing career progression opportunities within the service.</p> <p>There is no impact on individuals as this post has been vacant since the retiral of the post holder in September 2022.</p> <p>The impact on service delivery can be mitigated against through service redesign and skill mix.</p> <p>The overall budget reduction, based on the above model, is estimated to be in the region of £76k.</p>					
Saving					
2023/24		2024/25		2025/26	
£000	FTE	£000	FTE	£000	FTE
76	1	76	1	76	1

2023/24 BUDGET PREPARATION – SAVING OPTION

Chief Officer: Margaret Jane Cardno		Saving Ref: S&T04			
Saving Title		Review of Assisted Transport			
Summary of Savings Proposal					
The proposed Assisted Transport Policy will provide all staff with a policy position that aims to maximise independence, choice and control, values inherent within the HSCP approach to Self-Directed Support. The policy aims to ensure that care managers systematically consider all alternative transport options with individuals to maximise independence which will also reduce costs to the HSCP					
Impact and Risk Associated with Proposed Savings					
Because of how transport is currently provided, the implementation of the policy will inevitably involve change. Some people may perceive this negatively while others will see it as an equitable, consistent and transparent approach and will support choice, independence and control alongside the planning of their care.					
A financial risk to the HSCP is that any reduction in the usage of HSCP transport provision will reduce the income generated by charges in this area.					
An additional financial risk was identified in the EIA in the shape of West Dunbartonshire’s aging population and older people’s disproportionate use of HSCP services (i.e. more older than younger people) and perhaps requiring assistance with transport. There are a number of variables which stand to impact upon this including, for example, the type of service provided, the location of those services and the resources available to the person using services. This area will require to be monitored to understand any net costs and / or savings and whether the anticipated saving is realised.					
A critical risk to generating efficiencies lies with changing the procurement of transport based on the implementation of the policy. As noted, should the policy see a reduction in demand for certain types of transport, active steps will be required to change the commissioning of this transport. Failure to do so would see transport continue to be commissioned but effectively unused. This risk will be monitored as part of the monitoring framework detailed within the policy.					
Saving					
2023/24		2024/25		2025/26	
£000	FTE	£000	FTE	£000	FTE
100	0	100	0	100	0

2023/24 BUDGET PREPARATION – SAVING OPTION

Chief Officer: Lesley James		Saving Ref: C&F01, 02 & 05			
Saving Title		Shifting 'The Balance of Care' as part of a 5 year Children's Service Strategy 'What would it Take?'			
Summary of Savings Proposal					
The strategy aims to deliver improved outcomes for children aligned to The Promise by reducing the long term use of care and in particular residential care whilst safely retaining children in their local communities. To achieve progressive change we require to ensure we have services and interventions to support the management of risk to keep children safe, whilst supporting families to care and support children and young people at home, with friends and families and where required offer local community bases care provision where this is not achievable.					
5 work streams to delivering the strategy have been identified including:					
<ul style="list-style-type: none">• Supported accommodation for care leaver leavers;• Best practice in child protection;• Commissioning of child centred services;• Fostering for the future; and• Family support services.					
This service is planning a launch of the strategy in June 2023 and dedicated support for change and improvement is required to ensure successful implementation and delivery, aligned to key performance Measures.					
Impact and Risk Associated with Proposed Savings					
Where children require to be looked after away from home, the assessment of risk requires to be clear and all other alternatives considered to effectively manage the risk. There is a lack of services to provide effective interventions beyond an allocated social worker and this requires to be further developed with an associated cost to deliver transformation and improved outcomes for children. The limited pool of local foster carers and private providers impact on availability. The service needs to develop more attractive local commissioning frameworks outwith the Scotland Excel framework to reduce commissioning costs and ensure high quality provision of care.					
The saving below indicates a £198k reduction in expenditure in residential schools (1 part year placement), a £54k reduction for review of kinship placements and £91k reduction for review of external fostering placements.					
Saving					
2023/24		2024/25		2025/26	
£000	FTE	£000	FTE	£000	FTE
198	0	TBC		TBC	
54	0	TBC		TBC	
91	0	TBC		TBC	

The strategy is currently being developed underpinned by an MTFP with savings aligned to placement usage year on year. Further work on future year's savings is taking place to ensure savings delivered include all investment requirements to deliver the necessary transformation, with a focus on prevention and significant reduction in external residential provision.

2023/24 BUDGET PREPARATION – SAVING OPTION

Chief Officer: Sylvia Chatfield		Saving Ref: LD01			
Saving Title		Redesign/merger of Community Connections and Work Connect to a Rehabilitation, Supported Employability and Transitions Community Hub and closure of Cafe Connect within Dumbarton Centre with alternative meal provision to be outsourced.			
Summary of Savings Proposal					
This option would see a redesign of existing services over a two year period, with a reduction of two FTE in the first year with an estimated saving of £88,000. The detail of this is set to be fully scoped.					
Impact and Risk Associated with Proposed Savings					
The nature of the service provided will continue; the criteria for accessing the service will be revisited to ensure eligibility standards are met. This proposal will impact workforce members, with a reduction to working posts.					
Closure of Cafe Connect in its current form will generate a saving of £108,517. Outsourcing of meal provision will assume £20,000 so overall saving is £88,517 - Assumed this can be achieved full year in 23/24. It is expected that this will not be fully realised in first year but over a two year period. Discussions require to take place around options of redeployment to currently vacant posts and the ending of temporary contracts for a number of staff.					
A full assessment on the impact of any change for the workforce will be progressed through dedicated practical support from HR, Finance and Service Improvement Officer. This will ensure readiness for change and it is accepted that a reduction in staffing may impact on capacity to deliver a personal service. A risk analysis assessing the impact of any changes to roles will be undertaken and current employees will be supported to ensure they are ready for change, with service assessments and the identification of appropriate actions.					
Saving					
2023/24		2024/25		2025/26	
£000	FTE	£000	FTE	£000	FTE
88	2	TBC	TBC	TBC	TBC

2023/24 BUDGET PREPARATION – SAVING OPTION

Chief Officer: Sylvia Chatfield		Saving Ref: ADD01	
Saving Title		Removal of funding to YSortIt for the 'Wrecked and Wasted' campaign due to funding already received from Council sources	
Summary of Savings Proposal Removal of funding for the 'Wrecked and Wasted' campaign. They receive funding from Council sources and they will also receive a new funding allocation from the HSCP of £189,000 from Carers Act funding.			
Impact and Risk Associated with Proposed Savings The range of initiatives underway to address misuse by young people has superseded this campaign.			
Saving			
2023/24		2024/25	
£000	FTE	£000	FTE
30	0	30	0

2023/24 BUDGET PREPARATION – SAVING OPTION

Chief Officer: Sylvia Chatfield		Saving Ref: ADD02	
Saving Title		Removal of rental funding for Alternatives	
Summary of Savings Proposal Alternatives receive core funding of £323,000 plus £7k for rent. We propose we remove this allowance for rent.			
Impact and Risk Associated with Proposed Savings No anticipated reduction in services.			
Saving			
2023/24		2024/25	
£000	FTE	£000	FTE
7	0	7	0
2025/26			
£000	FTE		
7	0		

2023/24 BUDGET PREPARATION – SAVING OPTION

Chief Officer: Sylvia Chatfield		Saving Ref: MH01			
Saving Title		Review of Social Care Mental Health Staffing Model			
Summary of Savings Proposal <p>The Acquired Brain Injury Team and the Adult Care Service is currently made up of workforce of 15 FTE. The initial assessment would mean that the workforce would be amalgamated into the adult care team.</p> <p>The reduction of FTE would be absorbed through turnover.</p>					
Impact and Risk Associated with Proposed Savings <p>Increased workload to existing services, some mitigation through additional posts secured through winter pressure monies and services roles and responsibilities have been reviewed.</p> <p>Amalgamation of Acquired Brain Injury Service will require HR processes and could raise concerns by clients and carers, however there is information that number of service users do not meet eligibility criteria within HSCP. Any perception of withdrawal of support may be disproportionate to the actual reduction.</p> <p>This amalgamation will be a positive integration on those with disabilities as some clients may have multiple disabilities and the proposed connection to a Board wide service would benefit those in the area with health inequalities. Together with the workforce team connections and support.</p>					
Saving					
2023/24		2024/25		2025/26	
£000	FTE	£000	FTE	£000	FTE
103	3	180	3	180	3

2023/24 BUDGET PREPARATION – SAVING OPTION

Chief Officer: Fiona Taylor				Saving Ref CAH03	
Saving Title		Removal of overnight Service from Care at Home			
Summary of Savings Proposal					
Removal of overnight Care at Home carers, currently allocated to work alongside the Overnight District Nursing Service. This has been a longstanding arrangement but the DN service establishment has been enhanced via Scottish Government Winter Monies funding for Health Care Support Workers and as such these roles have been superseded and this resource is no longer required.					
Impact and Risk Associated with Proposed Savings					
Minimal risk as recurring funding has been provided via the Winter Monies. Proposal requires staff engagement and redeployment to alternative Care at Home posts, or consideration of vacant Residential Care posts.					
Saving					
2023/24		2024/25		2025/26	
£000	FTE	£000	FTE	£000	FTE
140	2.8	140	2.8	140	2.8

2023/24 BUDGET PREPARATION – SAVING OPTION

Chief Officer: Fiona Taylor		Saving Ref CH01			
Saving Title		Bed Occupancy Levels with Crosslet and Queens Quay Care Homes			
Summary of Savings Proposal					
Bed capacity across Queens Quay and Crosslet is 168, although to date we have only managed to open 137 beds.					
Pause occupancy at 70 within Crosslet Care Home and open Queens Quay Care Home to full capacity, 84 beds, a total of 154 beds. .					
Neither home has yet opened to full capacity due to recruitment challenges, but recent recruitment drives have been more successful.					
Impact and Risk Associated with Proposed Savings					
Risk of an unforeseen increased demand for Residential Care beds as the impact of Covid is revealed.					
Risk of closure of Independent care home providers (residential) with a resultant reduction in Residential bed availability across the HSCP. Mitigated by maintaining 84 beds in Queens Quay – and a 12 month period to monitor and review demand.					
In terms of the balance of care, a change in Residential Bed availability may increase the risk of longer community waits for a placement and therefore an increased risk of admission and of carer stress. This longer stay in the community once assessed as requiring a residential bed may increase demand on Care at Home / District Nursing / Integrated Adult Services home pending a placement.					
Risk of increasing bed days lost (delays) if there are no residential care beds available					
Risk of increasing number of people having to move to and increasing time spent in interim placements pending move to their preferred place of care					
Saving					
2023/24		2024/25		2025/26	
£000	FTE	£000	FTE	£000	FTE
483	Indicative posts:15	483	15	483	15

APPENDIX 7

Analysis of Reserves	Actual Opening Balance as at 1 April 2022	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2023	Comments	Suggested Release
	£m	£m	£m		£m
Child and Adult Disability Pyts Roll-out	0.0	(132.0)	(132.0)	Recurring allocation in 2023/24, therefore not required.	(132.0)
DWP Conditions Management	(159.0)	7.0	(152.0)	Historic commitment reducing year on year. Likely to remain at between £5k-£7k for the next few years before recharge ceases.	(100.0)
Participatory Budgeting	(300.0)	0.0	(300.0)	£50k has been committed from this fund although not drawn down. Given the commitment to PB is recommended that £100k be retained (£50k per year for 2 years) with a focus on early intervention and prevention.	(150.0)
Digital Transformation	(282.0)	0.0	(282.0)	£172k to be retained as this post has been approved for recruitment. Although its been challenging to recruit to this posts it is fundamental in respect of the digital change process and the modernisation of CareFirst. A further £55k required for digital disruption mitigations.	(55.0)
Training and Development	(327.0)	0.0	(327.0)	£87k is committed for the learning and quality officer, this is considered to be a vital post and has been approved via the vacancy process. A further £40k has been committed for training costs, not yet drawn down. Recommendation to retain a further £80k for use over the next 2 years.	(120.0)
Change and Transformation	(144.0)	0.0	(144.0)	This reserves was intended to be a ringfenced change fund. There is some capacity across other earmarked reserves to support some redesign work.	(144.0)
Complex Care Packages	(560.0)	0.0	(560.0)	Approximately half of this has ben committed to fund transitional costs of one high cost care package.	(280.0)
Unscheduled Care Services	(692.0)	0.0	(692.0)	This reserve was created a few years ago from a combination of previous SG funding for delayed discharge and integrated change fund as well as some HSCP resource. The new winter monies have provided support to the unscheduled care commissioning plan.	(692.0)
TOTALS	(2,464.0)	(125.0)	(2,589.0)		(1,673.0)

Appendix 8: 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 15 March 2023

Attachment: 2023/24 Annual Budget Setting 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	HSCPB0000JS3715032023.
2	Date direction issued by Integration Joint Board	15 March 2023
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)	No
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 indicative delegated net budget of £84.668m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the indicative delegated net budget of £138.772m (including Set Aside) in line with the Strategic Plan and the budget outlined within this report
8	Specification of those impacted by the change	2023/24 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 2023/24 indicative budget aligned to the HSCP Board is £223.390m. Allocated as follows: West Dunbartonshire Council - £84.668m NHS Greater Glasgow and Clyde - £104.430m Set Aside - £34.292m

		Application of Reserves - £0.349m	
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	30 June 2023
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 a Year-End Report in line with Annual Accounts statutory timetable.	
14	Date direction will be reviewed	The next scheduled HSCP Board 23 May 2022	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

15 March 2023

Subject: External Audit Overview and Approach: 2022-2023 Annual Accounts

1. Purpose

- 1.1** To provide the Health and Social Care Partnership Board with a short presentation from our newly appointed external auditors on their audit overview and approach for 2022-2023.

2. Recommendations

- 2.1** The members of the HSCP Board are asked to:
- (i) Note the contents of Mazars Audit Update attached at Appendix 1 of the report; and
 - (ii) Note their draft 2022-2023 Annual Audit Plan will be presented at the 16 May HSCP Board meeting for consideration.

3. Background

- 3.1** The West Dunbartonshire Integration Joint Board (WDIJB), known as the West Dunbartonshire Health and Social Care Partnership Board (WD HSCP Board), is a legal entity in its own right.
- 3.2** Integration Joint Boards (IJBs) are specified in legislation as a “section 106” body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

4. Main Issues

- 4.1** The annual accounts for the HSCP Board will be prepared in accordance with appropriate legislation and guidance.
- 4.2** **Annual Audit Plan;** as part of the audit planning process, appointed auditors should prepare an Annual Audit Plan that documents how they intend to meet their responsibilities for the delivery of high-quality audits in 2022/23 in accordance with [audit-scotland planning guidance for annual audits 2223](#).

- 4.3** Auditors should submit Annual Audit Plans to Audit Scotland as soon as they have been presented to those charged with governance, and no later than 31 March 2023. If it is not possible to present the plans to those charged with governance before 31 March, e.g. due to the scheduling of meetings, auditors should submit draft plans to Audit Scotland by the target date, indicating when the final version will be available, and submit those final plans as soon as possible.
- 4.4** The 2022/23 audit year is the first of the new five-year audit appointments, and the HSCP Board's new auditors are Mazars LLP. The first year of audit appointments are generally challenging as auditors become familiar with new audited bodies, and Audit Scotland has issued guidance (as per section 4.2 above) to auditors on managing the handover to 2022/23 audits.
- 4.5** The timing of both the February Audit and Performance Committee and this March meeting of HSCP Board, has not allowed new external auditing team sufficient time to present the 2022/23 draft annual audit plan. However, their plan, referred to as "Audit Strategy Memorandum" will be submitted to Audit Scotland by the end of March and will now be considered at the May HSCP Board meeting.
- 4.6** As an introduction to the HSCP Board and to provide some detail on their audit approach, please refer to Appendix 1. This presentation by Mazars covers:
- i. Audit scope, approach and timeline;
 - ii. Wider scope audit; and
 - iii. Revised auditing standard on identifying and assessing the risks of material misstatements.
- 4.7** The attached timeline within Appendix 1 sets out the initial interim work currently underway, with fieldwork undertaken throughout July and August, after receipt of the draft accounts, and completion of audit and sign-off by September 2023.

5. Options Appraisal

- 5.1** There is no requirement for an option appraisal for the content of this report.

6. People Implications

- 6.1** The preparation of the annual accounts and the requirement to produce all required supporting documentation and explanation to external audit is a core function of the HSCP Finance Team.

7. Financial and Procurement Implications

7.1 There are no financial implications specific to this report.

8. Risk Analysis

8.1 It is not anticipated that COVID-19 (or related infections) will impact on this year's annual accounts process and audit. If a new risk emerges this will be added to the HSCP Board Risk Register and appropriate mitigating actions will be considered and reported to the Audit and Performance Committee and the HSCP Board.

9. Equalities Impact Assessment (EIA)

9.1 There is no requirement for an EIA for the content of this report.

10. Environmental Sustainability

10.1 There is no environmental sustainability impact for the content of this report.

11. Consultation

11.1 This report was prepared in conjunction with the HSCP Board's external auditors.

12. Strategic Assessment

12.1 The preparation and audit of the HSCP Board's Annual Accounts is a statutory requirement. This report links to the strategic financial governance arrangements of the HSCP Board and both partner organisations of West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

13. Directions

13.1 There is no direction required for the content of this report.

Author: Julie Slavin – Chief Financial Officer
Date: 8 March 2023

Person to Contact: Julie Slavin – Chief Financial Officer
Telephone: 07773 934 377
Email : julie.slavin@ggc.scot.nhs.uk

Appendices: Appendix 1: Mazars Audit Update

Background Papers: [audit-scotland.gov.uk planning audit 2223](https://audit-scotland.gov.uk/planning-audit-2223)

Localities Affected: All

Audit Update

West Dunbartonshire Integration Joint Board

Year ending 31 March 2023



Contents

- 01** Audit scope, approach and timeline
- 02** Wider scope audit
- 03** Revised auditing standard on Identifying and assessing the risks of material misstatement:
ISA (UK) 315 (Revised 2019)

This document is to be regarded as confidential to West Dunbartonshire Integration Joint Board. It has been prepared for the sole use of the Board. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

01

Section 01:

Audit scope, approach and timeline

1. Audit scope, approach and timeline

Audit scope

Our audit approach is designed to provide an audit that complies with all professional requirements.

Our audit of the financial statements will be conducted in accordance with International Standards on Auditing (UK), relevant ethical and professional standards, our own audit approach and in accordance with the terms of our engagement. Our work is focused on those aspects of your activities which we consider to have a higher risk of material misstatement, such as those impacted by management judgement and estimation, application of new accounting standards, changes of accounting policy, changes to operations or areas which have been found to contain material errors in the past.

Audit approach

Our audit approach is risk-based and primarily driven by the issues that we consider lead to a higher risk of material misstatement of the accounts. Once we have completed our risk assessment, we develop our audit strategy and design audit procedures in response to the risks identified.

If we conclude that appropriately-designed controls are in place then we may plan to test and rely upon these controls. If we decide controls are not appropriately designed, or we decide it would be more efficient to do so, we may take a wholly substantive approach to our audit testing. Substantive procedures are audit procedures designed to detect material misstatements at the assertion level and comprise: tests of details (of classes of transactions, account balances, and disclosures); and substantive analytical procedures. Irrespective of the assessed risks of material misstatement, which take into account our evaluation of the operating effectiveness of controls, we are required to design and perform substantive procedures for each material class of transactions, account balance, and disclosure.

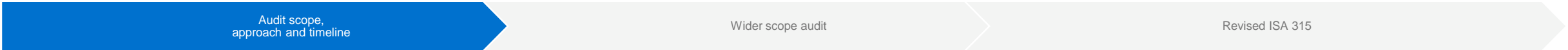
Our audit will be planned and performed so as to provide reasonable assurance that the financial statements are free from material misstatement and give a true and fair view.

Status of the audit

Our planning work for the 2022/23 audit of West Dunbartonshire Integration Joint Board (the IJB) is underway. As part of our planning, we have met with the predecessor auditor (Audit Scotland), reviewed the prior year audit files and met with finance officers in order to discuss the timetable, systems and potential risks. We will continue to have regular catch-up meetings with officers as the audit progresses.

We intend to bring our Audit Strategy Memorandum to the next meeting of the Audit and Performance Committee.

The diagram on the next page outlines the procedures we perform at the different stages of the audit.



1. Audit scope, approach and timeline

Annual accounts 2022/23

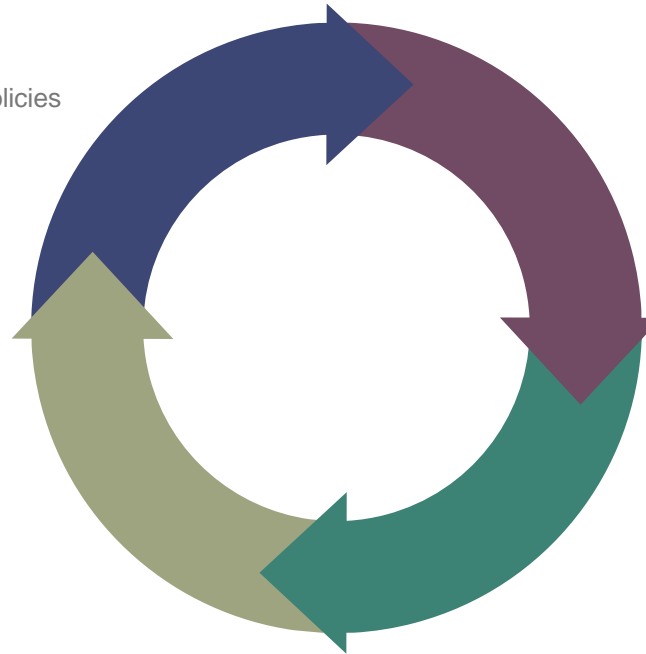
Draft timetable

Planning and Risk Assessment (January to March 2023)

- Developing our understanding of the IJB
- Initial opinion and wider scope risk assessments
- Considering proposed accounting treatments and accounting policies
- Developing the audit strategy and planning the audit work to be performed
- Agreeing timetable and deadlines
- Risk assessment analytical procedures
- Determination of materiality

Completion (September 2023)

- Final review of financial statements
- Final director review
- Agreeing content of letter of representation
- Reporting to those charged with governance
- Reviewing subsequent events
- Signing the independent auditor's report



Interim (March to April 2023)

- Documenting systems and controls
- Performing walkthroughs
- Reassessment of audit plan and revision if necessary

Fieldwork (July to August 2023)

- Receiving and reviewing unaudited financial statements
- Delivering our audit strategy starting with significant risks and high risk areas including detailed testing of transactions, account balances and disclosures
- Communicating progress and issues
- Clearance meeting

1. Audit scope, approach and timeline

Our initial planning work has identified relevant risks to the audit of financial statements. The risks identified are categorised as significant, enhanced or standard. The definitions of the level of risk rating are given below:

Significant risk

A significant risk is an identified and assessed risk of material misstatement that, in the auditor's judgment, requires special audit consideration. For any significant risk, the auditor shall obtain an understanding of the entity's controls, including control activities relevant to that risk.

Enhanced risk

An enhanced risk is an area of higher assessed risk of material misstatement ('RMM') at audit assertion level other than a significant risk. Enhanced risks require additional consideration but do not rise to the level of a significant risk, these include but may not be limited to:

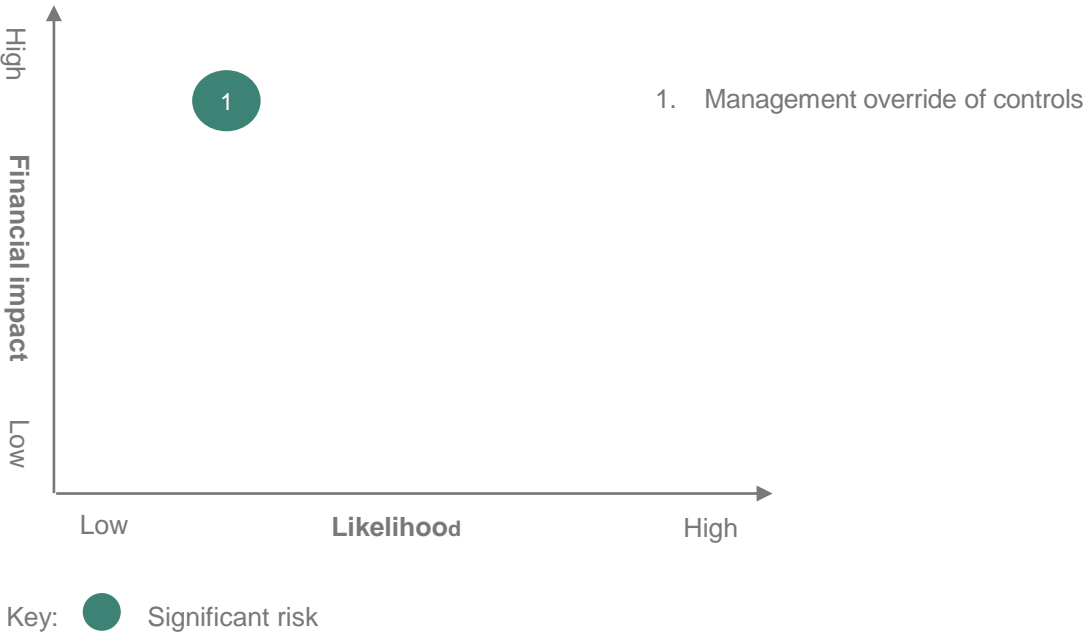
- key areas of management judgement, including accounting estimates which are material but are not considered to give rise to a significant risk of material misstatement; and
- other audit assertion risks arising from significant events or transactions that occurred during the period.

Standard risk

This is related to relatively routine, non-complex transactions that tend to be subject to systematic processing and require little management judgement. Although it is considered that there is a risk of material misstatement (RMM), there are no elevated or special factors related to the nature, the likely magnitude of the potential misstatements or the likelihood of the risk occurring.

Summary risk assessment

The summary initial risk assessment, illustrated in the table below, highlights those risks which we deem to be significant and other enhanced risks in respect of the ICB. We have summarised our audit response to these risks on the next pages.



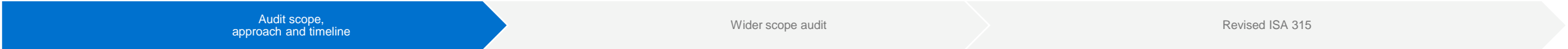
1. Audit scope, approach and timeline

Specific identified audit risks and planned testing strategy

We have presented below in more detail the reasons for the initial risk assessment highlighted on the previous page and our testing approach for the significant risk. An audit is a dynamic process, should we change our view of risk or approach to address the identified risks during our audit, we will report this to the IJB’s Audit and Performance Committee.

Significant risks

	Description	Fraud	Error	Judgement	Planned response
1	<p>Management override of controls</p> <p>Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.</p>	●	●	○	<p>We plan to address the management override of controls risk by:</p> <ul style="list-style-type: none">• reviewing the key areas within the financial statements where management has used judgement and estimation techniques and consider whether there is evidence of unfair bias;• examining accounting policies;• testing the appropriateness of journal entries recorded in the general ledger and other adjustments made in preparing the financial statements; and• considering and testing any significant transactions outside the normal course of business or otherwise unusual.



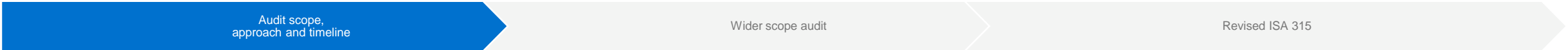
1. Audit scope, approach and timeline

Consideration of risks related to revenue and expenditure recognition

As set out in International Standard on Auditing (UK) 240: The auditor’s responsibilities relating to fraud in an audit of financial statement, there is a presumed risk of fraud over the recognition of revenue. There is a risk that revenue may be misstated resulting in a material misstatement in the financial statements. We consider the risk of fraud to be low because the IJB is almost wholly funded by NHS Greater Glasgow and Clyde and West Dunbartonshire Council. Therefore, as Audit Scotland has in previous years, we have rebutted this risk.

Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom highlights that, as most public-sector bodies are net spending bodies, the risk of material misstatement due to fraud related to expenditure may in some cases be greater than the risk relating to revenue recognition. We have not recognised an increased risk in relation to expenditure on the basis that all the IJB’s transactions are processed by the partner bodies, NHS Greater Glasgow and Clyde and West Dunbartonshire Council, rather than the IJB directly.

Therefore, at this stage, we are not proposing to include specific work in our audit plan in these areas over and above our standard audit procedures.



1. Audit scope, approach and timeline

Materiality

Materiality is an expression of the relative significance or importance of a particular matter in the context of financial statements as a whole.

Misstatements in financial statements are considered to be material if they, individually or in aggregate, could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Judgements on materiality are made in light of surrounding circumstances and are affected by the size and nature of a misstatement, or a combination of both. Judgements about materiality are based on consideration of the common financial information needs of users as a group and not on specific individual users.

We consider materiality whilst planning and performing our audit based on quantitative and qualitative factors.

Whilst planning, we make judgements about the size of misstatements which we consider to be material and which provides a basis for determining the nature, timing and extent of risk assessment procedures, identifying and assessing the risk of material misstatement and determining the nature, timing and extent of further audit procedures.

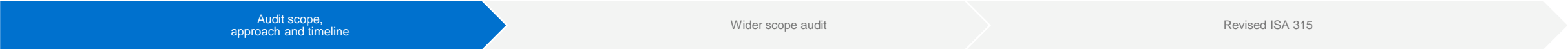
The materiality determined at the planning stage does not necessarily establish an amount below which uncorrected misstatements, either individually or in aggregate, will be considered as immaterial.

We will revise materiality for the financial statements as our audit progresses should we become aware of information that would have caused us to determine a different amount had we been aware of that information at the planning stage.

Our planning materiality will be based on the audited 2021/22 accounts and will be set based on a benchmark of total expenditure. We will identify a figure for materiality but identify separate levels for procedures designed to detect individual errors, and also a level above which all identified errors will be reported to the IJB's Audit and Performance Committee.

We consider that total expenditure represents the key focus of users of the financial statements and, as such, we base our materiality levels around this benchmark.

Materiality	Amount
Financial statement materiality This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 2% of total expenditure for the year ended 31 March 2023 based on the latest audited financial statements for 2021/22 (rounded to the nearest million).	£4.638 million
Performance materiality This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this would indicate that further audit procedures should be considered. Using our professional judgement, we have assessed performance materiality at 70% of planning materiality.	£3.247 million
Reporting threshold (ie clearly trivial) We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.	£139,000
Specific items We assess the Remuneration Report as sensitive given users' interest in this specific area of the annual report. We are proposing to set materiality in this area at 1 band within the tables in the Remuneration Report i.e. an error that moved a disclosure by one band would be assessed as material.	1 band



02

Section 02:

Wider scope audit

2. Wider scope audit

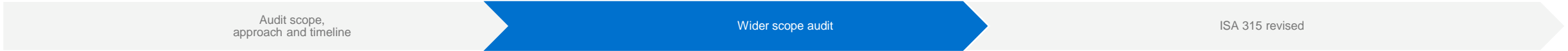
Wider scope of public audit

The wider scope audit is an integral part of our annual audit work. The Code of audit practice (the Code) requires auditors to consider the following audit areas when undertaking their annual risk assessment of the audited body and preparing their annual audit plans:

- Financial management
- Financial sustainability
- Vision, leadership and governance
- Use of resources to improve outcomes.

We will carry out audit work across these areas and report our findings in the annual audit report. We will carry out more detailed work where we identify significant risks.

We have not yet fully completed our planning and risk assessment work. On completion of our risk assessment, we will report any risks to the IJB's Audit and Performance Committee.



03

Section 03:

**Revised auditing standard on
Identifying and assessing the risks of
material misstatement: ISA (UK) 315
(Revised 2019)**

3. Revised auditing standard on Identifying and assessing the risks of material misstatement: ISA (UK) 315 (Revised 2019)

Background

ISA (UK) 315 (Revised 2019) introduces major changes to the auditor's risk identification and assessment approach, which are intended to drive a more focused response from auditors undertaking work to obtain sufficient appropriate audit evidence to address the risks of material misstatement. The new standard is effective for periods commencing on or after 15 December 2021 and therefore applies in full for the IJB's 2022/23 audit.

The most significant changes relevant to the IJB's audit are outlined below.

Enhanced risk identification and assessment

The standard has enhanced the requirements for the auditor to understand the audited entity, its environment and the applicable financial reporting framework in order to identify and assess risk based on new inherent risk factors which include:

- Subjectivity
- Complexity
- Uncertainty and change
- Susceptibility to misstatement due to management bias or fraud.

Using these inherent risk factors, we assess inherent risk on a spectrum, at which the higher end of which lies significant risks, to drive an audit that is more focused on identified risks. Auditors are now also required to obtain sufficient, appropriate evidence from these risk identification and assessment procedures which means documentation and evidence requirements are also enhanced.

Greater emphasis on understanding IT

In response to constantly evolving business environments, the standard places an increased emphasis on the requirements for the auditor to gain an understanding of the entity's IT environment to better understand the possible risks within an entity's information systems. As a result, we are required to gain a greater understanding of the IT environment, including IT general controls (ITGCs). However, the standard acknowledges the fact that there is a need for scalability in gaining this understanding and provides more detailed guidance on how to approach the topic depending on the complexity of the commercial software and/or IT applications.

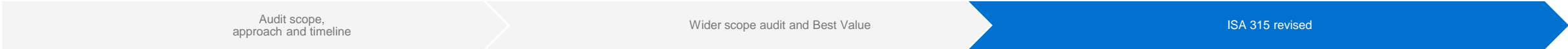
Increased focus on controls

Building on the need for auditors to gain a greater understanding of the IT environment, the standard also widens the scope of controls that are deemed relevant to the audit. We are now required to broaden our understanding of controls implemented by management, including ITGCs, as well as assess the design and implementation of those controls.

Impact on the audit of the IJB

Our risk assessment procedures will be more granular than in previous years. We will be seeking information from officers to ensure we can document our detailed understanding of the IJB and the environment it operates in. This will build on the existing strong knowledge of the IJB we have already obtained from handover procedures with Audit Scotland. In documenting our risk assessment, we will need to input additional time to assess inherent risks of the spectrum that the auditing standard requires.

For IT, we will establish an understanding of the IJB's IT environment. We do not plan to test ITGCs as we have designed our approach to gain assurance from substantive testing.



Mazars

Director: Tom Reid

Email: tom.reid@mazars.co.uk

Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD**Report by Julie Slavin, Chief Financial Officer****15 March 2023**

Subject: Review of Terms of Reference of the Audit and Performance Committee

1. Purpose

- 1.1** To provide the revised Terms of Reference (ToR) of the Audit and Performance Committee for approval of the Health and Social Care Partnership Board following a recent review.

2. Recommendations

- 2.1** The members of the Health and Social Care Partnership Board are asked to:

- (i) Note the updated CIPFA guidance for Audit committees;
- (ii) Note the comments of the Audit and Performance Committee after their consideration of the revised ToR at their meeting on 14 February 2023, in relation to the numbers of voting members;
- (iii) Agree on the maintaining the number of voting members at six until further independent development work with the members is complete;
- (iv) Approve the recommended changes to the current ToR of the Audit and Performance Committee; and
- (vi) Agree a further review will be carried out after the conclusion of the independent development.

3. Background

- 3.1** The Audit and Performance Committee is a key component of the HSCP Board's governance framework. The current Terms of Reference (ToR) for the Committee were approved by the HSCP Board in November 2019.
- 3.2** CIPFA updated their 2018 guidance in October 2022: "Audit Committees: Practical Guidance for Local Authorities and Police" (2022 Edition).

- 3.3** At their 14 February meeting of the Audit and Performance Committee, the members considered this revised guidance and the recommended amendments and improvements to the current ToR.
- 3.4** All amendments were agreed, with the exception of the recommended change to reduce the number of voting members from six to four (with equal representation of both local authority and health board members) and what would be deemed quorate. This is covered in the Main Issues section below.
- 3.5** The membership requirements of Integration Joint Board, including the minimum requirements are set out within the Scottish Government publication [Roles, Responsibilities and Membership Integration Joint Board](#). With reference to representation of local authority and health board partners the minimum membership is 3 representatives from each partner.

4. Main Issues

- 4.1** CIPFA's 2022 guidance was also accompanied by a "Position Statement" (attached at Appendix 1) which set out the purpose, model, core functions and membership of the audit committee and CIPFA expects that all local government bodies should make their best efforts to adopt the principles, aiming for effective Audit Committee arrangements.
- 4.2** The 2022 edition of the Guidance builds on previous editions but aims to better target the guidance at the most appropriate audience. It also includes a number of appendices that can support audit committee members as well as suggested terms of reference. The current HSCP Audit and Performance Committee ToR has been reviewed alongside this suggested terms of reference by the Chief Financial Officer and Chief Internal Auditor and similar to the February 2022 review (section 3.2 above) this review concluded that the current structure and content is consistent but there are sections requiring updating, expansion and clear direction. The main changes are summarised below.
- 4.3** **Section 1 – Purpose:** some presentational changes, an update of the HSCP Board's vision statement and its duty to secure Best Value.
- 4.4** **Section 2 – Membership:** the November 2019 review extended the membership to include two additional non-voting members from another forum, i.e. members of the Strategic Planning Group. The 2022 guidance maintains while there is no legislative direction to include co-opted independent members, CIPFA recommends that each authority audit committee should include at least two co-opted independent members to provide appropriate technical expertise. It is recommended that this remains in place and that the tenure of such appointed members is in line with provisions of the Integration Scheme, Code of Conduct and Standing Orders,

which reflect the provisions of membership contained within the Integration Scheme, which is currently a three year term.

- 4.5 Section 2 – Membership:** at the time of establishment of both the HSCP Board and the Audit Committee (original title), it was agreed that the six voting members would be members on both bodies. It is more common that in a formal committee of the primary decision making board, the membership is reduced to a proportion of full voting membership.
- 4.6** In the February report to the Audit and Performance Committee it was recommended that the number of voting members be reduced from six to four, with equal representation from both West Dunbartonshire Council and NHS Greater Glasgow and Clyde.
- 4.7** This was made on the basis that there are a number of formal reports, such as review of the strategic risk register, the annual accounts and annual performance reports are considered by the Audit and Performance Committee before being remitted to the HSCP Board. In some instances, in particular if both the Committee and Board meet on the same day, it can then stifle debate and challenge by the Board as any concerns or issues have been addressed at the Audit and Performance Committee.
- 4.8** Whilst the committee is a key component of the HSCP Board's governance framework and may be delegated some governance responsibilities the overall accountability remains with the HSCP Board. As the voting members on both are identical it could be challenged that the independence of the Audit and Performance Committee is diluted, as is the overall governance responsibilities of the HSCP Board. The importance of effective membership is summarised in the CIPFA Position Statement (Appendix 1).
- 4.9** The CIPFA Guidance covers all local government bodies, but the size of some Integration Joint Board's in comparison to a local authority can place limitations on its application, for example WDHSCP pool of six voting members to draw on for membership of formal committees. This is somewhat addressed by the addition of "lay members" drawn for the Strategic Planning Group.
- 4.10** To support the effectiveness of the HSCP Board there has been a full day development session with an external facilitator with extensive experience in public sector bodies and their governance arrangements. Further individual members and group sessions are being planned. It is therefore recommended that a future session explores the current membership of both the HSCP Board and the Audit and Performance Committee and until this is concluded the six voting members remain on both board and committee.
- 4.11 Section 3 – Reporting:** updated to reflect the availability of audio minutes.

- 4.12 Section 4 – Responsibilities and Core Functions:** 4.1 (a) – (j) are consistent with the CIPFA Position Statement. There has been the expansion of paragraph 4.2 to highlight best practice that the Audit and Performance Committee should periodically review its own effectiveness and report the results of that review to the Partnership Board. The Chief Financial Officer and Chief Internal Auditor will use the 2022 Guidance supporting appendices to support this review and discuss with the Chair of the Committee an appropriate timescale to undertake this work.
- 4.13** There has also been the addition of paragraph 4.3 reinforcing the independence of the committee and their right to meet privately with both internal and external audit as they deem appropriate.
- 4.14 Section 6 – Access:** to complement the addition of paragraph 4.3, the Chief Internal Auditor and External Audit also have the right to request confidential access to the Chair of the committee.
- 4.15 Section 7 – Meeting:** quorate within the 2019 ToR was deemed to be “at least half of the voting membership”. If the recommendation to remain with the status quo of six voting members, quorate will be deemed to be met with the attendance of any three voting members at each scheduled meeting.
- 5. Options Appraisal**
- 5.1** There is no requirement for an option appraisal for the content of this report.
- 6. People Implications**
- 6.1** None.
- 7. Financial and Procurement Implications**
- 7.1** There are no financial implications specific to this report.
- 8. Risk Analysis**
- 8.1** It is the responsibility of the Health and Social Care Partnership Board to establish adequate and proportionate arrangements for review of the adequacy for risk management, governance and control of the delegated resources. The Audit and Performance Committee supports the Board in the discharge of these responsibilities, therefore regular review of the ToR and the effectiveness of the Committee are essential.
- 9. Equalities Impact Assessment (EIA)**

9.1 There is no requirement for an EIA for the content of this report.

10. Environmental Sustainability

10.1 There is no environmental sustainability impact for the content of this report.

11. Consultation

11.1 This report was written in consultation with the HSCP Board's Chief Internal Auditor and will be shared with the HSCP Board's new external auditors.

12. Strategic Assessment

12.1 The Chief Financial Officer is responsible for providing assurance on the system of internal financial control to the Audit and Performance Committee on behalf of the Health Board and Council.

12.2 The Health Board Director of Finance and the Council Section 95 Officer will ensure that the Audit and Performance Committee is provided with necessary technical and corporate support in relation to its remit.

13. Directions

13.1 There is no direction required for the content of this report.

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Date: 8 March 2023

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Appendices: **Appendix 1:** CIPFA Position Statement 2022

Appendix 2: Revised Terms of Reference for HSCP's Board: Audit and Performance Committee
Background Papers: [Audit and Performance Committee Report 14 February 2023](#)

CIPFA Publication: "Audit Committees: Practical Guidance for Local Authorities and Police" (2022 Edition). Copies circulated to members.

Localities Affected: All



CIPFA's Position Statement: Audit Committees in Local Authorities and Police 2022

Scope

This position statement includes all principal local authorities in the UK, corporate joint committees in Wales, the audit committees for PCCs and chief constables in England and Wales, PCCFRAs and the audit committees of fire and rescue authorities in England and Wales.

The statement sets out the purpose, model, core functions and membership of the audit committee. Where specific legislation exists (the Local Government & Elections (Wales) Act 2021 and the Cities and Local Government Devolution Act 2016), it should supplement the requirements of that legislation.

Status of the position statement

The statement represents CIPFA's view on the audit committee practice and principles that local government bodies in the UK should adopt. It has been prepared in consultation with sector representatives.

CIPFA expects that all local government bodies should make their best efforts to adopt the principles, aiming for effective audit committee arrangements. This will enable those bodies to meet their statutory responsibilities for governance and internal control arrangements, financial management, financial reporting and internal audit.

The 2022 edition of the position statement replaces the 2018 edition.

The Department for Levelling Up, Housing and Communities and the Home Office support this guidance.

CIPFA's Position Statement 2022: Audit committees in local authorities and police

Purpose of the audit committee

Audit committees are a key component of an authority's governance framework. Their purpose is to provide an independent and high-level focus on the adequacy of governance, risk and control arrangements. The committee's role in ensuring that there is sufficient assurance over governance risk and control gives greater confidence to all those charged with governance that those arrangements are effective.

In a local authority the full council is the body charged with governance. The audit committee may be delegated some governance responsibilities but will be accountable to full council. In policing, the police and crime commissioner (PCC) and chief constable are both corporations sole, and thus are the individuals charged with governance.

The committee has oversight of both internal and external audit together with the financial and governance reports, helping to ensure that there are adequate arrangements in place for both internal challenge and public accountability.

Independent and effective model

The audit committee should be established so that it is independent of executive decision making and able to provide objective oversight. It is an advisory committee that has sufficient importance in the authority so that its recommendations and opinions carry weight and have influence with the leadership team and those charged with governance.

The committee should:

- be directly accountable to the authority's governing body or the PCC and chief constable
- in local authorities, be independent of both the executive and the scrutiny functions
- in police bodies, be independent of the executive or operational responsibilities of the PCC or chief constable
- have rights of access to and constructive engagement with other committees/functions, for example scrutiny and service committees, corporate risk management boards and other strategic groups
- have rights to request reports and seek assurances from relevant officers
- be of an appropriate size to operate as a cadre of experienced, trained committee members. Large committees should be avoided.

The audit committees of the PCC and chief constable should follow the requirements set out in the Home Office Financial Management Code of Practice and be made up of co-opted independent members.

The audit committees of local authorities should include co-opted independent members in accordance with the appropriate legislation.

Where there is no legislative direction to include co-opted independent members, CIPFA recommends that each authority audit committee should include at least two co-opted independent members to provide appropriate technical expertise.

Core functions

The core functions of the audit committee are to provide oversight of a range of core governance and accountability arrangements, responses to the recommendations of assurance providers and helping to ensure robust arrangements are maintained.

The specific responsibilities include:

Maintenance of governance, risk and control arrangements

- Support a comprehensive understanding of governance across the organisation and among all those charged with governance, fulfilling the principles of good governance.
- Consider the effectiveness of the authority's risk management arrangements. It should understand the risk profile of the organisation and seek assurances that active arrangements are in place on risk-related issues, for both the body and its collaborative arrangements.
- Monitor the effectiveness of the system of internal control, including arrangements for financial management, ensuring value for money, supporting standards and ethics and managing the authority's exposure to the risks of fraud and corruption.

Financial and governance reporting

- Be satisfied that the authority's accountability statements, including the annual governance statement, properly reflect the risk environment, and any actions required to improve it, and demonstrate how governance supports the achievement of the authority's objectives.
- Support the maintenance of effective arrangements for financial reporting and review the statutory statements of account and any reports that accompany them.

Establishing appropriate and effective arrangements for audit and assurance

- Consider the arrangements in place to secure adequate assurance across the body's full range of operations and collaborations with other entities.
- In relation to the authority's internal audit functions:
 - oversee its independence, objectivity, performance and conformance to professional standards
 - support effective arrangements for internal audit
 - promote the effective use of internal audit within the assurance framework.

- Consider the opinion, reports and recommendations of external audit and inspection agencies and their implications for governance, risk management or control, and monitor management action in response to the issues raised by external audit.
- Contribute to the operation of efficient and effective external audit arrangements, supporting the independence of auditors and promoting audit quality.
- Support effective relationships between all providers of assurance, audits and inspections, and the organisation, encouraging openness to challenge, review and accountability.

Audit committee membership

To provide the level of expertise and understanding required of the committee, and to have an appropriate level of influence within the authority, the members of the committee will need to be of high calibre. When selecting elected representatives to be on the committee or when co-opting independent members, aptitude should be considered alongside relevant knowledge, skills and experience.

Characteristics of audit committee membership:

- A membership that is trained to fulfil their role so that members are objective, have an inquiring and independent approach, and are knowledgeable.
- A membership that promotes good governance principles, identifying ways that better governance arrangement can help achieve the organisation's objectives.
- A strong, independently minded chair, displaying a depth of knowledge, skills, and interest. There are many personal skills needed to be an effective chair, but key to these are:
 - promoting apolitical open discussion
 - managing meetings to cover all business and encouraging a candid approach from all participants
 - maintaining the focus of the committee on matters of greatest priority.
- Willingness to operate in an apolitical manner.
- Unbiased attitudes – treating auditors, the executive and management fairly.
- The ability to challenge the executive and senior managers when required.
- Knowledge, expertise and interest in the work of the committee.

While expertise in the areas within the remit of the committee is very helpful, the attitude of committee members and willingness to have appropriate training are of equal importance.

The appointment of co-opted independent members on the committee should consider the overall knowledge and expertise of the existing members.

Engagement and outputs

The audit committee should be established and supported to enable it to address the full range of responsibilities within its terms of reference and to generate planned outputs.

To discharge its responsibilities effectively, the committee should:

- meet regularly, at least four times a year, and have a clear policy on those items to be considered in private and those to be considered in public
- be able to meet privately and separately with the external auditor and with the head of internal audit
- include, as regular attendees, the chief finance officer(s), the chief executive, the head of internal audit and the appointed external auditor; other attendees may include the monitoring officer and the head of resources (where such a post exists). These officers should also be able to access the committee members, or the chair, as required
- have the right to call on any other officers or agencies of the authority as required; police audit committees should recognise the independence of the chief constable in relation to operational policing matters
- support transparency, reporting regularly on its work to those charged with governance
- report annually on how the committee has complied with the position statement, discharged its responsibilities, and include an assessment of its performance. The report should be available to the public.

Impact

As a non-executive body, the influence of the audit committee depends not only on the effective performance of its role, but also on its engagement with the leadership team and those charged with governance.

The committee should evaluate its impact and identify areas for improvement.

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board
Audit and Performance Committee
Terms of Reference

Policy version Number:	Draftv3.0	Owner:	Chief Financial Officer
Date Effective:	March 2023	Review Date:	March 2026

Document Management Details

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Lead Officer / Policy Owner	HSCP Board Chief Financial Officer
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Summary of Substantive Changes (if applicable)	Tenure of members, Access, Audio Minutes, Review of Effectiveness
Summary of Technical changes (if applicable)	As above
Consultation and Approval Process	Chief Internal Auditor, Chief Officer, Chair Audit & Performance Committee
Financial consultation (if applicable)	Chief Financial Officer
Legal consultation (if applicable)	HSCP Board Monitoring Officer
Audit and Fraud consultation (if applicable)	Chief Internal Auditor
Trades Union consultation (if applicable)	N/A
Date of approval at HSCP Board	15 March 2023
Date when the Equalities Impact Assessment was approved	N/A

1. PURPOSE

- 1.1 West Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership.
- 1.2 The West Dunbartonshire Health & Social Care Partnership Board's vision is **"Improving lives with the people of West Dunbartonshire"** which is implemented through the delivery of our Strategic Plan.
- 1.3 The Partnership Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the Partnership Board.
- 1.4 The Health & Social Care Partnership Board positively promotes the principles of sound corporate governance within all areas of its affairs. It has established the Audit and Performance Committee has an essential component of the governance framework of the Health & Social Care Partnership Board.
- 1.5 The Audit and Performance Committee purpose is to provide an independent and high-level focus on the adequacy of governance, risk and control arrangements through a process of constructive challenge. By ensuring there is sufficient assurance over governance, risk and control this provides the Partnership Board with greater confidence in discharging their responsibilities. These Terms of Reference for the Audit and Performance Committee reflect the span of responsibilities of the Partnership Board.
- 1.6 The Health & Social Care Partnership Board has a duty to secure Best Value. The scrutiny role undertaken by the Audit and Performance Committee supports the robust framework for service delivery supporting the HSCP's drive for continuous improvement in performance.

2. MEMBERSHIP

- 2.1 The Audit and Performance Committee will be composed of the six voting members of the Partnership Board, with equal representation from both West Dunbartonshire Council and NHS Greater Glasgow and Clyde, and two co-opted independent members with relevant knowledge, skills and experience. These co-opted members will be non-voting members.
- 2.2 The provisions in relation to duration of membership, substitution and removal of membership together with those in relation to the Integration Scheme, Standing Orders, Code of Conduct and Declarations of Interest will be those which apply to the Partnership Board.
- 2.3 The Audit and Performance Committee will be chaired by the Vice-Chair of the Partnership Board.

- 2.4 Two members of the Strategic Planning Group (a sub-committee of the Partnership Board) will be co-opted as non-voting members of the Audit and Performance Committee. The provisions in relation to duration of membership, substitution and removal of membership together with those in relation to the Integration Scheme, Standing Orders, Code of Conduct and Declarations of Interest will be those which apply to the Partnership Board.
- 2.5 As the Audit and Performance Committee will be responsible for overseeing and providing independent assurance on the adequacy of the risk management framework, the internal control environment and the financial governance arrangements of the Partnership Board, other non-voting members of the Partnership Board shall also have the right to attend. A schedule of meetings will be published for all Partnership Board members, and those non-voting members who confirm their intention to attend the meeting will be issued with papers for that meeting.
- 2.6 The Chief Financial Officer will nominate an Internal Audit Service, led by a named Chief Internal Auditor, to work on behalf of the Audit and Performance Committee.
- 2.7 The external auditors for the Partnership Board will be appointed by the Accounts Commission.
- 2.8 The appointed Chief Internal Auditor will normally attend meetings of the Audit and Performance Committee.
- 2.9 A representative of the external auditors will normally attend meetings of the Audit and Performance Committee.
- 2.10 The Chief Officer and Chief Financial Officer of the Health & Social Care Partnership Board will normally attend meetings of the Audit and Performance Committee.
- 2.11 The Audit and Performance Committee will be provided with a secretariat function by West Dunbartonshire Council.
- 2.12 Other officers of the Health & Social Care Partnership, West Dunbartonshire Council and NHS Greater Glasgow & Clyde may also be invited to attend meetings.

3. REPORTING

- 3.1 To discharge its responsibilities effectively, the Audit and Performance Committee will meet at least four times a year. Every meeting shall be open to the public but the provisions in relation to disclosure of information will be those which apply to the Partnership Board. (See "Section 7- Meetings" below for further explanation)
- 3.2 The Audit and Performance Committee will formally provide a copy of its minutes to the Partnership Board for inclusion on the agenda's of its subsequent meetings. These minutes will be made publicly available on the Health & Social Care Partnership Board's website (wdhscp.org.uk) and the audio minutes will be made publically available on West Dunbartonshire Council's website ([Audiominutes](#)).
- 3.3 The Audit and Performance Committee will provide the Partnership Board with an Annual Statement, timed to support finalisation of the accounts and the governance statement, summarising its conclusions from the work it has done during the year.

4. RESPONSIBILITIES & CORE FUNCTIONS

- 4.1 The Audit and Performance Committee will advise the Partnership Board, the Chief Officer and its Chief Financial Officer on:
- a) The strategic processes for risk, control and governance and the governance statement;
 - b) The annual compliance of the Partnership Board against the Local Code of Good Governance, to inform the governance statement;
 - c) The financial governance and accounts of the Partnership Board, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
 - d) The planned activity and results of both internal and external audit as they relate to the activities of the Partnership Board;
 - e) The adequacy of management response to issues identified by audit activity, including external audit's management letter/report;
 - f) The effectiveness of the internal control environment, the arrangements for ensuring value for money and managing exposure to the risks of fraud and corruption;
 - g) The effectiveness of risk management arrangements, ensuring existence of and compliance with an appropriate risk management strategy;
 - h) The adequacy of management response to reports concerned with the delivery of performance and quality of key elements of the Strategic Plan, including review of the Quarterly Performance Report;
 - i) Assurances relating to the corporate governance requirements for the Partnership Board; and
 - j) Appointment of the internal audit service or for purchase of non-audit services from contractors who provide audit services.
- 4.2 The Audit and Performance Committee will also periodically review its own effectiveness, how it has discharged its responsibilities and how it has complied with relevant professional guidance, including CIPFA's Position Statement (Chartered Institute of Public Finance and Accountancy) and report the results of that review to the Partnership Board.
- 4.3 The Audit and Performance Committee will also be able to meet privately and separately with the external auditor and the chief internal auditor if considered appropriate.

5. RIGHTS

- 5.1 The Chief Financial Officer will be responsible for providing assurance on the system of internal financial control to the Audit and Performance Committee on behalf of the Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. In doing this, the Chief Financial Officer will be reliant on both the Health Board's and Council's systems of internal control to support compliance with both organisations' policies and promote achievement of each organisation's aims and objectives, as well as those of the Partnership Board as expressed in its Strategic Plan.
- 5.2 The Audit and Performance Committee receive, scrutinise and comment upon the formal submission of reports, findings and recommendations by the appointed Internal Audit service, external auditor (as appointed by the Accounts Commission), Audit Scotland and Inspectorate bodies. The Chief Financial Officer will ensure that follow-up reports on actions required will be provided to the Audit and Performance Committee as agreed.
- 5.3 The Chief Financial Officer will prepare an Annual Governance Statement for the Audit and Performance Committee prior to its being presented to the Partnership Board.

- 5.4 The Chief Internal Auditor for the Partnership Board will report to the Chief Financial Officer and the Audit and Performance Committee on an annual risk-based audit plan in respect of the activities of the Partnership Board; delivery of the plan and recommendations; and will provide an annual internal audit report, including the audit opinion.
- 5.5 The Audit and Performance Committee may procure specialist ad-hoc advice at the expense of the Partnership Board, subject to budgets agreed by the Chief Financial Officer and confirmed by the Partnership Board.

6. ACCESS

- 6.1 The appointed Chief Internal Auditor and the representative of External Audit (as appointed by the Accounts Commission) will have free and confidential access to the Chair of the Audit and Performance Committee.

7. MEETINGS

- 7.1 The Audit and Performance Committee will meet quarterly, with a provision for additional meetings if required as the discretion of the Chair of the Audit and Performance Committee; and with meetings scheduled at regular intervals between the meetings of the Partnership Board.
- 7.2 The meetings will be conducted in accordance with the Standing Orders of the Partnership Board, including:
- At least one half (i.e. three) of the six voting members of the Audit and Performance Committee will be present for the meeting to be deemed quorate.
 - Members of the Audit and Performance Committee must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the Audit and Performance Committee, before taking part in any discussion on that item. Where an interest is disclosed, the other members present at the meeting in question shall decide whether the member declaring the interest is to be prohibited from taking part in discussion of, or voting on, the item of business.
- 7.3 Audit and Performance Committee meetings will normally be attended by the Chief Officer, the Chief Financial Officer, appointed Chief Internal Auditor and a representative of the External Auditor.
- 7.4 The Audit and Performance Committee may ask any other officers from the Health & Social Care Partnership, West Dunbartonshire Council and NHS Greater Glasgow & Clyde to attend to assist it with its discussions on any particular matter.
- 7.5 Subject to the extent of the accommodation available and except in relation to items certified as exempt and items likely to involve the disclosure of confidential information, meetings of the Audit and Performance Committee shall be open to the public (as per the Standing Orders of the Partnership Board). The Chief Officer shall be responsible for giving public notice of the date, time and place of each meeting of the Audit and Performance Committee.
- 7.6 The Audit and Performance Committee may by resolution at any meeting exclude the press and public there from during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of proceedings that if

members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7A to the Local Government (Scotland) Act 1973 or it is likely that confidential information would be disclosed in breach of an obligation of confidence. The Audit and Performance Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

- 7.7 Every meeting of the Audit and Performance Committee shall be open to the public but these provisions shall be without prejudice to the Audit and Performance Committee's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Audit and Performance Committee may exclude or eject from a meeting a member or members of the press or public whose presence or conduct is impeding the work or proceedings of the Audit and Performance Committee.
- 7.8 The Partnership Board or the Chief Financial Officer may ask the Audit and Performance Committee to convene further meetings to discuss particular issues on which they want the Audit and Performance Committee's advice.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

15 March 2023

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

1. Purpose

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

2. Recommendations

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

- (i) note the content of report;
- (ii) note the progress since the previous mid-year report to [HSCP Board on 27th September 2022](#) primarily first year delivery of associate distress brief intervention service for children and young people and rollout of 14 and 15 year pathway;
- (iii) note the need to report to Scottish Government at prescribed time intervals; and
- (iv) seek a subsequent full year report in March 2024.

3. Background

- 3.1 Political commitment to mental health remains evident in key policies sitting alongside the [Programme for Government](#) investment to support a comprehensive package of measures to improve mental health services for children, young people, and adults. This includes additional school counselling services, additional school nurses, training for teachers, and expansion of Distress Brief Intervention, mental health, and suicide prevention training.
- 3.2 The Scottish Government and COSLA jointly commissioned work to review the way children's mental health services are organised, commissioned, and provided. This saw the establishment of the Children and Young People's Mental Health Taskforce in 2018, chaired by Dame Denise Coia, with subsequent

recommendations on improving services and young people's access to help and support.

- 3.3 The taskforce work now led by the National Children and Young People's Mental Health and Wellbeing Programme Board has culminated in a [framework](#), for community mental health supports and services for children and young people. The framework sets out the kind of support that children and young people should be able to access for their mental health and emotional wellbeing within their community based on prevention and early intervention.
- 3.4 The framework recognises the rights that children, young people, and their families have to accessible, consistent, sustained local support across Scotland. This is part of the commitment to Getting it right for every child (GIRFEC) and reflecting the principles of the UN (United Nations) Convention on the Rights of a Child. The services and support will focus on those aged 5-24 years (services to support up to 26years if care experienced young people).

4 Main Issues

2021/22 Grant Activity

- 4.1 The 2021/22 grant (£233,000) had carryover of £171,333 into 2022/23. The multiagency working group has been overseeing the implementation of community supports and services for children and young people and their families as outlined below.
- 4.2 The West Dunbartonshire Distress Brief Intervention (DBI) Associate Programme for young people aged 16years to 24years (26 years for care experienced young people) is specifically to support young people who are experiencing 'emotional distress' and not requiring clinical interventions. The service launched on 1 March 2022 with the report to the [HSCP Board on 22nd November 2021](#) outlining the detail of this "ask once get help fast" service for young people.
- 4.3 An incremental approach has been taken to implement the service with all primary care sites active as of June 2022 and all five secondary education sites active as of November 2022. 33 referrals have been made to the service as of mid-February 2023. A total of 83 individuals have been trained as level 1 referrers across 5 service areas. See Appendix 1 for project details.
- 4.4 In December 2022, West Dunbartonshire was invited to become the fifth national pilot site to offer DBI to 14 and 15 year olds. This pathway commenced on 30 January 2023 in two schools with the remaining schools commencing two weeks later. The DBI delivery group continues to use learning from the national programme and other associate programme areas and to explore additional referral pathways for younger ages e.g. Primary Care.
- 4.5 Two of the three planned physical activity projects commenced during 2022/23 with a focus on opportunities for 'at risk' young people. The third project due to commence in August 2022 has been hindered by staff recruitment issues.

- 4.6 The active carer project offered free access to physical activity opportunities for young carers and young adult carers in West Dunbartonshire delivered in partnership with West Dunbartonshire Leisure, YSortIt, Carers of West Dunbartonshire and Scottish Families Against Drugs. See Appendix 1 for project details.
- 4.7 The Disability Youth Sports project sees young people meet on a weekly basis to increase participation in physical activity and engage with other young disabled people, enhance their skills for life and learning, and reduce social anxiety by improving confidence and overall wellbeing. See Appendix 1 for project details.
- 4.8 Scottish Families Affected by Drugs/Alcohol Young Persons Routes Project (1226 years) were successful in securing a Corra Foundation grant to increase the project capacity in West Dunbartonshire. A one off contribution was made from the grant allocation to support this application. See Appendix 1 for project details.
- 4.9 A bespoke programme of support for parents and carers has been delivered in 2022-2023 to families where a child has a new diagnosis or are awaiting diagnosis of autism spectrum disorder and other complex needs. The training has been delivered by a neurodiverse trainer. See Appendix 1 for project details.
- 4.10 The findings from the research undertaken by Glasgow University reported to the [HSCP Board 27th September 2022](#) sought for increased support for parents and families as well as increased visibility of local supports and services for children, young people and their families. These themes closely align with the holistic family based developments arising from the Whole Family Wellbeing Fund work.
- 4.11 Work has been commissioned to design, build and maintain a website which will direct and inform local young people and families of supports and services to support their mental and emotional wellbeing. West Dunbartonshire Wellbeing website design has been inspired and co-produced with the local young people from West Dunbartonshire Youth Council. The working group will continue to link with youth organisations to build content and support the promotion of the resource. The time scale for initial launch is early April 2023.
- 4.12 Planet Youth in Scotland partner initiative, led by Winning Scotland has continued during 2022. In response to survey findings pupils attended a health event to offer support and scope and trial possible interventions based on the survey findings. Two hundred and fifty young people attended the event and received wellbeing boxes containing tools to help manage their mental wellbeing and provided with a Z card resource of community mental health supports and services available in West Dunbartonshire. The Z card resource was in response to a request from Primary care for local support information as an interim measure ahead of the website development.

- 4.13 Staff resources within the Health Improvement Team have led to a delay in the development and delivery of a range of interventions to support the Planet Youth programme. In order to address this, a funding proposal to create an operational post for the programme and associated intervention budget has been approved.
- 4.14 The Scottish Government announced a £1.5 million funding for Planet Youth across Scotland via the Drug Death Taskforce response. It is unclear at this stage the implications of this locally, but there is a desire among the Substance Use Prevention Strategy Implementation Group members to utilise this funding to expand the programme across West Dunbartonshire. A proposal will be submitted to Winning Scotland in the coming weeks.

2022-2023 Grant allocation (notification December 2021)

- 4.15 The multi-agency working group agreed the 2022/23 grant (£231,000) would fund:
- (i) a second year of the DBI service which commenced November 2022 (£159,000).
 - (ii) the first year of two, 2-year fixed contract Health Care Support Worker posts (£66,000 per year). The second year would be funded from the 2023-2024 grant (allocation confirmed January 2023).
- 4.16 Delays to recruitment means the posts will not be in place until end of March 2023. These posts will support parents and carers of children awaiting diagnosis and once diagnosis of a neurodiverse profile is obtained.
- 4.17 In October 2022, the 2022/23 grant plans with committed spend and subsequent carry over was submitted to Scottish Government. In January 2023, the plans across Scotland were rejected with Scottish Government stipulating all unspent 2022-2023 grant monies to be returned. The amount being recovered from the grant is £147,000. Subsequent discussions were held with Government colleagues to reiterate our commitments for the grant as outlined in section 4.15 but discussions ended with no change to the original position.

Grant allocation 2023/24 (notification January 2023)

- 4.18 Confirmation of the 2023/24 grant allocation (£231,000) was received 16 January 2023 for the ongoing delivery of children and young people's community mental health supports and services. This will be used to fund:
- (i) The remainder of the current Distress Brief Intervention Service contract up to October 2023 and a further 6 month extension to March 2024 if the service remains to address local need.
 - (ii) The first year of two, 2-year fixed contract Health Care Support Worker posts (£66,000 per year). The funding for year 2 will be supported by an earmarked reserve.

- 4.19 Scottish Government have indicated a continued commitment to this work stream and have advised they will continue to seek multi-year funding for future delivery. The funding remains subject to the outcome of the Scottish Government annual budget process.

Reporting and planning

- 4.20 A second local planning session by the Children and Young People's Community Mental Health Supports and Services working group and wider system took place in August 2022. The session shared the findings and areas for development from the Glasgow University research outlined in HSCP Board Report 27th September 2022 and informed priorities going forward.
- 4.21 Scottish Government continues to seek six monthly progress reports on the impact of this funding, in alignment with the timescale for reports on the impact of the investment into school counselling. The third combined report was submitted on 31 January 2023.
- 4.22 A second planning template was requested by Scottish Government and submitted on the 24th of February 2023. The template outlines planned projects and committed costs for the delivery of services funded by the Community Mental Health and Wellbeing Supports and Services 2023/24 (£231,000) allocation. For detail see section 4.18 below.

People Implications

- 4.23 Implications to fund second year (2024/25) of 2 HCSW posts delivering parental support. Confirmation given by Chief Finance Officer that full amount for second year will be funded from current reserves.

5 Financial and Procurement Implications

- 5.1 Notification of 2023-24 allocation is £231,000 from earmarked reserve (section 4.18). This will fund:
- (i) the remainder of year 2 DBI service contract with SAMH up to October 2023 with option of a 6-month contract extension, funding the service up to March 2024 (£159,000);
 - (ii) the first year of two 2-year fixed term contract Health Care Support Worker posts (£66,000);
 - (iii) additional options with remaining funding considered by the Working Group in early 2023-2024. (£6000); and
 - (iv) the second year of the two fixed term contract Health Care Supports Worker posts that will deliver the pre and post diagnosis support for

parent and carers.

5.2 It is anticipated that this funding will apply on a continuing basis subject to the outcome of the Scottish Government annual budget process.

5.3 The existing HSCP workforce and our Community Planning Partners will provide additional resource in supporting and developing a 'whole system' approach to meeting children and young people's mental health needs and responding to the impact of the pandemic.

6. Risk Analysis

6.1 Section 4.18 outlines the 2023-2024 (£231,000) grant spend and commitments aligned to plans submitted to Scottish Government 24th February 2023.

7. Equalities Impact Assessment (EIA)

7.1 An EIA of the DBI service has been undertaken to ensure that the service provides support for the diverse needs of children and young people, the individual needs of the population of LGBT+ children and children with disabilities. See Appendix 2.

8. Environmental Sustainability

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

9. Consultation

9.1 The Consultation plan for this work was outlined in the [HSCP Board report 27th September 2022](#) and the key findings continuing to inform the work taken forward by the multi-agency working group.

10. Strategic Assessment

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

11. Directions

11.1 None. Full directions provided in [HSCP Board report 19th August 2021](#).

Author: Lesley James
Designation: Head of Children's Health, Care and Justice and Chief Social Work Officer
Date: 8 March 2023

Person to Contact: Lauren McLaughlin,
Designation: Health Improvement Lead
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Appendices: Appendix 1 - Project Summary 2022/23
Appendix 2 - EIA

Background Papers:
[A stronger and more resilient Scotland: The Programme for Government 2022 to 2023](#)

Localities Affected: All

Appendix 1 Project Summary 2022/23

Children and Young People Community Supports 2022 – a summary

Service/ support	start/en d date	principal beneficiaries	Numbers and breakdown	area of focus	Reported improvement outcomes (from case studies)
DBI 16 – 24 years	1 Mar 2022 - ongoing	16years - 24years (26years for care experienced)	Total 33 23 x 16-24 year-olds 2 inappropriate 3 Male 20 Female 23 x reduction in distress score 20 x distress plan in place	To support young people who are experiencing 'emotional distress'. To respond appropriately for those who don't require clinical intervention aims to free up specialist services to see those in most need.	<ul style="list-style-type: none"> Reduction in distress level score Distress plan in place to identify ways of preventing and managing any future distress
DBI 14-15 years	30 Jan 2023 - ongoing	14-15 year olds	8 x 14-15 year olds 2 x Male 6 x Female 6 x reduction in distress score 2 ongoing 7 x distress plan in place	One of 5 pilot sites in Scotland, this extension of the DBI YP service allows Education staff and CAMHS staff to refer 14 and 15-year-olds to the DBI service.	

DBI Level 1 training	March 2022-ongoing	Level 1 referrers	83 frontline workers	<p>Training for frontline workers who can improve the response experienced by young people in distress. By providing a compassionate response and referral to Level 2 provider SAMH. Support provided within 24hrs of referral and for up to 14 days thereafter.</p> <p>Service areas with Level 1 DBI trained workers:</p> <ul style="list-style-type: none"> • Education • Primary Care GP • Community Link Workers • Mental Health Team Crisis • Police Scotland • Youth Organisation • Working 4U (youth learning, employability and money service) 	<p>Learning outcomes are:</p> <ul style="list-style-type: none"> • Understand distress and contributory factors such as trauma and stigma • Have an understanding of a compassionate response and be able to provide a brief compassionate frontline response to distress • Have knowledge of DBI Level 2 support, its benefits, and how to make a referral
Disability in Sport	April 2022 – April 2023	Young people with additional support needs	<p>Total 15 15 x 18-26-year-olds 6 Male 9 Female</p>	To empower the young people to be part of their local community within a sport and physical activity environment.	<ul style="list-style-type: none"> • Increased participation among underrepresented group • Increased independence • Enhanced skills for life and learning • Reduced social anxiety by improving confidence and overall wellbeing • Increased willingness to embrace new situations and challenges
Young Carers Leisure access	Sept 2022 - ongoing	Young carers and care experienced young people aged 12 – 24 (26 if care experienced)	<p>Total 45 40 x 12–18-year-olds 5 x 19-26-year-olds</p> <p>16 Male 29 Female</p>	To improve the mental health of the young people as a result of keeping active by providing free access to West Dunbartonshire Leisure gyms, fitness classes and swimming.	<ul style="list-style-type: none"> • Building friendships and supporting one another • Stress relief • Time to themselves • Improved mental health
Autism	2	Parents and carers	83 Parents and carers of CYP	To support parents following a	<ul style="list-style-type: none"> • knowledge and understanding

Training for Parents and Carers	cohorts: Feb and Sept 2022			diagnosis of an Autism Spectrum Disorder through classes facilitated by a neurodiverse trainer.	<ul style="list-style-type: none"> increased significantly provided with the skills to help support child's communication needs, distressed and anxious behaviours, and sensory issues. speaking to other parents in similar situations helpful, alleviated feelings of isolation.
Scottish Families Affected by Alcohol and Drugs - Young Persons Routes Project	June 2022 - ongoing	Young people affected by someone else alcohol and drug use	Total 58 45 x 12–17-year-olds 13 x 18–26-year-olds 26 Male 31 Female 1 other	To support young people affected by someone else's alcohol or other drug use, designing and testing what support works best for the individual. To remove barriers of shame, isolation, and stigma that has followed many of them around for most of their childhood.	<ul style="list-style-type: none"> a safe place to come and someone to talk to Engagement Removing all barriers to participation
Wellbeing Warriors	January – July 2022	Young people	16 x 15–19-year-olds	To recruit, train and support a group of young people to become community champions, helping them to manage their own emotional wellbeing and promoting positive mental health with others, and become trained to a level where they can cosupport various activities, focus groups and workshop sessions alongside youth work staff impacts.	<ul style="list-style-type: none"> help coping with anger issues sharing positive experiences was a key factor to improving and maintaining mental health and wellbeing feeling more confident

AssessmentNo	539	Owner	lamclaughlin
Resource	HSCP		Service/Establishment Joint
	First Name	Surname	Job title
Head Officer	Lauren	McLaughlin	Health Improvement Lead
	(include job titles/organisation)		
Members	Lauren McLaughlin Health Improvement Lead Allison Miller Health Improvement Senior Angela McCann SAMH Service Manager Anna Crawford Primary Care Development Lead		
	<i>(Please note: the word 'policy' is used as shorthand for strategy policy function or financial decision)</i>		
Policy Title	West Dunbartonshire Distress Brief Intervention Associate Programme 16-24/26years (if care experienced)		
	The aim, objective, purpose and intended outcome of policy		
	<p>To establish a new service for young people experiencing emotional distress with the aim of “ask once, get help fast”. The new service ‘West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16yrs to 24yrs (26yrs for care experienced young people)’ specifically to support young people who are experiencing ‘emotional distress’ and not requiring clinical intervention. The provision of a wider range of generic, less specialist services more able to respond appropriately for those who don’t require clinical intervention, will free up specialist services to see those in most need. This new service seeks to fulfil the requirements of the national framework -Community Mental Health & Wellbeing Supports and Services Framework which sets out the kind of support that children and young people should be able to access for their mental health and emotional wellbeing within their community based on prevention and early intervention. Programme Outcomes To improve access to support for young people in emotional distress as per Taskforce recommendations. To train front line key workers e.g., youth workers, first responders in DBI level 1 To provide a compassionate, caring response to emotional distress Aligns to Scottish Government’s work on the National DBI programme, Suicide Prevention and Mental Health strategies and the National Framework aims to provide services for children and young people in emotional distress.</p>		
	Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.		
	<p>The proposal for the new service was presented at a Programme Management Office and ratified by WDHSCP Senior Management Team. A multi-agency DBI delivery group was established in September 2021 and has met monthly since, reporting into Children & Young People Community Mental Health Supports and Services working group chaired by the Chief Social Work Officer and that reports to the Nurtured Delivery Improvement Group as part of local community planning arrangements. The membership of the delivery group includes Service delivery partner SAMH Service Manager Health Improvement Lead & Health Improvement Senior from HSCP, Primary</p>		

	Care Development Lead, Police Scotland, DBI Deputy Programme Manager, Crisis manager, Child Protection Officer, WDC Education Officer, Scottish Ambulance Service, Y Sort IT Youth Organisation, Scottish Fire & Rescue, Education Psychologist, HSCP Clinical Director		
Does the proposals involve the procurement of any goods or services?		Yes	
If yes please confirm that you have contacted our procurement services to discuss your requirements.		Yes	
SCREENING			
<i>You must indicate if there is any relevance to the four areas</i>			
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)		Yes	
Relevance to Human Rights (HR)		Yes	
Relevance to Health Impacts (H)		Yes	
Relevance to Social Economic Impacts (SE)		Yes	
Who will be affected by this policy?			
This new service is for young people aged 16-24 years or up to 26 years if the young person is care experienced who require community support for emotional distress. This services approach is based on prevention and early intervention.			
Who will be/has been involved in the consultation process?			
Local consultation was undertaken by Glasgow University who were commissioned by West Dunbartonshire Health & Social Care Partnership to undertake a comprehensive review and analysis of children & young people's community mental health and wellbeing services and supports. Phase 1 of the review sought to understand the prevalence of collaboration within West Dunbartonshire, and explored how different sectors worked together in supporting children and young people's mental health and emotional wellbeing. The findings published in May 2021 have contributed to local action planning and aligned to forecast spend. The Executive summary and full report is available on the HSCP website. Phase 2 engaged with young people and parents and carers of young people between September and January 2022 with a focus on seeking their views on local needs in relation to community mental health and wellbeing services and supports. The research explored their experiences of accessing mental health support, mental health information, and their understanding of the resources within the local area. The final report sets out key recommendations and six areas for development and informed further action planning processes for children and young people's community mental health and wellbeing services and supports.			
Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.			
	Needs	Evidence	Impact
Age	Young people have been adversely affected by COVID restrictions and as the recovery plans are implemented young people continue to report poor mental health and wellbeing and emotional distress.	Planet youth survey of S3 year group in 2021 38% of young people reporting good or very good mental wellbeing following COVID restrictions (68% pre COVID) Results showed 55% happy with their life? 46%	Positive - The YP DBI Service provides additional 1 to 1 provision to support YP in emotional distress. Care experienced YP are able to access service up to age 26years (+2year) in line with wider

		<p>feel strong and healthy mentally and physically? 30% feel ugly & unattractive? 40% are happy with their body? 59% think they are not good at all? YP reported someone told them they were thinking about suicide 59% WD 52% Scotland. Friend or someone close attempted suicide 28% WD 35% Scotland,</p>	<p>policy. There is recognition that younger age range YP would benefit access to the service in line with the PY survey results and anecdotal feedback from Education colleagues.</p>
Cross Cutting	<p>The compounding nature of people across several categories who may be more likely to experience mental health issues and in turn struggle to engage with the services which could help them.</p>	<p>A lot of evidence to show that young people with several protected characteristics may be more likely to experience common mental health problems and emotional distress.</p>	<p>Positive - The YP DBI Service promotes fair, flexible, free and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will support young people living in WD.</p>
Disability	<p>Young adults with disabilities both physical and learning are more likely to experience poorer mental health & wellbeing including emotional distress.</p>	<p>From the Adults (18+) SNA 2022, data indicated 458 individuals in West Dunbartonshire with a learning disability are known to HSCP learning disability services. 2,810 people in West Dunbartonshire are living with sight loss 2,440 have partial sight and 370 are blind. Deaf people are twice as likely to experience mental health difficulties (All Wales Deaf Mental Health and Well-Being evidence to the Commission)</p>	<p>Positive - The YP DBI Service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service users.</p>
Social & Economic Impact	<p>Community mental health and wellbeing</p>	<p>Poverty is the biggest driver of</p>	<p>Positive - The YP DBI Service promotes</p>

	<p>services and supports for YP need to be situated locally, free at the point of need and easy and fast to access. Local Community supports are needed to reduce the need for travel costs, time off work/school and for those with caring responsibilities in an area where levels of deprivation are high.</p>	<p>poor mental health and there is a structural relationship between wider socio-economic inequality and mental health. Equally poor mental health and emotional distress can increase the risk of living in poverty. (Scottish Government Mental Health Transition and Recovery Plan 2020). The current prevalence and impact of poverty in West Dunbartonshire is well understood with an understanding that there are increasing pressures with the cost of living crisis. (Adult Strategic Needs assessment (2022)</p>	<p>fair, flexible, free and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will support young people living in WD.</p>
Sex	<p>Need to increase access for women to assessment and treatment for common mental health problems. Need to intervene earlier for men in order to have a positive impact on suicide rates.</p>	<p>Evidence from National Suicide data show that It is also worth noting that men continue to complete suicide in much larger numbers. NRS data . women are more likely than men to experience mild to moderate mental health problems and are particularly vulnerable to this if they experience domestic abuse.</p>	<p>Positive - The YP DBI Service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service users.</p>
Gender Reassign	<p>Young adults who identify as transgender are more likely to experience poorer mental</p>	<p>NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of</p>	<p>Positive - The YP DBI Service promotes fair, flexible and equitable access by challenging</p>

	health & wellbeing including emotional distress.	Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates that trans men and trans women often have the highest proportion of self reported poor mental health and also have the higher PHQ2 score (indicating depression) when compared with lesbian/gay women, bisexual people and gay men.	inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service users.
Health	Health inequalities are avoidable differences in people's health across the population and between specific population groups. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit good mental & emotional health.	Planet youth survey of S3 year group in 2021 38% of young people reporting good or very good mental wellbeing following COVID restrictions (68% pre COVID) Results showed: 55% happy with their life? 46% feel strong and healthy mentally and physically? 30% feel ugly & unattractive? 40% are happy with their body? 59% think they are no good at all? YP reported someone told them they were thinking about suicide 59% WD, 52% Scotland. Friend or someone close attempted suicide 28% WD, 35% Scotland. Data from WD SNA for adults shows in 2020/21 23% of WD population prescribed drugs for	Positive - The YP DBI Service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for all young people accessing the service.

		<p>anxiety/depression/psychosis The rate of patients registered with depression is increasing year on year in West Dunbartonshire. Suicide remains a significant issue in West Dunbartonshire. Poverty is the biggest driver of poor mental health and and equally poor mental health can increase the risk of living in poverty. (Scottish Government Mental Health Transition and Recovery Plan 2020). The current prevalence and impact of poverty in West Dunbartonshire is well understood with an understanding that there are increasing pressures with the cost of living crisis. (Adult Strategic Needs assessment (2022)</p>	
Human Rights	<p>Convention of Rights of the child (CRC) sets out the human rights of every person under the age of 18 and is the most complete statement on children's rights treaty in history. The Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that</p>	<p>The following UNCRC articles relates and are considered in the provision of new service for young people. Article 3 (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children. Article 6 (life, survival and development) Every</p>	<p>Positive - The YP DBI Service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance. The service will ensure the service user is at the centre of all decision making and while consider the rights of the YP at all times to ensure the impact</p>

	all children everywhere are entitled to.	<p>child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential. Article 12 (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.</p> <p>Article 24 (health and health services) Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy.</p>	is positive for all service users.
Marriage & Civil Partnership	No needs identified		
Pregnancy & Maternity	Young parents are more likely to experience poorer mental health & wellbeing including emotional distress.	<p>Information from FNP Scotland 10 year analysis (attached) highlighted: Analysis completed in 2018 has shown that almost all FNP clients (98%) had experienced some form of trauma or adverse experience in their lives before enrolling onto FNP. The most prevalent complexities for FNP clients at entry to FNP were; anxiety or other mental health</p>	Positive - The YP DBI Service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service users.

		issues (63%), experience of parental separation (63%), low income (60%), not being in work, education or training (57%). Over a fifth (22%) of FNP clients were care experienced or on the child protection register.	
Race	People from ethnic /minority/racial backgrounds are more likely to experience poorer mental health than white people.	pupil census 2021 491 school aged pupils in WD recorded from minority ethnic background Nationally 6% children who access CAMHS services have BAME background. Women from Black and ethnic minority backgrounds are at greater risk of developing mental health problems. Research shows their vulnerability is further exacerbated by culture and ethnicity, stigma associated with poor mental health, language barriers and lack of awareness of supports available.	Positive - The YP DBI Service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service users.
Religion and Belief	No needs identified		
Sexual Orientation	Poor mental wellbeing and experiencing emotional distress is more like to occur in LGBTQ+ communities than when compared with heterosexual/cisgender people	NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of evidence indicating	Positive - The YP DBI Service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service

		<p>that LGBT+ people in Scotland are at much higher risk of mental health problems</p> <p>Studies have linked mental health problems and emotional distress but have also highlighted that mental health problems are compounded by experiences such as bullying, discrimination, hate crimes and social isolation. This was also apparent from the qualitative research in which the issues around social and mental health were clearly interlinked. The quantitative survey undertaken as part of the needs assessment showed that overall more than half (54%) of respondents said they had mental health problems e.g. depression/anxiety/stress, but this was higher for trans masculine (75%), non-binary people (72%) and bisexual women (61%).</p>	users.
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Actions

Issue Description	Action Description	Actioner Name	Due Date
Gender reassignment and the health needs of LGBTQ+ people	To seek and consider additional training for service delivery staff on the health needs of LGBTQ+ people. Universal equality and diversity training has been undertaken but more specialised training	Angela.mccann@samh.org.uk	31-Dec-2022

	to be identified and completed,		
Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this.			
Age - work continues with the national programme to expand the service to 14 & 15 years using learning from the national pilot sites. For people above the specified age range of the service but are in need of support for emotional distress referrers can signpost to the Stepping Stones Distress Brief Intervention Service.			
Will the impact of the policy be monitored and reported on an ongoing basis?			
The impact of the service is continually monitored through the bi monthly delivery group and via the quarterly submission by SAMH (delivery partner) to the national DBI service programme.			
Q7 What is your recommendation for this policy?			
Introduce			
Please provide a meaningful summary of how you have reached the recommendation			
The Distress Brief Intervention Associate Programme for 16-24/26 years will offer additional community support for young people in West Dunbartonshire. This is a new service supports young people who are experiencing 'emotional distress' and not requiring clinical interventions with the aim of offering an 'Ask once, get help fast' service. This EIA process has highlighted the opportunity to provide service delivery staff with additional training on the needs of some groups with protected characteristics. Through the ongoing monitoring of the service the needs of service users will be identified, considered and addressed on an ongoing basis.			

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

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

15 March 2023

Subject: Supervision Policy for Children's Services

1. Purpose

- 1.1 The purpose of this report is to update the board of the proposed implementation of a supervision policy for children's services.

2. Recommendations

- 2.1 To approve the policy of the HSCP Supervision Policy for all social work and social care staff within children's services.

3. Background

- 3.1 Supervision is a critical component of Social Work practice within the organisation, and West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to ensuring that this is delivered in a cohesive and consistent manner. Inquiries into social work practice have highlighted the importance of effective supervision in terms of informing professional practice, supporting staff, and delivering high quality services.
- 3.2 Social Workers and Social Care professionals practice in accordance with the Scottish Social Service Council's (SSSC) Code of Practice for Social Service Workers and West Dunbartonshire HSCP is signed up to the SSSC Code of Practice for Social Service Employers. Both codes recognise the importance of staff supervision.
- 3.3 This policy has been developed in order to reinforce the importance of supervision at all levels of the organisation. Whilst the provision of effective supervision is a key factor in supporting new and less experienced staff, it affords an opportunity for all colleagues to reflect on their practice and explore different ways of working. Supervision also has a key quality assurance function at all levels of the organisation.
- 3.4 Supervision supports staff to practice in accordance with organisational aims and objectives and the SSSC Codes and is also a key component of West Dunbartonshire Council's ongoing commitment to staff support and

development. The process of supervision is an effective way to foster professional confidence and resilience in staff, and to encourage ongoing skills development and learning.

4. Definition

- 4.1 The Scottish Social Services Council (SSSC) offer the following definition of supervision:

‘Supervision is a process which aims to support, assure and develop the knowledge, skills and values of the person being supervised (supervisee), team or project group. It provides accountability for both the supervisor and supervisee in exploring practice and performance. It also enhances and provides evidence for annual performance review or appraisal; it sits alongside an organisation’s performance management process with particular focus on developing people in a way that is centred on achieving better outcomes for people who use services and their carers’.

5. Main Issues

- 5.1 Currently no supervision policy is in place to ensure staff have clear recorded reflective supervision to ensure they are both effectively supported in their social work practice.
- 5.2 The importance of supervision in social work practice cannot be overstated and enables staff development and management oversight of standards of practice. The lack of profession supervision is often a feature in Serious Case Reviews and Learning Reviews and it is imperative we ensure staff are effectively supported in the management of risk and complexity within social work practice.
- 5.3 Planned structured discussion regarding learning and development is required.

6. Options Appraisal

- 6.1 N/A.

7. People Implications

- 7.1 The Supervision Policy will provide a structure and direction and ensure implementation of a standardised, professional support to all Social Work staff. The Supervision Policy will be subject to ongoing Audit and Review going forward.

8. Financial and Procurement Implications

- 8.1 N/A

9. Risk Analysis

9.1 N/A.

10. Equalities Impact Assessment (EIA)

10.1 N/A.

11. Environmental Sustainability

11.1 N/A.

12. Consultation

12.1 Although no formal consultation has taken place with staff, feedback has been gathered informally in seeking a range of staff views which so far indicates professional supervision is an identified requirement.

13. Strategic Assessment

13.1 N/A.

14. Directions

14.1 N/A.

Name: Lesley James

Designation: Head of Children's Health, Care and Justice Services
and Chief Social Work Officer

Date: 28 February 2023

Person to Contact: Lesley James, Head of Children's Health, Care
and Justice Services and Chief Social Work Officer
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Appendices: Appendix 1 – Children and Families Services
Supervision Policy

Appendix 2 – Adult Supervision Policy

Background Papers: N/A



West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care

Social Work and Social Care Staff Supervision Policy

December 2021

Document Title	Social Work and Social Care Staff Supervision Policy and Guidance		
Owner	Sylvia Chatfield		
Version No.	2.0	Superseded version:	1.0
Date Effective	01/12/2021	Review Date:	01/12/2023

1. Purpose

- 1.1 Supervision is a critical component of Social Work practice within the organisation, and West Dunbartonshire Health and Social Care (HSCP) is committed to ensuring that this is delivered in a cohesive and consistent manner. Inquiries into social work practice have highlighted the importance of effective supervision in terms of informing professional practice, supporting staff, and delivering high quality services.
- 1.2 Social Workers and Social Care professionals practice in accordance with the Scottish Social Service Council's (SSSC) Code of Practice for Social Service Workers and West Dunbartonshire HSCP is signed up to the SSSC Code of Practice for Social Service Employers. Both codes recognise the importance of staff supervision.
- 1.3 This policy and guidance has been developed in order to reinforce the importance of supervision at all levels of the organisation. Whilst the provision of effective supervision is a key factor in supporting new and less experienced staff, it affords an opportunity for all colleagues to reflect on their practice and explore different ways of working. Supervision also has a key quality assurance function at all levels of the organisation.
- 1.4 Supervision supports staff to practice in accordance with organisational aims and objectives and the SSSC Codes and is also a key component of West Dunbartonshire Council's ongoing commitment to staff support and development. The process of supervision is an effective way to foster professional confidence and resilience in staff, and to encourage ongoing skills development and learning.

2. Definition

2.1 The SSSC offer the following definition of supervision:

'Supervision is a process which aims to support, assure and develop the knowledge, skills and values of the person being supervised (supervisee), team or project group. It provides accountability for both the supervisor and supervisee in exploring practice and performance. It also enhances and provides evidence for annual performance review or appraisal; it sits alongside an organisation's performance management process with particular focus on developing people in a way that is centred on achieving better outcomes for people who use services and their carers.' (SSSC, Supervision Learning Resource p16)

- 2.2 For the purposes of this policy, supervision should be regarded as a process, as opposed to any discreet event/session. There are many components to supervision, and it can take many forms, however the fundamental characteristics must feature in that it is **a two-way, enabling, and supportive process**. Partnership and shared objectives are key elements of the process, with the ultimate goal of securing positive, high quality outcomes for service users across all service areas.

- 2.3 Managerial supervision is generally described as the process of interaction between an employee and line manager that centres on improving/maintaining practice standards, effective delivery of services (including governance and accountability), and the management of human resource issues. Professional supervision, meanwhile, is considered to be the process whereby an employee receives support – ideally from a manager who works within the same discipline – in respect of professional development, training, and enhancing the professional identity and attributes associated with their role.
- 2.4 For the purposes of this policy, it is accepted that both components of supervision are essential, and that they are complementary. As such, effective supervision will incorporate managerial and professional elements, albeit there will be circumstances whereby they are delivered by more than one supervisor. In such instances, it will be necessary to establish appropriate roles and responsibilities, and the supervisee should know who to approach for relevant support and guidance.

3. Background

- 3.1 The West Dunbartonshire Council Strategic Plan 2017-2022 includes in its list of priority outcomes, *A Skilled and Committed Workforce*:

- A workforce who feel valued and recognise the importance of the work they do,
- Regular engagement with employees to learn from their experiences,
- A workforce equipped to deliver services with access to training, and,
- All employees have equity of support and opportunity.

Supervision is central to achieving these goals, and this policy has been developed in order to ensure that all staff contribute to meeting the requirements of the organisation.

- 3.2 The principal stakeholders in the supervision process are the people for whom we provide services. As such, effective supervision must be underpinned by a commitment to continually review and improve service provision and delivery.

The Social Care Institute for Excellence (SCIE) undertook a Practice Enquiry in respect of supervision processes within various adult care settings, and staff feedback indicated that positive outcomes for service users was often linked with effective supervision practice:

‘Respondents within the online survey were clear that ‘good supervision’ supported individual workers, which in turn, supported people who use services. This finding was followed up in the face to face interviews with more concrete examples of improved outcomes for people who use services that had arisen out of formal and informal supervision.’ [Practice Enquiry into Supervision in a Variety of Adult Care Settings Where there are Health and Social Care Practitioners Working together, 2013, pp3]

- 3.3 Supervision is typically viewed by social work staff as a critical element of their professional role, and effective, consistent, and tailored supervision can help to ensure that staff feel valued and supported.

Research undertaken by Community Care magazine found that ***“One of the clearest themes from this research was the negative impact of consistently missed, interrupted or rushed supervision sessions.***

[Community Care, online edition, 6th June 2020).

This policy therefore **requires** that the provision of supervision is prioritised by managers and staff, and is recognised as one of the core elements of individual and organisational development.

- 3.4 Supervision will also support the enhancement of core social work competencies and skills, while developing, strengthening, and promoting the profession’s values and ethos.

4. Scope

- 4.1 The process of supervision can consist of several different components and techniques. The relationship between an employee and their line manager should be underpinned by ongoing support and supervision, with an agreed approach in terms of facilitating day to day guidance and oversight. This can vary according to context and a degree of accommodation and flexibility is required to ensure that an appropriate balance is struck that reflects the experience of the staff member being supervised, the level of autonomy associated with the post, and the mutual expectations of both parties.
- 4.2 Many teams have adopted the practice of Be the Best Conversations and should continue to do so, the principles are aligned with this Policy and the expectation is that these conversations do not replace supervision but are included and or noted in the staff members individual supervision record. This supports continuity and acknowledges good practice in supporting staff.
- 4.3 There is a requirement to ensure that all social work and social care staff, receive regular, planned, structured supervision. Notwithstanding the clear value of less formal methods of supervision, registered staff must also receive professional supervision.

This policy primarily focusses on that aspect of supervision, and sets out the expectations of the organisation in terms of what is required to deliver high quality supervision that is consistent with the standards set out in the SSSC Code of Practice for Employers (2016), and West Dunbartonshire Council’s Strategic Plan.

- 4.4 West Dunbartonshire Care at Home Services currently have a separate Supervision Policy. Further work will be undertaken in 2021-2022 to consolidate a single policy.

5. Principles of Supervision

5.1 A number of overarching principles will be applicable in respect of the process of formal supervision:

- Good supervision practice is characterised by effective communication, shared goals, and negotiation;
- Supervision is a shared responsibility between the supervisor and supervisee;
- Supervision should be considered a cornerstone of an employee's position within the organisation;
- Sufficient resource space and time must be set aside to facilitate effective, meaningful supervision;
- Supervision actively encourages reflective and innovative practice;
- Supervision will be a safe space and place for difficult conversations;
- The quality of supervision should be regularly reviewed;
- Supervision will promote anti-discriminatory practice;
- Supervision provides the worker with appropriate support, guidance, advice;
- Supervision assists to prioritise workload and manage pressures;
- Supervision provides regular, constructive feedback which supports professional growth and development as well as continuous improvement
- Supports professional development and encourages individuals' to maximise their potential

6. Supervision Standards

6.1 Supervision Agreement:

Each employee will have a formal written supervision agreement (see attached template appendix 1). This will be discussed and signed off by the supervisee and supervisor(s) at the earliest opportunity, and will be tailored to meet the specific needs of the member of staff based on experience, skills, and learning needs. The supervision agreement should be reviewed at agreed intervals, but no less often than annually.

The supervision agreement will refer to the following areas:

- Roles and responsibilities of supervisor(s) and supervisee;
- How often formal supervision will take place and where;
- The use of an agenda for supervision sessions (this must be flexible and subject to agreed amendment as required);
- Who records the meeting and in what format this should be completed;
- Matters relating to confidentiality;
- Conflict resolution;
- Contingency arrangements should regular supervisor not be available for a prolonged period;
- Date Agreement will be reviewed.

6.2 Confidentiality and Trust

Supervision should be seen as a confidential process between the worker and their line manager and/or professional supervisor. Session records must be kept secure.

Trust is a key element underpinning the relationship between supervisors and supervisees. We recognise the complexity of the task and will endeavor to offer appropriate levels of support to participants.

There are circumstances, however, where it will be necessary for supervisors to discuss information gained from supervision with senior managers and/or senior professionals. Whilst recognising the complexity of the tasks undertaken by social service workers, the SSSC expects social service workers to meet the Code of Practice and may take action if registered workers fail to do so. Employers of social service workers are required to take account of this code in making any decisions about the conduct of their staff. Supervision records therefore may be released for the purpose of monitoring the quality of supervision or used as a document in disciplinary or legal proceedings.

Individuals should keep a record of supervision, which could form part of their Continuous Professional Development (CPD) records. Any record should avoid personal identification of service users or third parties, as service users may be able to apply for access to such records under the Freedom of Information (Scotland) Act 2002, the Data Protection Act 2018. General Data Protection Regulation (GDPR) and the Public Records (Scotland) Act 2011.

6.3 Frequency of Supervision

The frequency of supervision session for different groups of staff is dependent upon a number of factors including:

- The professional role;
- Levels of professional accountability and responsibility; and
- Registration, Continuing Professional Development and Post Registration Training and Learning requirements for different groups of staff.

Workers Registered with the SSSC should have supervision **at least** every six weeks – this can be extended to every eight weeks where an irregular work pattern exists.

Supervision can, and should, be more frequent when a worker requires particular support and is new to their post.

The minimum standard for other staff members should be quarterly supervision (4 sessions per year).

6.4 Roles and responsibilities of supervisor(s) and supervisee

The Supervisor:

- Will ensure that s/he fully understands the roles and responsibilities associated with the supervisee's post. This is a key feature of meaningful and effective supervision, as the absence of such understanding and appreciation of an employee's function and value within the organisation

- can serve to undermine trust and development potential;
- In situations whereby the supervisor has a different professional background to the supervisee – as is often the case within integrated services, for example – the supervisor will seek guidance as to whether the professional element of the supervision process should be delivered by a suitably qualified colleague;
- At the earliest opportunity, the supervisor will undertake an evaluation of the supervisee's level of professional experience and skills, strengths, and opportunities for development. This will serve to inform how the supervision process is approached in terms of frequency, duration, and content – all factors should be agreed with the supervisee and recorded in the supervision agreement;
- It will be the responsibility of the supervisor to provide a comfortable, private space in which to undertake formal supervision sessions. Time should be protected from interruptions and sufficient to complete the meeting;
- Will ensure that appropriate time is allocated to: practice and workload matters; training and development; professional reflection; wellbeing and support;
- Will undertake regular audits of the supervisee's case recording, assessment and report quality, and core competencies, and offer constructive criticism and guidance as required. Key areas for consideration and improvement will be agreed, and the supervisor will ensure that relevant reviews are facilitated;
- Given the requirement for reciprocity within the organisation's staff relationships, the supervisor will invite feedback in terms of her/his management approach and any other service/team issues that might be pertinent. This must be conducted in an enabling, open manner, and the supervisee should feel confident that appropriate feedback will be welcomed and, where beneficial, acted upon;
- Will complete a written record of the supervision meeting, this need not be unduly lengthy, as it is important to focus on interpersonal engagement and genuine listening during a supervision session. A note of the main areas of discussion, decisions agreed, and action points should be recorded on the agreed template (appendix 2). The supervisor will ensure that the session record is shared with the supervisee and that the latter agrees with the content, any disagreement should be noted. Notes can be agreed and shared using email and stored in a secure electronic file;
- Consideration will be given to the implementation of a workload management process in order to effectively monitor and tailor the supervisee's workload in accordance with skills and experience, capacity, and organisational requirements. Any workload management arrangement must include scope for learning and development;
- The supervisor should ensure that the supervisee is aware of the organisation's welfare policies and services, and make any appropriate supporting referrals.

The Supervisee:

- Will prioritise formal supervision and ensure that sufficient time is reserved for this activity (including any preparation required). **Cancellation will only be requested in exceptional circumstances and should be noted in the supervision record;**

- In order to participate fully in the supervision process, the supervisee will be familiar with all relevant organisational policies and procedures, and will have a clear understanding of the expectations associated with her or his role;
- The supervisee will contribute items of the agenda of each supervision meeting, and make any necessary preparation in advance;
- The supervisee will be prepared to accept constructive professional feedback and guidance, and will demonstrate a willingness to engage in strategies and processes indicated in order to secure the best outcomes for people who use our services;
- Supervision will afford the opportunity for the supervisee to reflect on practice, and to be open and forthcoming in discussion as to challenges encountered, strengths demonstrated, and approaches to foster learning and development;
- If a workload management system is in place, the supervisee will provide the relevant information that reflects their practice and other duties associated with the role. If requested, this should be passed to the supervisor prior to the meeting;
- The supervisee will report/raise any issue that might impact upon her/his capacity to discharge duties on behalf of the organisation. This will include practice and learning, capacity, and health & safety matters where appropriate. If the supervisee is experiencing difficult personal circumstances, s/he should be confident that these can be shared where relevant in a safe, discreet, and confidential manner. The supervisee should be willing to consider any support options suggested.

6.5 Learning and Development

Continuous improvement and growth are key elements of the supervision process. Supervision provides an opportunity to explore and support individuals with their ongoing learning and development.

Having protected time to explore formal and informal learning opportunities and encouraging reflective practice can facilitate professional growth, affirm skills and strengths, lead to deeper understanding of practice and develop people in a way that is centred on achieving better outcomes for people who use services and their carers.

All staff should have an Individual Development Plan and this must be discussed at least 6 monthly at supervision.

West Dunbartonshire HSCP employees should use a Skills Passport to record details of their individual learning and development. The Passport selected depends on where the worker is on their career journey and will provide an individual record of mandatory training and learning activity; CPD and registration learning can be added to Skills Passports allowing learning and development information to be stored and accessed from one place. To download and get further information about the Skills Passport [click here](#).

West Dunbartonshire Health and Social Care Partnership Social Work Supervision Agreement

Both parties should be familiar with the West Dunbartonshire Health and Social Care Social Work Supervision Policy (2021) prior to completing this Supervision Agreement. Section 6 of the Policy sets out supervision standards which include the need to have a Supervision Agreement in place.

The importance of having a supervision agreement in place cannot be understated. It provides clarity about the supervision process and how people will work together to ensure the best experience of supervision i.e. roles, responsibilities, boundaries, expectations, feedback and review.

This template is used for one to one supervision agreements and should be updated if there is a change of supervisor.

	Print name	Signature or date agreed by email	Work location
Supervisee :			
Supervisor:			
Line Manager if different			
Date of Initial Agreement :		Planned review date : (minimum 12 months)	
Actual review date			

Summary of initial discussion/agreement (must include frequency of sessions, how interruptions will be prevented/managed, method & purpose of recording, expectations, how disagreements might be resolved, agenda setting, confidentiality, feedback, arrangements should regular supervisor not be available for prolonged period, etc.) A guide to agenda themes is attached and should be discussed when completing this agreement, it may also be used at the start of , or when planning a session agenda.

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Key themes for discussion at supervision:

The key themes and examples below aim to assist in providing structure, focus and guidance for supervision sessions. The topics are by no means exhaustive and it's important to recognise there is likely to be significant overlap in the areas when having a supervision conversation.

- **Check in - how is the person?** do they require any wellbeing supports and do they know where to find information about organisational wellbeing initiatives and policies?
- **Previous meeting notes, update on agreed work/actions** – this should be discussed at the start of every session to ensure commitment to actions and timescale agreed.
- **Role & responsibilities:** (link to job profile, National Care Standards, outcome measures, Code of Conduct, registration, organisation and service aims and objectives, any service inspection action and development plans etc.).
- **Assessment and Care Management** - depending on role this may be full discussion of specific client files (case file recording, practice, outcomes, audits, reviews) or management of team work load, waiting lists etc.
- **Individual Development Plan** (everyone should have one ... learning is continuous and we can always notch up what we do. Supervision discussion should include individual learning and development and link with their Skills Passport, reflective practice, formal and informal training/development opportunities and how this is being applied to practice.
- **Policies and Procedures** – may be best covered in team meetings and or group supervision if there is a particular area where the team need to change practice and processes. However, may form part of individual supervision and overlap with other topics. For example, health and safety, case file recording, maximising attendance, staff wellbeing data protection, Skills Passport and iLearning. The key here is about the safety and welfare of staff and people using service.
- **Be the Best Conversations** – many teams have adopted the practice of Be the Best Conversations and should continue to do so, they are fully aligned with the HSCP SW Supervision Policy and Guidance. The expectation would be they do not replace but are included / noted in the supervision record. This supports continuity and acknowledges good practice in supporting staff.
- Any areas of **disagreement** should be recorded along with any action taken to resolve any conflict
- **Reviewing the session** – it is useful to take time at the end of each session to reflect on what added value the supervision has brought. This can be done in many ways, most importantly in a way that's comfortable for both parties. Useful questions would be; what have we learned that neither of us knew before supervision? What have we learned that neither of us could have arrived at alone and what do we think this will mean for the person/people we are working alongside? This is a meaningful way to end a session and to give each other feedback.

Social Work and Social Care Staff Supervision Record (Appendix2)

Supervisee Name :		Role :	
Supervisor Name :		Line Manager (if different)	

Session date:		Date of last session		If more than 6 weeks, say why	
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Whilst agenda items should be agreed prior to the session, it is useful to agree priorities at the beginning of each session. Please refer to Supervision Agreement key themes to ensure sessions cover a range of topics.

1	Check- in (wellbeing and any support needs)
Discussion	
Agreed action/ intended outcome	
2.	Update (decisions, actions, progress and outcomes from last session -if not discussed the reason should be recorded along with follow up arrangements and any matters between sessions.
Discussion	
Agreed action/intended outcome	
3. a	Role and Responsibilities (workload review and quality (can include case recording/audits),policy/practice/performance standards , any support needs, code of conduct, code of practice, professional reflection, feedback and or guidance etc.)
Discussion	

Agreed action/ intended outcome	
3. b	Reports, audits, records sampled and signed off should be noted below along with feedback on quality/strengths and any guidance offered .
Discussion	
Agreed action/ intended outcome:	
4.	Learning and Development (reflective practice – learning points, skills, strengths, understanding theory, value base and impact on work, capacity and commitment to set goals and for development, learning styles and methods, mandatory training).
Discussion	
Agreed action/ intended outcome:	
5.	Any other areas not noted above
Discussion	
Agreed action/ intended outcome:	
Feedback and session review (take time at the end of the session to reflect on what added value the supervision has brought and or what we have learned. Feedback should be two way and approached in an enabling, open manner)	
Date , time and venue for next session :	
Signature(s) (notes do not need to be signed and printed, they can be agreed via email and stored in a secure electronic file, the email and date can be kept along with the supervisor record)	
Supervisor : Date :	Supervisee:



West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care

Children's Social Work and Social Care Staff Supervision Policy

Final December 2022

Document Title	Social Work and Social Care Staff Supervision Policy and Guidance		
Owner	Lesley James		
Version No.	24.0	Superseded version:	2.0
Date Effective	01/12/2022	Review Date:	01/12/2025

1. Purpose

- 1.1 Supervision is a critical component of Social Work practice within the organisation, and West Dunbartonshire Health and Social Care (HSCP) is committed to ensuring that this is delivered in a cohesive and consistent manner. Inquiries into social work practice have highlighted the importance of effective supervision in terms of informing professional practice, supporting staff, and delivering high quality services.
- 1.2 Social Workers and Social Care professionals practice in accordance with the Scottish Social Service Council's (SSSC) Code of Practice for Social Service Workers and West Dunbartonshire HSCP is signed up to the SSSC Code of Practice for Social Service Employers. Both codes recognise the importance of staff supervision.
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2. Definition

2.1 The SSSC offer the following definition of supervision:

'Supervision is a process which aims to support, assure and develop the knowledge, skills and values of the person being supervised (supervisee), team or project group. It provides accountability for both the supervisor and supervisee in exploring practice and performance. It also enhances and provides evidence for annual performance review or appraisal; it sits alongside an organisation's performance management process with particular focus on developing people in a way that is centred on achieving better outcomes for people who use services and their carers.' (SSSC, Supervision Learning Resource p16).

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- In situations whereby the supervisor has a different professional background to the supervisee – as is often the case within integrated services, for example – the supervisor will seek guidance as to whether the professional element of the supervision process should be delivered by a suitably qualified colleague;
- At the earliest opportunity, the supervisor will undertake an evaluation of the supervisee's level of professional experience and skills, strengths, and opportunities for development. This will serve to inform how the supervision process is approached in terms of frequency, duration, and content – all factors should be agreed with the supervisee and recorded in the supervision agreement;
- It will be the responsibility of the supervisor to provide a comfortable, private space in which to undertake formal supervision sessions. Time should be protected from interruptions and sufficient to complete the meeting;
- Will ensure that appropriate time is allocated to: practice and workload matters; training and development; professional reflection; wellbeing and support;
- Will undertake regular audits of the supervisee's case recording, assessment and report quality, and core competencies, and offer constructive criticism and guidance as required. Key areas for consideration and improvement will be agreed, and the supervisor will ensure that relevant reviews are facilitated;
- Given the requirement for reciprocity within the organisation's staff relationships, the supervisor will invite feedback in terms of her/his management approach and any other service/team issues that might be pertinent. This must be conducted in an enabling, open manner, and the supervisee should feel confident that appropriate feedback will be welcomed and, where beneficial, acted upon;
- Will complete a written record of the supervision meeting, this need not be unduly lengthy, as it is important to focus on interpersonal engagement and genuine listening during a supervision session. A note of the main areas of discussion, decisions agreed, and action points should be recorded on the agreed template (appendix 2). The supervisor will ensure that the session record is shared with the supervisee and that the latter agrees with the content, any disagreement should be noted. Notes can be agreed and shared using email and stored in a secure electronic file;
- Consideration will be given to the implementation of a workload management process in order to effectively monitor and tailor the supervisee's workload in accordance with skills and experience, capacity, and organisational requirements. Any workload management arrangement must include scope for learning and development;
- The supervisor should ensure that the supervisee is aware of the organisation's welfare policies and services, and make any appropriate supporting referrals;
- Children and Families; Direction from a supervision session which relates to a child / young persons plan must be recorded by the supervisor / manager on Care First, using the observation option "case supervision". Child protection recordings must be reviewed fortnightly with a management recording on Care First using the observation option "manager's scrutiny". These recordings and the actions therein will be subject to review at subsequent supervision sessions. Supervision agreements relating to the supervisee training, development or other personal / personnel topics will be noted on the supervision template at Appendix 1.

The Supervisee:

- Will prioritise formal supervision and ensure that sufficient time is reserved for this activity (including any preparation required). **Cancellation will only be requested in exceptional circumstances and should be noted in the supervision record;**

- In order to participate fully in the supervision process, the supervisee will be familiar with all relevant organisational policies and procedures, and will have a clear understanding of the expectations associated with her or his role;
- The supervisee will contribute items of the agenda of each supervision meeting, and make any necessary preparation in advance;
- The supervisee will be prepared to accept constructive professional feedback and guidance, and will demonstrate a willingness to engage in strategies and processes indicated in order to secure the best outcomes for people who use our services;
- Supervision will afford the opportunity for the supervisee to reflect on practice, and to be open and forthcoming in discussion as to challenges encountered, strengths demonstrated, and approaches to foster learning and development;
- If a workload management system is in place, the supervisee will provide the relevant information that reflects their practice and other duties associated with the role. If requested, this should be passed to the supervisor prior to the meeting;
- The supervisee will report/raise any issue that might impact upon her/his capacity to discharge duties on behalf of the organisation. This will include practice and learning, capacity, and health & safety matters where appropriate. If the supervisee is experiencing difficult personal circumstances, s/he should be confident that these can be shared where relevant in a safe, discreet, and confidential manner. The supervisee should be willing to consider any support options suggested.

6.5 Learning and Development

Continuous improvement and growth are key elements of the supervision process. Supervision provides an opportunity to explore and support individuals with their ongoing learning and development.

Having protected time to explore formal and information learning opportunities and encouraging reflective practice can facilitate professional growth, affirm skills and strengths, lead to deeper understanding of practice and develop people in a way that is centred on achieving better outcomes for people who use services and their carers.

All staff should have an Individual Development Plan and this must be discussed at least 6 monthly at supervision.

West Dunbartonshire HSCP employees should use a Skills Passport to record details of their individual learning and development. The Passport selected depends on where the worker is on their career journey and will provide an individual record of mandatory training and learning activity; CPD and registration learning can be added to Skills Passports allowing learning and development information to be stored and accessed from one place. To download and get further information about the Skills Passport [click here](#).

West Dunbartonshire Health and Social Care Partnership Social Work Supervision Agreement

Both parties should be familiar with the West Dunbartonshire Health and Social Care Social Work Supervision Policy (2021) prior to completing this Supervision Agreement. Section 6 of the Policy sets out supervision standards which include the need to have a Supervision Agreement in place.

The importance of having a supervision agreement in place cannot be understated. It provides clarity about the supervision process and how people will work together to ensure the best experience of supervision i.e. roles, responsibilities, boundaries, expectations, feedback and review.

This template is used for one to one supervision agreements and should be updated if there is a change of supervisor.

	Print name	Signature or date agreed by email	Work location
Supervisee :			
Supervisor:			
Line Manager if different			
Date of Initial Agreement :		Planned review date : (minimum 12 months)	
Actual review date			

Summary of initial discussion/agreement (must include frequency of sessions, how interruptions will be prevented/managed, method & purpose of recording, expectations, how disagreements might be resolved, agenda setting, confidentiality, feedback, arrangements should regular supervisor not be available for prolonged period, etc.) A guide to agenda themes is attached and should be discussed when completing this agreement, it may also be used at the start of, or when planning a session agenda.

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Key themes for discussion at supervision:

The key themes and examples below aim to assist in providing structure, focus and guidance for supervision sessions. The topics are by no means exhaustive and it's important to recognise there is likely to be significant overlap in the areas when having a supervision conversation.

- **Check in - how is the person?** do they require any wellbeing supports and do they know where to find information about organisational wellbeing initiatives and policies?
- **Previous meeting notes, update on agreed work/actions** – this should be discussed at the start of every session to ensure commitment to actions and timescale agreed.
- **Role & responsibilities:** (link to job profile, National Care Standards, outcome measures, Code of Conduct, registration, organisation and service aims and objectives, any service inspection action and development plans etc.).
- **Assessment and Care Management** - depending on role this may be full discussion of specific client files (case file recording, practice, outcomes, audits, reviews) or management of team work load, waiting lists etc.
- **Children and Families:** Assessment, planning and review. Direction from a supervision session resulting in action to be undertaken by the supervisee in respect of a child or young persons plan must be recorded by the supervisor / manager on Care First, using the observation option "case supervision". Further, child protection recordings must be reviewed fortnightly with a management recording on Care First using the observation option "manager's scrutiny".
- **Individual Development Plan** (everyone should have one) learning is continuous and we can always notch up what we do. Supervision discussion should include individual learning and development and link with their Skills Passport, reflective practice, and formal and informal training/development opportunities and how this is being applied to practice.
- **Policies and Procedures** – may be best covered in team meetings and or group supervision if there is a particular area where the team need to change practice and processes. However, may form part of individual supervision and overlap with other topics. For example, health and safety, case file recording, maximising attendance, staff wellbeing data protection, Skills Passport and iLearning. The key here is about the safety and welfare of staff and people using service.
- **Be the Best Conversations** – many teams have adopted the practice of Be the Best Conversations and should continue to do so, they are fully aligned with the HSCP SW Supervision Policy and Guidance. The expectation would be they do not replace but are included / noted in the supervision record. This supports continuity and acknowledges good practice in supporting staff.
- Any areas of **disagreement** should be recorded along with any action taken to resolve any conflict.
- **Reviewing the session** – it is useful to take time at the end of each session to reflect on what added value the supervision has brought. This can be done in many ways, most importantly in a way that's comfortable for both parties. Useful questions would be; what have we learned that neither of us knew before supervision? What have we learned that neither of us could have arrived at alone and what do we think this will mean for the person/people we are working alongside? This is a meaningful way to end a session and to give each other feedback.

Social Work and Social Care Staff Supervision Record

(Appendix2)

Supervisee Name :		Role :	
Supervisor Name :		Line Manager (if different)	

Session date:		Date of last session		If more than 6 weeks, say why	
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Whilst agenda items should be agreed prior to the session, it is useful to agree priorities at the beginning of each session. Please refer to Supervision Agreement key themes to ensure sessions cover a range of topics.

1	Check- in (wellbeing and any support needs)
Discussion	
Agreed action/ intended outcome	
2.	Update (decisions, actions, progress and outcomes from last session -if not discussed the reason should be recorded along with follow up arrangements and any matters between sessions.
Discussion	
Agreed action/intended outcome	
3. a	Role and Responsibilities (workload review and quality (can include case recording/audits),policy/practice/performance standards , any support needs, code of conduct, code of practice, professional reflection, feedback and or guidance etc.)
Discussion	

Agreed action/ intended outcome	
3. b	Reports, audits, records sampled and signed off should be noted below along with feedback on quality/strengths and any guidance offered.
Discussion	
Agreed action/ intended outcome:	
4.	Learning and Development (reflective practice – learning points, skills, strengths, understanding theory, value base and impact on work, capacity and commitment to set goals and for development, learning styles and methods, mandatory training).
Discussion	
Agreed action/ intended outcome:	
5.	Any other areas not noted above
Discussion	
Agreed action/ intended outcome:	
Feedback and session review (take time at the end of the session to reflect on what added value the supervision has brought and or what we have learned. Feedback should be two way and approached in an enabling, open manner)	
Date , time and venue for next session :	
Signature(s) (notes do not need to be signed and printed, they can be agreed via email and stored in a secure electronic file, the email and date can be kept along with the supervisor record)	
Supervisor : Date :	Supervisee: