

# Agenda

West Dunbartonshire  
Health & Social Care Partnership

## West Dunbartonshire Health and Social Care Partnership Board

**Date:** Tuesday, 16 May 2023

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**Time:** 14:00

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**Format:** Hybrid Meeting, Civic Space, 16 Church Street, Dumbarton, G82 1QL

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

Dear Member

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

Members will have the option to attend the meeting 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: 10 May 2023

**Audio Streaming**

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# WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

## AGENDA

TUESDAY, 16 MAY 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 - 12**

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 15 March 2023.

**(b) ROLLING ACTION LIST 13**

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

**5 VERBAL UPDATE FROM CHIEF OFFICER**

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

**6 2022-2023 FINANCIAL PERFORMANCE DRAFT OUTTURN REPORT 15 - 47**

Submit report by Julie Slavin, Chief Financial Officer, providing the HSCP Board with an update on the financial performance as at period 12 up to 31 March 2023 and a projected, draft outturn position.

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**7      EXTERNAL AUDIT STRATEGY MEMORANDUM: 2022/23      49 - 85**  
**ANNUAL ACCOUNTS**

Submit report by Julie Slavin, Chief Financial Officer, providing the HSCP Board with a brief overview of our external auditors, "Audit Strategy Memorandum" for the year ending 31 March 2023. This annual audit plan sets out the audit scope, approach and timeline for the HSCP Board (IJB) 2022/23 annual accounts.

**8      PRESCRIBING BUDGET SAVINGS ACTIVITIES      87 - 91**

Submit report by Fiona Taylor, Head of Health and Community Care, providing an update to the HSCP Board on the variety of cost efficiency work which is occurring to minimise risk to the prescribing budget across the HSCP and to suggest additional work that could occur.

**9      CHIEF SOCIAL WORK OFFICER: ADULT SERVICES      93 - 118**  
**FUNDING**

Submit report by Lesley James, Head of Children's Health, Care and Justice and Chief Social Work Officer, providing an update the HSCP Board on Scottish Governments funding allocation for additional support for Chief Social Work Officers and to seek HSCP Board approval for targeted investment of this budget.

**10     SUPERVISION POLICY FOR SOCIAL WORK AND      119 - 152**  
**CARE SERVICES**

Submit report by Lesley James, Head of Children's Health, Care and Justice and Chief Social Work Officer, providing an update to the HSCP Board of the proposed implementation of HSCP Supervision Policy for all Social Work and Social Care staff.

**11     WEST DUNBARTONSHIRE HSCP STRATEGIC      153 - 177**  
**RISK REGISTER**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting to the HSCP Board the West Dunbartonshire Health and Social Care Partnership Risk Management Policy.

**12     DUTY OF CANDOUR      179 - 184**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing the HSCP Board with an overview of the legal duty applying to health and social care services which came into effect on 1 April 2018 and make recommendations as to the future development and administration of the process.

**13 REVIEW OF HSCP BOARD STANDING ORDERS 185 - 215**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing the HSCP Board with an update on the outcomes of the officer lead review of the HSCP Board Standing Orders which has taken place in line with the current Integration Scheme and seeking the HSCP Boards approval to adopt these revisions.

**14 IMPLEMENTATION OF DIRECTIONS POLICY 217 - 220**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing the HSCP Board with an update on the implementation of the Directions Policy, which was approved by the HSCP Board on the 23 September 2020 and implemented on the 30 September 2020.

**15 WEST DUNBARTONSHIRE HSCP DELEGATED APPROVAL OF ANNUAL PERFORMANCE REPORT 2022/2023 221 - 224**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing the HSCP Board with an update on the governance arrangements in respect of the publication of the HSCP Annual Performance Report 2022/2023 and seeking Board approval that the decision to publish within the legislative timescales be delegated to the HSCP Audit and Performance Committee.

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## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Wednesday, 15 March 2023 at 2.05 p.m.

**Present:** Emilia Crichton, Lesley Rousselet 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; Diana McCrone, Staff Representative (NHS Greater Glasgow and Clyde); Barbara Barnes, Chair of the Locality Engagement Network – Alexandria and Dumbarton; Anne MacDougall, Chair of the Locality Engagement Network - Clydebank; Selina Ross, Chief Officer – West Dunbartonshire CVS; Kim McNab, Service Manager – Carers of West Dunbartonshire, Saied Pourghazi, Associate Clinical Director and General Practitioner and Cameron Waddell, Mazars External Auditors.

**Attending:** Peter Hessett, Chief Executive – West Dunbartonshire Council; 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; Lesley James, Head of Children's Health Care and Criminal Justice and Chief Social Work Officer; Caroline Sinclair and Julie Metcalfe, HSCP Officers; Nigel Ettles, Principal Legal Officer; Carolanne Stewart, Business Support Officer and Ashley MacIntyre and Lynn Straker, Committee Officers.

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

**Michelle McGinty in the Chair**

### DECLARATIONS OF INTEREST

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

## **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 21 February 2023 were submitted and approved as a correct record.

## **ROLLING ACTION LIST**

The Rolling Action list for the Health and Social Care Partnership Board was submitted and updates on Actions were noted by Members of 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 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).

After discussion and having heard from HSCP Officers, the Chief Financial Officer and the Head of Children's Health, Care and Justice Services and Chief Social Work Officer in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the content of the report;
- (2) to 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; and
- (3) to receive regular performance updates from HSCP Officers at future meetings of the HSCP Board.

Note – Caroline Sinclair and Julie Metcalf left the meeting after discussion of this item.



## **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 that there was substantial work went in to bringing together the Strategic Plan and the Budget Setting reports in the Agenda for the meeting, and they both gave a great insight into the proposed future for the HSCP Board and a positive outlook on what the Partnership could do on the 'Improving Lives Together' journey.

Ms Culshaw noted the Budget Setting report also highlighted a number of the financial pressures the Partnership was facing, and recognised the uncertainties about the level of care and capacity to provide quality care it faced, whilst overcoming the financial challenges.

### **WEST DUNBARTONSHIRE STRATEGIC PLAN 2023-2026 IMPROVING LIVES TOGETHER**

A report was submitted by 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 would be implemented.

After discussion and having heard from the Head of Strategy and Transformation, the Head of Children's Health Care and Criminal Justice and Chief Social Work Officer, the Head of Health and Community Care and the Chief Financial Officer in further explanation of the report, and in answer to Members' questions, the Board agreed:-

- (1) to approve “Improving Lives Together” the Integration Authorities Strategic Plan for 2023 – 2026; and
- (2) to approve the Strategic Delivery Plan, which is the means of implementing the Strategic Plan.

Direction reference number HSCP B000035MJC150323 to be issued by Ms Culshaw, Chief Officer on behalf of the HSCP Board.

### **WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP ASSISTED TRANSPORT POLICY**

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

After discussion and having heard the Head of Strategy and Transformation in further explanation, and in answer to Members' questions, the Board agreed to approve the proposed HSCP Assisted Transport Policy for implementation from 1 April 2023. Directions for Chief Officer, Ms Culshaw with reference HSCP B000036MJC150323.

## **ADJOURNMENT**

The Chair adjourned the meeting for a short recess. The meeting reconvened at 3.30 p.m. with all those listed in the sederunt present.

### **SCOTTISH GOVERNMENT FUNDING FOR CHILDREN AND YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH SUPPORTS AND SERVICES**

A report was submitted 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.

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

- (1) to note the content of report;
- (2) to note the progress since the previous mid-year report to HSCP Board on 27 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;
- (3) to note the need to report to Scottish Government at prescribed time intervals; and
- (4) to seek a subsequent full year report in March 2024.

Note - Lesley James left the meeting after discussion of this item.

### **EXTERNAL AUDIT OVERVIEW AND APPROACH: 2022-2023 ANNUAL ACCOUNTS**

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

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

- (1) to note the contents of Mazars Audit Update attached at Appendix 1 of the report; and
- (2) to note that the draft 2022-2023 Annual Audit Plan will be presented at the HSCP Board meeting on 16 May 2023 for consideration.

Note – Cameron Waddell left the meeting after discussion of this item.

## **2023/24 ANNUAL BUDGET SETTING REPORT**

A report was submitted by Julie Slavin, Chief Financial Officer, providing 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.

After discussion and having heard from the Chief Financial Officer, the Head of Health and Community Care and the Head of Mental Health, Learning Disabilities and Addiction in further explanation, and in answer to Members' questions, the Board agreed:-

- (1) to accept the flat cash offer of the roll forward of the 2022/23 recurring base allocation from West Dunbartonshire Council of £83.174m;
- (2) to accept the full pass through the allocated share of the £95m and other Scottish Government funding streams for IJBs of £1.494m;
- (3) to 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;
- (4) to note the analysis of the reserves position and the projected balances as at 31 March 2023;
- (5) to 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;
- (6) to 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;
- (7) to 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;
- (8) to 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;

- (9) to 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;
- (10) to note the update to the WDC's 10 Year Capital Plan from 2023/24 to 2031/32; and
- (11) to note the updated budget gaps across the Medium Term Financial Plan 2023/24 to 2025/26.

Note – Margaret-Jane Cardno left the meeting during discussion of this item.

### **REVIEW OF TERMS OF REFERENCE OF THE AUDIT AND PERFORMANCE COMMITTEE**

A report was submitted 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.

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

- (1) to note the updated CIPFA guidance for Audit committees;
- (2) to 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;
- (3) to agree on the maintaining the number of voting members at six until further independent development work with the members is complete;
- (4) to approve the recommended changes to the current ToR of the Audit and Performance Committee; and
- (5) to agree a further review will be carried out after the conclusion of the independent development.

### **SUPERVISION POLICY FOR CHILDREN'S SERVICES**

The Chair advised there was some inaccurate information contained within the report which had been submitted. The Board agreed to bring an updated version of the report forward to the next meeting of the HSCP Board on 16 May 2023.

The meeting closed at 4.41 p.m.

**WEST DUNBARTONSHIRE HSCP BOARD  
ROLLING ACTION LIST**

Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status
<b>Item 4b – Rolling Action List (March 2023)</b>	Margaret-Jane Cardno to provide an update at the next IJB regarding ‘Black Start’ dates and proposed dates/rehearsals etc.	Margaret-Jane Cardno	May 2023	Ongoing	<b>Open</b>
<b>Item 13 – Supervision Policy for Children’s Services (March 2023)</b>	Bring updated version of this report to the next meeting of the HSCP Board on 16 May 2023.	Lesley James	May 2023	Report now included in Agenda for 16 May Board meeting.	<b>Closed</b>
<b>Item 11 – Dementia Strategy (February 2023)</b>	Sylvia Chatfield to provide further information regarding the Dementia Strategy to Members.	Sylvia Chatfield	May 2023	<p>Update No.2: Sylvia Chatfield will provide a Briefing Note to Members prior to the meeting on 16 May and also provide a verbal update at the meeting.</p> <p>Update: Sylvia Chatfield is in discussion with how best to present the most up-to-date information to Members, be it a report at the next meeting which is quite some time away in May or as a Briefing Note. Will update Members shortly.</p>	<b>Open</b>



## WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

16 May 2023

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

- 1.1** To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 12 to 31 March 2023 and a projected, draft outturn position.

**2. Recommendations**

- 2.1** The HSCP Board is recommended to:

- a) **Note** the updated position in relation to budget movements on the 2022/23 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and **approve** the direction for 2022/23 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
- b) **Note** the draft outturn position for the period 1 April 2022 to 31 March 2023 is reporting an adverse (overspend) position of £0.453m (0.24%);
- c) **Note** this will be subject to change as the financial ledgers are not yet closed and transfers to and from reserves have yet to be finalised;
- d) **Note** that the forecast costs for Covid-19 cost for 2022/23 are £2.863m, leaving a residual earmarked balance of £0.495m to be returned to the Scottish Government through an amended 2022/23 budget allocation to NHSGGC to reflect the clawback of all unspent reserves;
- e) **Note** the update on the monitoring of savings agreed for 2022/23;
- f) **Note** the draft projected reserves balances;
- g) **Note** the update on the draft projected capital position; and
- h) **Note** the HSCP Board's Audit and Performance Committee will consider the 2022/23 draft unaudited accounts at the 20 June 2023 meeting.

**3. Background**

- 3.1** At the meeting of the HSCP Board on 21 March 2022 members agreed the 2022/23 revenue estimates. A total indicative net revenue budget of £185.117m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval.
- 3.2** Each month there have been a have been a number of budget adjustments. A 2022/23 total net budget of £186.033m is now being monitored as detailed within Appendix 1.

#### 4. Main Issues

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

- 4.1** The Local Mobilisation Plan (LMP) Covid-19 financial tracker for 2022/23 is submitted monthly to the Scottish Government, to allow close monitoring of the impact of Covid Cost Improvement Programmes.
- 4.2** Since the February report there have been three further submissions made, including a “final mop-up” return, with Table 1 below providing a summarised version of the final forecast costs of £2.863m. The final return on the 3 May came a couple of days before the World Health Organisation (WHO) announcement that “COVID no longer a global health emergency”.

**Table 1 – Summary of Covid-19 Costs and Funding to 31 March 2023**

Covid/Remobilisation Cost Analysis	Full Year Actual
	£000's
<b>Covid-19 LMP Categories</b>	
Scale up of Public Health Measures	38
Flu Vaccination & Covid-19 Vaccination (FVCV)	45
Additional Infection and Prevention Control	249
Additional Staff Costs (Contracted staff)	367
Additional Staff Costs (Non-contracted staff)	124
Additional PPE	0
Additional Capacity in Community	101
Adult Social Care	338
Children and Family Services	848
Homelessness and Criminal Justice Services	80
Reducing Delayed Discharge	84
Covid-19 Financial Support for Adult Social Care Providers	310
Additional FHS Contractor Costs	87
Digital & IT costs	73
Loss of Income	110
Other	5
Staff Wellbeing	4
<b>Total Spend</b>	<b>2,863</b>
<b>Funding</b>	
Opening Earmarked Reserve for Covid Pressures	(9,213)
Covid Clawback based on Month 8 LMP Submission	5,855
Final Clawback based on draft Month 12 LMP Submission	495
<b>Total Funding</b>	<b>(2,863)</b>
<b>Remaining Earmarked Reserve as at 31 March 2023</b>	<b>0</b>



- 4.3** As previously reported all current year Covid-19 related costs were funded from the earmarked reserve which had a balance of £9.213m at the start of the 2022/23 financial year. The Scottish Government also confirmed through several communications, that any unused funding would be returned by the end of this financial year and any legacy Covid-19 related costs should be minimised and exit plans developed.
- 4.4** It has been evident since the summer that the projected costs across all HSCPs were significantly lower than the earmarked reserves held and therefore funds would be clawed back. In January 2023, based on the Month 8 submission, WDHSCP transferred £5.855m from earmarked reserves to NHSGGC to negate the Scottish Government's clawback adjustment (a negative budget allocation). Based on the final LMP return (as set out in Table 1 above) there will be a further return of funds of £0.495m to bring the earmarked reserve balance to zero for the closure of the 2022/23 annual accounts.

### **Summary Position**

- 4.5** The 2022/23 financial year ended on 31 March 2023, however the complexities of closing down the annual accounts for the HSCP, adhering to the year-end timetables of both WDC and NHSGGC and submitting multiple COVID-19 LMP financial trackers means that the Period 12 position is still being finalised. The final outturn position will be reported within the 2022/23 unaudited annual accounts at the 20 June HSCP Board's Audit and Performance Committee.
- 4.6** The projected outturn overspend contained within this report may be subject to change as the year end process progresses, however all efforts have been made to ensure that any movement will not be material. Any significant changes will be clearly presented as part of the report on the 2022/23 draft unaudited accounts.
- 4.7** The projected revenue outturn position, with all identified Covid-19 costs being fully funded from reserves, is a reported overspend of £0.453m (0.24%). The consolidated summary position is presented in greater detail within Appendix 3, with the individual Health Care and Social Care reports detailed in Appendix 4.
- 4.8** Members should note that the projected overspend takes into account the progress on agreed savings programmes and £7.936m of expenditure to be drawn down from earmarked reserves. Further detail on progress of savings is detailed in Appendix 2. The draft annual accounts will provide a comprehensive breakdown of all reserves movements, with the current position shown further within this report at Table 3.
- 4.9** The summary position is reported within Table 2 below which identifies the projected 2022/23 budget overspend of £0.453m. This will be still be subject

to change once the financial ledgers are closed and the 2022/23 draft annual accounts are finalised.

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

**Table 2 - Summary Financial Information as at 31 March 2023**

Summary Financial Information	Annual Budget	Actual	Variance	Reserves Adjustment	Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	
Health Care	114,409	115,491	(1,082)	(1,501)	419	0.37%
Social Care	112,852	120,589	(7,737)	(6,507)	(1,230)	-1.09%
<b>Expenditure</b>	<b>227,261</b>	<b>236,080</b>	<b>(8,819)</b>	<b>(8,008)</b>	<b>(811)</b>	<b>-0.36%</b>
Health Care	(11,550)	(11,550)	0	0	0	0.00%
Social Care	(29,678)	(30,108)	430	72	358	-1.21%
<b>Income</b>	<b>(41,228)</b>	<b>(41,658)</b>	<b>430</b>	<b>72</b>	<b>358</b>	<b>-0.87%</b>
Health Care	102,859	103,941	(1,082)	(1,501)	419	0.41%
Social Care	83,174	90,481	(7,307)	(6,435)	(872)	-1.05%
<b>Net Expenditure</b>	<b>186,033</b>	<b>194,422</b>	<b>(8,389)</b>	<b>(7,936)</b>	<b>(453)</b>	<b>-0.24%</b>

- 4.11** Since the February report which also projected an overall HSCP overspend of £0.453m, there have been a number of significant updates impacting on the probable outturn. These include the finalisation of Covid-19 expenditure and the confirmation from the Scottish Government on the level of additional funding to cover the full budgeted costs of the 2022/23 pay uplift to all health employed staff.

- 4.12** The draft outturn figures reflect this funding and also update on other movements, including the difficulties in retention and recruitment of health and social care staff, additional prescribing pressure and anticipated movements in reserves. The revised outturn remains a probable HSCP overspend of £0.453m which will require to be funded from general, unearmarked reserves.

### **Update on Pay Awards**

- 4.13** As previously reported the annual budget for both Health Care and Social Care services included an estimation of the 2022/23 pay impact with the average budgeted rates being circa 2.9% and 2.4% respectively. However as levels of inflation remained at record high levels, these assumptions fell short of the final agreed pay uplifts to local government and health board staff groups.

## **Local Authority Pay Award**

- 4.14** Full detail of the local authority pay settlement has been included in previous financial update reports and it is confirmed that staff received the pay award (including back payments) on 28 November and 9 December depending on pay frequency.
- 4.15** As previously advised, West Dunbartonshire Council took the decision not to pass through a share of additional Scottish Government funding to the HSCP Board. The financial impact of this decision on the HSCP is included within Table 2 and based on the actual cost of back payments made in November and December, has been calculated at £1.786m for 2022/23. This impact has been minimised where possible by the offsetting of additional turnover, impact of vacancies and reduction in commissioned spend within older people. However given other pressures across social care budgets, including residential learning disabilities, community placements and care at home the remaining overspend of £0.872m on Social Care Services will be funded from general, unearmarked reserves.

## **Health Care Pay Award**

- 4.16** As previously advised following negotiations between the Scottish Government and NHS Unions, NHS staff were offered an updated pay award of £2,205 representing an average 7% pay uplift with the lowest paid staff seeing a rise of more than 11% and qualified nursing staff receiving up to 8.45%. All backdated salaries costs were paid to staff in the 23 February 2023 monthly pay run.
- 4.17** Health Boards have historically received additional funding towards pay negotiations, when the agreed pay uplift exceeds the annual inflationary uplift, with appropriate share passed over to HSCPs. The original budget included a 2% uplift for pay and increments of £0.643m, and in March the Scottish Government provided additional funding of £1.624m (based on payroll budgets). The actual cost of the pay award is included within Table 2 at a cost of £1.878m, lower than the budgeted costs by £0.389m, due to turnover and difficulties filling some vacancies. This residual funding has helped to offset some of the increase in prescribing outturn as detailed below.

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

- 4.18** The 2022/23 prescribing forecast outturn is comprised of a number of complex variables and is based on:
- Prescribing volumes;
  - Cost per item
  - Number of generic items dispensed as a percentage of total items dispensed; and
  - Pricing and short supply

- 4.19** Sustained prescribing volume growth combined with increasing prices are the key drivers behind the probable overspend of £1.064m, an increase of £0.451m on the last reported overspend which was based on November actuals. Actual 2022/23 year-to-date (YTD) volumes are tracking above all previous years (including pre-pandemic year of 2019/20). To the end of January 2023 YTD volumes dispensed across the NHSGGC area were 21.2m items compared to 20.5m in 2021/22 and 20.7m in 2019/20. The average volume increase is 3.3%, however this varies across HSCPs with WDHSCP's volume increase being 1.8%.
- 4.20** The number of drugs increasing in price has exceeded earlier projections across all Health Board areas. The January 2023 average cost per item was £10.72 compared to the April 2022 average of £9.82. As with volumes, the price per item exceeds the previous two years with the average costs of £10.01 in 2021/22 and £9.94 in 2020/21. Again WDHSCP's average price is lower than the average at £10.70 per item.
- 4.21** The pricing of drugs is hugely complex and is not just influenced by UK and worldwide inflation, rising interest rates and weak exchange rates in sterling. It is also impacted by the NHS Scotland and Community Pharmacy Scotland (CPS) contract guarantees, tariff costs and discounts and rebates applied. The 2023/24 position is also forecasted to be as volatile, leading the Scottish Government to review options to support sustainability of CPS, while considering the impact on both HSCPs and Health Boards.

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

- 4.22** As agreed by WDC and the HSCP Board in March 2022, the Board are responsible for accounting for bad debt arising from charging for HSCP delegated services.
- 4.23** While WDC retain the legal power to both set and levy charges with the collection of those charges being governed by the Council's Corporate Debt Policy any requests to write off HSCP debt now come to the HSCP Chief Financial Officer and HSCP Board for approval depending on the value of the write off request. The policy recognises that where a debt is irrecoverable, prompt and regular write off of such debts is appropriate in terms of good accounting practice and while the Council and HSCP will seek to minimise the cost of write-offs by taking all necessary action to recover what is due, where it has not been possible to collect a debt, authorisation to write these debts off will be requested to:
- The HSCP Chief Financial Officer if the debt is under £5,000; or
  - The HSCP Board if the debt is valued at more than £5,000
- 4.24** At the time of writing the analysis of outstanding debt for the Quarter four (period 1 January to 31 March 2023) was not yet available, therefore the impact of any decisions requiring write off of over £5,000 by the HSCP Board will be contained within the 2022/23 draft unaudited accounts. These

accounts will also consider the current level of bad debt provision, with any change having an impact of the final outturn position.

### **Update on Reserves**

- 4.25** As part of the closure of the 2022/23 accounts, a full review of all current earmarked reserves is being undertaken, recognising the decisions made by the HSCP Board in March 2023 to utilise a number of earmarked reserves to close the 2023/24 remaining budget gap.
- 4.26** Based on the projected outturn position set out in Table 1 above, the impact that has on current reserve balances is shown below in Table 3. The projected closing balance of £4.126m as an unearmarked reserve equates to approximately 2.18% of the 2023/24 indicative budget of £189.098m.

**Table 3: Anticipated Reserve Position as at 31 March 2023**

<b>Anticipated General Reserves Balances as at 31 March 2023</b>	<b>Opening Balances</b>	<b>Projected Movements</b>	<b>Projected Closing Balances</b>
	<b>2022/23 £m</b>	<b>2022/23 £m</b>	<b>2022/23 £m</b>
Unearmarked Reserves	(4.579)	0.453	(4.126)
Earmarked Reserves	(29.981)	7.936	(22.045)
<b>Total Reserves</b>	<b>(34.560)</b>	<b>8.389</b>	<b>(26.171)</b>

- 4.27** This is an improved projected outturn position when compared to the March budget report, which had anticipated drawdowns from unearmarked reserves of £0.797m and earmarked reserves of £10.831m. This is due to a combination of factors including further turnover and additional Scottish Government funding which has minimised the requirement to apply reserves and will also add to some earmarked reserves balances. For example, after early communication that no further funding would be provided to HSCPs (for a range of policy initiatives including ADP, Mental Health and PCIF), until all earmarked reserves were utilised, the Scottish Government released further funding as set out within the budget reconciliation at Appendix 1. It should be noted that a part of the measures approved to balance the 2023/24 budget, £2.210m of earmarked reserves will be utilised to cover the pressures arising from flat-cash funding.

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

- 4.28** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services delegated to the HSCP Board and should be considered as an addition to the HSCP's 2022/23 budget allocation of £83.174m from the council.
- 4.29** These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.

- 4.30** The summary projected position for the period to 31 March 2023 is included in the table below and will be reported as part of WDC's financial update position.

**Table 4 - Financial Performance projected 31 March 2023**

<b>Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council</b>	<b>Annual Budget</b>	<b>Actual</b>	<b>Variance</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Care of Gardens	455	455	0
Aids & Adaptations	250	107	143
<b>Net Expenditure</b>	<b>705</b>	<b>562</b>	<b>143</b>

**2022/23 Capital Expenditure**

- 4.31** Integration Authorities cannot own assets, however the delivery of HSCP services are supported by the utilisation of WDC and NHSGGC assets including buildings, ICT and other capital equipment. Any capital funding directed to supporting capital expenditure is accounted for within the partner organisations' financial ledgers, however an update on those projects in contained within Appendix 6 and details the forecast progress on a number of capital projects being:

- Clydebank Health and Care Centre;
- Minor Health Capital Works;
- Special Needs - Aids & Adaptations for HSCP clients;
- Criminal Justice Adaptations;
- Replace Elderly Care Homes and Day Care Centres;

- 4.32** As capital expenditure can take place over one than one financial year, any slippage will be identified and carried forward as appropriate.

**5. Options Appraisal**

- 5.1** None required

**6. People Implications**

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

**7. Financial and Procurement Implications**

- 7.1** Other than the financial position noted above, there are no other financial implications known at this time. The 2022/23 draft unaudited annual accounts to be presented to the June 2023 HSCP Board's Audit and Performance Committee will update on any material changes to outturn projections.

## **8. Risk Analysis**

- 8.1** The main financial risks to the 2022/23 projected outturn position relate to increases in demand for some key services such as mental health and other social care services as the HSCP has moved through its Covid-19 Recovery and Renewal phases.
- 8.2** The late allocation of pay award funding from the Scottish Government for health staff is still undergoing analysis with regards to impact on both recurring and non-recurring pay budgets.
- 8.3** The impact of inflationary pressures and costs of imports has added to the volatility of GP Prescribing costs. The complicated contractual arrangements and gathering of monthly data from community pharmacies causes a two month lag in confirming actual costs. Any differences between actual costs and those accrued will impact on 2023/24 and will be managed through earmarked reserves.
- 8.4** As stated above in section 7.1, the draft 2022/23 annual accounts will reflect any further movement in costs and reserves required as the financial ledgers are closed down over the next few weeks.

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

- 9.1** None required.

## **10. Environmental Sustainability**

- 10.1** None required.

## **11. Consultation**

- 11.1** This report and the projections and assumptions contained within it have been prepared with input from council and health board financial systems.

## **12. Strategic Assessment**

- 12.1** 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 Strategic Plan.

## **13. Directions**

- 13.1** The recurring and non-recurring budget adjustments up to 31 March 2023 (as detailed within Appendix 1) will require the issuing of a revised direction (see Appendix 7).

**Julie Slavin – Chief Financial Officer**

**Date: 8 May 2023**

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**Person to Contact:** Julie Slavin – Chief Financial Officer  
Telephone: 07773 934377  
E-mail : [julie.slavin@ggc.scot.nhs.uk](mailto:julie.slavin@ggc.scot.nhs.uk)

**Appendices:** Appendix 1 – Budget Reconciliation  
Appendix 2 – Monitoring of Savings  
Appendix 3 – Revenue Budgetary Control 2022/23  
(Overall Summary)  
Appendix 4 – Revenue Budgetary Control 2022/23  
(Health Care and Social Care Summary)  
Appendix 5 – Variance Analysis over £50k  
Appendix 6 – Capital Projects Update  
Appendix 7 – Directions

**Background Papers:** 2022/23 Financial Performance Update Report –  
February HSCP Board; and  
2023/24 Annual Budget Setting Report

**Localities Affected:** All



2022/23 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
<b>Budget Approved at Board Meeting on 21 March 2022</b>	<b>102,991</b>	<b>82,126</b>	<b>185,117</b>
Health Rollover Budget Adjustments			
Admin & Mgmt - Recurring additional SG uplift for Band 8&9, Medical & Dental	42		42
Admin & Mgmt - Recurring transfer of funding for Chief Nurse post from EDHSCP	41		41
FHS GMS - Recurring Adjustment to Rollover Budget	(397)		(397)
FHS Other - Recurring Adjustment to Rollover Budget	(104)		(104)
Various - Full year effect impact on Rollover budget re in year transfers	32		32
<b>Period 1 to 3 Adjustments</b>			
Budget Transfer for Action for Children and Blue Triangle to WDC		(82)	(82)
SG Additional funding uplift	3		3
SG Infant Feeding additional funding	44		44
SG District nursing additional funding	50		50
SG CAMHS funding	392		392
Camchp04 Pcip Ppsu Transfer	169		169
Apremilast Cam Acute M01 Feb22	8		8
Apremilast Cam Acute M02 Mar22	13		13
Apremilast Cam Acute M03 Apr22	8		8
<b>Period 4 Adjustments</b>			
Mobile Phone Virement		(8)	(8)
Hscp Gds Ncl 22-23 Fyb Bud Est	873		873
Apremilast Cam Acute Accrual	(1)		(1)
Apremilast Cam Acute M04 May22	11		11
NHS Board SESP Diabetes Funding	20		20
<b>Period 5 to 6 Adjustments</b>			
Sesp Chd Eat Up - West D	50		50
Apremilast Cam Acute M5 June22	11		11
Camchp47 Pcip Tr 1 Wdhscp	433		433
Camchp52 Ou Students Wdhscp	10		10
Camchp61 Smoking Prevention	70		70
Gvp22067 Apremilast July	14		14

2022/23 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
<b>Period 7 to 9 Adjustments</b>			
Adult Disability Payment Funding		71	71
SIP Trunking - telephone budget centralisation		(3)	(3)
Budget Transfer from WDC in relation to Children's Residential Schools based on 72% HSCP Share		1,419	1,419
Clawback of Covid-19 Reserves	(5,855)		(5,855)
<b>Anticipated further funding for Health Pay Uplift</b>	<b>1,607</b>		<b>1,607</b>
Gvp22090 Apremilast Sept 22	14		14
Apremilast Acute Oct22 Actual	12		12
Apremilast Acute Oct22 Accr Mvmt	5		5
Apremilast Acute Oct22 Actual	15		15
Tariff Swap Adj 22/23 Wd	(267)		(267)
Ncl Forecast Update 2022-09	443		443
Tranche 2 of MDT Funding held back by Scottish Government	(166)		(166)
Additional funding re Winter Planning funding for 1000 Healthcare workers	39		39
Infant Feeding	(12)		(12)
Gw Tariff Swap Adj 22/23 Gso	(10)		(10)
Camchp88 District Nrsng Wdhscp	137		137
Camchp100 Wd Ch Lead Nurse	54		54
Camchp103 Wd Cap Minor Works	(34)		(34)
Camchp93 Wd Copd & Pulm Rehab	22		22
SG CAMHS funding	(218)		(218)
Ldl Team From Ld To Hscps	12		12
<b>Period 10 to 12 Adjustments</b>			
Reversal of Anticipated further funding for Health Pay Uplift	(1,607)		(1,607)
Camchp155 Wd Pay Award	1,624		1,624
Reversal of anticipated SG CAMHS funding	(174)		(174)
CAMCHP130 WDHSCP MH OFWK MHRR (CAMHS, ND and historic Outcomes Framework)	585		585
Infant Feeding Correction (Reversal of anticipated funding)	(32)		(32)
Camchp139 Wd Breastfeeding (Infant Feeding)	33		33
Camchp162 Wd New Cbhc Doms	(137)		(137)
Apremilast Acute Nov22 Actual	12		12

<b>2022/23 Budget Reconciliation</b>	<b>Health Care £000</b>	<b>Social Care £000</b>	<b>Total £000</b>
Contr To Cps Global Sum 22/23	(88)		(88)
Gms 17c Uplift Recur	77		77
Gms 17j Uplift Recur	722		722
Gms X Chg Hscps Shingles Etc	8		8
Gms Nr - Gp Sustainability	168		168
Hscp Ncl Ytd Bud 2022-11	(371)		(371)
Apremilast Acute Dec22 Actual	15		15
Hscp Ncl Ytd Bud 2022-11 Rev	371		371
Apremilast Acute Jan23 Actual	13		13
Apremilast Jan23 Accr Adj	3		3
Hscp Ncl 22-23 Fyb Final	163		163
Add Cen Gic Bud To Hscp's Wd	2		2
Camchp110 Wd School Nurse Pfg	185		185
Camchp127 Wd Dementia Pds	47		47
Camchp128 Wdhscp Adp Funding	611		611
Camchp129mh Strategy Action15	118		118
Camchp131 Pcip Tr2 Wdhscp	232		232
Camchp161 Wdhscp Rev To Cap	(27)		(27)
Camchp168 Wd Care Home Os	33		33
Hscp Gps Ncl 22-23 Fyb Adj	(368)		(368)
Camchp123 Ou Students Wdhscp	15		15
Camchp52 Ou Students Wdhscp	5		5
Gms Fhs Bud To Hscp's 2022-12	5		5
Ld Health Checks To W Dun	36		36
<b>Revised Budget 2022/23</b>	<b>102,859</b>	<b>83,523</b>	<b>186,382</b>
<b>Budget Funded from Earmarked Reserves</b>		<b>(349)</b>	<b>(349)</b>
<b>Budget Funded from Partner Organisations</b>	<b>102,859</b>	<b>83,174</b>	<b>186,033</b>



Efficiency Detail	Total Savings to be Monitored	Savings Anticipated to be Achieved as Planned	Savings not anticipated to be achieved as planned but funded from Covid Reserve	Savings not anticipated to be achieved as planned but funded from Earmarked Reserve	Savings not anticipated to be achieved as planned but to be covered by other HSCP underspends / funding streams
	£000	£000	£000	£000	£000
<b>Social Care</b>					
<b>2018/19 Savings Proposals Revised for Public Consultation and Review</b>					
Housing Support - Spend to Save Project. Move to Core and Cluster Model of Support. Phase 2 - New Build Bungalow	180	180			0
<b>2019/20 Savings Based on 27 March Council Meeting</b>					
Learning Disability - Out of Authority Repatriation Part Year	35	35			
Physical Disabilities - Charging £10 for Day opportunity	16				16
<b>2020/21 Baseline Budget Adjustments</b>					
Reduction to taxis for social work clients	20				20
Invoke Ordinary Resident	136	136			0
Review of Residential Placements reflecting work of Service Improvement Leads	150				150

Efficiency Detail	Total Savings to be Monitored	Savings Anticipated to be Achieved as Planned	Savings not anticipated to be achieved as planned but funded from Covid Reserve	Savings not anticipated to be achieved as planned but funded from Earmarked Reserve	Savings not anticipated to be achieved as planned but to be covered by other HSCP underspends / funding streams
	£000	£000	£000	£000	£000
Part Year Reduction in Care at Home budget reflecting work of Service Improvement Leads	181				181
<b>2020/21 Approved Savings delayed until 2021/22</b>					
Admin Saving	238				238
<b>2021/22 Recurring Savings</b>					
TRFS Staying Well Group	13	13			
Redetermination Adjustment for Community Placement	68	68			
<b>2021/22 Approved Savings</b>					
Review of foster carer strategy	215				215
Reduction in external property leases	30			30	
Care at Home service improvement project	425				425
<b>2022/23 Approved Savings</b>					
Reduction in external care home beds reflecting current level of service	890	890			0
<b>Total Savings to be Monitored</b>	<b>2,597</b>	<b>1,322</b>	<b>0</b>	<b>30</b>	<b>1,245</b>

Consolidated Expenditure by Service Area	Annual Budget	Actual Outturn 2022/23	Actual Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	
Older People Residential, Health and Community Care	32,997	30,386	2,611	1,117	1,494	4.53%
Care at Home	14,630	14,616	14	857	(843)	-5.76%
Physical Disability	2,686	2,347	339	0	339	12.62%
Childrens Residential Care and Community Services (incl. Specialist)	28,657	29,623	(966)	254	(1,220)	-4.26%
Strategy, Planning and Health Improvement	2,062	1,474	588	121	467	22.65%
Mental Health Services - Adult and Elderly, Community and Inpatients	10,783	10,213	570	445	125	1.16%
Addictions	3,437	3,338	99	205	(106)	-3.08%
Learning Disabilities - Residential and Community Services	13,268	14,069	(801)	6	(807)	-6.08%
Family Health Services (FHS)	31,226	31,224	2	0	2	0.01%
GP Prescribing	19,937	21,001	(1,064)	(591)	(473)	-2.37%
Hosted Services	8,254	8,469	(215)	(233)	18	0.22%
Criminal Justice (Including Transitions)	0	35	(35)	(45)	10	0.00%
Resource Transfer	17,096	17,096	0	0	0	0.00%
Covid-19	(5,855)	3,214	(9,069)	(9,124)	55	0.00%
HSCP Corporate and Other Services	6,855	7,317	(462)	(948)	486	7.09%
<b>Net Expenditure</b>	<b>186,033</b>	<b>194,422</b>	<b>(8,389)</b>	<b>(7,936)</b>	<b>(453)</b>	<b>0.00%</b>

Consolidated Expenditure by Subjective Analysis	Annual Budget	Actual	Actual Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	
Employee	86,741	87,345	(604)	538	(1,142)	-1.32%
Property	1,066	1,391	(325)	(125)	(200)	-18.76%
Transport and Plant	1,402	1,449	(47)	0	(47)	-3.35%
Supplies, Services and Admin	4,958	5,332	(374)	(819)	445	8.98%
Payments to Other Bodies	78,114	85,249	(7,135)	(6,641)	(494)	-0.63%
Family Health Services	31,955	32,085	(130)	(678)	548	1.71%
GP Prescribing	19,938	21,002	(1,064)	0	(1,064)	-5.34%
Other	3,089	2,227	862	(283)	1,145	37.07%
<b>Gross Expenditure</b>	<b>227,263</b>	<b>236,080</b>	<b>(8,817)</b>	<b>(8,008)</b>	<b>(809)</b>	<b>(0)</b>
Income	(41,230)	(41,658)	428	72	356	(0)
<b>Net Expenditure</b>	<b>186,033</b>	<b>194,422</b>	<b>(8,389)</b>	<b>(7,936)</b>	<b>(453)</b>	<b>(0)</b>





Health Care Net Expenditure	Annual Budget	Outstanding Budget Adjustment	Annual Budget	Actual	Variance	Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Planning & Health Improvements	895	0	895	610	285	0	285	31.84%
Childrens Services - Community	3,803	0	3,803	3,560	243	243	0	0.00%
Childrens Services - Specialist	2,219	0	2,219	2,207	12	12	0	0.00%
Adult Community Services	11,189	0	11,189	10,152	1,039	752	287	2.57%
Community Learning Disabilities	744	0	744	740	4	36	(32)	-4.30%
Addictions	2,559	0	2,559	1,978	581	316	265	10.36%
Mental Health - Adult Community	4,135	0	4,135	4,003	132	132	0	0.00%
Mental Health - Elderly Inpatients	3,319	0	3,319	3,193	126	126	0	0.00%
Family Health Services (FHS)	31,226	0	31,226	31,224	2	0	2	0.01%
GP Prescribing	19,937	0	19,937	21,001	(1,064)	(591)	(473)	-2.37%
Other Services	3,338	0	3,338	5,201	(1,865)	(1,878)	13	0.39%
Covid-19	(5,855)	0	(5,855)	(5,493)	(362)	(416)	54	-0.92%
Resource Transfer	17,096	0	17,096	17,096	0	0	0	0.00%
Hosted Services	8,254	0	8,254	8,469	(215)	(233)	18	0.22%
<b>Net Expenditure</b>	<b>102,859</b>	<b>0</b>	<b>102,859</b>	<b>103,941</b>	<b>(1,082)</b>	<b>(1,501)</b>	<b>419</b>	<b>0.41%</b>

Social Care Net Expenditure	Annual Budget	Outstanding Budget Adjustment	Annual Budget	Actual	Variance	Reserves Adjustment	Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Strategy Planning and Health Improvement	1,096	71	1,167	865	302	121	181	15.51%
Residential Accommodation for Young People	3,105	0	3,105	2,995	110	0	110	3.54%
Children's Community Placements	5,767	0	5,767	6,294	(527)	(52)	(475)	-8.24%
Children's Residential Schools	3,544	1,419	4,963	5,551	(588)	100	(688)	-13.86%
Childcare Operations	4,659	0	4,659	4,951	(292)	(17)	(275)	-5.90%
Other Services - Young People	4,143	0	4,143	4,066	77	(32)	109	2.63%
Residential Accommodation for Older People	7,196	29	7,225	6,427	798	0	798	11.04%
External Residential Accommodation for Elderly	9,006	0	9,006	8,246	760	365	395	4.39%
Sheltered Housing	1,417	0	1,417	1,351	66	0	66	4.66%
Day Centres Older People	1,211	0	1,211	1,007	204	0	204	16.85%
Meals on Wheels	26	0	26	36	(10)	0	(10)	-38.46%
Community Alarms	21	0	21	76	(55)	0	(55)	-261.90%
Community Health Operations	2,932	0	2,932	2,737	195	0	195	6.65%
Residential - Learning Disability	10,340	0	10,339	11,388	(1,049)	(30)	(1,019)	-9.86%
Physical Disability	2,401	0	2,401	2,043	358	0	358	14.91%
Day Centres - Learning Disability	2,184	0	2,184	1,942	242	0	242	11.08%
Criminal Justice (Including Transitions)	0	0	0	35	(35)	(45)	10	0.00%
Mental Health	3,330	0	3,330	3,091	239	187	52	1.56%
Care at Home	14,630	0	14,630	14,896	(266)	857	(1,123)	-7.68%
Addictions Services	878	0	878	1,361	(483)	(112)	(371)	-42.26%
Equipu	285	0	285	303	(18)	0	(18)	-6.32%
Frailty	141	0	141	13	128	0	128	90.78%
Carers	1,564	0	1,564	1,059	505	506	(1)	-0.06%
Integrated Change Fund	0	0	0	0	0	0	0	0.00%
Covid-19	0	0	0	8,706	(8,706)	(8,706)	(0)	0.00%
HSCP - Corporate	1,811	(31)	1,780	1,042	738	423	315	17.70%
<b>Net Expenditure</b>	<b>81,687</b>	<b>1,488</b>	<b>83,174</b>	<b>90,481</b>	<b>(7,307)</b>	<b>(6,435)</b>	<b>(872)</b>	<b>-1.05%</b>

Budget Details	Variance Analysis				
	Annual Budget	Actual	Variance	% Variance	RAG Status
	£000	£000	£000		
<b>Health Care Variances</b>					

Planning & Health Improvements	895	610	285	32%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The underspend is mainly due to management, admin and clerical staffing vacancies whilst the restructuring of the team across Health and Social Care was completed, resulting in significant delays to planned recruitment.				
Mitigating Action	Posts have now been approved and recruitment progressing, with revised structure				
Anticipated Outcome	Underspend in year				

Adult Community Services	11,189	10,905	284	3%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	Staff turnover/vacancies within Nursing and FIT Teams.				
Mitigating Action	0				
Anticipated Outcome	Underspend in year				

Budget Details	Variance Analysis				
	Annual Budget £000	Actual £000	Variance £000	% Variance	RAG Status
Addictions	2,559	2,294	265	10%	↑
Service Description	This care group provides addictions services				
Main Issues / Reason for Variance	£0.188m of underspend relates to the offset of Prescribing costs within FHS Prescribing Care Group for Buprenorphine/Buvidal unfunded expenditure in line with Scottish Government ADP funding Allocation letter guidance. Balance of underspend due to recruitment delays within core addiction services.				
Mitigating Action	0				
Anticipated Outcome	Underspend in year				
GP Prescribing	19,937	20,410	(473)	-2%	↓
Service Description	GP prescribing costs				
Main Issues / Reason for Variance	The adverse variance is mainly due to an increase in volume numbers year on year and an increase in the average cost of prescribing per unit since the start of the year.				
Mitigating Action	£0.188m of Buprenorphine/Buvidal costs offset by SG ADP funding within Addictions care group underspend, with additional in year general underspend from Planning and Health Improvement care group of £0.285m, further offsetting impact of Prescribing overspend, a drawdown from Prescribing Earmarked Reserve of £0.591m as been required to absorb remainder of the costs whilst maintaining overall HSCP Health outturn at break-even.				
Anticipated Outcome	Overspend in year				

Budget Details	Variance Analysis				
	Annual Budget	Actual	Variance	% Variance	RAG Status
	£000	£000	£000		

**Social Care Variances**

Strategy Planning and Health Improvement	1,167	985	181	16%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The favourable variances are due to a number of vacant posts				
Mitigating Action					
Anticipated Outcome	Posts have been advertised and are expected to be filled in 23/24				

Residential Accommodation for Young People	3,105	2,995	109	4%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The favourable variance is due to a staffing vacancy and additional Asylum Seeker				
Mitigating Action	Posts have been advertised and are expected to be filled in 23/24				
Anticipated Outcome	Underspend in year				

Children's Community Placements	5,767	6,242	(474)	-8%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The unadjusted adverse variance of £0.740m is mainly due to adoption delays, underrecovery of interagency income, increase in Scotland Excel negotiated rates and the previously approved savings for fostering reviews currently assumed to be unachieved. While this variance is partially offset by charging costs against the Covid-19 and Whole Family Wellbeing Fund earmarked reserve for adoption delays, lost adoption income and cost of living payments these are insufficient to completely negate the adverse impact.				
Mitigating Action	Service Managers will continue to look at ways to implement the fostering review while the commissioning team will look to challenge the increase in the Scotland Excel negotiated rates				
Anticipated Outcome	Overspend in year				

Budget Details	Variance Analysis				
	Annual Budget £000	Actual £000	Variance £000	% Variance	RAG Status
Children's Residential Schools	4,962	5,650	(688)	-14%	↓
Service Description	This service area provides residential education for children and includes the costs of secure placements				
Main Issues / Reason for Variance	The unadjusted adverse variance of £1.334m includes the net financial impact of the proposed 72/28 split (still subject to Board approval) between Education and Social Care. In addition to this calculated £0.209m financial burden (due to the proposed budget transfer from WDC being insufficient to fund increased cost) new placements and ongoing discussions regarding a number of transition clients result in increased cost pressures to the HSCP. While these adverse variances are partially offset by charging costs against the Covid-19 earmarked reserve and increased Asylum income these offsets are insufficient to completely negate the adverse impact.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	Overspend in year				
Childcare Operations	4,659	4,933	(274)	-6%	↓
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social				
Main Issues / Reason for Variance	The adverse variance is mainly due to increased staffing costs related to prior year decisions to increase social work capacity with a view to resolving historic staffing grievances and the financial impact of the social care pay settlement.				
Mitigating Action	None available at this time due to cost of pay settlement.				
Anticipated Outcome	Overspend in year				

Budget Details	Variance Analysis				
	Annual Budget £000	Actual £000	Variance £000	% Variance	RAG Status
Other Services - Young People	4,143	4,034	109	3%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The favourable variance is mainly due to vacant posts along with an anticipated underspend within payment to other bodies and throughcare payments, albeit this is partially offset due to clients staying in foster placements until the age of 21.				
Mitigating Action					
Anticipated Outcome	Posts have been advertised and are expected to be filled in 23/24				
Residential Accommodation for Older People	7,224	6,426	798	11%	↑
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The favourable variance is due to client contributions and property income being substantially more than budgeted. This is offset with staffing overspends from high levels of overtime and agency, and higher than budgeted property costs.				
Mitigating Action	Service Managers will continue to look at ways to increase staffing availability				
Anticipated Outcome	In 23/24 budgets income targets have been adjusted upward to take account of additional expected income. Domestic staffing levels have been increased to allow for post covid cleaning standards to be maintained without the use of agency. 14 beds have been removed as savings and this is anticipated to remove the need for much of the agency and overtime payments.				

Budget Details	Variance Analysis				
	Annual Budget £000	Actual £000	Variance £000	% Variance	RAG Status
External Residential Accommodation for Elderly	9,007	8,611	396	4%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The favourable variance is due to reduction in the cost of external placements due to client mix with more self funders. With clients not staying as long in care homes as they have historically this is resulting in a lower average cost per client as they are able to contribute more towards their care. There is a one off £365k additional saving this year due to Interim Care Beds being budgeted for a full year but only trialed for a short period.				
Mitigating Action	Service Managers will continue to look at ways to review overall care home activity taking into account both internal and external care homes to improve alignment of budgets.				
Anticipated Outcome	23/24 budgets have been maintained at 22/23 levels in anticipation that the underspend will be sufficient to fund the existing places plus the applicable cost of living increases.				
Sheltered Housing	1,417	1,351	66	5%	↑
Service Description	Warden Service for Housing run sheltered housing service				
Main Issues / Reason for Variance	The favourable variance is mainly due to additional rental / housing benefit income for tenants from a year end corporate recharge				
Mitigating Action	No action required at this time				
Anticipated Outcome	Underspend in year				



West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2022/23 Period 12 covering 1 April 2022 to 31 March 2023  
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget	Actual	Variance	% Variance	RAG Status
	£000	£000	£000		
Day Centres Older People	1,210	1,007	203	17%	↑
Service Description	Queens Quay, Crosslet House Daycare, Lunch clubs and daycare SDS/Direct payments.				
Main Issues / Reason for Variance	The favourable variance is mainly due to staff savings arising from holding recruitment whilst attendance remained low. And food/supply savings due to fewer clients offset with lower income from fewer clients.				
Mitigating Action	Service Managers will continue to recruit to allow places for those on the waiting list.				
Anticipated Outcome	Recruitment requests are in progress for all remaining frontline staff and in it is anticipated that the service will be back to pre covid levels by the end of 23/24				
Community Alarms	21	76	(55)	-260%	↓
Service Description	Installation and response service for Community Alarms				
Main Issues / Reason for Variance	The adverse variance is mainly due to continued spend on agency staff and an increase in premium rate overtime.				
Mitigating Action	Service managers will look to reduce the reliance on agency cover and review the levels of overtime paid at premium rate				
Anticipated Outcome	2 new posts from winter planning should help cover and reduce premium overtime				
Community Health Operations	2,931	2,736	196	7%	↑
Service Description	Adult services				
Main Issues / Reason for Variance	The favourable variance is mainly due to staffing vacancies with a number of posts being advertised but struggling to fill (particular occupational therapists and social workers).				

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2022/23 Period 12 covering 1 April 2022 to 31 March 2023  
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual £000	Variance £000	% Variance	RAG Status
Mitigating Action	Service Managers will continue to review staffing vacancies				
Anticipated Outcome	Many of the vacancies are now filled or awaiting interview. A restructure is pending for the all but 1 of the unfilled integrated operations managers posts.				
Residential - Learning Disability	10,341	11,358	(1,018)	-10%	↓
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The adverse variance is mainly due to an increase in the costs of complex care packages , reduction in income due to changes in charging ILF clients , increase in property costs ,taxis and use of agency staff				
Mitigating Action	Service managers will continue to review client packages.				
Anticipated Outcome	Overspend in year				
Physical Disability	2,401	2,043	358	15%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The favourable variance is mainly due to underspend on transitions and direct payment clients.				
Mitigating Action					
Anticipated Outcome	Underspend in year				
Day Centres - Learning Disability	2,184	1,942	242	11%	↑
Service Description	This service provides day services for learning disability clients				
Main Issues / Reason for Variance	There are a number of vacant posts , income will be not be achieved due to change in charging policy as ILF clients are no longer charged				
Mitigating Action	0				
Anticipated Outcome	Underspend in year				

Budget Details	Variance Analysis				
	Annual Budget £000	Actual £000	Variance £000	% Variance	RAG Status
Mental Health	3,330	3,278	52	2%	↑
Service Description	This service provides mental health services				
Main Issues / Reason for Variance	The favourable variance is mainly due to a number of vacant posts with one long term sick employee is covered by agency staff along with a reduction in the cost of client packages due to hospital attendance.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	Underspend in year				
Care at Home	14,630	15,754	(1,124)	-8%	↓
Service Description	This service provides care at home which includes personal care and minor domestic tasks				
Main Issues / Reason for Variance	The adverse variance is mainly due to the cost of the unfunded pay settlement and increased use of agency staff / overtime to cover sickness and scheduling issues due to inflexible contracts. This variance takes into account a drawdown from the winter planning reserve of £1.043m.				
Mitigating Action	None available at this time due to the cost of the unfunded pay settlement				
Anticipated Outcome	The service review and enhanced care at home staff / reablement staff funded from winter planning will assist the service in the future to change contracts and scheduling and make the best of available resources and try to reduce premium overtime and agency costs.				

West Dunbartonshire Health & Social Care Partnership  
 Financial Year 2022/23 Period 12 covering 1 April 2022 to 31 March 2023  
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget	Actual	Variance	% Variance	RAG Status
	£000	£000	£000		
Addictions Services	878	1,249	(371)	-42%	↓
Service Description	This budget contains the cost of working with Clients dealing with Drug and Alcohol Addictions				
Main Issues / Reason for Variance	Mainly due to additional Property Costs due to 118 Dumbarton Road remaining past mid year and 3 high cost residential care packages (being reviewed) with no contributions (awaiting access to funds). The majority of this overspend will be offset with the underspend of £0.265m in Addictions within Health Care.				
Mitigating Action	Plans to find alternative social care housing support in place of residential placements.				
Anticipated Outcome	This will be monitored in 1st quarter of 2023/24.				
Frailty	141	13	128	91%	↑
Service Description	This service is the new Focussed Intervention Team				
Main Issues / Reason for Variance	The favourable variance is due to staffing vacancies arising from 2 occupational therapists who have left the service struggling to recruit replacements.				
Mitigating Action	Service managers will continue to try to recruit				
Anticipated Outcome	Recruitment attempts are still ongoing into 23/24				
HSCP - Corporate	1,780	1,465	315	18%	↑
Service Description	This budget contains Corporate spend and income pending allocation to services				
Main Issues / Reason for Variance	Combination of turnover and difficulties filling some posts. Also additional Scottish Government funding for Living Wage from 2021/22 not fully applied.				
Mitigating Action					
Anticipated Outcome					

Month End Date	31 March 2023
Period	12

Budget Details	Project Life Financials				
	Budget	Actual		Variance	
	£000	£000	%	£000	%
<b>Health Care Capital</b>					

<b>Clydebank Health Centre</b>					
Project Life Financials	19,000	20,371	107%	(1,371)	-7%
Project Description	New build Clydebank Health Centre				
Project Manager	Fiona Taylor				
Chief Officer	Beth Culshaw				
Project Lifecycle	Planned End Date	31-Mar-23	Forecast End	31-Mar-23	
<b>Main Issues / Reason for Variance</b>					
The building went live on 7 February 2022 with the final project board held on 1 February 2023. A number of change orders are being finalised with the final costs expected to be £0.040m or less with some snagging items being allowed to go past the agreed time to repair.					
<b>Mitigating Action</b>					
None required					

<b>Minor Capital Works</b>					
Current Year Financials	75	75	100%	0	0%
Project Description	Minor Capital Works				
Project Manager	Sylvia Chatfield				
Chief Officer	Beth Culshaw				
Project Lifecycle	Planned End Date	31-Mar-23	Forecast End	31-Mar-23	
<b>Main Issues / Reason for Variance</b>					
Works to enhance a number of rooms for Addiction Services that are out of action within the Dumbarton Joint Hospital were completed.					
<b>Mitigating Action</b>					
None Required					

Month End Date	31 March 2023
Period	12

Budget Details	Project Life Financials				
	Budget		Actual		Variance
	£000		£000	%	£000 %

**Social Care Capital**

**Special Needs - Aids & Adaptations for HSCP clients**

Current Year Financials	1,053	928	88%	125	12%
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients.				
Project Manager	Fiona Taylor				
Chief Officer	Beth Culshaw				
Project Lifecycle	Planned End Date	31-Mar-23	Forecast End	31-Mar-23	

**Main Issues / Reason for Variance**  
 There is likely to be an underspend at this time due to a lower provision of aids and adaptations to HSCP clients than anticipated due to Covid which will be caught up next financial year.

**Mitigating Action**  
 Officers will continue to monitor the position

**Criminal Justice Adaptations**

Project Life Financials	73	73	100%	0	0%
Project Description	Renovation of Unit 11 Levenside Business Court				
Project Manager	Laura Smith				
Chief Officer	Beth Culshaw				
Project Lifecycle	Planned End Date	31-Mar-23	Forecast End	31-Mar-23	

**Main Issues / Reason for Variance**  
 The construction of an office and storage refit with a mezzanine floor within an existing workshop unit which will include associated finishes works and electrical installations. The multi-purpose new office space will accommodate an office base and allow space to set up a training facility indoors.

**Mitigating Action**  
 None Required

**Replace Elderly Care Homes and Day Care Centres**

Project Life Financials	27,531	27,531	100%	0	0%
Current Year Financials	61	61	100%	0	0%
Project Description	Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas.				
Project Manager	Sharon Jump/ Craig Jardine				
Chief Officer	Beth Culshaw				
Project Lifecycle	Planned End Date	31-Mar-23	Forecast End	31-Mar-23	

**Main Issues / Reason for Variance**  
 Project complete.

**Mitigating Action**  
 The statement of final account has been signed. Both Crosslet House and Queens Quay Care Homes are fully operational.

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

**Appendix 7**

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

**From:** Chief Office HSCP  
**To:** Chief Executives WDC and NHSGCC  
**CC:** HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair  
**Subject:** For Action: Directions from HSCP Board 16 May 2023

**Attachment: 2022/23 Financial Performance Report**

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000041JS16052023
2	Date direction issued by Integration Joint Board	16 May 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)	Yes
		HSCPB000034JS21022023
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated net budget of £83.174m in line with the Strategic Plan and the budget outlined within this report.  NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £102.859m in line with the Strategic Plan and the budget outlined within this report  West Dunbartonshire Council is directed to write off £0.000 of outstanding debt as detailed within this report.
8	Specification of those impacted by the change	2022/23 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.
9	Budget allocated by Integration Joint Board to carry out direction	The total 2022/23 budget aligned to the HSCP Board is £219.653m. Allocated as follows: West Dunbartonshire Council - £83.174m NHS Greater Glasgow and Clyde - £102.859m Set Aside - £33.620m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2022/23 <span style="float: right;">30 June 2023</span>
12	Overall Delivery timescales	30 June 2023
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's.
14	Date direction will be reviewed	The next scheduled HSCP Board - 20 June 2023





## WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report b Julie Slavin, Chief Financial Officer

15 May 2023

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**Subject: External Audit Strategy Memorandum: 2022/23 Annual Accounts**

### **1. Purpose**

- 1.1** To provide the Health and Social Care Partnership Board a brief overview of our external auditors, “Audit Strategy Memorandum” for the year ending 31 March 2023. This annual audit plan sets out the audit scope, approach and timeline for the HSCP Board (IJB) 2022/23 annual accounts.

### **2. Recommendations**

- 2.1** The HSCP Board members are asked to:

- a) Note the contents of Mazars Audit Strategy Memorandum attached at Appendix 1 ; and
- b) Comment on any aspect requiring further discussion.

### **3. Background**

- 3.1** The West Dunbartonshire Integration Joint Board (WDIJB), known as the West Dunbartonshire Health and Social Care Partnership Board (WDHSCP Board), is a legal entity in its own right.
- 3.2** Integration Joint Boards 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.
- 3.3** The Accounts Commission have appointed Mazars as the external auditor for the WDIJB for a period of five years, commencing with the audit of the 2022/23 annual accounts.
- 3.4** Mazars attended the March board meeting and provided an overview of their audit approach, in lieu of the production of their annual audit plan or their “Audit Strategy Memorandum” attached at Appendix 1.

### **4. Main Issues**

- 4.1** 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](#).

- 4.2** The Audit Strategy Memorandum (Appendix 1) provides an overview of the planned scope and timings (Section 03) of the 2022/23 audit process as well as significant risks and other key judgement areas (Section 04). There is one significant risk identified, which is also a mandatory risk for all audits – “Management override of controls”. To be able to assess and report on the level of this risk, testing will be carried out across ledger systems, accounting policies and the financial statements.
- 4.3** With regards to the wider scope of the audit (Section 05), this will include considering the adequacy of arrangements in four areas:
1. Financial management
  2. Financial sustainability
  3. Vision, leadership and governance
  4. Use of resources to improve outcomes
- 4.4** It is anticipated that the audit will be completed by September 2023, with the HSCP Board receiving updates if this target date is likely to change.

## **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** The proposed audit fee for the 2022/23 audit of the IJB is £31,470, which is an increase of £3,510 (12.6%) on the 2021/22 cost (Section 06). The CIPFA CFO Section did challenge the above inflation increase in fees with the Accounts Commission, however they maintain that they are reasonable for the commencement of the new audit appointments for all IJBs.

## **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.

**Julie Slavin – Chief Financial Officer**

**Date: 16 May 2023**

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**Person to Contact:** Julie Slavin – Chief Financial Officer  
Telephone: 07773 934 377  
E-mail : [julie.slavin@ggc.scot.nhs.uk](mailto:julie.slavin@ggc.scot.nhs.uk)

**Appendices:** Appendix 1: Mazars Audit Strategy Memorandum

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

**Localities Affected:** All



# Audit Strategy Memorandum

West Dunbartonshire Integration Joint Board

Year ending 31 March 2023



# Contents

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- 02** Your audit engagement team
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- 04** Significant risks and other key judgement areas
- 05** Wider scope and Best Value
- 06** Fees for audit and other services
- 07** Our commitment to independence
- 08** Materiality and misstatements
  
- A** Appendix A – Key communication points
- Appendix B – 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 Audit and Performance Committee as the appropriate sub-committee charged with governance. 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.

Audit and Performance Committee  
West Dunbartonshire Integration Joint Board  
16 Church Street  
Dumbarton  
G82 1QL

13 April 2023

Dear Audit and Performance Committee Members

Mazars LLP  
100 Queen Street  
Glasgow  
G1 3DN

## Audit Strategy Memorandum – Year ending 31 March 2023

We are pleased to present our Audit Strategy Memorandum for West Dunbartonshire Integration Joint Board for the year ending 31 March 2023. The purpose of this document is to summarise our audit approach, highlight significant audit risks and areas of key judgements and provide you with the details of our audit team. As it is a fundamental requirement that an auditor is, and is seen to be, independent of its clients, section 7 of this document also summarises our considerations and conclusions on our independence as auditors. We consider two-way communication with you to be key to a successful audit and important in:

- reaching a mutual understanding of the scope of the audit and the responsibilities of each of us;
- sharing information to assist each of us to fulfil our respective responsibilities;
- providing you with constructive observations arising from the audit process; and
- ensuring that we, as external auditors, gain an understanding of your attitude and views in respect of the internal and external operational, financial, compliance and other risks facing West Dunbartonshire IJB which may affect the audit, including the likelihood of those risks materialising and how they are monitored and managed.

With that in mind, we see this document, which has been prepared following our initial planning discussions with management, as being the basis for a discussion around our audit approach, any questions, concerns or input you may have on our approach or role as auditor. This document also contains an appendix that outlines our key communications with you during the course of the audit and explains the implications of the introduction of the new auditing standard for Identifying and assessing the risks of material misstatement: ISA (UK) 315 (Revised 2019).

Client service is extremely important to us and we strive to provide technical excellence with the highest level of service quality, together with continuous improvement to exceed your expectations so, if you have any concerns or comments about this document or audit approach, please contact me on 07816354994.

Yours faithfully



Tom Reid (Audit Director)

Mazars LLP

Mazars LLP – 100 Queen Street – Glasgow – G1 3DN

Tel: 0141 227 2400 – [www.mazars.co.uk](http://www.mazars.co.uk)

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We are registered to carry on audit work in the UK by the Institute of Chartered Accountants in England and Wales. Details about our audit firm can be viewed at [www.auditregister.org.uk](http://www.auditregister.org.uk) under reference number C001139861. VAT number: 839 8356 73

# 01

Section 01:

## **Engagement and responsibilities summary**



# 1. Engagement and responsibilities summary

## Overview of engagement

We are appointed to perform the external audit of West Dunbartonshire Integration Joint Board (the IJB) for the year to 31 March 2023. The scope of our engagement is set out in the Code of Audit Practice, issued by the Auditor General and the Accounts Commission available from the Audit Scotland website: [Code of audit practice | Audit Scotland \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk). Our responsibilities are principally derived from the Local Government (Scotland) Act 1973 (the 1973 Act) and the Code of Audit Practice, as outlined below.

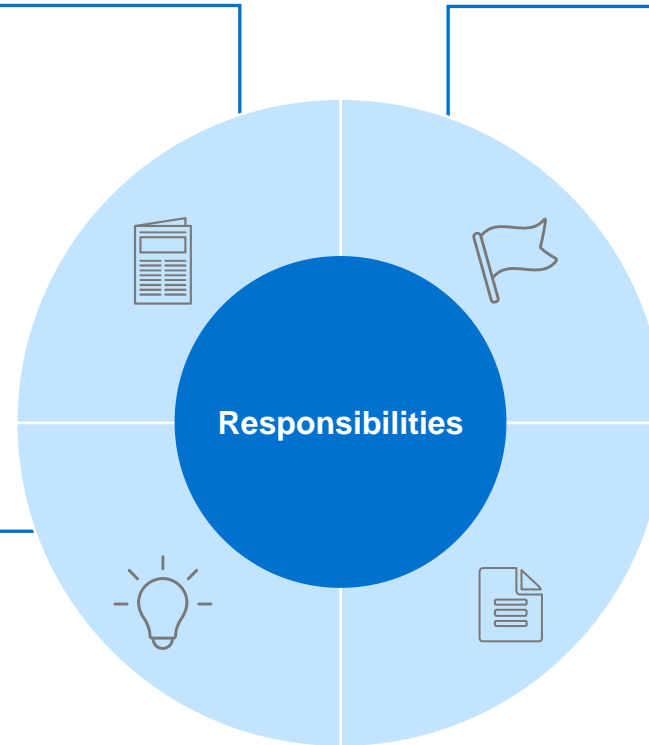
### Audit opinion

We are responsible for forming and expressing an independent opinion on whether the financial statements are prepared, in all material respects, in accordance with all applicable statutory requirements. Our audit does not relieve management or the Audit and Performance Committee, as Those Charged With Governance, of their responsibilities.

The Chief Financial Officer is responsible for the assessment of whether it is appropriate for the IJB to prepare its accounts on a going concern basis. As auditors, we are required to obtain sufficient appropriate audit evidence regarding, and conclude on: a) whether a material uncertainty related to going concern exists; and b) consider the appropriateness of the Chief Financial Officer's use of the going concern basis of accounting in the preparation of the financial statements.

### Wider scope and Best Value

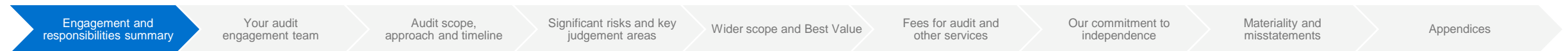
We are also responsible for reviewing and reporting on the wider scope arrangements that the IJB has in place and its arrangements to secure Best Value. We discuss our approach to wider scope and Best Value work further in [section 5] of this report.



### Fraud

The responsibility for safeguarding assets and for the prevention and detection of fraud, error and non-compliance with law or regulations rests with both Those Charged With Governance and management. This includes establishing and maintaining internal controls over reliability of financial reporting.

As part of our audit procedures in relation to fraud we are required to enquire of Those Charged With Governance, including key management and internal audit as to their knowledge of instances of fraud, the risk of fraud and their views on internal controls that mitigate the fraud risks. In accordance with International Standards on Auditing (UK), we plan and perform our audit so as to obtain reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether caused by fraud or error. Our audit, however, should not be relied upon to identify all such misstatements.



# 02

Section 02:

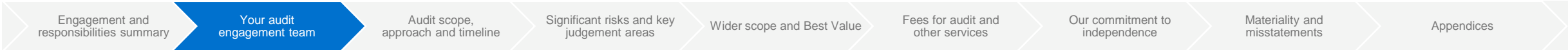
**Your audit engagement team**

# 2. Your audit engagement team

Below is your audit engagement team and their contact details.



**Tom Reid**  
**Engagement Director**  
tom.reid@mazars.co.uk  
07816 354 994



# 03

Section 03:

**Audit scope, approach and timeline**

# 3. 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.

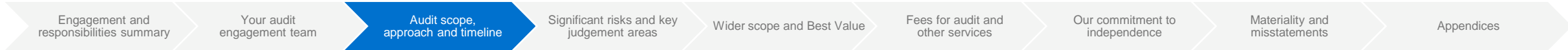
## Audit approach

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. The concept of materiality and how we define a misstatement is explained in more detail in section 8.

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



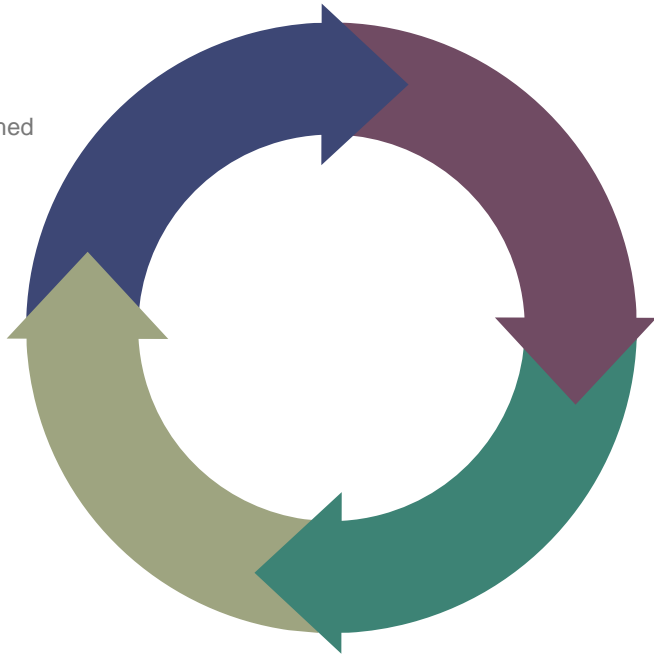
# 3. Audit scope, approach and timeline

## Planning and Risk Assessment (January to April 2023)

- Planning visit and 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 and disclosure checklist of financial statements
- Final director review
- Agreeing content of letter of representation
- Reporting to the Audit and Performance Committee
- Reviewing subsequent events
- Signing the independent auditor's report

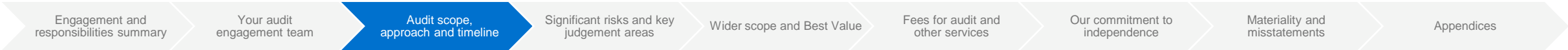


## Interim (March to April 2023)

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

## Fieldwork (July to August 2023)

- Receiving and reviewing draft 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

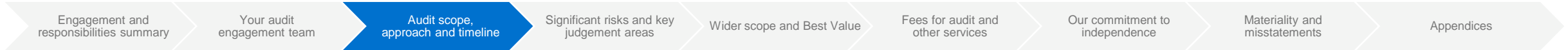


# 3. Audit scope, approach and timeline

## Reliance on internal audit

Where possible we will seek to utilise the work performed by internal audit to modify the nature, extent and timing of our audit procedures. We will meet with internal audit to discuss the progress and findings of their work prior to the commencement of our controls evaluation procedures.

Where we intend to rely on the work on internal audit, we will evaluate the work performed by your internal audit team and perform our own audit procedures to determine its adequacy for our audit.



# 04

Section 04:

**Significant risks and other key judgement areas**



# 4. Significant risks and other key judgement areas

Following the risk assessment approach discussed in section 3 of this document, we have identified risks relevant to the audit of financial statements. The risks that we identify are categorised as significant, enhanced or standard. The definitions of the level of risk rating are given below:

### Significant risk

Significant risks are those risks assessed as being close to the upper end of the spectrum of inherent risk, based on the combination of the likelihood of a misstatement occurring and the magnitude of any potential misstatement. Fraud risks are always assessed as significant risks as required by auditing standards, including management override of controls and revenue recognition.

### Enhanced risk

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

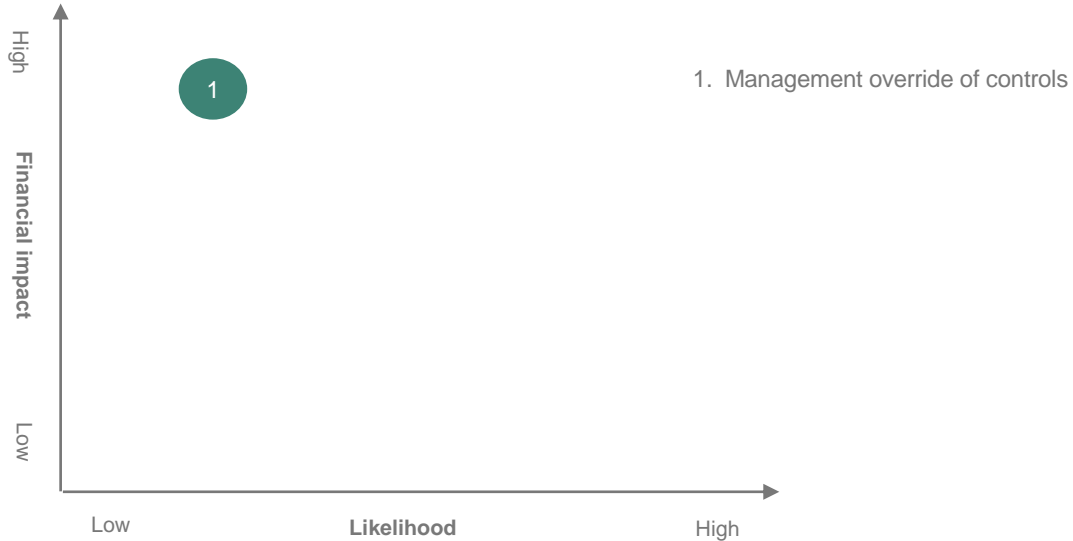
- key areas of management judgement, including accounting estimates which are material but are not considered to give rise to a significant risk of material misstatement; and
- other audit assertion risks arising from significant events or transactions that occurred during the period.

### Standard risk

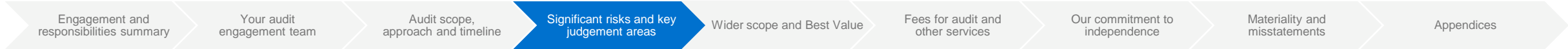
This is related to relatively routine, non-complex transactions that tend to be subject to systematic processing and require little management judgement. Although it is considered that there is a risk of material misstatement (RMM), there are no elevated or special factors related to the nature, the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

### Summary risk assessment

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



Key: ● Significant risk    ● Enhanced risk / significant management judgement



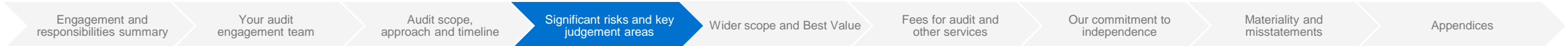
# 4. Significant risks and other key judgement areas

## Specific identified audit risks and planned testing strategy

We have presented below in more detail the reasons for the risk assessment highlighted above, and also our testing approach with respect to significant risks. An audit is a dynamic process, should we change our view of risk or approach to address the identified risks during the course of our audit, we will report this to Audit and Performance Committee.

## Significant risks

	Description	Fraud	Error	Judgement	Planned response
1	<p><b>Management override of controls</b> This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur.</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"> <li>• 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;</li> <li>• examining accounting policies;</li> <li>• testing the appropriateness of journal entries recorded in the general ledger and other adjustments made in preparing the financial statements; and</li> <li>• considering and testing any significant transactions outside the normal course of business or otherwise unusual.</li> </ul>



# 4. Significant risks and other key judgement areas

## 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.

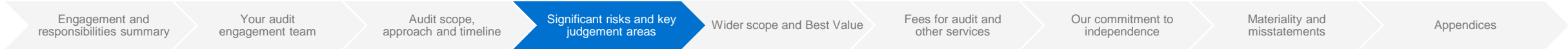
Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom highlights that, as most public-sector bodies are net spending bodies, the risk of material misstatement due to fraud related to expenditure may in some cases be greater than the risk relating 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. We have presented below in more detail the reasons for the risk assessment highlighted above, and also our testing approach with respect to significant risks. An audit is a dynamic process, should we change our view of risk or approach to address the identified risks during the course of our audit, we will report this to the Audit and Performance Committee.

## Protocol for Auditor Assurance 2022/23

The IJB depends on information for its financial reporting which is provided by systems hosted by NHS Greater Glasgow and Clyde and West Dunbartonshire Council (constituent authorities).

We will therefore need to obtain sufficient appropriate audit evidence which may not be held by the IJB. In line with Audit Scotland’s *Protocol for Audit Assurance 2022/23* we will request assurances from the auditors of each constituent authority.



# 05

Section 05:

**Wider scope and Best Value**

# 5. Wider scope and Best Value

## The framework for wider scope work

The Code of Audit Practice sets out the four areas that frame the wider scope of public sector audit. We are required to form a view on the adequacy of the IJB's arrangements in four areas:

1. **Financial management**
2. **Financial sustainability**
3. **Vision, leadership, and governance**
4. **Use of resources to improve outcomes.**

## Our approach

Our planned audit work against the four wider scope areas is risk based and proportionate. We need to gather sufficient evidence to support our commentary on the IJB's arrangements and to identify and report on any significant weaknesses. We will carry out more detailed work where we identify significant risks. Where significant weaknesses are identified we will report these to the IJB and make recommendations for improvement. In addition to local risks, we consider challenges that are impacting the public sector as a whole.

## Best Value

Under the Code of Audit Practice, annual Best Value audit work in Integration Joint Boards is integrated with wider scope annual audit work. We report on how the IJB demonstrates and reports that it has Best Value arrangements in place, to secure continuous improvement. We are not expected to carry out detailed or separate work on the Best Value themes. Instead, our audit findings in relation to financial management, financial sustainability and aspects of the governance arrangements provide assurance on key aspects of the Best Value themes on Governance and Accountability and The Use of Resources.

The changes to IJBs anticipated from Parliament's National Care Service plans mean that the Accounts Commission is no longer requiring the Controller of Audit to report to the Commission on each IJB at least once over the five-year audit appointment on the IJB's performance on its Best Value duty as per the Code of Audit Practice.

<b>Financial management</b>	<p>Financial management means having sound budgetary processes. Audited bodies require the ability to understand the financial environment and whether internal controls are operating effectively.</p> <p>Auditors consider whether the body has effective arrangements to secure sound financial management.</p>
<b>Financial sustainability</b>	<p>Financial sustainability means being able to meet the needs of the present without compromising the ability of future generations to meet their own needs.</p> <p>Auditors consider the extent to which audited bodies have shown regard to financial sustainability. They look ahead to the medium term (two to five years) and longer term (over five years) to consider whether the body is planning effectively so that it can continue to deliver services.</p>
<b>Vision, leadership and governance</b>	<p>Audited bodies must have a clear vision and strategy, and set priorities for improvement within this vision and strategy. They work together with partners and communities to improve outcomes and foster a culture of innovation.</p> <p>Auditors consider the clarity of plans to implement the vision, strategy and priorities adopted by the leaders of the audited body. They also consider the effectiveness of governance arrangements for delivery.</p>
<b>Use of resources to improve outcomes</b>	<p>Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities.</p> <p>Auditors consider the clarity of the arrangements in place to ensure that resources are deployed to improve strategic outcomes, meet the needs of service users taking account of equalities, and deliver continuous improvements in priority services.</p>



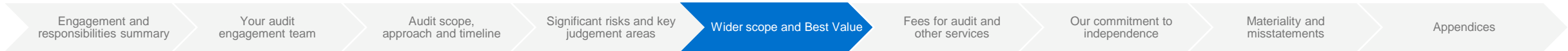
# 5. Wider scope and Best Value

## Wider scope risks

The Code of Audit Practice requires us to consider the significant audit risks in areas defined in the Code as the wider scope audit.

Although we have not fully completed our planning and risk assessment work, the table below outlines the wider scope audit risks that we have identified to date. We will report any further identified risks to the Audit and Performance Committee on completion of our planning and risk identification work.

	Description	Financial management	Financial sustainability	Vision, leadership and governance	Use of resources to improve outcomes	Planned procedures
1	<p><b>Financial sustainability</b></p> <p>The IJB’s medium to long-term financial plan projects significant budget gaps in future years. In common with most public sector organisations, the IJB faces significant financial challenges, including inflation and pay awards exceeding funding allocations. In addition, the IJB faces several specific issues, including the requirement to fund current service overspending, the reduction in the formula allocation of NHS funding and on-going challenges in identifying and delivering savings which do not have adverse impacts on service delivery.</p> <p>The impact of these challenges means that the IJB’s longer term financial sustainability remains at risk.</p>	○	●	○	○	<p>We will review the IJB’s:</p> <ul style="list-style-type: none"> <li>financial performance and updates to its financial planning throughout the year, including the implications for general reserves balances; and</li> <li>the achievement of planned recurring and non-recurring savings.</li> </ul>



# 5. Wider scope and Best Value

## National risk areas under scope of audit in 2022/23

### Climate change

Tackling climate change is one of the greatest global challenges. The Scottish Parliament has set a legally binding target of becoming net zero by 2045, and has interim targets including a 75% reduction in greenhouse gas emissions by 2030. The public sector in Scotland has a key role to play in ensuring these targets are met and in adapting to the impacts of climate change. There are specific legal responsibilities placed on public bodies to contribute to reducing greenhouse gas emissions, to adapt to climate change, to act sustainably and to report on progress. A number of public bodies have declared a climate emergency and set their own net zero targets, some of which are earlier than Scotland's national targets. All public bodies will need to reduce their direct and indirect emissions, and should have plans to do so. Many bodies will also have a role in reducing emissions in wider society, and in supporting activity to adapt to the current and potential future impact of climate change. For example, working with the private sector and communities to help drive forward the required changes in almost all aspects of public and private life, from transport and housing to business support.

Public audit has an important and clear role to play in helping drive change and improvement in this uncertain and evolving area of work; supporting public accountability and scrutinising performance; and helping identify and share good practice. The Auditor General and Accounts Commission are developing a programme of work on climate change. This involves a blend of climate change-specific outputs that focus on key issues and challenges as well as moving towards integrating climate change considerations into all aspects of audit work. For 2022/23 audits, we are required to gather basic information on the arrangements for responding to climate change in each body.

### Cyber security

There continues to be a significant risk of cyber attacks to public bodies, and it is important that they have appropriate cyber security arrangements in place. A number of recent incidents have demonstrated the significant impact that a cyberattack can have on both the finances and operation of an organisation.

For 2022/23 audits, auditors are advised to consider risks related to cyber security at audited bodies. However, the revised ISA (UK) 315 includes enhanced requirements for auditors to understand a body's use of IT in its business, the related risks and the system of internal control addressing such risks. The Auditor General and Accounts Commission consider that meeting these additional requirements is likely to be sufficient consideration of cyber security in 2022/23.

# 06

Section 06:

**Fees for audit and other services**



## 6. Fees for audit and other services

### Fees for work as the IJB's appointed auditor

At this stage of the audit we are not planning any divergence from the expected fees set by Audit Scotland. The breakdown of the fee is set out in the table below.

	2022/23 Proposed Fee	2021/22 Actual Fee
Auditor remuneration	£33,630	£19,250
Pooled costs	0	£2,010
Contribution to PABV costs	£6,400	£5,670
Audit support costs	£1,280	£1,030
Sectoral cap adjustment	(£9,840)	0
<b>Total fee</b>	<b>£31,470</b>	<b>£27,960</b>

We have taken account of the risk exposure of the IJB and the management assurances in place. We have assumed that the IJB has effective governance arrangements and will prepare comprehensive and accurate accounts and working papers for audit in line with the agreed timetable for the audit. We reserve the right to charge a supplementary fee where our audit cannot proceed as planned. An additional fee will be required for any other significant exercises not within our planned audit activity.

# 07

Section 07:

**Our commitment to independence**

# 7. Our commitment to independence

We are committed to independence and are required by the Financial Reporting Council to confirm to you at least annually in writing that we comply with the FRC's Ethical Standard. In addition, we communicate any matters or relationship which we believe may have a bearing on our independence or the objectivity of the audit team.

Based on the information provided by you and our own internal procedures to safeguard our independence as auditors, we confirm that in our professional judgement there are no relationships between us and any of our related or subsidiary entities, and you and your related entities creating any unacceptable threats to our independence within the regulatory or professional requirements governing us as your auditors.

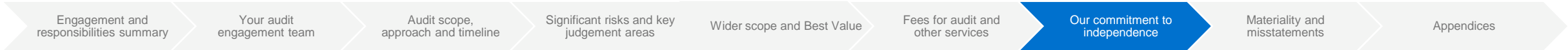
We have policies and procedures in place which are designed to ensure that we carry out our work with integrity, objectivity and independence. These policies include:

- all partners and staff are required to complete an annual independence declaration;
- all new partners and staff are required to complete an independence confirmation and also complete computer based ethical training;
- rotation policies covering audit engagement partners and other key members of the audit team; and
- use by managers and partners of our client and engagement acceptance system which requires all non-audit services to be approved in advance by the audit engagement partner.

We confirm, as at the date of this document, that the engagement team and others in the firm as appropriate, Mazars LLP are independent and comply with relevant ethical requirements. However, if at any time you have concerns or questions about our integrity, objectivity or independence please discuss these with Tom Reid in the first instance.

Prior to the provision of any non-audit services Tom Reid will undertake appropriate procedures to consider and fully assess the impact that providing the service may have on our auditor independence.

Any emerging independence threats and associated identified safeguards will be communicated in our Annual Audit Report.



# 08

Section 08:

## **Materiality and misstatements**

# 8. Materiality and misstatements

## Summary of initial materiality thresholds

Threshold	Initial threshold £'000s
Overall materiality	4,638
Performance materiality	3,247
We assess the Remuneration Report as sensitive given users' interest in this specific area. We are proposing to set materiality in this area at £1,000 within the Remuneration Report.	1
Trivial threshold for errors to be reported to the Audit and Performance Committee	139

## Materiality

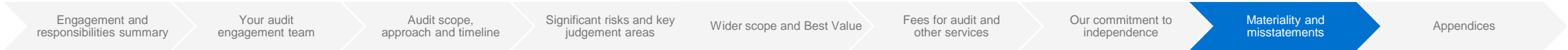
Materiality is an expression of the relative significance or importance of a particular matter in the context of financial statements as a whole.

Information is considered to be material if omitting, misstating or obscuring it could reasonably be expected to influence the decisions that the primary users of general purpose financial statements make on the basis of those financial statements, which provide financial information about a specific reporting entity.

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.

The assessment of what is material is a matter of professional judgement and is affected by our perception of the financial information needs of the users of the financial statements. In making our assessment we assume that users:

- have a reasonable knowledge of business, economic activities and accounts;
- have a willingness to study the information in the financial statements with reasonable diligence;
- understand that financial statements are prepared, presented and audited to levels of materiality;
- recognise the uncertainties inherent in the measurement of amounts based on the use of estimates, judgement and the consideration of future events; and
- will make reasonable economic decisions on the basis of the information in the financial statements.



# 8. Materiality and misstatements

## Materiality (continued)

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 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 provisional materiality is set based on a benchmark of gross revenue expenditure at surplus/deficit level. 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 Audit and Performance Committee.

We consider that gross revenue expenditure at surplus/deficit level remains the key focus of users of the financial statements and, as such, we base our materiality levels around this benchmark.

We expect to set a materiality threshold at 2% gross revenue expenditure at surplus/deficit level. Based on the audited 2021/22 financial statements we anticipate the overall materiality for the year ending 31 March 2023 to be in the region of £4.6 million.

After setting initial materiality, we continue to monitor materiality throughout the audit to ensure that it is set at an appropriate level.

## Performance Materiality

Performance materiality is the amount or amounts set by the auditor at less than materiality for the financial statements as a whole to reduce, to an appropriately low level, the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality for the financial statements as a whole. For a first-year audit, our initial assessment of performance materiality, based on low inherent risk, means that we have applied 70% of overall materiality as performance materiality.

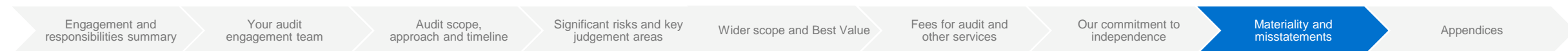
## Misstatements

We accumulate misstatements identified during the audit that are other than clearly trivial. We set a level of triviality for individual errors identified (a reporting threshold) for reporting to the Audit and Performance Committee that is consistent with the level of triviality that we consider would not need to be accumulated because we expect that the accumulation of such amounts would not have a material effect on the financial statements. Based on our preliminary assessment of overall materiality, our proposed triviality threshold is £139,000 based on 3% of overall materiality. If you have any queries about this please do not hesitate to raise these with Tom Reid.

## Reporting to Audit and Performance Committee

The following three types of audit differences above the trivial threshold will be presented to the Audit and Performance Committee:

- summary of adjusted audit differences;
- summary of unadjusted audit differences; and
- summary of disclosure differences (adjusted and unadjusted).





# Appendices

A: Key communication points

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

# Appendix A: Key communication points

We value communication with Those Charged With Governance as a two way feedback process at the heart of our client service commitment. ISA 260 (UK) 'Communication with Those Charged with Governance' and ISA 265 (UK) 'Communicating Deficiencies In Internal Control To Those Charged With Governance And Management' specifically require us to communicate a number of points with you.

Relevant points that need to be communicated with you at each stage of the audit are outlined below.

## Form, timing and content of our communications

We will present the following reports:

- Audit Strategy Memorandum;
- Annual Audit Report.

These documents will be discussed with management prior to being presented to yourselves and their comments will be incorporated as appropriate.

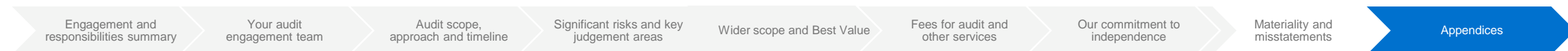
## Key communication points at the planning stage as included in this Audit Strategy Memorandum

- Our responsibilities in relation to the audit of the financial statements.
- The planned scope and timing of the audit.
- Significant audit risks and areas of management judgement.
- Our commitment to independence.
- Responsibilities for preventing and detecting errors;

- Materiality and misstatements; and
- Fees for audit and other services.

## Key communication points at the completion stage to be included in our Annual Audit Report

- Significant deficiencies in internal control.
- Significant findings from the audit.
- Significant matters discussed with management.
- Significant difficulties, if any, encountered during the audit.
- Qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures.
- Our conclusions on the significant audit risks and areas of management judgement.
- Summary of misstatements.
- Management representation letter.
- Our proposed draft audit report.
- Independence.





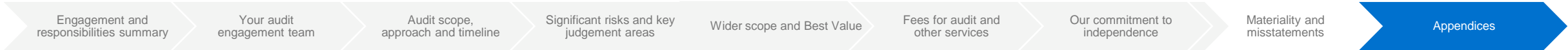
# Appendix A: Key communication points

ISA (UK) 260 'Communication with Those Charged with Governance', ISA (UK) 265 'Communicating Deficiencies In Internal Control To Those Charged With Governance And Management' and other ISAs (UK) specifically require us to communicate the following:

Required communication	Where addressed
Our responsibilities in relation to the financial statement audit and those of management and those charged with governance.	Audit Strategy Memorandum
The planned scope and timing of the audit including any limitations, specifically including with respect to significant risks.	Audit Strategy Memorandum
With respect to misstatements: <ul style="list-style-type: none"> <li>• uncorrected misstatements and their effect on our audit opinion;</li> <li>• the effect of uncorrected misstatements related to prior periods;</li> <li>• a request that any uncorrected misstatement is corrected; and</li> <li>• in writing, corrected misstatements that are significant.</li> </ul>	Annual Audit Report
With respect to fraud communications: <ul style="list-style-type: none"> <li>• enquiries of the Audit and Performance Committee to determine whether they have a knowledge of any actual, suspected or alleged fraud affecting the entity;</li> <li>• any fraud that we have identified or information we have obtained that indicates that fraud may exist; and</li> <li>• a discussion of any other matters related to fraud.</li> </ul>	Annual Audit Report and discussion at the Audit and Performance Committee, audit planning and clearance meetings

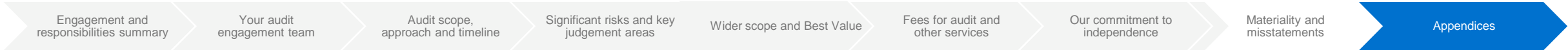
# Appendix A: Key communication points

Required communication	Where addressed
<p>Significant matters arising during the audit in connection with the entity’s related parties including, when applicable:</p> <ul style="list-style-type: none"> <li>• non-disclosure by management;</li> <li>• inappropriate authorisation and approval of transactions;</li> <li>• disagreement over disclosures;</li> <li>• non-compliance with laws and regulations; and</li> <li>• difficulty in identifying the party that ultimately controls the entity.</li> </ul>	Annual Audit Report
<p>Significant findings from the audit including:</p> <ul style="list-style-type: none"> <li>• our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures;</li> <li>• significant difficulties, if any, encountered during the audit;</li> <li>• significant matters, if any, arising from the audit that were discussed with management or were the subject of correspondence with management;</li> <li>• written representations that we are seeking;</li> <li>• expected modifications to the audit report; and</li> <li>• other matters, if any, significant to the oversight of the financial reporting process or otherwise identified in the course of the audit that we believe will be relevant to the Audit and Performance Committee in the context of fulfilling their responsibilities.</li> </ul>	Annual Audit Report
Significant deficiencies in internal controls identified during the audit.	Annual Audit Report
Where relevant, any issues identified with respect to authority to obtain external confirmations or inability to obtain relevant and reliable audit evidence from other procedures.	Annual Audit Report



# Appendix A: Key communication points

Required communication	Where addressed
Audit findings regarding non-compliance with laws and regulations where the non-compliance is material and believed to be intentional (subject to compliance with legislation on tipping off) and enquiry of the Audit and Performance Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Audit and Performance Committee may be aware of.	Annual Audit Report and Audit and Performance Committee meetings
With respect to going concern, events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including: <ul style="list-style-type: none"> <li>• whether the events or conditions constitute a material uncertainty;</li> <li>• whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements; and</li> <li>• the adequacy of related disclosures in the financial statements.</li> </ul>	Annual Audit Report
Reporting on the valuation methods applied to the various items in the annual financial statements including any impact of changes of such methods	Annual Audit Report
Indication of whether all requested explanations and documents were provided by the entity	Annual Audit Report



# Appendix B: 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 inherent risk factors which include:

- subjectivity;
- complexity;
- uncertainty and change; and
- 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.

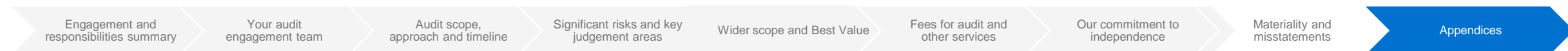
### Greater emphasis on understanding IT

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).

### 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.



Tom Reid (Audit Director)

Email: [tom.reid@mazars.co.uk](mailto:tom.reid@mazars.co.uk)

Telephone: 07816 354 994

## Mazars

100 Queen Street  
Glasgow  
G1 3DN

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## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Fiona Taylor, Head of Health and Community Care

16 May 2023

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**Subject: Prescribing Budget Savings Activities**

### **1. Purpose**

- 1.1** Historically the HSCP has completed work relating to prescribing the most cost efficient options and reducing waste via prescription management. Given the ongoing financial constraints and projected overspend in the prescribing budget it is useful to showcase the activities continually ongoing in the HSCP in relation to this.
- 1.2** To update the HSCP Board on the variety of cost efficiency work which is occurring to minimise risk to the prescribing budget across the HSCP and to suggest additional work that could occur.

### **2. Recommendations**

- 2.1** The HSCP Board is asked to note the ongoing activity within the HSCP and consider ways to promote the need for cost efficiency prescribing amongst healthcare professionals and to increase public engagement.

### **3. Background**

- 3.1** The HSCP has always worked collaboratively with prescribers in GP practices and across the HSCP to promote cost efficient prescribing.
- 3.2** Ongoing pieces of work include;
- 3.3** Scriptswitch: ScriptSwitch® is a prescribing software support tool that can be installed in all GP practices. ScriptSwitch® enables a 'pop up' message to appear at the point of prescribing, which can be utilised to communicate cost effectiveness, formulary choices and regional/local guidelines. The GGC Central Prescribing Team can update ScriptSwitch for local guidance and prescribing choices. This is a system funded via the Health Board. Reports for the HSCP are published quarterly and shared widely.
- 3.4** PRISMs data: PRISMS is the Prescribing Information System for Scotland. It is a web-based application, giving access to prescribing information for all prescriptions dispensed in the community for the past five years. The

information is held centrally and the system is updated monthly. The data can be interrogated to provide reports at practice level and aggregate up to Scotland level. The HSCP pharmacy team has access to this system and runs quarterly high cost item prescribing which is shared with practices to highlight particularly high cost items to practice to ensure review and appropriate prescribing. Other reports that are cascaded to appropriate individuals include; HSCP Nurse Prescriber reports and Practice specific reports.

- 3.5 Prescribing Cost Efficiencies:** This was a key component of work pre 2018, and in some cases has been deprioritised to focus on delivery on aspects of Level 1 medication Reviews (defined as a simple, technical review of the medication without the patient present). This non-clinical review which the GPs have chosen to prioritise. It is important to recognise however that formulary compliance, prescribing indicators and audits are also specified within Level 1 Reviews. The GGC Central Pharmacy Team reviews potential cost savings and produce a guide to support the review and switch to a more cost efficient item. This efficiency activity can be met with some resistance from patients and an increased awareness of the rationale when items are switched would be beneficial.
- 3.6 Repeat Prescribing Local Enhanced Service (LES):** Practices sign up for the LES where they are in agreement to support quality prescribing and will aim to attain or maintain NHS GGC benchmark figures in relation to formulary compliance, serial prescribing and reviewing of acute prescribing habits.
- 3.7 Polypharmacy Prescribing Initiative:** This initiative proposes holistic reviews of patients with polypharmacy by pharmacists and GPs in line with national Polypharmacy guidance and Realistic Medication Guidance. For Prescribing Initiative remuneration to be offered to GP practices, it is necessary to identify what actions are required and the basis for payment. This must not be onerous or cause significant work for the pharmacy teams. The contribution should allow protected time to have a discussion about polypharmacy and case-based learning, either within individual practices or practice cluster. The aim of this initiative is to increase patient safety and decrease wastage. There has been limited success in implementing polypharmacy work in the current year due to conflicting priorities and sustainability concerns within GP practices.
- 3.8 Care Home Pharmacy Team:** The HSCP Care Home Pharmacy Team work closely with all care homes (Local Authority and Independent Contractors), reviewing patients to ensure appropriate prescribing, encourage realistic medicine and minimise waste.



- 3.9** Annual Prescribing Meeting with Practices: the Pharmacy teams within practices hold an annual prescribing meeting at the beginning of each financial year to discuss the prescribing habits of the practice and work collaboratively to highlight areas for improvement in relation to both cost efficiencies and patient safety.
- 3.10** Innovative pieces of work currently being implemented include;
- 3.11** Quarterly HSCP Prescribing Reports: These are currently being developed within the Central Pharmacy Team with the aim that GP Cluster Group can utilise the information and focus Quality Improvement (QI) work on areas for improvement to deliver cost efficiencies.
- 3.12** West Dunbartonshire Prescribing Group Action Plan: The group is currently constructing an action plan to be shared via GP reps to GP Cluster Groups to highlight areas of prescribing which could improve cost efficiencies.
- 3.13** Monthly Savings Update: The pharmacy team are collating all savings realised through work within the pharmacy team which can be reported monthly. Further discussion is required about how to collate practice or other prescribing activity which is generating prescribing budget savings.
- 3.14** Public Engagement with the HSCP: It has been noted from various health care professional colleagues that cost efficient prescribing changes can be met with resistance from citizens. Public engagement could be beneficial for public support to these changes and to provide context as to the reasons for the change.

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

- 4.1** Public Engagement. As noted above there has been previous resistance to cost efficiency prescribing within the HSCP and wider public awareness is required to ensure success.
- 4.2** Wider stakeholder engagement. As noted above, competing priorities and sustainability concerns within practices result in cost efficiency work being a lower priority for some health care professionals across the HSCP. Discussion and engagement with them on the situation would be essential for success.
- 4.3** Data Gathering. It is been noted in the paper that collating savings which occurred across the practices would be beneficial but could be time consuming to collate and difficult to quantify.

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

Not applicable.

## **6. People Implications**

Not applicable.

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

Financial – It is currently predicted that West Dunbartonshire HSCP could be as much as 10% over their prescribing budget for 2023/2024 which equates to approximately £2million. Whilst the use of the Scottish Government uplift and non-recurring reserves reduces that prediction to 5%, there is still a predicted overspend of approximately £1million.

## **8. Risk Analysis**

**8.1** The financial risk relating to the prescribing budget is identified as an operational and strategic risk.

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

Not applicable.

## **10. Environmental Sustainability**

Not applicable.

## **11. Consultation**

Not applicable.

Name: Gillian Calderhead  
Designation: Lead Pharmacist  
Date: 18 April 2023

---

### **Person to Contact:**

Gillian Calderhead:  
[gillian.calderhead@ggc.scot.nhs.uk](mailto:gillian.calderhead@ggc.scot.nhs.uk)

<b>Appendices:</b>	N/A
<b>Background Papers:</b>	N/A
<b>Wards Affected:</b>	All council Wards



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

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

**16 May 2023**

**Subject: Chief Social Work Officer: Adult Services Funding**

**1. Purpose**

- 1.1** The purpose of this report is to update the HSCP Board on Scottish Governments funding allocation for additional support for Chief Social Work Officers and to seek HSCP Board approval for targeted investment of this budget.

**2. Recommendations**

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

- 2.1** Note the background information in respect of this fund;
- 2.2** Approve the CSWO recommendation to allocate funding of £386,041 for the creation of a Principal Social Work Officer role and the development and implementation of an adult and older peoples review team.

**3. Background**

- 3.1** On the 9 February 2022, the Scottish Government Chief Social Work Adviser wrote to Chief Social Work Officers advising of additional funding of £22m for local authorities in the financial year 2022/23, and recurring thereafter, to provide additional social work capacity within local authorities. A copy of this letter can be found at Appendix 1 of this report.
- 3.2** Of this £22 million the allocation for West Dunbartonshire Council (delegated to West Dunbartonshire HSCP Board) is £364,000, the funding being distributed based on Grant Aided Expenditure for Adult Social Work for 2022/23 as agreed by COSLA Leaders.
- 3.3** The purpose of this additional funding is to alleviate pressure on the adult social care sectors and continue to ensure services can be delivered to the highest professional standard to those who need support. It stipulates that funding will be used to employ additional social workers or associated social work assistants or support staff, with the clear purpose of adding capacity to the social work workforce and ensuring 'a continued and robust focus on care and support'.

**3.4** It is a matter for Chief Social Work Officers and their teams to decide how best to use this funding to meet local pressures and strengthen current oversight arrangements.

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

##### **Social Work Governance**

**4.1** In line with legislative changes, social work and social care services have moved towards greater integration with health. In addition, there is closer joint working with external stakeholder in the delivery of both adult and children's services. Robust social work and social care governance arrangements are essential within this complex environment to ensure quality services and statutory responsibilities are effectively discharged.

**4.2** The HSCP recognise that staff at all levels within the organisation are responsible for creating the optimal working environment that produces the highest quality interactions with people seeking support. In order to ensure this the HSCP is seeking to establish a clear governance framework in order:

- to establish a system for social work and social care governance that is designed to produce best outcomes for people who use, or may need services.
- for service users and carers to be involved in identifying their individual outcomes; shaping individual care plans, services and organisational practices.
- for people who use services and the staff who provide them to be as safe as possible.
- for organisational development and professional practice to be evidence based and continuously improve, supported by a culture of learning and excellent performance.

**4.3** The role of Chief Social Work Officer (CSWO) is critical in respect of the furtherance of the above ambition. The role was established to ensure the provision of appropriate professional advice in the discharge of a local authority's statutory functions. The role also has a place set out in integrated arrangements brought in through the 2014 Act. As a matter of good practice it is expected that the CSWO will undertake the role across the full range of a local authority's social work functions to provide a focus for professional leadership and governance in regard to these functions. Within the West Dunbartonshire HSCP this role is combined and is undertaken by the Head of Head of Children's Health,

Care and Justice. Both roles are significant portfolios in their own right. Nationally there has been recent development of professional social work lead posts to support CSWO's and, or indeed a separation of the role of CSWO and Head of service to ensure requirements and functions of both roles can be effectively delivered.

**4.4** The CSWO duties are extensive and, as set out in the summary below, is required to:

- promote values and standards of professional practice, including relevant National Standards, and provide a clear statement of expectation of social services workers and employers (consistent with the SSSC Codes of Practice) to be agreed with the Chief Executive and Elected Members;
- ensure that these values and standards are communicated on a regular basis, adhered to and reviewed periodically;
- work with Human Resources (or equivalent support function) to ensure that all social service workers meet the requirements of the SSSC's Code of Practice and that all registered workers meet the requirements of their regulatory body;
- support and advise managers in maintaining and developing high standards of practice and supervision;
- ensure that only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance;
- ensure that there are effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards. Where the council's corporate policy on risk does not reflect this balance, the CSWO is required to bring this to the attention of the Local Authority Chief Executive and to contribute to the development of appropriate governance arrangements;
- ensure appropriate advice is provided on corporate workforce planning and quality assurance, including safe recruitment practice, probation/mentoring arrangements, managing poor performance and promoting continuous learning and development for staff;
- actively promote continuous improvement, raising standards and evidence-informed good practice, including the development of person-centred services that are focused on the needs of the service user;
- oversee the quality of practice learning experiences for social work students and effective workplace assessment arrangements, in accordance with the SSSC Code of Practice for Employers of Social Service Workers;
- ensure that appropriate systems are in place both to promote

good practice and to identify and address weak and poor practice. The CSWO should work with managers to ensure these systems are effective and, where this is not the case, the CSWO has the responsibility for bringing this to the attention of the Chief Executive and contributing to the development or improvement of such systems;

- ensure that significant case reviews are undertaken into all critical incidents either resulting in - or which may have resulted in - death or serious harm;
- take final decisions on behalf of the local authority in relation to a range of social work matters, including adoption, secure accommodation, guardianship and other statutory decisions required from time to time;
- contribute to reports to the Chief Executive and Elected Members, providing independent comment where necessary, on the findings of relevant performance reports;
- report on implications for the local authority, for services, for service users and carers, for individual teams/members of staff/partners as appropriate.

**4.5** Since 2019 West Dunbartonshire HSCP has undergone, or been involved in, a series of external inspections. These include:

- a) Self-directed support in West Dunbartonshire (June 2019)
- b) Inspection of Justice Social Work Services in West Dunbartonshire Council (August 2019)
- c) Joint inspection of adult support protection in the West Dunbartonshire partnership ( May-July 2021)
- d) Care Inspectorate inspection of Adoption Services in West Dunbartonshire (2022)
- e) Care Inspectorate inspection of Fostering Services in West Dunbartonshire (2022)
- f) Joint inspection of services for children and young people at risk of harm in West Dunbartonshire (2022)
- g) Care Inspectorate inspection of Care at Home Services in West Dunbartonshire (2023)

**4.6** Although positive progress has been established in a number of key areas, a review of the above inspection outcomes shows that many of the areas for improvement require enhanced oversight of social work governance alongside enhanced learning and development for social care staff.

A learning and development officer is currently being recruited

**4.7** In support of the Chief Social Work Officer, and to ensure furtherance of the framework referred to in para 4.2 above, it is recommended that in order to align with arrangements within clinical governance the HSCP



seek to build capacity through the recruitment of a Principal Social Work Officer.

- 4.8** The Principal Social Work Officer will be line managed by the Chief Social Work Officer and will be at the heart of improving the HSCP oversight of the quality of social work practice, ensuring that the HSCP deliver high quality, safe, person-centred practice for the people of West Dunbartonshire.
- 4.9** The post will be critical in ensuring that the unique role of social work is understood and valued within the HSCP and with partner organisations. It will also ensure that the social work profession within the HSCP is championed and led, with the Chief Social Work Officer and through key strategic relationships.
- 4.10** It is fundamentally important that all service users, who are eligible for HSCP services, fully understand the principles of Self Directed Support in order to ensure that:
- people are supported to identify and achieve personal outcomes;
  - people experience choice and control over what happens to them;
  - people feel heard and listened to about what's important to them ;
  - staff are enabled and empowered to implement self-directed support;
  - the principles and values of self-directed support are embedded in practice; and
  - there is information, choice and flexibility for people when accessing services.
- 4.11** Improvement work has progressed with the use of the My Life Assessment (MLA) for service users providing a strengths based model which empowers staff to record good conversations with service users which are focused on personal outcomes and prevention. This outcome focused assessment tool has been recognised by Health and Social Care Scotland as an exemplar of good practice.
- 4.12** The MLA was implemented on 1 April 2022. In order to build on this good practice, it is clear that the HSCP must now ensure that all existing packages of care are reviewed. This will ensure that the review process aligns with this strengths based person centred approach.
- 4.13** It is therefore proposed that an Adult and Older People Review Team be developed and established, encompassing services across Health and Community Care, Mental Health, Learning Disability and Addictions. The establishment of this team will ensure that all reviews are carried out

timeously, in a clear and consistent manner with reviews clearly aligned to Care Standards.

- 4.14** Independent reviewing arrangements will ensure the care needs and risks of adults and older people living in the community are reviewed at prescribed intervals, ensuring person centred plans are in place, contributing to the prevention of escalating needs and care admission and supporting the HSCPs approach to ensuring Best Value.
- 4.15** Reviews are intended to be a natural extension of support planning, as such through the recently redesigned Adult Area Resource Group structure, support plans will not be approved unless reviewing arrangements are clarified within them.
- 4.16** Reviews will take into account what needs to be in place to improve and maintain the service user's situation where at all possible in the community and achieve the agreed outcomes. A small review team is currently in place to review adults in care homes and the creation of this team is designed to enhance the existing structure, by aligning the posts as outlined in paragraph 4.20 of this report.
- 4.17** The post holders will produce an aggregated quarterly report on reviews undertaken and provide an overview of key themes determined by each service area.
- 4.18** It is recommended that the review team additionally consist of 3 WTE Social Workers; 2 WTE Social Work Assistants and 0.6 WTE Administrative Officer.
- 4.19** The review team will be managed by an existing Senior Social Worker within Community Health and Care, as outlined in paragraph 4.18.

## **5. Options Appraisal**

- 5.1** An options appraisal is not required for the recommendations within this report.

## **6. People Implications**

- 6.1** The creation of a Principal Social Work Officer and a review team will require a series of new posts to be established. There will be additional line management duties for the Chief Social Work Officer and additional line management responsibilities for an existing Senior Social Worker within Community Health and Care. It is not anticipated that this will lead to any additional financial pressures.
- 6.2** The costs in respect of the creation of these posts are outlined in table one below. These are modelled on 35 hours per week. There are existing

comparable role profiles for the Social Worker, Social Work Assistant and Administration Officer posts and these have been evaluated in accordance with the SJC Job Evaluation scheme. However, the role of Principal Social Work Officer is new and the estimated costs are based on the work of other Local Authorities. This role profile will require to be evaluated.

<u>Job Title</u>	<u>WTE</u>	<u>WDC Grade</u>	<u>SCP Top of Grade</u>	<u>Hourly Rate</u>	<u>Base Salary</u>	<u>Est Salary On Costs 30%</u>	<u>Total</u>
Principal Social Work Officer	1	Grade 12	112	£39.32	£71,755	£21,527	£93,282
Social Worker	1	Grade 8	76	£23.21	£42,356	£12,707	£55,063
Social Worker	1	Grade 8	76	£23.21	£42,356	£12,707	£55,063
Social Worker	1	Grade 8	76	£23.21	£42,356	£12,707	£55,063
Social Work Assistant	1	Grade 5	46	£15.36	£28,030	£8,409	£36,439
Social Work Assistant	1	Grade 5	46	£15.36	£28,030	£8,409	£36,439
Admin Assistant	0.6	Grade 4	37	£13.80	£15,110	£4,533	£19,644
Total Salary Costs at 1 April 22					<b>£269,993</b>	<b>£80,998</b>	<b>£350,991</b>
Assume 5% uplift for 23/24							£17,550
Set Up Costs (ICT Licences Etc.)							£17,500
Overall Cost of new posts							<b>£386,041</b>
Scottish Government Award							£364,000

Table One

**6.3** Work has already commenced in respect of social work governance, this includes a review of some role profiles, and improvement in respect of oversight of registration and the maintenance of appropriate qualifications.

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

**7.1** As outlined in the background section of this report, there is a recurring budget in place for this work of £364,000.

**7.2** The financial calculations can be seen in table two below:

<u>Job Title</u>	<u>WTE</u>	<u>WDC Grade</u>	<u>SCP Top of Grade</u>	<u>Hourly Rate</u>	<u>Base Salary</u>	<u>Est Salary On Costs 30%</u>	<u>Total</u>
Principal Social Work Officer	1	Grade 12	112	£39.32	£71,755	£21,527	£93,282
Social Worker	1	Grade 8	76	£23.21	£42,356	£12,707	£55,063
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Social Worker	1	Grade 8	76	£23.21	£42,356	£12,707	£55,063
Social Work Assistant	1	Grade 5	46	£15.36	£28,030	£8,409	£36,439
Social Work Assistant	1	Grade 5	46	£15.36	£28,030	£8,409	£36,439
Admin Assistant	0.6	Grade 4	37	£13.80	£15,110	£4,533	£19,644
Total Salary Costs at 1 April 22					<b>£269,993</b>	<b>£80,998</b>	<b>£350,991</b>
Assume 5% uplift for 23/24							£17,550
Set Up Costs (ICT Licences Etc.)							£17,500
Overall Cost of new posts							<b>£386,041</b>
Scottish Government Award							£364,000

Table Two

**7.3** Table Two highlights a predicted overspend of £22,041. This overspend is, based on all staff being at the top of grade. The shortfall can be funded from the 22/23 allocation of £364k which will be held in an earmarked reserve as part of the annual accounts exercise.

**7.4** There are no procurement implications arising from the recommendations within this report.

## **8. Risk Analysis**

**8.1** Protecting people from harm is a priority for adult social care services. The establishment of the Principal Social Work Officer post will reduce the risk to the HSCP Board by ensuring that good social work and social care governance is an integral part of social work practice and service provision. This will promote accountability at every level within the HSCP for the standard of social care provided.

**8.2** The establishment of the review team will also reduce the risk to the HSCP Board. This is considered a practical and proactive approach to enable the HSCP to take into account what needs to be in place to improve and maintain a service user's situation and achieve agreed outcomes. Also social workers need to be reassured that risks are being managed and the

person is being kept safe.

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

**9.1** An EIA has been undertaken and can be found at Appendix II of this report. The recommendations within this report, should they be approved by the HSCP Board, will lead to the creation of a new team which strengthens social work governance and timely implementation of social work/social care reviews. This is overwhelmingly in the best interests of service users who will experience greater involvement in identifying their individual outcomes; shaping individual care plans, services and organisational practices.

## **10. Environmental Sustainability**

**10.1** A Strategic Environmental Assessment (SEA) is not required in respect of the recommendations within this report.

## **11. Consultation**

**11.1** The HSCP Senior Management Team, the HSCP Board Monitoring Solicitor and the Chief Finance Officer have been consulted in the preparation of this report.

## **12. Strategic Assessment**

**12.1** The recommendations within this paper align with all four of the HSCP Boards strategic outcomes. This work promotes equity and consistency of approach, which also supports the HSCPs enabling priorities and aligns with the medium term financial strategy.

## **13. Directions**

**13.1** The recommendations within this report require the Chief Officer to issue a Direction to the Chief Executive of West Dunbartonshire Council. This Direction HSCP B000040MJC16052023 can be found in Appendix III of this report.

Name: Lesley James  
Designation: Chief Social Work Officer  
Date: 9 May 2023

---

**Person to Contact:** Lesley James  
Chief Social Work Officer  
[Lesley.james@west-dunbarton.gov.uk](mailto:Lesley.james@west-dunbarton.gov.uk)

**Appendices:** Appendix 1 – 9 February 2022, the Scottish Government Chief Social Work Adviser wrote to Chief Social Work Officers

Appendix 2 – Equality Impact Assessment  
Appendix 3 – Direction Reference Number  
HSCP B000040MJC16052023

**Background Papers:**

**[West Dunbartonshire HSCP Thematic Review of Self-directed Support Local Partnership Report June 2019](#)**

### By email

Chief Executives, Scottish Local Authorities  
Chief Social Work Officers, Scottish Local Authorities  
Directors of Finance, Scottish Local Authorities

**9 February 2022**

Dear Chief Executives, Chief Social Work Officers and Directors of Finance

### **FUNDING FOR ADDITIONAL SOCIAL WORK CAPACITY IN ADULT SERVICES**

I am writing to advise you of additional funding of £22m for local authorities next financial year 2022/23, and recurring thereafter, to provide additional social work capacity within local authorities. This funding was included in the Scottish Government's recently announced 2022/23 Budget within Health and Social Care

The Scottish Government wishes to provide additional funding to relieve pressure on the adult social care sector to ensure care can be delivered safely to those who need it. Expansion of the social work workforce is now required to support the increasing adult social care workload in recognition of current workforce pressures across health and social care.

Funding will be used to employ additional social workers or associated social work assistants or support staff – with the clear purpose of adding to the capacity of the social work workforce to respond to the current pressures across adult social care. It will be for Chief Social Work Officers and their teams to decide how best to use this funding to meet local pressures, this might include:

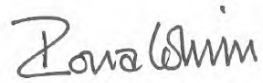
- additional frontline capacity to support Adults With Incapacity/Adult Support and Protection, including Large Scale Investigations,
- wider statutory duties undertaken by Mental Health Officers and Social Workers,
- frontline work in relation to carrying out holistic person-centred assessments and reviewing of individual care support plans,
- enhancing additional first line management capacity to increase levels of assurance and supervision for frontline staff.

Funding can also be used to continue the support for CSWOs enhanced oversight role for Care Homes and Care at Home services as a consequence of the pandemic. Funding for the Care Home Oversight role was previously paid in both 2019/20 and 2020/21 via a grant direct to CSWOs.

The £22m will be distributed based on GAE for Adult Social Work for 2022-23 as agreed by COSLA Leaders – as per the annex to this letter. Funding will be paid via the General Revenue Grant. We will use the SSSC Workforce Data Report to measure the impact of this investment over the course of this budgetary period.

Finally can I take this opportunity to thank your frontline workforce for their continued efforts and dedication over recent months.

Yours sincerely,

A handwritten signature in black ink that reads "Iona Colvin". The signature is written in a cursive style with a small dot above the 'i' in "Iona".

Iona Colvin  
Chief Social Work Adviser



**FUNDING ALLOCATIONS BY LOCAL AUTHORITY**

Local Authority	Allocation
Aberdeen City	£827,000
Aberdeenshire	£935,000
Angus	£528,000
Argyll and Bute	£402,000
City of Edinburgh	£1,954,000
Clackmannanshire	£198,000
Dumfries and Galloway	£723,000
Dundee City	£628,000
East Ayrshire	£511,000
East Dunbartonshire	£448,000
East Lothian	£424,000
East Renfrewshire	£386,000
Falkirk	£622,000
Fife	£1,535,000
Glasgow City	£2,434,000
Highland	£978,000
Inverclyde	£360,000
Midlothian	£335,000
Moray	£409,000
Na h-Eileanan Siar	£135,000
North Ayrshire	£606,000
North Lanarkshire	£1,278,000
Orkney Islands	£99,000
Perth and Kinross	£701,000
Renfrewshire	£730,000
Scottish Borders	£520,000
Shetland Islands	£85,000
South Ayrshire	£550,000
South Lanarkshire	£1,292,000
Stirling	£370,000
West Dunbartonshire	£364,000
West Lothian	£630,000
<b>Scotland</b>	<b>£22,000,000</b>



**Equality Impact Assessment record layout for information**

<b>Owner:</b>	Lesley James, Chief Social Work Officer
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<b>Resource:</b>		<b>Service/Establishment:</b>	
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	First Name	Surname	Job Title
<b>Head Officer:</b>	Lesley	James	Chief Social Work Officer

	Include job titles/organisation
<b>Members:</b>	Head of Strategy and Transformation; Chief Finance Officer; Head of Health and Community Care; Head of Mental Health, Learning Disabilities and Addictions.

Please note: the word policy is used as shorthand for strategy policy function or financial decision

<b>Policy Title:</b>	Chief Social Work Officer: Adult Services Funding
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<b>The aim, objective, purpose and intended outcome of policy</b>
The purpose of this report is to update the HSCP Board on Scottish Governments funding allocation for additional support for Chief Social Work Officers and to seek HSCP Board approval for targeted investment of this budget, namely the recruitment of a Principal Social Work Officer and the creation of a review team with a focus on all adult and older peoples care packages.

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<b>Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy</b>
West Dunbartonshire HSCP Senior Management Team

<b>Does the proposals involve the procurement of any goods or services?</b>	No
<b>If yes please confirm that you have contacted our procurement services to discuss your requirements</b>	N/A

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

<b>Who will be affected by this policy?</b>
---

All service users across adult services social work and social care.

**Who will be/has been involved in the consultation process?**

West Dunbartonshire HSCP Senior Management Team

**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**

	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Age</b>		<p>People of all ages will have a more seamless and consistent experience when they take part in a review, with improved signposting and triaging of their needs.</p> <p>The extension of the adoption of a person centred approach to assessment and review will mean</p>	<p>The proposals in this report are focused on adult services. The impact is considered to be positive. The establishment of a review team will ensure, as part of scheduled reviews of people's existing care packages, that the</p>

		<p>that older people will receive targeted support to reduce their long term care needs.</p> <p>This work progresses the HSCPs ambition to adopt a more personalised approach to supporting people, including reducing reliance on institutionalised building based services.</p> <p>A strong review system will encourage a more creative and age-appropriate response by care providers in the services and opportunities they offer.</p> <p>There may be opportunities for people with a learning disability over 65 years of age to move to more age-appropriate services with their peer age group.</p> <p>Service users of all ages will be encouraged to explore the care and support their family, friends and local community can provide to meet their needs, encouraging creativity and people to continue to play an active part in their community. However, it is recognised that older residents may not have the same ability to access community-based support services because of their mobility, cognition etc.</p>	<p>current commissioned care and support remains appropriate and is strengths based to promote people's independence and reduce the need for long term support.</p>
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	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Disability</b>		<p>The extension of the adoption of a person centred approach to assessment and review will mean that people will receive targeted support to reduce their long term care needs.</p> <p>This work progresses the HSCPs ambition to adopt a more personalised approach to supporting people, including reducing reliance on institutionalised building based services.</p> <p>A strong review system will encourage a more creative response by care providers in the services and opportunities they offer.</p> <p>There may be opportunities for people with a learning disability over 65 years of age to move to more age-appropriate services with their peer age group.</p> <p>Service users of all ages will be encouraged to explore the care and support their family, friends and local community can provide to meet their needs, encouraging creativity and people to continue to play an active part in their community. However, it is recognised that some service users may not have the same ability to access community-based support services.</p> <p>Through a strong review process family carers of 70yrs+ will be offered more effective support and engagement in planning for the future wellbeing, support and financial arrangements etc of their adult child with a disability.</p>	<p>The proposals in this report are focused on adult services. The impact is considered to be positive. The establishment of a review team will ensure, as part of scheduled reviews of people's existing care packages, that the current commissioned care and support remains appropriate and is strengths based to promote people's independence and reduce the need for long term support.</p>

	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Gender Reassign</b>	N/A	N/A	N/A
<b>Marriage &amp; Civil Partnership</b>	N/a	N/A	N/A
<b>Pregnancy &amp; Maternity</b>	N/A	N/A	N/A
	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Race</b>	N/A	N/A	N/A
<b>Religion &amp; Belief</b>	N/A	N/A	N/A



	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Sex</b>	N/A	N/A	N/A
<b>Sexual Orientation</b>	N/A	N/A	N/A

	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Human Rights (ECHR statutory) UNCRC (note: currently non statutory)</b>			
<b>Health</b>			

	Needs	Evidence	Impact
<b>Social &amp; Economic Impact</b>			
<b>Cross Cutting</b>			

<b>Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this</b>
No negative impacts have been identified although it is acknowledged in general that undergoing a review process which may lead to change may cause anxiety for some, regardless of their protected characteristics. In order to mitigate against this risk staff will be appropriately trained in order to listen to, and respond to, anxieties so that service users feel reassured. Work is also ongoing to collaborate more effectively with care providers in order that services are co-designed with people who use services and their carers.
<b>Will the impact of the policy be monitored and reported on an ongoing bases?</b>
This report will be the subject of a Direction which will be reviewed in 6 months' time.
<b>What is your recommendation for this policy?</b>

Implement.

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

The proposal in this report creates a new team which strengthens social work governance and timely implementation of social work/social care reviews. This is overwhelmingly in the best interests of service users who will experience greater involvement in identifying their individual outcomes; shaping individual care plans, services and organisational practices.



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

**Item 9  
Appendix 3**

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

**From:** Chief Officer, HSCP  
**To:** Chief Executive(s) West Dunbartonshire Council  
**CC:** HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair  
**Subject:** Direction from HSCP Board 16 May 2023 FOR ACTION

**Attachment: Chief Social Work Officer: Adult Services Funding**

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	HSCP B000040MJC16052023
2	Date direction issued by Integration Joint Board	16 May 2023
3	Report Author	Lesley James, Chief Social Work Officer
4	Direction to:	West Dunbartonshire Council only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Adult Social Work and Social Care Services
7	Full text and detail of direction	The Chief Executive of West Dunbartonshire Council is directed to mobilise the required recruitment process for the recruitment of a Principal Social Work Officer and the creation of a review team with a focus on all community based adult and older people support plans.
8	Specification of those impacted by the change	All adult social work and social care service users. The Chief Social Work Officer and an existing Senior Social Worker will absorb additional line management responsibilities.
9	Budget allocated by Integration Joint Board to carry out direction	£386,041
10	Desired outcomes detail of what the direction is intended to achieve	Improved social work governance across all adult services. Person centred service user reviews to be carried out in a timeous and consistent manner.
11	Strategic Milestones	<i>Recruitment of Principal Social Work Officer</i>
		<i>Creation of Adult and Older Peoples Review Team</i>
		<i>September 2023</i>
		<i>October 2023</i>

12	Overall Delivery timescales	October 2023	
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	November 2023	

## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

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

16 May 2023

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**Subject: Supervision Policy for Social Work and Care Services**

### **1. Purpose**

The purpose of this report is to update the board of the proposed implementation of HSCP Supervision Policy for all Social Work and Social Care staff.

### **2. Recommendations**

**2.1** The partnership board are asked to approve the Supervision Policy for all Social Work and Social Care staff.

### **3. Background**

**3.1** 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.

**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 up to date supervision policy is in place to ensure staff have clear recorded reflective supervision to ensure they are effectively supported in their social work practice with a range of informal practices currently in place.

##### **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. Planned structured discussion regarding learning and development is required.

##### **5.3** 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.

##### **5.4** 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.



**5.5** A standardised template and guidance for managers as part of the policy is included in appendix 1 and appendix 2. The policy has been written to fit the professional context for implementation, however governing principles and expectations are the same. The implementation of the policy will ensure recording of supervision and any decisions agreed by the line manager and staff member are clear and consistency recorded for review and action.

## **6. Options Appraisal**

**6.1** N/A.

## **7. People Implications**

**7.1** As identified in our strategic plan our workforce are a key enabler to the delivery of high quality services in West Dunbartonshire. It is crucial that staff are appropriately supported to learn and develop and deliver services to required standards.

**7.2** 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.

**7.3** 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.

**7.4** 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. Supervision will also support the enhancement of core social work competencies and skills, while developing, strengthening, and promoting the profession's values and ethos.

**7.5** Self-evaluation in relation to the frequency of supervision and quality will be part of implementation to ensure the policy is routinely adhered to

## **8. Financial and Procurement Implications**

**8.1** N/A.

## **9. Risk Analysis**

**9.1** As part of assurance of professional standards it is expected that staff will be regularly supervised and that learning and development issues are addressed. Absence of a Supervision Policy increases the risk in not having

clear standards and expectations regarding line management responsibilities to the employee and their delivery of professional practice.

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

9.1 N/A.

**10. Environmental Sustainability**

10.1 N/A.

**11. Consultation**

11.1 No formal consultation has been carried out, however feedback from staff across services as part of other activities has routinely cited a desire for more structured and reflective supervision opportunities

**12. Strategic Assessment**

12.1 N/A.

**13. Directions**

13.1 N/A.

Name	Lesley James
Designation	Head of Children’s Health, Care and Justice Services
Date	4 <sup>th</sup> April 2023

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Person to Contact: Lesley James, Head of Children’s Health, Care and Justice Services

Appendices: Appendix 1 – Adult Services Supervision Policy  
Appendix 2 – Children & Families Supervision Policy  
Appendix 3 - Directions for Policy Ref:  
HSCP000042MJC16052023

Background Papers: N/A



**West Dunbartonshire**  
**Health & Social Care Partnership**

**West Dunbartonshire Health and Social Care**

**Social Work and Social Care Staff Supervision Policy and Guidance**

**December 2021**

<b>Document Title</b>	<b>Social Work and Social Care Staff Supervision Policy and Guidance</b>		
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 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.

## 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

<b>Supervisee Name :</b>		<b>Role :</b>	
<b>Supervisor Name :</b>		<b>Line Manager (if different)</b>	

<b>Session date:</b>		<b>Date of last session</b>		<b>If more than 6 weeks, say why</b>	
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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.

<b>1</b>	<b>Check-in</b> (wellbeing and any support needs )
<b>Discussion</b>	
<b>Agreed action/ intended outcome</b>	
<b>2.</b>	<b>Update</b> (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.
<b>Discussion</b>	
<b>Agreed action/intended outcome</b>	
<b>3. a</b>	<b>Role and Responsibilities</b> (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.)
<b>Discussion</b>	

<b>Agreed action/ intended outcome</b>	
<b>3. b</b>	Reports, audits, records sampled and signed off should be noted below along with feedback on quality/strengths and any guidance offered .
<b>Discussion</b>	
<b>Agreed action/ intended outcome:</b>	
<b>4.</b>	<b>Learning and Development</b> (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 ).
<b>Discussion</b>	
<b>Agreed action/ intended outcome:</b>	
<b>5.</b>	<b>Any other areas not noted above</b>
<b>Discussion</b>	
<b>Agreed action/ intended outcome:</b>	
<b>Feedback and session review</b> (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 )	
<b>Date , time and venue for next session :</b>	
<b>Signature(s)</b> (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)	
<b>Supervisor :</b> <b>Date :</b>	<b>Supervisee:</b>







**West Dunbartonshire Health and Social Care**

**Children's Social Work and Social Care Staff Supervision Policy and Guidance**

**Final December 2022**

<b>Document Title</b>	<b>Social Work and Social Care Staff Supervision Policy and Guidance</b>		
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.
- 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 endeavour 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;
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- 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.

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This template is used for one to one supervision agreements and should be updated if there is a change of supervisor.

	<b>Print name</b>	<b>Signature or date agreed by email</b>	<b>Work location</b>
<b>Supervisee :</b>			
<b>Supervisor:</b>			
<b>Line Manager if different</b>			
<b>Date of Initial Agreement :</b>		<b>Planned review date :</b> (minimum 12 months)	
<b>Actual review date</b>			

**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.

## 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.

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- **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.
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### Social Work and Social Care Staff Supervision Record

<b>Supervisee Name :</b>		<b>Role :</b>	
<b>Supervisor Name :</b>		<b>Line Manager (if different )</b>	

<b>Session date:</b>		<b>Date of last session</b>		<b>If more than 6 weeks, say why</b>	
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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.

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<b>Agreed action/ intended outcome</b>	
<b>2.</b>	<b>Update</b> (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.
<b>Discussion</b>	
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<b>3. a</b>	<b>Role and Responsibilities</b> (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.)
<b>Discussion</b>	

<b>Agreed action/ intended outcome</b>	
<b>3. b</b>	Reports, audits, records sampled and signed off should be noted below along with feedback on quality/strengths and any guidance offered.
<b>Discussion</b>	
<b>Agreed action/ intended outcome:</b>	
<b>4.</b>	<b>Learning and Development</b> (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).
<b>Discussion</b>	
<b>Agreed action/ intended outcome:</b>	
<b>5.</b>	<b>Any other areas not noted above</b>
<b>Discussion</b>	
<b>Agreed action/ intended outcome:</b>	
<b>Feedback and session review</b> (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)	
<b>Date , time and venue for next session :</b>	
<b>Signature(s)</b> (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)	
<b>Supervisor :</b> <b>Date :</b>	<b>Supervisee:</b>



### Appendix 3: Direction from Health and Social Care Partnership Board

## Item 10 Appendix 3

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

**From:** Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP  
**To:** Mr Peter Hessem, Chief Executive, West Dunbartonshire Council  
**CC:** HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair  
**Subject:** Direction from HSCP Board 16 May 2023 FOR ACTION

**Attachment:** *Supervision Policy for Social Work and Care Services*

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	HSCPB000042MJC16052023
2	Date direction issued by Integration Joint Board	16 May 2023
3	Report Author	Lesley James, Chief Social Work Officer
4	Direction to:	West Dunbartonshire Council only
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 Social Work and Care services.
7	Full text and detail of direction	The HSCP Board is Directing the Chief Executive of West Dunbartonshire Council to implement the Supervision Policy for all Social Work and Social Care staff as agreed by the Integration Joint Board on 16 May 2023.
8	Specification of those impacted by the change	All Social Work and care service managers and staff.
9	Budget allocated by Integration Joint Board to carry out direction	No financial resources are required, this work will be absorbed by existing resources.
10	Desired outcomes detail of what the direction is intended to achieve	The intended outcome of this policy is to embed supervision as a critical component of social work practice across the HSCP, ensuring it is delivered in a cohesive and consistent manner. The outcomes are intended to be (1) improved staff wellbeing; (2) improved professional practice; (3) the delivery of high quality services and (4) improved outcomes for service users.

11	Strategic Milestones	Policy Implemented	16 May 2023
		Direction Reviewed	November 2023
12	Overall Delivery timescales	November 2023	
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	November 2023	



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

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

16 May 2023

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**Subject: West Dunbartonshire HSCP Strategic Risk Register**

### 1. Purpose

- 1.1 The purpose of this report is to present the six monthly update on the HSCP Strategic Risk Register in compliance with the West Dunbartonshire Health and Social Care Partnership Risk Management Policy.

### 2. Recommendations

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

- 2.1 Note and comment on the presentation of the report; and
- 2.2 Agree the Strategic Risk Register as outlined in Appendix I.

### 3. Background

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board (IJB) must have effective governance arrangements in place, which includes systems for managing strategic risks.
- 3.2 The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage both strategic and operational risks relating to the Health and Social Care Partnership.
- 3.3 The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a West Dunbartonshire Health and Social Care Partnership Risk Management Policy and supporting strategy, the current version was approved by the HSCP Board on the 20 September 2021.
- 3.4 On the 15 November 2022 the HSCP Audit and Performance Committee considered a report entitled "Strategic Risk Register Six Month Review". A report was submitted by the Head of Strategy and Transformation presenting the updated Strategic Risk Register. The Audit and Performance Committee agreed: (1) to consider the recommendation of the Senior Management Team that the Financial Sustainability risk should

be increased from 12 (Issue) to 16 (Unacceptable); and (2) to note the recommendations in respect of the updated Strategic Risk Register (Appendix A to the report) for consideration of the HSCP Board on 15 November 2022. This report was subsequently not considered by the HSCP Board on the 15 November 2022.

**3.5** During the 15 November 2022 Audit and Performance Committee feedback was provided in respect of the presentation and layout of the report, this helpful intervention provided an opportunity for reflection and improvement culminating in an informal session on Strategic Risk which was held on the 18 April 2023 and, whilst maintaining compliance with the Policy, the development and implementation of a revised report layout.

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

**4.1** The HSCP Strategic Risk Register is maintained for all services, it identifies strategic risks, risks which stand to do the most damage to the HSCP because they cut right to the heart of our ability to execute our strategy or continue our business operations.

**4.2** A lead is identified for each risk and mitigations impacting on those risks are identified. A risk matrix model is used to define impact, likelihood and an overall risk score for pre and post mitigation. This is reported in the first instance to the HSCP Audit and Performance Committee on a six monthly basis for review. The Audit and Performance Committee then make a recommendation to the HSCP Board in respect of whether or not the Strategic Risk Register can be agreed, or if there are any points the HSCP Board may wish to consider further.

**4.3** During the 15 November 2022 Audit and Performance Committee Members provided helpful feedback and raised concerns that risks detailed on the risk register were in the main high and categorised as unacceptable.

**4.4** In the intervening period Officers have considered this helpful feedback and identified the following issues: (1) the previous approach combined individual risks into wider groupings; (2) as such mitigating actions which apply to part of a risk may not lead to a reduction in the overall grouped scoring; (3) outcomes of mitigating actions were difficult to evaluate against the overall risk group; and (4) all of the aforementioned led to risk management becoming more challenging as all the risks were high.

**4.5** As a result of the issues identified in paragraph 4.3 a full review of the Strategic Risk Register was undertaken and the following improvements made: (1) summary risks have been split down into more individualised risks; (2) individualised risks can then be assessed and scored individually; and (3) mitigating actions will then be recorded directly

against the relevant risk with impact more clearly shown.

- 4.6** The Strategic Risk Register is recorded on the Risk Management Information System, Datix. This mirrors the approach to recording Operational Risk Registers. The risk structure is standardized based on Datix fields.
- 4.7** On the 18 April 2023 the HSCP Board held an informal session focused on risk and the development of the Strategic Risk Register. The following paragraphs seek to capture and address some of the issues discussed during that session.
- 4.8 Format of Report:** Once the data has been uploaded into Datix, Officers will explore the possibility of adding color, the risk matrix and additional fields which provide greater transparency in terms of how likelihood has been scored.
- 4.9 Risk Status:** In normal circumstances the HSCP Board's appetite/tolerance and grading for risk is established using a two dimensional five by five matrix (as per the agreed Policy). The impact of risk as one axis and likelihood as the other and for grading risk, the score obtained from the risk matrix are assigned grades. Officers make recommendations to the Audit and Performance Committee and the HSCP Board but ultimately it is the responsibility of the Board to agree the risk status.
- 4.10 Assessment of Likelihood:** In order to assess likelihood the Risk Lead will consider the following:

<b>Likelihood Score and Descriptor (with examples)</b>	
1 Extremely Unlikely	Unlikely to happen except in very rare circumstances. Less than one chance in 1,000 (< 0.1% probability). No gaps in control. Well managed.
2 Quite Unlikely	Unlikely to happen except in specific circumstances. Between one chance in 1,000 and one in 100 (0.1 - 1% probability). Some gaps in control; no substantial threats identified.
3 Reasonably Likely	Likely to happen in a relatively small number of circumstances. Between one chance in 100 and one in 10 (one - 10% probability). Evidence of potential threats with some gaps in

	control.
4 Quite Likely	Likely to happen in many but not the majority of circumstances. Between one chance in 10 & one in two (10 - 50% probability). Evidence of substantial threats with some gaps in control.
5 Extremely Likely	More likely to happen than not. Greater than one chance in two (>50% probability). Evidence of substantial threats with significant gaps in control.

#### 4.11 Relationship with NHS and Local Authority Risk Management

**Processes:** This HSCP risk management process takes due cognisance of the overall corporate risk registers of both NHS Greater Glasgow and Clyde and West Dunbartonshire Council. The arrangements with the NHS are very mature with all six Health and Social Care Partnerships meeting with each other and the NHS Risk Manager on a monthly basis. The arrangements with the Local Authority are not so clearly defined, however consideration is given to the Local Authority risk register and any issues would be escalated via the Councils Performance Monitoring and Review Group.

#### 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 people implications arising from the recommendations within this report.

#### 7. Financial and Procurement Implications

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

#### 8. Risk Analysis

8.1 It is the responsibility of the HSCP Board to ensure adherence to the local Risk Management Policy and supporting strategy, through the establishment of adequate and proportionate risk management arrangements. The implementation of such arrangements by the HSCP Board will be subject to scrutiny.

8.2 Failure to comply with this responsibility in respect of effective risk

management would place the HSCP Board in breach of its statutory duties.

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

- 9.1** An EIA is not required as the recommendations within this report do not impact on those with protected characteristics.

## **10. Environmental Sustainability**

- 10.1** A Strategic Environmental Assessment (SEA) is not required in respect of the recommendations within this report.

## **11. Consultation**

- 11.1** The HSCP Senior Management Team reviewed and agreed this report and the supporting risk registers on 27 April 2023. The Monitoring Solicitor, the Chief Finance Officer and the Internal Auditor have all be consulted in the production of this report and their comments incorporated accordingly.

## **12. Strategic Assessment**

- 12.1** On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 “Improving Lives Together”. The Plan outlines sustained challenge and change within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical.
- 12.2** Good governance, which includes risk management, is essential to ensure the actions within the Strategic Plan are implemented effectively and efficiently in a way which promotes safe and effective care whilst achieving best value.

## **13. Directions**

- 13.1** The recommendations within this report do not require a Direction to be issued.

**Name:** Margaret-Jane Cardno  
**Designation:** Head of Strategy and Transformation  
West Dunbartonshire Health and Social Care Partnership  
**Date:** 12 April 2023

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**Person to Contact:** Margaret-Jane Cardno  
Head of Strategy and Transformation  
West Dunbartonshire Health and Social Care Partnership

**Email:** [Margaret-jane.cardno@west-dunbarton.gov.uk](mailto:Margaret-jane.cardno@west-dunbarton.gov.uk)  
**Appendix 1:** West Dunbartonshire HSCP Strategic Risk Register  
**Background Papers:** None

# Item 11 Appendix 1

Procurement and Commissioning	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<p><b>Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery</b></p>	<p>Head of Strategy &amp; Transformation</p>	<ol style="list-style-type: none"> <li>1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation.</li> <li>2. Commissioning Reviews linked to medium term financial plan.</li> <li>3. Development and monitoring of Contract Risk Register.</li> <li>4. Contracts Risk Register reported to HSCP Board.</li> <li>5. Commissioning Team represented at an appropriate level across the HSCP.</li> <li>6. Establish provider networks/forums across all HSCP areas.</li> <li>7. Develop and implement IRISS Change Makers Project.</li> <li>8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers.</li> <li>9. Trend analysis and reporting by exception programmed into HSCP Board reports.</li> </ol>	<p>Open</p>	<ol style="list-style-type: none"> <li>1. Reputational damage.</li> <li>2. Financial losses.</li> <li>3. Service disruption.</li> <li>4. Poor quality services. Impact upon decision making and outcomes.</li> <li>5. Poor quality data.</li> <li>6. Commissioned services not fit for purpose.</li> <li>7. Increased financial costs.</li> </ol>	<p>High</p>	<p>Medium</p>	<p>Low</p>

Procurement and Commissioning	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<p><b>Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose.</b></p>	<p>Head of Strategy &amp; Transformation</p>	<ol style="list-style-type: none"> <li>1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation.</li> <li>2. Commissioning Reviews linked to medium term financial plan.</li> <li>3. Development and monitoring of Contract Risk Register.</li> <li>4. Contracts Risk Register reported to HSCP Board.</li> <li>5. Commissioning Team represented at an appropriate level across the HSCP.</li> <li>6. Establish provider networks/forums across all HSCP areas.</li> <li>7. Develop and implement IRISS Change Makers Project.</li> <li>8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers.</li> <li>9. Trend analysis and reporting by exception programmed into HSCP Board reports.</li> </ol>	<p>Open</p>	<ol style="list-style-type: none"> <li>1. Reputational damage.</li> <li>2. Financial losses.</li> <li>3. Service disruption.</li> <li>4. Poor quality services. Impact upon decision making and outcomes.</li> <li>5. Poor quality data.</li> <li>6. Commissioned services not fit for purpose.</li> <li>7. Increased financial costs.</li> </ol>	<p>High</p>	<p>Medium</p>	<p>Low</p>



Procurement and Commissioning	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<b>Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value.</b>	Head of Strategy & Transformation	<ol style="list-style-type: none"> <li>1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation.</li> <li>2. Commissioning Reviews linked to medium term financial plan.</li> <li>3. Development and monitoring of Contract Risk Register.</li> <li>4. Contracts Risk Register reported to HSCP Board.</li> <li>5. Commissioning Team represented at an appropriate level across the HSCP.</li> <li>6. Establish provider networks/forums across all HSCP areas.</li> <li>7. Develop and implement IRISS Change Makers Project.</li> <li>8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers.</li> <li>9. Trend analysis and reporting by exception programmed into HSCP Board reports.</li> </ol>	Open	<ol style="list-style-type: none"> <li>1. Reputational damage.</li> <li>2. Financial losses.</li> <li>3. Service disruption.</li> <li>4. Poor quality services. Impact upon decision making and outcomes.</li> <li>5. Poor quality data.</li> <li>6. Commissioned services not fit for purpose.</li> <li>7. Increased financial costs.</li> </ol>	High	Medium	Low
<b>Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.</b>	Head of Strategy & Transformation	<ol style="list-style-type: none"> <li>1. Restructure and implementation of a Transactional Team.</li> <li>2. Training on financial regulation and standing orders.</li> </ol>	Open	<ol style="list-style-type: none"> <li>1. Reputational damage.</li> <li>2. Financial losses.</li> <li>3. Increased financial costs.</li> </ol>	High	Medium	Very Low

Information and Communication	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<p><b>Failure to maintain a secure information management network; there is a risk for the HSCP that the confidentiality of information is not protected from unauthorised disclosures or losses.</b></p>	<p>Head of Strategy &amp; Transformation</p>	<ol style="list-style-type: none"> <li>1. Data breach management policy in place for both NHS and WDC data. This includes internal e-form reporting procedure for staff. Data breach registers for both partner organisations are kept and analysed for trends and where relevant mitigation put in place.</li> <li>2. Breaches are reported to ICO and data subjects where required.</li> <li>3. There remains an ongoing risk that despite procedures a breach may occur.</li> <li>4. Ongoing monitoring and management required including relevant training.</li> <li>5. Records management plan in place and lodged with National Records of Scotland.</li> </ol>	<p>Tolerated</p>	<ol style="list-style-type: none"> <li>1. Financial losses.</li> <li>2. Breach of legislative requirements.</li> <li>3. Harm and distress to service users.</li> <li>4. Reputational damage</li> </ol>	<p>Medium</p>	<p>Low</p>	<p>Very Low</p>

Information and Communication	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<p><b>Failure to maintain a secure information management network; there is a risk for the HSCP if this is unmanaged of breaches as a result of a GDPR breach; power/system failure; cyber-attack; lack of shared IT/recording platforms; as such being unable to manage and deliver services. Inability to provide service.</b></p>	<p>Head of Strategy &amp; Transformation</p>	<ol style="list-style-type: none"> <li>1. Data breach management policy in place for both NHS and WDC data. This includes internal e-form reporting procedure for staff. Data breach registers for both partner organisations are kept and analysed for trends and where relevant mitigation put in place.</li> <li>2. Breaches are reported to ICO and data subjects where required.</li> <li>3. There remains an ongoing risk that despite procedures a breach may occur.</li> <li>4. Ongoing monitoring and management required including relevant training.</li> <li>5. Records management plan in place and lodged with National Records of Scotland.</li> <li>6. Contingency planning underway in respect of planned power outages and black start events.</li> </ol>	<p>Tolerated</p>	<ol style="list-style-type: none"> <li>1. Financial losses.</li> <li>2. Breach of legislative requirements.</li> <li>3. Harm and distress to service users.</li> <li>4. Reputational damage.</li> </ol>	<p>Medium</p>	<p>Low</p>	<p>Very Low</p>

Performance Management	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<p><b>Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.</b></p>	<p>Head of Strategy &amp; Transformation</p>	<ol style="list-style-type: none"> <li>1. Regular performance reports are presented to the HSCP Chief Officer and Heads of Services.</li> <li>2. Regular Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC.</li> <li>3. Regular performance reports are presented to the Audit and Performance Committee and HSCP Board.</li> <li>4. NHSGGC has established a monthly performance board in order to further scrutinise high risk areas in relation to waiting time directives.</li> <li>5. The Senior Management Team reviews performance data at both SMT meetings and via the Programme Management Office.</li> </ol>	<p>Open</p>	<ol style="list-style-type: none"> <li>1. Reputational damage.</li> <li>2. Financial losses.</li> <li>3. Service disruption.</li> <li>4. Poor quality services. Impact upon decision making and outcomes.</li> <li>5. Poor quality data.</li> <li>6. Commissioned services not fit for purpose.</li> <li>7. Increased financial costs.</li> </ol>	<p>High</p>	<p>Medium</p>	<p>Low</p>

Public Protection – Service Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<p><b>Failure to monitor commissioned and other partnership services which could impact on an individual’s safety or risk to themselves or others.</b></p>	<p>Head of Strategy &amp; Transformation</p>	<ol style="list-style-type: none"> <li>1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation.</li> <li>2. Commissioning Reviews linked to medium term financial plan.</li> <li>3. Development and monitoring of Contract Risk Register.</li> <li>4. Contracts Risk Register reported to HSCP Board.</li> <li>5. Commissioning Team represented at an appropriate level across the HSCP.</li> <li>6. Establish provider networks/forums across all HSCP areas.</li> <li>7. Develop and implement IRISS Change Makers Project.</li> <li>8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers.</li> <li>9. Quality Assurance reporting to HSCP Board and relevant sub committees for example Clinical &amp; Care Governance.</li> <li>10. Trend analysis and reporting by exception programmed into HSCP Board reports.</li> </ol>	<p>Open</p>	<ol style="list-style-type: none"> <li>1. Reputational damage.</li> <li>2. Financial losses.</li> <li>3. Service disruption.</li> <li>4. Poor quality services. Impact upon decision making and outcomes.</li> <li>5. Poor quality data.</li> <li>6. Commissioned services not fit for purpose.</li> <li>7. Increased financial costs.</li> <li>8. Harm to service users.</li> </ol>	<p>High</p>	<p>Medium</p>	<p>Low</p>

Financial Sustainability	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<p><b>The risk of being financially unsustainable, i.e. failure to operate within the approved budget in the short and medium term is due to one or more of the following:</b></p> <p><b>1. Unable to deliver on all approved savings from current and previous years.</b></p> <p><b>2. Insufficient funding allocations from partner bodies that fail to reflect demographic pressures, the impacts of poverty, the impacts of health inequalities or inflationary cost of delivering health and social care services.</b></p>	<p>Chief Officer and Chief Financial Officer</p>	<p>The regular financial reports to the HSCP Board are prepared and informed by the range of actions, controls and mitigations summarised below. These reports support the HSCP Board to agree on any corrective actions required to maintain financial sustainability.</p> <p>All actions are predicated on the adherence to Financial Regulations, Standing Financial Instructions, Procurement Regulations and implementation of Directions issued by the Board.</p> <p>Progress on delivery is supported by Service Redesign Programmes governed by Project Boards. Regular analysis of performance and financial data with updates to SMT.</p> <p>Regular meetings with operational budget holders to monitor progress of savings as well as overall budgetary performance and corrective action taken as required.</p> <p>Incorporated into MTFP and supported by Reserves Policy and specific earmarked reserves.</p> <p>Active engagement with all partner bodies in budget planning process and throughout the year.</p> <p>This includes HSCP senior officers being active members of both council and health board corporate management teams.</p>	<p>Open with some tolerance built into risk impact</p>		<p>Very High</p>	<p>High</p>	<p>Medium</p>

<p><b>3. Unable to fully mitigate within budget estimates for the financial impacts of wider economic issues, in particular UK and global inflation. Financial risks to staffing costs, commissioning of care services, GP prescribing costs (inflation, import challenges and short supply), utilities, food and equipment costs.</b></p> <p><b>4. Unable to manage new demand across services e.g. legacy impacts of COVID-19 on general health, increase in secure placements and impact of cost of living pressures on families.</b></p> <p><b>5. In-year changes to funding allocations, in particular late allocations from the Scottish Government to deliver on a range of policy commitments and requirement to use earmarked reserves for core delivery.</b></p>		<p>Working in partnership across the 6 GGC HSCPs.</p> <p>Also working collectively in local and national forums for health and social care e.g. National Chief Officers Group, CIPFA Chief Financial Officers Section, Scottish Government Sustainability and Value Groups.</p> <p>The MTFP, the annual budget setting report and the regular financial performance reports update on key financial risks and any mitigating actions.</p> <p>This includes, the creation, maintenance and application of some key earmarked reserves for GP Prescribing, Redesign and Transformation, Unachievement of Savings and Fair Work Practices.</p> <p>Local and NHSGGC Prescribing Efficiency Programmes.</p> <p>Robust commissioning processes linked to strategic priorities and eligibility and self-directed support.</p> <p>Strengthening of governance processes including a refreshed Area Resource Group. Robust application of Eligibility Criteria in completion of new My Life Assessments and regular reviews of current packages of care. Further supported by Supervision Policy.</p> <p>Active engagement with partners as above. CIPFA CFO Section working with Scottish Government and COSLA officials on the importance of timely notification of funding, the need to have recurring allocations that attract inflationary uplifts to support full delivery and financial sustainability of policies.</p>					
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Workforce Sustainability	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<p><b>Inability to develop and deliver sufficient workforce capacity to deliver strategic objectives. Insufficient workforce will impact ability to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services.</b></p>	Head of HR	<p>Workforce Plan.</p> <p>HR/strategic policy mirrors national guidance and policy on terms and conditions.</p> <p>Workforce planning oversight locally.</p> <p>Local recruitment drives ongoing to support delivery of workforce plans and shortage occupational gaps.</p> <p>Recruitment stats monitored through workforce team and assessed through vacancy control group.</p>	Open	<p>If we do not recruit the required staff within the appropriate timelines then the ability to deliver planned capacity within timeline will be compromised.</p> <p>Use of supplementary staff carries financial cost in addition to wider issues associated with ongoing use.</p>	Medium	High	Medium
<p><b>Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence and turnover, leading to further loss of skills and knowledge.</b></p>	Head of HR	<p>Data reported through performance reporting frameworks provided and improvement measures identified where data is below the required standard. This presents opportunity for any workforce risks to be highlighted or escalated.</p> <p>A robust, proactive approach to analysis and triangulation of this data could support management teams in monitoring the workforce to identify areas where support can be given.</p>	Open	<p>Improvement in ways of working to ensure sufficient capacity and capability.</p> <p>Support has been put in place to provide spiritual care and mental health and wellbeing support for staff including guidance/self-help information and structured support sessions.</p>	Low	Medium	Low



Delayed Discharge and Unscheduled Care	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<b>Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care</b>	Head of Health and Community Care	Quality improvement activities are ongoing to address a range of issues impacting on the ability to discharge people in a timely manner. Includes: Partnership working with Vale of Leven Hospital for high referral wards; staff awareness in identified areas such as AWI legislation; effective leadership.	Open	<ol style="list-style-type: none"> <li>1. Negative impacts on patient safety, quality of care as well as health system utilisation and costs.</li> <li>2. Prolonged hospitalisation increases risk for adverse outcomes including accelerated functional decline, delirium, pressure ulcers, nosocomial infections and falls.</li> </ol>	Very High	High	Low
<b>Failure to plan and adopt a balanced approach to manage the unscheduled care pressures and related business continuity challenges that are faced in winter; creates risk for the HSCP to effectively manage patient, client and carer care</b>	Head of Health and Community Care	Business Continuity Plans in place for all Health and Community care Services, inclusive of adverse weather events. Annual leave monitored to reduce risk of lack of staff availability at key points. Integrated approach across Health and Community Care services to target shared care opportunities if increased demand is experienced. Communication to relatives/carers if unexpected challenges are faced in safe delivery of care to seek their support in care delivery.	Tolerated	<ol style="list-style-type: none"> <li>1. Risk to essential service delivery with subsequent risk of harm to service users</li> </ol>	Low	Low apart from Care at Home pending redesign, in this area the risk is medium	Low

Public Protection – Service Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<p><b>Failure to monitor and ensure the wellbeing of adults in independent or WDC residential care facilities. Failure of staff to recognise, report and manage risk.</b></p>	<p>Head of Health and Community Care</p>	<p>Care Home review team led by a SSW with robust processes to manage annual reviews.</p> <p>Mandatory ASP training for Local Authority Residential Care staff.</p> <p>6 monthly HSCP quality assurance visits to Independent Care Homes by Nursing and SW staff.</p> <p>Care Home Collaborative and Clinical care Governance process have oversight of risks</p> <p>Care Homes accountability to the Care Inspectorate.</p>	<p>Tolerated</p>	<ol style="list-style-type: none"> <li>1. Loss of current or potential staff.</li> <li>2. Down time and loss of productivity.</li> <li>3. Reputational damage.</li> <li>4. Financial losses.</li> <li>5. Service disruption.</li> <li>6. Poor quality services. Impact upon decision making and outcomes.</li> <li>7. Poor quality data.</li> <li>8. Increased financial costs.</li> <li>9. Harm to service users.</li> </ol>	<p>Low</p>	<p>Low</p>	<p>Low</p>

Waiting Times	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<b>Failure to meet waiting times targets - Psychological Therapies</b>	Head of Mental Health, Learning Disability and Addictions	Full data cleanse has taken place with ongoing admin support around accurate data recording. Continue to maximise staff capacity and use of peripatetic psychology for additional weekly session. Impact has been substantially due to vacancies and absence however staffing position is improving.	Open	<ol style="list-style-type: none"> <li>1. Loss of current or potential staff.</li> <li>2. Down time and loss of productivity.</li> <li>3. Reputational damage.</li> <li>4. Financial losses.</li> <li>5. Service disruption.</li> <li>6. Poor quality services. Impact upon decision making and outcomes.</li> <li>7. Poor quality data.</li> <li>8. Increased financial costs.</li> <li>9. Harm to service users.</li> </ol>	High	Medium	Low
<b>Failure to meet waiting times targets - Drug and Alcohol Treatment.</b>	Head of Mental Health, Learning Disability and Addictions	Target continues to be reached and maintained. Only impact would be due to substantial absences. Staff team stable with minimum vacancies	Close	<ol style="list-style-type: none"> <li>1. Loss of current or potential staff.</li> <li>2. Down time and loss of productivity.</li> <li>3. Reputational damage.</li> <li>4. Financial losses.</li> <li>5. Service disruption.</li> <li>6. Poor quality services. Impact upon decision making and outcomes.</li> <li>7. Poor quality data.</li> <li>8. Increased financial costs.</li> <li>9. Harm to service users.</li> </ol>	Low	Low	Low

Public Protection – Service Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<p><b>There is a risk that failure to ensure compliance with relevant assessments such as My Life Assessments and My Assessment and plan will cause disparity within service user groups and in service access and result in incomplete assessments of risk's and needs.</b></p>	<p>Head of Children's Health, Care and Justice</p>	<p>The Area Resource Group improvement project is documenting the end to end process for adult assessments along with a new Adult Area Resource Group standard operational guide which defines the roles and responsibilities across the team and ensures there is consistency governance across the adult services.</p> <p>In addition, the project is reviewing any common tasks across the services which could be centralised.</p> <p>The ARG is being reinstated in Children's in addition to the social work Education panel for screening of shared placement provision service. An evaluation is being set up of roll out of My life Assessment and Plan within Children's services</p>	<p>Open</p>	<ol style="list-style-type: none"> <li>1. Reputation harm to WDC and HSCP if assessments are not updated or a service user has never had one.</li> <li>2. Poor inspection results as a result of lack of evidence and quality of written assessment and planning</li> <li>3. Increase in packages of care as packages are not being reviewed regularly</li> <li>4. Inconsistent approach to assessments cases inequality across the services</li> <li>5. Service users are not always being offered SDS packages</li> </ol>	<p>Very High</p>	<p>High</p>	<p>Low</p>

Public Protection – Service Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<p><b>Failure to ensure that staff are appropriately trained and adhere to standards for risk assessment and risk management across child, adult and public protection work</b></p>	<p>Head of Children’s Health, Care and Justice</p>	<p>Reporting mechanisms are at early stages to ensure both Training needs analysis of staff and training delivered and attended is both captured and able to be reported on within social work and social care. The appointment of a learning and developments officer and learning and quality manager will ensure this can be effectively progressed. The learning and development officer is currently being recruited to and will align with workforce development</p> <p>A supervision policy has been developed and will be implemented across all social work and social care services.</p> <p>Steps have been taken to improve the robustness of clinical and care governance arrangements with the group reviewing and monitoring complaints, incidents and any emerging issues in order that they can be dealt with in a timely manner.</p>	<p>Open</p>	<p>1. Lack of professional competency result in standards of practice not met</p>	<p>High</p>	<p>High</p>	<p>Low</p>

Public Protection – Legislation Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<b>Failure to meet legislative duties in Relation to child protection.</b>	Head of Children’s Health, Care and Justice	<p>Oversight by the Child Protection Committee is currently in place with an independent chair to ensure objective support and challenge. The national data set for CP is in place and a data analysis groups meets regularly to consider local performance.</p> <p>Time scales aligned to national guidance are routinely reported on as part of children’s services data set.</p> <p>Visits to children on the CP register. With required timescales are routinely reported. Self-evaluation activity in relation to areas for improvement are informed by the data. Mechanisms for recording staff core and mandated training is an early stages of developments and this requires to be strengthened to ensure oversight and assurance</p>	Open	<ol style="list-style-type: none"> <li>1. Loss of current or potential staff.</li> <li>2. Down time and loss of productivity.</li> <li>3. Reputational damage.</li> <li>4. Financial losses.</li> <li>5. Service disruption.</li> <li>6. Poor quality services. Impact upon decision making and outcomes.</li> <li>7. Poor quality data.</li> <li>8. Increased financial costs.</li> <li>9. Harm to service users.</li> </ol>	Very High	High	Low

Public Protection – Legislation Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<b>Failure to meet legislative duties in relation to adult support &amp; protection.</b>	Head of Children’s Health, Care and Justice	A national data set is being implemented by April 2023 and routine reporting to the Adult Protection Committee is in place with an independent chair to ensure objective scrutiny. Performance and conversion rates in relation to case conferencing is regularly reported and identified improvement in timescales is progressing. Further development is required to report on staff core and mandated training to ensure training compliance in ASP is in place for Social Work and Social Care.	Open	<ol style="list-style-type: none"> <li>1. Loss of current or potential staff.</li> <li>2. Down time and loss of productivity.</li> <li>3. Reputational damage.</li> <li>4. Financial losses.</li> <li>5. Service disruption.</li> <li>6. Poor quality services. Impact upon decision making and outcomes.</li> <li>7. Poor quality data.</li> <li>8. Increased financial costs.</li> <li>9. Harm to service users.</li> </ol>	Very High	Medium	Low

Public Protection – Legislation Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<b>Failure to meet legislative duties in relation to multi-agency public protection arrangements (MAPPAs).</b>	Head of Children’s Health, Care and Justice	West Dunbartonshire is part of the North Strathclyde partnership and oversight reporting structures namely the SOG and MOG meet regularly in relation to all MAPPAs activity where reporting of MAPPAs activity and the associated risk register is in place .MAPPAs activity forms part of reporting to PPCOG to ensure effective oversight and scrutiny. Training to all staff in relation to risk management is supported nationally with justice services. strengthening of reporting is required to ensure improved oversight of learning and development including completion mandatory training is met	Open	<ol style="list-style-type: none"> <li>1. Loss of current or potential staff.</li> <li>2. Down time and loss of productivity.</li> <li>3. Reputational damage.</li> <li>4. Financial losses.</li> <li>5. Service disruption.</li> <li>6. Poor quality services. Impact upon decision making and outcomes.</li> <li>7. Poor quality data.</li> <li>8. Increased financial costs.</li> <li>9. Harm to service users.</li> </ol>	Very High	Low	Low



Public Protection – Legislation Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
<b>Failure to ensure that Guardianship cases are appropriately monitored, supported and reviewed by social workers.</b>	Head of Children’s Health, Care and Justice	Clinical and Care Governance oversight is being strengthened in this area with Guardianship oversight data to be reported form CareFirst with performance being reported quarterly. The data set is in early stages of development to ensure effective assurance is in place as is data to ensure effective reviewing timeline are in place. Data has been collated and reported to the Mental Welfare Commission who have an external scrutiny role.	Open	<ol style="list-style-type: none"> <li>1. Loss of current or potential staff.</li> <li>2. Down time and loss of productivity.</li> <li>3. Reputational damage.</li> <li>4. Financial losses.</li> <li>5. Service disruption.</li> <li>6. Poor quality services. Impact upon decision making and outcomes.</li> <li>7. Poor quality data.</li> <li>8. Increased financial costs.</li> <li>9. Harm to service users.</li> </ol>	High	Low	Low



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

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

16 May 2023

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**Subject: Duty of Candour**

### **1. Purpose**

- 1.1** The purpose of this report is to provide the HSCP Board with an overview of the legal duty applying to health and social care services which came into effect on 1 April 2018 and make recommendations as to the future development and administration of the process.

### **2. Recommendations**

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

- 2.1** Note the actions to date outlined in the report; and
- 2.2** Note the proposals for further development and administration of Duty of Candour within the HSCP, including the establishment of an officer lead short life working group.

### **3. Background**

- 3.1** The legislation pertaining to Duty of Candour came into force on 1 April 2018 as set out in Part 2 of The Health (Tobacco Nicotine etc and Care) (Scotland) Act 2016. The Duty of Candour Procedure (Scotland) Regulations 2018 and Guidance from Scottish Government were issued on 28 March 2018.
- 3.2** Duty of Candour is a legal requirement for all health and social care services in Scotland. It ensures that if something goes wrong, the people affected are offered an explanation, an apology, and an assurance that staff and the organisation will learn from the error. The learning is shared with the people affected and throughout Scotland.
- 3.3** The duty is essentially triggered by two circumstances: (1) an unexpected or unintended incident occurs in connection with a health, care or social work service intervention that results in death or serious harm to a person, (2) A registered health professional not involved in the incident determines that the harm in question was caused by the incident and not some underlying cause.
- 3.4** When the duty is triggered the care provider has certain responsibilities to:

- Record the incident as a Duty of Candour event.
- Notify the person affected or a person acting on their behalf.
- Apologise to that person, offer to meet with them to give further information about the incident and support available. It should be noted that an apology does not equate to an admission of liability.
- Give the person an opportunity to ask questions in advance of that meeting and an opportunity to give their own views of the incident which should be recorded.
- Investigate the incident and set out findings and actions to be taken in a written report, a copy of which must be given to the person.
- Prepare annual reports on Duty of Candour Events within the organisation.

**3.5** The legislation, regulations and guidance give further direction on determining when such an event has occurred, the nature and threshold of harm that triggers the duty, the nature of information to be provided, form of apology, timing and conduct of meetings, form of review and precise reporting requirements. It is also mandatory under regulations to train all relevant staff in the Duty of Candour process and to make clear to staff the support that they may receive if involved in such an incident.

**3.6** The regulations do not permit disclosure where this would prejudice a criminal investigation or prosecution or contravene other legal restrictions.

**3.7** The definition of a care service subject to the duty is wider than health or social care providers and encompasses certain support services, home care and school care. As well as NHS Greater Glasgow and Clyde and West Dunbartonshire Council, this also therefore potentially encompasses, housing services and education within the wider Council family.

**3.8** The HSCP Board, known in legislation is the Integration Joint Board, is an entity with a distinct legal personality. The HSCP Board acts as a commissioning body, with the Health and Social Care Partnership acting as the delivery vehicle. The legislation is clear that this duty relates to the Health Board and the Local Authority. Should an incident occur within the Health and Social Care Partnership, depending on where and when the incident that resulted in death or harm took place it is for the services within the Health and Social Care Partnership to decide whether the NHS Board or Local Authority is the responsible person and will activate the Duty of Candour procedure.

**3.9** It follows from the above that one of the key challenges for a care provider in applying this duty is to define the mechanism for obtaining the opinion of a registered health professional not involved in the incident as to the nature and cause of harm.

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

**4.1** The NHS Greater Glasgow and Clyde (NHS GGC) Board maintains a policy on Duty of Candour which is informed by the requirements set out in

The Duty of Candour procedure, and regulations in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill (2016) implemented in April 2018. The NHS GGC Duty of Candour Policy was reviewed and updated in 2021.

- 4.2** NHS GGC have well defined policies, procedures and training materials in place. They publish an annual report with the statutory organisational Duty of Candour having been developed to be in close alignment with the requirements of the professional duties of candour. All significant adverse events are reviewed to determine whether duty of candour applies to these events
- 4.3** These arrangements are not mirrored within West Dunbartonshire Council. . The legal advice being more limited to interpretation of the duty rather than definition of process required to execute it. The Council Chief Officer Regulatory and Regeneration is comfortable that if the Council had to address a circumstance in which the Duty of Candour had to apply outwith the ambit of the HSCP, then the approach is sufficiently well defined in law and guidance without the requirement for a policy, having established there is no requirement for a policy in law or guidance.
- 4.4** There are no Council specific training materials and the Local Authority have not published an annual return.
- 4.5** This is a matter of concern and risk, specifically in relation to social work and social care services, which has been identified by the HSCP Clinical and Care Governance Group.
- 4.6** The Scheme of Integration is clear in that in exercising its functions, the Integration Joint Board must take into account the Parties' requirement to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Scheme, the Parties retain their distinct statutory responsibilities; and therefore also retain their formal decision-making roles for those functions not delegated. It is clearly not for the HSCP Board to develop Council policies and procedures. However, in order to mitigate against this identified risk, an Officer led short life working group will take steps to consider (strictly within the parameters of those services delegated to the HSCP Board) the duty and required processes with a view to:
- Developing a procedure on HSCP Duty of Candour Compliance including a clear process flow chart, guidance on how a duty of candour event is to be determined and allocation of roles and responsibilities for management of such events. This will align to the NHS GGC model, and in the absence of a clear Council reporting system, will recommend the use of Datix to allow recording of Duty of Candour events. Datix is a Risk Management Information System used to collect and manage data on adverse events (as well as data on complaints, claims and risk).
  - Reviewing the NHS GGC LearnPro e-learning modules to assess

their suitability for social work and social care staff and develop a training plan including classroom sessions with managers responsible for both clinical and social care staff.

- Developing staff support materials aligned to the procedure.
- Recommending the Clinical and Care Governance Annual Report details how the HSCP implemented duty of candour throughout its services for the year. This will ensure transparency and provide assurance to the HSCP Board. This would inform the contents of a West Dunbartonshire Council Annual Report, should this be published in the future.

## **5. Options Appraisal**

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

## **6. People Implications**

- 6.1** The people implications in relation to this report are limited, staff time will be required to develop the materials outlined in paragraph 4.4 and, as with the time commitment for staff to undergo specific Duty of Candour training, this will be absorbed into existing workloads.

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

- 7.1** The financial and procurement implications in relation to the recommendations within this report are negligible. As the work matures there may be emerging costs in relation to the production of training materials, however this is expected to be minimal and will not require any further HSCP Board approvals.

## **8. Risk Analysis**

- 8.1** As outlined within the main issues section of this report there are clear links with clinical and care risk management processes. Although the specific duty sits with West Dunbartonshire Council and NHS GGC, there is undoubtedly reputational risk for the HSCP Board if staff are not supported to meet these statutory duties.

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

- 9.1** An EIA is not required for the recommendations within this report as the recommendations do not have an impact on those with protected characteristics. The HSCP Board can be assured that any future procedural documents will be subject to an EIA.

## **10. Environmental Sustainability**

- 10.1** The recommendations within this report do not required the completion of a Strategic Environmental Assessment (SEA).

## **11. Consultation**

**11.1** The HSCP Senior Management Team, the HSCP Chief Financial Officer, the HSCP Board Monitoring Solicitor, the Internal Auditor and West Dunbartonshire Councils Chief Officer Regulatory and Regeneration have been consulted in the production of this report and their comments incorporated accordingly.

## **12. Strategic Assessment**

**12.1** The HSCP Board Strategic Plan 2023 – 2026 “Improving Lives Together” highlights a number of enabling priorities, good governance is a recurring theme. Although this duty sits with NHS GGC and West Dunbartonshire Council there are clear links with the Clinical and Care Governance Framework.

**12.2** The framework identifies the roles, accountabilities, responsibilities and actions that will be required to ensure governance arrangements in support of the principles of the Public Bodies (Joint Working) (Scotland) Act 2014 and the required focus on improved health and wellbeing outcomes. Neither the Act, nor this guidance, change the regulatory arrangements for health and social care professionals or their current professional accountabilities but describe a shared framework within which professionals and the workforce discharge their accountabilities and responsibilities.

**12.3** In basic terms Clinical and Care Governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed. The Scheme of Integration is clear that the Integration Joint Board is responsible for assuring itself that systems, procedures and resources are in place to monitor, manage and deliver the functions and services delegated to it. This assurance will be based on regular performance reporting, including the annual performance report; and through the strategic planning process.

## **13. Directions**

**13.1** The recommendations within this report do not require the production of a Direction.

**Name:** Margaret-Jane Cardno  
**Designation:** Head of Strategy and Transformation  
West Dunbartonshire Health and Social Care Partnership  
**Date:** 14 April 2023

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**Person to Contact:** Margaret-Jane Cardno  
Head of Strategy and Transformation

West Dunbartonshire Health and Social Care Partnership

**Email:**

[Margaret-jane.cardno@west-dunbarton.gov.uk](mailto:Margaret-jane.cardno@west-dunbarton.gov.uk)



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

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

16 May 2023

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**Subject: Review of HSCP Board Standing Orders**

### **1. Purpose**

- 1.1** The purpose of this report is to update the HSCP Board on the outcomes of the officer lead review of the HSCP Board Standing Orders which has taken place in line with the current Integration Scheme and seek the HSCP Boards approval to adopt these revisions.

### **2. Recommendations**

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

- 2.1** Approve the revised Standing Orders for immediate implementation.

### **3. Background**

- 3.1** It is a recommendation within West Dunbartonshire Integration Joint Board (IJB) 2020/21 Annual Audit Report that the IJB should undertake a review of its Standing Orders.

- 3.2** Standing Orders are in place to regulate the procedures and business of the Integration Joint Board. Audit Scotland noted in their 2020/21 Annual Audit Plan that the current standing orders were last reviewed and updated in 2015.

- 3.3** A review of the Integration Scheme is underway between the six Greater Glasgow and Clyde IJBs, albeit this was delayed as a result of the global pandemic. At this time there is no clear timeframe for how and when the revised Integration Schemes will be presented to the six respective Local Authorities and NHS Greater Glasgow and Clyde Board.

- 3.4** As such, and given the original deadline for the completion of this audit action (31 March 2022) has already been revised, it is deemed prudent that the Standing Orders be revised prior to the agreed deadline of 30 September 2023 in order that the HSCP Board can be confident that robust governance arrangements are in place.

- 3.5** Officers are confident that the revised Standing Orders are in line with the

Integration Scheme, but a further light touch review of Standing Orders is proposed once the Integration Scheme has been presented to Scottish Ministers for approval.

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

- 4.1** There are a number of changes proposed to the original Standing Orders which were approved in 2015. A link to the 2015 Standing Orders are attached as background papers for reference.
- 4.2** Membership: The 2015 Standing Orders are silent on the tenure of non-voting members. The proposed Standing Orders includes a form of words to ensure non-voting members continue to have a mandate in respect of those they represent. This section has also been updated in order that the IJB may pay reasonable travel and other expenses of Members where incurred by them in connection with their Membership of the IJB. This suggested addition promotes good practice and helps remove barriers for volunteers on low incomes or with little disposable income.
- 4.3** Chair and Vice Chair: The 2015 Standing Orders state that the Chair and Vice Chair are appointed and alternated every three years. The proposed Standing Orders recommend this is reduced to every two years. This is in line with the proposals under development in respect of the Scheme of Integration and brings all six IJBs across the Greater Glasgow and Clyde Area into alignment.
- 4.4** Chair and Vice Chair: This section has also been updated to empower the Chair to allow any Member to participate and if appropriate vote in a Meeting although not actually present at the location where the Meeting is being held. This suggested amendment is intended to modernize the Standing Orders and reflects online and hybrid meeting arrangements.
- 4.5** Meetings: The 2015 Standing Orders are silent on the cancellation of meetings. This section has been strengthened to provide clarity in terms of meeting cancellations and empowers the Chair to cancel or reschedule any meeting because of a lack of business or in exceptional circumstances.
- 4.6** Meetings: In line with the comments in paragraph 4.4 this section has also been modernised in order that a member who is unable to be present for a meeting at the venue identified in the notice calling the meeting shall be able to take part remotely in any way which allows their participation. It is recognised that further guidance on the management of remote meetings may be required and Officers will give this further consideration should these revisions be accepted.
- 4.7** Notice of Meetings: This section has been enhanced in to provide clarity

in respect of how urgent items of business can be raised and how they will be subsequently managed.

- 4.8** Codes of Conduct and Conflicts of Interest: This section has been altered to demonstrate a legislative change in respect of the Declarations of Interest. The change treats disclosure as a personal matter, whereas the 2015 version placed a degree of responsibility on the other Members present.
- 4.9** Recording of Proceedings: As previously mentioned this section has been updated to modernize the Standing Orders in respect of hybrid and online meetings.
- 4.10** Admission of Press and Public: This section has been quite extensively changed in order to ensure the IJB operated in a transparent and inclusive manner, whilst respecting the need for confidentiality in some instances. The current model of voting and non voting Members to some degree creates a two tier system within the Board, for example non voting Members are unable to raise notices of motion. The inclusion of a section on petitions and requests to speak, for items not on the meeting agenda, creates a formal framework which makes the Board more accessible and affords an opportunity for greater engagement in the democratic process. This is in line with some of the ambitions in relation to the development of Local Care Boards and enables the West Dunbartonshire HSCP Board to get ahead of these developments.
- 4.11** Minutes: This section has been strengthened to clarify that the minute is presented to ensure accuracy and agreement that they are a correct record. It clarifies that unlike other, perhaps less formal, meetings this does not present an opportunity for Members to introduce new items for discussion.
- 4.12** Equalities: This is a proposed new addition to Standing Orders. As part of the HSCP Boards Mainstreaming Equalities duties this is intended to strengthen the Boards commitment to equalities and will supplement, not replace, the use of EIAs and Officers duties to bring to the Boards attention any decision that involves equalities duties. In order to strengthen this further HSCP Officers are in discussion with the Council legal team in respect of the introduction of a formal resolution on equalities at the start of each IJB. Again this is a specific action in the HSCPs Mainstreaming Equalities action plan.

## **5. Options Appraisal**

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

## **6. People Implications**

- 6.1** There are no direct people implications arising from the recommendation within this report. However, should the HSCP Board be minded to adopt these standing orders further training will be made available to both Officers and HSCP Board Members to ensure they are implemented effectively.

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

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

## **8. Risk Analysis**

- 8.1** There are no risks associated with the recommendation within this report. Should the HSCP Board not approve these Standing Orders there is a risk that the external audit action will not be implemented and the HSCP Board will continue to operate under somewhat outdated governance arrangements.

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

- 9.1** An Equalities Impact Assessment is not required as the recommendation within this report has no impact on those with protected characteristics.

## **10. Environmental Sustainability**

- 10.1** A Strategic Environmental Assessment (SEA) is not required as a result of the recommendation within this report.

## **11. Consultation**

- 11.1** The HSCP Senior Management Team, the Chief Financial Officer, the Internal Auditor and the HSCP Board Monitoring Solicitor have all been consulted in the preparation of this report. Their comments have been incorporated as appropriate.

## **12. Strategic Assessment**

- 12.1** The HSCP Board Strategic Plan 2023 – 2026 “Improving Lives Together” highlights a number of enabling priorities, good governance is a recurring theme. Robust Standing Orders support the HSCP Board to undertake its duties in respect of the delivery of the Strategic Plan in a way which secures Best Value and ensures the reputation of the HSCP Board is safeguarded when exercising its duties.

## **13. Directions**

- 13.1** A Direction is required in respect of the recommendation in this report and will be issued by the Chief Officer, on behalf of the Board, to the Chief Executive of West Dunbartonshire Council and NHS Greater Glasgow and Clyde. The

full transcript of the Direction can be found at Appendix 2 of this report.

**Name:** Margaret-Jane Cardno  
**Designation:** Head of Strategy and Transformation  
West Dunbartonshire Health and Social Care Partnership  
**Date:** 20 April 2023

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**Person to Contact:** Margaret-Jane Cardno  
Head of Strategy and Transformation  
West Dunbartonshire Health and Social Care Partnership

**Telephone:** 07786 747 952

**Email:** [Margaret-jane.cardno@west-dunbarton.gov.uk](mailto:Margaret-jane.cardno@west-dunbarton.gov.uk)

**Appendices:** West Dunbartonshire HSCP Board Standing Orders May 2023 (Appendix 1)

Direction Reference Number  
HSCP B000038MJC16052023 (Appendix 2)

EIA (Appendix 3)

**Background Papers:** [Original Governance Documents 1 July 2015](#)



**WEST DUNBARTONSHIRE HEALTH AND SOCIAL PARTNERSHIP**  
**INTEGRATION JOINT BOARD (IJB)**  
**STANDING ORDERS**  
**16 MAY 2023**

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**1 General**

- 1.1 These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall regulate the procedure and business of the Integration Joint Board and all meetings of the Integration Joint Board or of a Committee or Sub-Committee of the Integration Joint Board must be conducted in accordance with these Standing Orders.
- 1.2 In these Standing Orders “the Integration Joint Board (IJB)” shall mean the West Dunbartonshire Health and Social Care Partnership Board

established in terms of the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015, as amended by the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment Order 2015.

- 1.3 In these Standing Orders “the Chair” means the Chair of the Integration Joint Board and, in relation to the proceedings of any Committee or Sub-Committee of the Integration Joint Board, means the Chair of that Committee or Sub-Committee.
- 1.4 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if it is in conflict with these Standing Orders.

## **2 General Powers**

- 2.1 The IJB may enter into a contract with any other persons for the provision of goods and services for the purpose of undertaking the functions conferred on it by the Act, including but not limited to administrative support, accounting or legal services.

## **3 Membership**

- 3.1 Voting membership of the Integration Joint Board shall comprise three councillors nominated by the Council and three persons nominated by the Health Board, at least two of whom must be non-executive directors.
- 3.2 Non-voting membership of the Integration Joint Board shall comprise:
  - (a) the Chief Social Work Officer of the Local Authority;
  - (b) the Chief Officer of the Integration Joint Board;
  - (c) the Proper Officer of the Integration Joint Board appointed under Section 95 of the Local Government (Scotland) Act 1973;
  - (d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with regulations made under Section 17P of the National Health Service (Scotland) Act 1978;
  - (e) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;
  - (f) a registered medical practitioner employed by the Health Board and not providing primary medical services;



- (g) at least one member from staff of the constituent authorities engaged in the provision of services provided under integration functions;
  - (h) at least one member from third sector bodies carrying out activities related to health or social care in the area of the local authority;
  - (i) at least one member from service users residing in the area of the local authority;
  - (j) at least one member from persons providing unpaid care in the area of the local authority; and
  - (k) such additional members as the Integration Joint Board sees fit. Any such additional member may not be a councillor or a non-executive director of the Health Board.
- 3.3 The members appointed under paragraphs (d) to (f) must be determined by the Health Board. This will be reviewed every three years. The members appointed under paragraphs (d) to (f) shall serve for a period of three years. At the end of a term of office, a member may be reappointed for a further term of office.
- 3.4 The members appointed under paragraphs (g) to (k) shall serve for a period of three years. At the end of a term of office, a member may be reappointed for a further term of office. Should the organisation represented by these members no longer function effectively during that period of tenure the voting members have the right to replace that member with a more appropriate representative.
- 3.5 The Elected Members nominated by the Council as members of the Integration Joint Board shall serve for a period of three years. The Council retains the discretion to replace its nominated members on the Integration Joint Board.
- 3.6 The persons nominated by the Health Board as members of the Integration Joint Board shall serve for a period of three years. The Health Board retains the discretion to replace its nominated members on the Integration Joint Board.
- 3.7 A member of the Integration Joint Board mentioned in Standing Order 3.2 (a) to (c) shall remain a member for as long as they hold the office in respect of which they were appointed.
- 3.8 At the end of a term of office, a member, whether voting or non voting, may be reappointed for a further term of office.

- 3.9 A member of the Integration Joint Board, other than those members mentioned in Standing Order 3.2 (a) to (c), may resign their membership at any time by giving notice in writing to the Integration Joint Board. If a voting member gives notice of their resignation, the Integration Joint Board must inform the constituent authority which nominated that member.
- 3.10 If a member has not attended three consecutive ordinary meetings of the Integration Joint Board, and their absence was not due to illness or other reasonable cause, the Integration Joint Board may remove the member from office by giving the member one month's notice in writing.
- 3.11 If a member acts in a way which brings the Integration Joint Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Joint Board, the Integration Joint Board may remove the member from office with effect from such date as the Integration Joint Board may specify in writing.
- 3.12 If a member of the Integration Joint Board is disqualified under Article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office, they are to be removed from office immediately.
- 3.13 If a member who is a Councillor appointed on the nomination of the local authority ceases, for any reason, to be a Councillor during a term of office, they are to be removed from office with effect from the day that they cease to be a Councillor.
- 3.14 If a member who is a voting member appointed on the nomination of the Health Board ceases, for any reason, to be a non-executive director or member of the Health Board during a term of office, they are to be removed from office with effect from the day that they cease to be a non-executive director or member of the Health Board.
- 3.15 Without prejudice to Standing Orders 3.8 to 3.12, a constituent authority may remove a member which it nominated by giving one month's notice in writing to the member and the Integration Joint Board.
- 3.16 The Integrated Joint Board may pay reasonable travel and other expenses of Members where incurred by them in connection with their Membership of the IJB.

## **4 Chair and Vice-Chair**

- 4.1 A Chair and a Vice-Chair are to be appointed by the constituent authorities for terms of office of two years.

- 4.2 The constituent authorities shall alternate which of them is to appoint the Chair and Vice-Chair in respect of each successive period of two years.
- 4.3 The first Chair shall be nominated by the Council and the first Vice-Chair shall be nominated by the Health Board.
- 4.4 A constituent authority may change the person appointed by that authority as a Chair or Vice-Chair during the two year term of office.
- 4.5 The local authority may appoint as Chair or Vice-Chair only a councillor nominated by it as a member of the Integration Joint Board.
- 4.6 The Health Board may appoint as Chair or Vice-Chair only a non-executive director nominated by it as a member of the Integration Joint Board.
- 4.7 At each meeting of the Integration Joint Board the Chair, if present, shall preside. If the Chair is absent from any meeting, the Vice-Chair, if present, shall preside. If both the Chair and the Vice-Chair are absent, a voting member shall be appointed as Chair by the other voting members present for that meeting.
- 4.8 Powers, Authority and Duties of the Chair (or Vice-Chair if the Chair is absent). The Chair shall amongst other things:
- (a) preserve order and ensure that every member has a fair hearing;
  - (b) decide on matters of relevancy, competency and order, and whether to have a recess during the meeting, having taken into account any advice offered by the Chief Officer of the Integration Joint Board or other relevant officer in attendance at the meeting;
  - (c) determine the order in which speakers can be heard;
  - (d) ensure that due and sufficient opportunity is given to members who wish to speak to express their views on any subject under discussion;
  - (e) if requested by any member, ask the mover of a motion, or an amendment, to state its terms;
  - (f) maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved.
- 4.9 The decision of the Chair on all matters within his/her jurisdiction shall be final.

- 4.10 The Chair may allow any Member to participate and vote in a Meeting although not actually present at the location where the Meeting is being held by way of the West Dunbartonshire Councils agreed technology. The Chair's consent shall not be unreasonably withheld.

## **5 Meetings**

- 5.1 The first meeting of the Integration Joint Board shall be convened at a time and place determined by the Chair. Thereafter, the Integration Joint Board shall meet at such place and such frequency as may be agreed by the Integration Joint Board.
- 5.2 The Chair may convene a special meeting if it appears to him/her that there is an item of urgent business to be considered. Such meetings will be held at a time, date and place determined by the Chair. If the office of Chair is vacant or if the Chair is unable to act for any reason, the Vice-Chair may call such a meeting.
- 5.3 The Chair may cancel or reschedule any meeting because of a lack of business or in exceptional circumstances. This will be notified as soon as practicable by e-mail to Members and on the HSCP website.
- 5.4 A request for a meeting of the Integration Joint Board to be called may be made in the form of a requisition specifying the business proposed to be transacted at the meeting and signed by at least two thirds of the voting members, presented to the Chair.
- 5.5 If such a request is made and the Chair refuses to call a meeting, or does not call a meeting within seven days after the making of the request, the members who signed the requisition may call a meeting. The business which may be transacted at such a meeting shall be limited to the business specified in the requisition.
- 5.6 A member who is unable to be present for a meeting of the Integration Joint Board or a Committee or Sub-Committee for the Integration Joint Board, at the venue identified in the notice calling the meeting shall be able to take part remotely in any way which allows their participation.

## **6 Notice of Meetings**

- 6.1 Before each meeting of the Integration Joint Board, or a Committee or a SubCommittee of the Integration Joint Board, a notice of the meeting specifying the date, time, place and business to be transacted at it signed by the Chair, or a member authorised by the Chair to sign on the Chair's behalf, shall be sent electronically to every member or sent or delivered to the usual place of residence of every member so as to be available to them at least five clear days before the meeting.

- 6.2 Members may opt, by way of a written request addressed to the Chief Officer, to have notice of meetings sent or delivered to an alternative address. Such a request will be complied with until it is rescinded in writing.
- 6.3 A failure to serve notice of a meeting on a member shall not affect the validity of anything done at that meeting.
- 6.4 In the case of a meeting of the Integration Joint Board called by members, the notice shall be signed by the members who requisitioned the meeting.
- 6.5 At all Ordinary or Special Meetings of the Integration Joint Board no business other than that on the agenda shall be considered except where by reason of special circumstances, which shall be specified in the Minutes, the Chair is of the opinion that the item should be considered at the meeting as a matter of urgency. The item must be provided in writing to the Committee Officer unless due to the nature of the item the Chair determines otherwise.

## **7 Quorum**

- 7.1 No business shall be transacted at a meeting of the Integration Joint Board unless at least one half of the voting members are present and at least one voting representative of each of the parties to the Partnership is present.
- 7.2 If after ten minutes from the scheduled time of commencement of any meeting of the Integration Joint Board, or if during any meeting of the Integration Joint Board, there is no quorum, the meeting shall not take place or shall be terminated, as the case may be.

## **8 Codes of Conduct and Conflicts of Interest**

- 8.1 Members of the Integration Joint Board shall comply with the Model Code of Conduct for Members of Devolved Public Bodies and the Guidance relating to that Code of Conduct, both of which are deemed to be incorporated into these Standing Orders. All members who are not already bound by its terms shall be obliged, before taking up membership, to agree in writing to be bound by the terms of the Model Code of Conduct for Members of Devolved Public Bodies.
- 8.2 A member must disclose any direct or indirect pecuniary or other interest which the member considers should be disclosed in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the Integration Joint Board, before taking part in any discussion on that item.

- 8.3 Where an interest is disclosed under sub-paragraph (1), the member disclosing the interest is to decide whether, in the circumstances, it is appropriate for that member to take part in discussion of or voting on the item of business.
- 8.4 The Standards Officer shall keep and maintain a register, which shall be open to public examination, in which all Members shall record their interests, gifts and hospitality offered by virtue of their Membership of the IJB. The Standards Officer shall be the Officer so designated by the Standards Commission, following a nomination by the IJB.

## **9 Adjournment of Meetings**

- 9.1 If it is necessary or expedient to do so, a meeting of the Integration Joint Board, or of a Committee or a Sub-Committee of the Integration Joint Board, may be adjourned to another date, time or place. A motion to adjourn shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to the date, time and place specified in the motion.

## **10 Disclosure of Information**

- 10.1 No member or officer shall disclose to any person any information which falls into the following categories:
- 10.2 Confidential information within the meaning of Section 50A(2) of the Local Government (Scotland) Act 1973.
- 10.3 Any document or part of any document marked “not for publication by virtue of [the appropriate paragraph] of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973”, unless and until the document has been made available to the public or press under Section 50B of the said 1973 Act.
- 10.4 Any information regarding proceedings of the Integration Joint Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Joint Board or the information has been made available to the press or to the public under the terms of the relevant legislation.
- 10.5 Without prejudice to the foregoing, no member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a member where such disclosure would be to the advantage of the member or of anyone known to him/her or would be to the disadvantage of the Integration Joint Board.

## **11 Recording of Proceedings**

- 11.1 Meetings of the IJB will be recorded and published on the HSCP website. Otherwise, no person or body shall be permitted, without the prior written approval of the Integration Joint Board, to audio record, photograph, video, film or use any other form of electronic, digital or computerised sound or visual recording system during any Meeting.
- 11.2 All Members attending the Meeting must be notified and agree to the recording in accordance with above Standing Order:

## **12 Admission of Press and Public**

- 12.1 The IJB seeks to encourage and welcome public participation at its Meetings. The following arrangements are designed to enhance and regulate public participation at Meetings.
- 12.2 Every Meeting of the IJB and its Committees (including Sub-Committees) will be open to the public, except in the special circumstances set out below. The Chief Officer shall be responsible for giving public notice of the date, time and place of each meeting of the Integration Joint Board not less than five days before the date of each meeting.
- 12.3 The public must be excluded from a Meeting when an item of business is being considered if it is likely, because of the business itself or what might be said at the Meeting, that confidential information would be given to members of the public.
- 12.4 The IJB, its Committees (including Sub-Committees) may decide, by passing a resolution at the beginning of any Meeting, to exclude the public when it is considering an item of business if it is likely, because of the business itself or what might be said at the Meeting, that exempt information would be given to members of the public. The resolution to exclude the public will make clear the proceedings or which part of the proceedings of the Meeting it applies to and state the description of the exempt information.
- 12.5 Information as to the proceedings at any meeting from which the public are excluded shall not be given to representatives of the press or to any other person unless such information is provided by the Chair or by a person authorised by the Chair in a press statement, or in the publicly available minute for that item.
- 12.6 Every meeting of the Integration Joint Board, its Committees (including Sub-Committees) shall be open to the public but these provisions shall be without prejudice to paragraph 12.4 and the Integration Joint Board's powers of exclusion in order to suppress or prevent disorderly conduct or

other misbehaviour at a meeting. The Integration Joint Board 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 Integration Joint Board. If a member of the public interrupts any Meeting, the Chair may warn the person. If they continue the interruption the Chair may order that they immediately leave the Meeting.

### **13 Petitions and Requests to Speak for items not on the Meeting Agenda**

13.1 Members of the public may submit a Petition or a Request to Speak for items not on a Meeting Agenda the IJB in terms of the following provisions.

13.2 Each Petition or such Request to Speak shall be received by the Chief Officer not later than noon, fourteen calendar days before the relevant Meeting and state clearly:

- a. The subject-matter of the Petition or the Request to Speak; and
- b. The action, if any, that is proposed that the IJB take; and
- c. Whether in the case of a Petition, the party to the Petition is also making a Request to Speak at the Meeting.

13.3 If, in the opinion of the Chair, the subject matter of the Petition and/or the Request to Speak is:

- a. In the case of the IJB, competent and relevant, in terms of its remit or is a matter in which the IJB has a general interest; or
- b. In the case of an IJB Committee (or sub-committee) is competent and relevant, in terms of its remit. It shall be put before the Meeting.

13.4 It is at the discretion of the Chair to decide whether to put before the Meeting a Petition or Request to Speak which is received late.

13.5 If agreed by the IJB, its Committee or sub-committee at the Meeting, the Petition and/or the Request to Speak shall be put before the Meeting for consideration.

13.6 The IJB will first determine whether to allow the Request to Speak. If allowed, there will be permitted a period of up to five minutes (per Request to Speak) to present to the Meeting, or such other period as the Chair may determine. No more than two speakers to any one Request to Speak shall be permitted to address the Meeting.

13.7 The Chair will allow an appropriate period whereby any Member may ask a question relevant to the subject. Only when all requests to speak on the particular matter in question have concluded will Members discuss the matter.



## **14 Alteration, Deletion and Rescission of Decisions of the Integration Joint Board**

14.1 Except insofar as required by reason of legality, no motion to alter, delete or rescind a decision of the Integration Joint Board will be competent within six months from the date of that decision, unless a decision is made prior to consideration of the matter to suspend this Standing Order in terms of Standing Order 15.

## **15 Suspension, Deletion or Amendment of Standing Orders**

15.1 Any one or more of the Standing Orders upon motion may be suspended, amended or deleted at any meeting so far as regards any business at such meeting provided that two thirds of the members of the Integration Joint Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Orders to be suspended.

## **16 Motions, Amendment and Debate**

16.1 Where a formal motion is put to a meeting of the Integration Joint Board, the following procedure will apply:-

- (a) A motion or amendment, after being seconded, shall not be withdrawn without the leave of the Integration Joint Board.
- (b) No motion or amendment shall be spoken upon, except by the mover, until it has been seconded.
- (c) When more than one amendment is proposed, the Chair of the meeting shall decide the order in which amendments are put to the vote.
- (d) The Chair will put all motions or amendments to the meeting when he or she sees fit, with no further debate permitted.
- (e) A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.

## **17 Voting**

17.1 Every effort shall be made by members to ensure that as many decisions as possible are made by consensus.

- 17.2 Only the three members nominated by the Council and the three members nominated by the Health Board shall be entitled to vote.
- 17.3 Every question at a meeting shall be determined by a majority of votes of the members present and who are entitled to vote on the question. In the case of an equality of votes the Chair shall not have a second or casting vote.
- 17.4 Where there is an equality of votes, the status quo shall prevail. Standing Order 14 shall not preclude reconsideration of any such item within a six month period.
- 17.5 If the voting members do not agree on a means of resolving a dispute at a meeting of the Integration Joint Board, the formal dispute resolution mechanism specified in the Integration Scheme may be used.

## **18 Proxies**

- 18.1 If a voting member is unable to attend a meeting of the Integration Joint Board, the constituent authority which nominated the member is to use its best endeavours to arrange for a suitably experienced proxy, who is either a councillor or, as the case may be, a member of the Health Board, to attend the meeting in place of the voting member.
- 18.2 If a member who is not a voting member is unable to attend a meeting of the Integration Joint Board, that member may arrange for a suitably experienced proxy to attend the meeting.
- 18.3 A proxy attending a meeting of the Integration Joint Board in place of a voting member may vote on decisions put to that meeting.
- 18.4 If the Chair or Vice-Chair is unable to attend a meeting of the Integration Joint Board, any proxy attending the meeting in place of the Chair or Vice-Chair may not preside over that meeting.

## **19 Temporary Vacancies in Voting Membership**

- 19.1 Where there is a temporary vacancy in the voting membership of the Integration Joint Board, the vote which would be exercisable by a member appointed to fill that vacancy may be exercised jointly by the other members nominated by the constituent authority which has the vacancy.
- 19.2 Where the Chair is to be appointed by a constituent authority but where due to two temporary vacancies the number of members nominated by that constituent authority is one, or a constituent authority has been unable to

nominate any members, the Chair must be temporarily appointed by the other constituent authority.

## **20 Effect of Vacancy in Membership**

20.1 A vacancy in the membership of the Integration Joint Board shall not invalidate anything done or any decision made by the Integration Joint Board.

## **21 Minutes**

21.1 The names of the members and others present at a meeting shall be recorded in the minutes of the meeting.

21.2 The minutes of the proceedings of a meeting, including any decision or resolution made at that meeting, and their associated Directions, shall be drawn up and submitted to the next ensuing meeting for agreement. The Minute will be considered, corrected if need be, and where they are held to be a correct record of the Meeting they will be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

21.3 No discussion or amendment will be competent on a Minute submitted at any Meeting for approval other than any amendment or discussion to the effect that they are not a correct record. Any amendment will include the words of the alteration which is proposed to the Minute. An objection to the correctness of a Minute will be dealt with by way of an amendment to a motion to approve the Minute.

## **22 Committees and Working Groups**

22.1 The Integration Joint Board may establish committees and sub-committees of its members for the purpose of carrying out such of its functions as the Integration Joint Board may determine.

22.2 When the Integration Joint Board establishes a committee or sub-committee, it must determine the membership, Chair, remit, powers and quorum of that committee or sub-committee.

22.3 A committee or sub-committee established by the Integration Joint Board must include voting members and must include an equal number of voting members appointed by the Council and the Health Board.

22.4 Any decision of a committee or a sub-committee must be made by a majority of the votes of the voting members of that committee or sub-committee.

22.5 The Integration Joint Board may establish working groups but any working group shall have a limited time span determined by the Integration Joint Board.

22.6 The Integration Joint Board must determine the membership, Chair, remit and any powers and quorum of any working group which it establishes.

## **23 Equalities**

23.1 In line with the IJBs legal duty under section 149 of the Equality Act 2010 the IJB, in making decisions, shall have due regard to the need to:

- (i) eliminate discrimination, harassment and victimisation;
- (ii) advance equality of opportunity between those who share a protected characteristic and persons who do not share it; and
- (iii) foster good relations between those who share a protected characteristic and persons who do not share it.

**Appendix 2:** Direction from Health and Social Care Partnership Board

**Item 13  
Appendix 2**

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 16 May 2023 FOR ACTION  
**Attachment:** Review of HSCP Board Standing Orders

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.

<b>DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD</b>			
1	Reference number	HSCP B000038MJC16052023	
2	Date direction issued by Integration Joint Board	16 May 2023	
3	Report Author	Margaret-Jane Cardno, Head of Strategy and Transformation	
4	Direction to:	West Dunbartonshire Council only	
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes: On the 1 July 2015 the HSCP Board approved a report entitled “Standing Orders and Code of Conduct”. A directions log was not maintained at that time so no reference number is available.	
6	Functions covered by direction	The governance of HSCP Board is supported by West Dunbartonshire Councils regulatory services.	
7	Full text and detail of direction	Immediate implementation of the HSCP Standing Orders May 2023	
8	Specification of those impacted by the change	IJB Members and officers will be impacted by the changes. Full training in the revised standing orders will be provided.	
9	Budget allocated by Integration Joint Board to carry out direction	There are no financial resource implications	
10	Desired outcomes detail of what the direction is intended to achieve	The Direction is intended to ensure that outstanding audit actions are implemented and that the HSCP Board operate under modern and effective governance arrangements.	
11	Strategic Milestones	Immediate Implementation of Standing Orders	16 May 2023
		Governance Training	28 September 2023

		Update Audit Plan	16 May 2023
12	Overall Delivery timescales	As above.	
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	21 November 2023	

**Equality Impact Assessment record layout for information**

<b>Owner:</b>	Margaret-Jane Cardno, Head of Strategy and Transformation, West Dunbartonshire HSCP
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<b>Resource:</b>		<b>Service/Establishment:</b>	West Dunbartonshire HSCP
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	First Name	Surname	Job Title
<b>Head Officer:</b>	Margaret-Jane	Cardno	Head of Strategy and Transformation

	Include job titles/organisation
<b>Members:</b>	West Dunbartonshire Senior Management Team

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
<b>Policy Title:</b>	Review of West Dunbartonshire HSCP Standing Orders

<b>The aim, objective, purpose and intended outcome of policy</b>
The purpose of this work is to review the HSCP Board Standing Orders in line with the current Integration Scheme.

<b>Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy</b>
West Dunbartonshire HSCP Senior Management Team and monitoring solicitor

<b>Does the proposals involve the procurement of any goods or services?</b>	No
<b>If yes please confirm that you have contacted our procurement services to discuss your requirements</b>	N/A

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

**Who will be affected by this policy?** Primarily the members of the HSCP Board and the officers who support the Board. However, it is recommended that the Standing Orders be amended to promote greater inclusion and engagement in the democratic process, therefore it could be asserted that any citizen or service user who wished to engage with the Board may be impacted.



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<b>Who will be/has been involved in the consultation process?</b>
HSCP Senior Management Team; HSCP Monitoring Solicitor; Internal Auditor; final approval with the HSCP Board

<b>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</b>			
	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>

<p><b>Age</b></p>	<p>Accessibility and age are closely linked across all age ranges. This may be linked to mobility challenges for example physical impairment or the cost of travel, or it may be linked to inability to attend due to work or other commitments such as caring.</p>	<p>Evidence shows that barriers to participation across all age groups include travelling independently, socialising and costs.</p>	<p>The impact of the review of standing orders is positive on this group.</p> <p>The revised document include a provision for the payment of expenses, it modernises the Board meeting approach to formalise the use of technology and remote participation and it also makes provision for members of the public to formally engage with the Board and influence the democratic process.</p> <p>Finally the document incorporates a clear section on equalities in order to support the Board to meet its duties in respect of mainstreaming equalities.</p>
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	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Disability</b>	As with age accessibility can be a barrier to this group. This may be linked to mobility challenges for example physical impairment or the cost of travel, the ability to travel independently and barriers in respect of socialisation.	<p>The Volunteer Scotland Consultation Response: Disabled Employment Gap - February 2023 highlights a number of barriers with impact on the ability of those with a disability to volunteer. This can be easily applied to this situation with representation on the HSCP Board sought from service user groups and those with lived experience.</p> <p>The Volunteer Scotland analysis of the Scottish Household Survey results for 2019 suggest that volunteer participation is 17% lower for people with disabilities (16% of adult disabled population) than those with no long-term health conditions (33%).</p>	<p>The impact of the review of standing orders is positive on this group.</p> <p>The revised document include a provision for the payment of expenses, it modernises the Board meeting approach to formalise the use of technology and remote participation and it also makes provision for members of the public to formally engage with the Board and influence the democratic process.</p> <p>Finally the document incorporates a clear section on equalities in order to support the Board to meet its duties in respect of mainstreaming equalities.</p>
	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
	N/A	N/A	No impact.

<b>Gender Reassign</b>			
<b>Marriage &amp; Civil Partnership</b>	N/A	N/A	No impact.
<b>Pregnancy &amp; Maternity</b>	N/A	N/A	No impact.
	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Race</b>	N/A	N/A	No impact.
<b>Religion &amp; Belief</b>	N/A	N/A	No impact.

	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Sex</b>	N/A	N/A	No impact.

<b>Sexual Orientation</b>	N/A	N/A	No impact.
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	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Human Rights (ECHR statutory) UNCRC (note: currently non statutory)</b>	The review of standing orders enhances the right of freedom of opinion and expression.		<p>The impact of the review of standing orders is positive.</p> <p>The revised standing orders make the HSCP Board more accessible and make provision for the Board to accept petitions and requests to speak.</p> <p>This improvement alongside other broadens participation in the democratic process and ensure that the voice of service users and potentially marginalised communities can be heard.</p>
<b>Health</b>	N/A	N/A	No impact.

	<b>Needs</b>	<b>Evidence</b>	<b>Impact</b>
<b>Social &amp; Economic Impact</b>	The cost of participation and engagement can be a barrier to those with limited or no disposable income.	There is a growing body of evidence to show that some groups are missing out on the benefits of volunteering, participation and engagement due to barriers they face and inequalities in access to opportunities.	The review of standing orders has a positive impact as it formalises the Boards ability to pay reasonable expenses to those who participate.
<b>Cross Cutting</b>	N/A	N/A	N/A

<b>Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this</b>
No negative impacts have been identified.
<b>Will the impact of the policy be monitored and reported on an ongoing bases?</b>
This policy requires a Direction which will be monitored on a six monthly basis.
<b>What is your recommendation for this policy?</b>
The recommendation is to progress with the implementation of the revised standing orders.

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

As outlined above the impacts are overwhelmingly positive and no risks have been identified in respect of implementation.





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

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

16 May 2023

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**Subject: Implementation of Directions Policy**

### **1. Purpose**

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

### **2. Recommendations**

- 2.1** Note the progress made in respect of the implementation of the Directions Policy.

### **3. Background**

- 3.1** On the 23 September 2020 the HSCP Board approved a new Directions Policy to ensure compliance with the practice set out in statutory guidance, strengthening performance monitoring, accountability, quality and sustainability of services. This Policy was implemented on the 30 September 2020.
- 3.2** On the 29 September 2022 the HSCP Board received an update on the implementation of this Policy including the outcomes of related internal audit activity.
- 3.3** This report is intended to provide a further update in compliance with the agreed reporting framework.

### **4. Main Issues**

- 4.1** Directions are the legal basis on which the Local Authority and Health Board deliver services that are under the control of the HSCP Board. As a legal requirement, the use of Directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.
- 4.2** The HSCP Board makes decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions necessitate Directions to the Health Board or Local Authority, or both, and may indeed require the delivery partners to carry out a function jointly.

- 4.3** The Scottish Government noted that many IJBs had a minimalist approach to Directions and had an insufficiently robust audit trail. Furthermore, significant variation had developed over how Directions were being used across Scotland. As such, the Scottish Government issued statutory guidance on the matter, to clarify its expectations and to aid the development of local policy.
- 4.4** The revised statutory guidance on Directions underpins the Direction Policy. The Policy complies with the guidance by setting out a clear framework for the issuing and review of Directions and confirming governance arrangements.
- 4.5** Between January and May 2022 Internal Audit conducted an audit of the implementation of the Direction Policy. This was in accordance with the 2021/22 Internal Audit Plan, as agreed by the West Dunbartonshire HSCP Audit and Performance Committee. The outcomes of this Internal Audit were published in June 2022 and reported to the Board on the 27 September 2022.
- 4.6** A further review of these actions has been undertaken and Officers can confirm that the recommended practice that all minutes of the HSCP Board meeting will specifically record Directions approved during the meeting and issuing of approved Directions to be included in the Rolling Action List for HSCP Board meetings has not been implemented. Therefore, at this stage, Officers cannot assure Members that the Directions are issued in a timely manner. The Head of Strategy and Transformation has once again written to West Dunbartonshire Council Committee Services and is confident this will be rectified going forward.
- 4.7** During the period 1 April 2022 to 31 March 2023 twelve directions were developed. Of these twelve, seven are progressing well against delivery; three have been superseded by subsequent Directions; and two have not progressed. The following paragraphs seek to update the HSCP Board on those Directions which have not progressed and the reasons for this.
- 4.8** Direction Reference Number HSCP000028JS16082022, dated 16 August 2022. This Direction relates to a report by the Chief Finance Officer entitled "Analysis of Reserves". A report was submitted by the Chief Financial Officer providing a clear framework for Members to ensure reserves were effectively managed to meet the financial risks and uncertainties faced by the HSCP whilst enabling the Partnership Board to provide the capacity to invest in the delivery of the HSCP Strategic Plan. In simple terms this paper was subject to motion and counter motion and the subsequent voting resulted in an equality of votes, therefore the status quo prevailed. Given the financial challenges and the requirement to use a significant proportion of reserves to balance the budget, this paper was not resubmitted.
- 4.9** Direction Reference Number HSCP000030SC16082022, dated 16 August 2022. This Direction relates to a report by the Head of Mental Health,

Addictions and Learning Disabilities entitled “Mental Health and Wellbeing in Primary Care Service”. A report was submitted by the Head of Mental Health, Addictions and Learning Disabilities providing an update on the development of Mental Health and Wellbeing Primary Care Service and the submission of plans in line with Scottish Government guidance. In August/September 2022, the Scottish Government advised they were reviewing all budget plans for 2022/23 in light of the known conclusion of in-year Covid consequential, which had placed unprecedented pressure on existing Health and Social Care budgets. Information on funding allocations to support the Mental Health and Wellbeing proposal submitted to the HSCP Board in August 2022 is awaited, no further funding information has been received. The funding allocations previously advised have not been received by HSCPs and therefore proposed plans have not yet been progressed.

## **5. Options Appraisal**

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

## **6. People Implications**

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

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

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

## **8. Risk Analysis**

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

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

- 9.1** An EIA is not required as the recommendation within this report does not impact on those with protected characteristics.

## **10. Environmental Sustainability**

- 10.1** A Strategic Environmental Assessment is not required in respect of the recommendation within this report.

## **11. Consultation**

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

## **12. Strategic Assessment**

**12.1** On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 “Improving Lives Together”. The Plan outlines sustained challenge and change within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical.

**12.2** Good governance in respect of the development, implementation and monitoring of Directions is essential to ensure the actions agreed by the Board are implemented by the delivery partners who will be required to carry out a function either separately or jointly. This provides further assurance to the Board that the Strategic Plan is being delivered in line with their agreed decisions.

### **13. Directions**

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

**Name:** Margaret-Jane Cardno  
**Designation:** Head of Strategy and Transformation  
West Dunbartonshire Health and Social Care Partnership  
**Date:** 12 April 2023

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**Person to Contact:** Margaret-Jane Cardno  
Head of Strategy and Transformation  
West Dunbartonshire Health and Social Care Partnership

**Email:** [Margaret-jane.cardno@west-dunbarton.gov.uk](mailto:Margaret-jane.cardno@west-dunbarton.gov.uk)

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

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

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

16 May 2023

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**Subject: West Dunbartonshire HSCP Delegated Approval of Annual Performance Report 2022/2023**

### **1. Purpose**

- 1.1** The purpose of this report is to update the HSCP Board on the governance arrangements in respect of the publication of the HSCP Annual Performance Report 2022/2023 and seek Board approval that the decision to publish within the legislative timescales be delegated to the HSCP Audit and Performance Committee.

### **2. Recommendations**

It is recommended that the HSCP Board:

- 2.1** Note the governance arrangements in respect of the publication of the HSCP Annual Performance Report 2022/23;
- 2.2** Agree that the decision whether or not to approve the HSCP Annual Performance Report 2022/23 for publication be delegated to the HSCP Audit and Performance Committee on 20 June 2023; and
- 2.3** Agree that any decision taken by the HSCP Audit and Performance Committee be homologated by the HSCP Board on the 15 August 2023.

### **3. Background**

- 3.1** The purpose of the Annual Performance Report is to provide an overview of the HSCP's performance in planning and carrying out integrated functions. The Annual Performance Report is produced for the benefit of Partnerships and their communities. The HSCP Annual Performance Report also includes a complaints management overview for the year.
- 3.2** The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services in Scotland under either an Integration Joint Board (IJB) or Lead Agency model.
- 3.3** Section 42 of the 2014 Act requires that Performance Reports are prepared

by the "Integration Authority". This term broadly means the person or body which is responsible for the planning and direction of integrated health and social care services. Section 42 of the 2014 Act covers both the Integration Joint Board and Lead Agency model.

- 3.4** To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.

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

- 4.1** In 2022 the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30 September 2022. This allowed IJBs to extend the date of publication of Annual Performance Reports through to November, using the mechanisms laid out in the Coronavirus Scotland Act (2020), Schedule 6, Part 3.

- 4.2** This model was advantageous for IJBs as the extended timeframes allowed time for the production of data across all indicators to be aligned to the financial year. The Health and Social Care Scotland Strategic Planning and Performance Group continue to lobby the Scottish Government for these arrangements to become permanent.

- 4.3** However, at the current time provisions under the Coronavirus Scotland Act (2020) have now expired and the reversion to the original legislation means that IJBs must publish their Annual Performance Report by the end of July.

- 4.4** Normally the Annual Performance Report is presented to the HSCP Audit and Performance Committee for scrutiny and the Committee is asked to make a recommendation to the HSCP Board in respect of whether or not they should approve publication of the report.

- 4.5** This year the HSCP Audit and Performance Committee meet on the 20 June 2023 and the HSCP Board on the 15 August 2023. Should the normal process apply potential approval to publish the Annual Performance Report would not be given until after the July 2023 deadline.

- 4.6** It is therefore recommended in section two of this report that the HSCP Board consider the delegation of the approval to publish the Annual Performance Report to the HSCP Audit and Performance Committee on the 20 June 2023, with the caveat that the decision be homologated by the HSCP Board on the 15 August 2023. This will enable compliance with the legislative timescales.

#### **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 people implications arising from the recommendations within this report.

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

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

## **8. Risk Analysis**

**8.1** Should the HSCP Board decide not to agree the recommendations within this report they would not be compliant with Scottish Government legislation. Given the delay would only be two weeks, and understanding not only the position within West Dunbartonshire, but that across Scotland in relation to the publication of Annual Performance Reports, the reputational risk for the HSCP Board would be negligible.

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

**9.1** An EIA is not required as the recommendations within this report do not impact those with protected characteristics.

## **10. Environmental Sustainability**

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

## **11. Consultation**

**11.1** The HSCP Senior Management team, the Chief Finance Officer, the Monitoring Solicitor and the Internal Auditor have been consulted in the development of this report.

## **12. Strategic Assessment**

**12.1** The Annual Performance Report 2022/23 pertains to the final year of the HSCP Boards previous Strategic Plan. The publication of the Annual Performance Report is an important part of the performance reporting arrangements and should provide assurance to the HSCP Board and the HSCP Audit and Performance Committee in respect of progress against the delivery of the Strategic Plan.

## **13. Directions**

**13.1** The recommendations within this report do not require a Direction to be

issued.

**Name:** Margaret-Jane Cardno  
**Designation:** Head of Strategy and Transformation  
West Dunbartonshire Health and Social Care Partnership  
**Date:** 6 April 2023

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**Person to Contact:** Margaret-Jane Cardno  
Head of Strategy and Transformation  
West Dunbartonshire Health and Social Care Partnership

**Email:** [Margaret-jane.cardno@west-dunbarton.gov.uk](mailto:Margaret-jane.cardno@west-dunbarton.gov.uk)