

# Supplementary Agenda

## West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee

**Date:** Tuesday, 20 June 2023

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**Time:** 13:00

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**Format:** Hybrid

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**Contact:** Ashley MacIntyre, Committee Officer  
[ashley.macintyre@west-dunbarton.gov.uk](mailto:ashley.macintyre@west-dunbarton.gov.uk)

Dear Member

I refer to the agenda for the above meeting that was issued on 13 June and now enclose a copy of Items 7 and 12 which were not available for issue at that time.

Yours faithfully

**JULIE SLAVIN**

Chief Financial Officer of the  
Health and Social Care Partnership

Notes referred to:

**7 WEST DUNBARTONSHIRE HSCP ANNUAL PERFORMANCE REPORT 2022-2023 267 - 350**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation providing an overview of the HSCPs performance in planning and carrying out integrated functions. The Annual Performance Report is produced for the benefit of Partnerships and their communities. This report also includes a Complaints management overview for the year 2022/23.

**12 UNAUDITED ANNUAL REPORT AND ACCOUNTS 2022-2023 351 - 426**

Submit report by Julie Slavin, Chief Financial Officer requesting that the HSCP Board's Audit and Performance Committee consider the unaudited Annual Report and Accounts for the HSCP Board covering the period 1 April 2022 to 31 March 2023; and then Approve the unaudited Accounts and associated working papers to be passed to our external auditors for their review.

**Distribution:-**

**Voting Members**

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

**Non-Voting Members**

Anne MacDougall

Chief Officer – Beth Culshaw  
Chief Financial Officer – Julie Slavin  
Chief Internal Auditor – Andi Priestman  
External Audit Representatives – Christopher Gardner, Sanya Ahmed, Jack Kerr

Date of issue: 16 June 2023

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)  
AUDIT AND PERFORMANCE COMMITTEE**

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

**20 June 2023**

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**Subject: West Dunbartonshire HSCP Annual Performance Report 2022/23**

**1. Purpose**

- 1.1** The purpose of the Annual Performance Report is to provide an overview of the HSCPs performance in planning and carrying out integrated functions. The Annual Performance Report is produced for the benefit of Partnerships and their communities. This report also includes a complaints management overview for the year 2022/23.

**2. Recommendations**

**It is recommended that the Audit and Performance Committee:**

- 2.1** Agree that the West Dunbartonshire HSCP Annual Performance Report 2022/23 and the Annual Complaints Report 2022/23 be approved for publication in line with the legislative timescales.
- 2.2** Note that this decision will be homologated by the HSCP Board on the 15 August 2023.

**3. Background**

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

- 3.5** The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. These requirements are adhered to within the 2022/23 Annual Performance Report.
- 3.6** The content and structure of the 2022/23 annual report has been informed by the Scottish Government's 'Guidance for Health and Social Care Integration Partnership Performance Reports' and guidance from West Dunbartonshire HSCP's external auditor in relation to Best Value.
- 3.7** On the 16 May 2023 the IJB, known locally as the HSCP Board, agreed 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 that any decision taken by the HSCP Audit and Performance Committee be homologated by the HSCP Board on the 15 August 2023.

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

- 4.1** The main issues pertaining to the year 2022/23 are contained within the Annual Performance Report (Appendix 1). As has been the custom in previous years, it is accompanied by a complaints management overview for the corresponding period (Appendix 2).
- 4.2** The Annual Performance Report summarises the progress made by the HSCP over the past year and highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community. Teams across the HSCP have embraced innovative new approaches in line with the key strategic priorities of Early Intervention; Access; Resilience; Assets and Inequalities as outlined in the Strategic Plan for the corresponding period. The HSCP have ensured a continued emphasis on joining up services, improving care and support for people who use services, their carers and their families.

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

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

#### **6. People Implications**

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

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

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



## **8. Risk Analysis**

- 8.1** There are no risks identified as a result of the recommendations within this report. This report does however support the mitigation of the following risk as contained within the HSCP Strategic Risk Register:

Performance Management Information: Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of its organisational responsibilities.

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

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

- 9.1** An equality impact assessment is not required as the recommendations within this report do not have a differential impact on any of the 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, the HSCP 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 performance 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  
**Date:** 7 June 2023

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**Person to Contact:** Margaret-Jane Cardno  
Head of Strategy and Transformation  
West Dunbartonshire Health and Social Care Partnership  
16 Church Street  
Dumbarton  
G82 1QL

**Email:** Margaret-Jane.Cardno@west-dunbarton.gov.uk

**Appendices:** Appendix 1 - West Dunbartonshire HSCP Annual  
Performance Report 2022/23

Appendix 2 – West Dunbartonshire HSCP Annual  
Complaints Report 2022/23

# West Dunbartonshire Health & Social Care Partnership

# Annual Performance Report 2022/2023

[www.wdhscp.org.uk](http://www.wdhscp.org.uk)



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# Foreword

Welcome to West Dunbartonshire Health and Social Care Partnership's (HSCP) 2022/23 Annual Performance Report. The report summarises the progress made by the HSCP over the past year.

The last three years have been extremely challenging, but in many ways exceptionally rewarding, with staff and communities going above and beyond to care for service users and each other during one of the most challenging periods in recent history. Public sector funding struggles to keep pace with rising costs and our demographic pressures, meanwhile it is clear that the full impact of the pandemic will take many years to reveal itself.

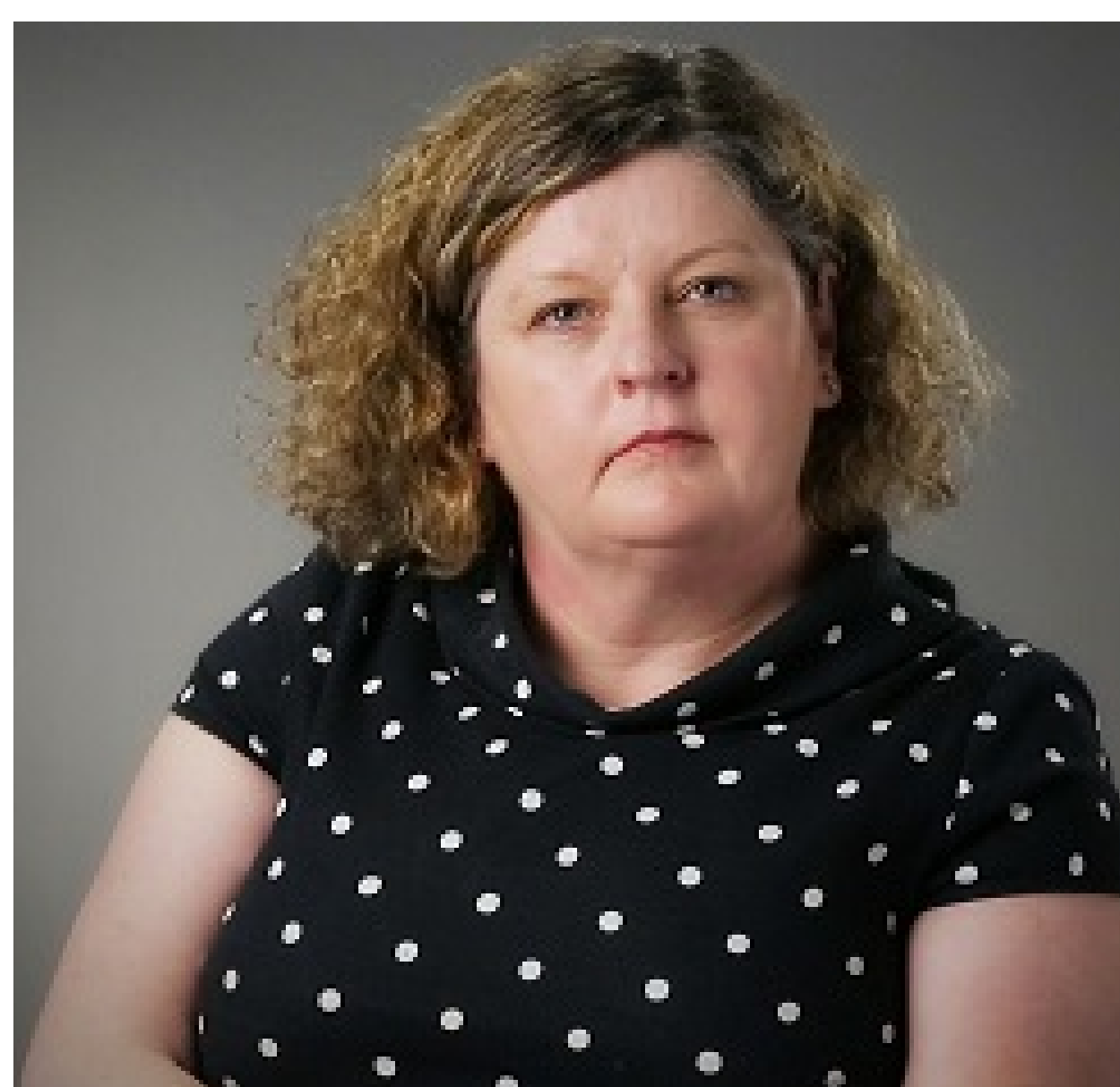
In the last year we continued to be humbled by the endeavours of our health and social care workforce and are extremely grateful to our communities, especially those unpaid carers, who have worked with us under difficult circumstances to respond to a variety of challenges.

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

The Integration Joint Board continues to be ambitious for our communities and our key focus remains the furtherance of integrated services by increasing access to community based health and social care services, shifting the balance of care from hospital to more homely settings and supporting our most vulnerable residents to lead healthy, happy and fulfilling lives.

This Annual Performance Report aims to detail the progress the Integration Joint Board has made in realising the aims of integration whilst highlighting examples of good practice which have been achieved within the current legislative framework. We remain committed to continuing this conversation with the Scottish Government to exemplify what can be achieved when the principles of integration are fully embedded.

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



**Beth Culshaw**  
Chief Officer



# Summary

## Purpose of Report

This annual performance report outlines West Dunbartonshire Health and Social Care Partnership's performance in relation to national and local priorities during the period 1st April 2022 to 31st March 2023. It will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022 and will seek to demonstrate our commitment to Best Value in the commissioning and delivery of services.

## Key Achievements 2022/23

During 2022/23 West Dunbartonshire Health and Social Care Partnership (HSCP) made significant progress against the key strategic priorities outlined in our Strategic Plan 2019-2022: early intervention; access; resilience; assets; and inequalities.

## Priority 1: Early Intervention

- MMR1 vaccinations for children aged 24 months above the Scotland figure of 93.9% at 94.4% and immunisation rates higher than those for the Health Board and Scotland for all immunisations at 24 months and for 4 out of 5 immunisations for children aged 5 years.
- Development work on a West Dunbartonshire Wellbeing website inspired and co-produced through engagement with young people from West Dunbartonshire secondary schools.
- Distress Brief Intervention training offered to over 175 frontline workers and online training completed by 90 local partners who can make referrals to the Distress Brief Intervention Service.
- West Dunbartonshire invited to become the fifth national pilot site to offer Distress Brief Intervention to 14 and 15 year-olds.
- 90 parents and carers of young people completed support and education sessions following a diagnosis of a child or young person with neurodiverse issues such as autism.
- Training courses completed by the Disability Sports Youth Group on Disability Sports Awareness, Coaching Footballers with a Disability, Managing Finances, First Aid, and Child Protection.
- 77.5% of people aged 65 and over who have had 2 or more emergency admissions to hospital in the last year have had an assessment of their needs.
- Emergency admissions for people aged 18 and over below our local target of 9,180 at 8,625.
- Rate of emergency admissions for people aged 65 and over of 268.1 per 1,000 population, below our target of 271.
- 1,129 people have received support with their medication from our Homecare Pharmacy Team.
- 1,942 people were receiving a Community Alarm/Telecare service at March 2023.
- 95% take up of 27-30 month reviews for those children of eligible age: higher than the Scotland or NHS Greater Glasgow and Clyde figures, and second highest take up across the 6 HSCPs within Greater Glasgow and Clyde.
- Just under 94% of referrals to addiction services, including third sector partners, starting treatment within the national target time of 3 weeks, exceeding the 90% standard.
- 19,817 people had an Electronic Key Information Summary (eKIS) in place to allow for sharing of key information across the HSCP, hospital Acute Services and Primary Care.
- Development of, and extensive consultation on, a new HSCP Strategic Plan for the period 2023-2026 reflecting stakeholder priorities and identifying the challenges as well as the opportunities to deliver our strategic outcomes.



### Priority 2: Access

- Appointment of a Self-Directed Support (SDS) Lead in June 2022 to drive forward improvement work.
- Update and release of an SDS ilearn module in October 2022.
- Twice weekly SDS Clinics for one to one coaching around any aspect of SDS.
- 10,386 hours of homecare delivered to 1,416 West Dunbartonshire residents as at March 2023 to support them to live as independently as possible in their own homes.
- 71% of people on the Palliative Care Register supported to die at home or in a homely setting for cancer deaths and 62% for those patients with a non-cancer death.
- Introduction of a new Adult Carer Assessment and Support Plan, eligibility criteria for adult carers and a new process for how newly identified adult carers can access different support.
- £50,000 allocated by the HSCP to Carers of West Dunbartonshire to be accessed by carers for Short Breaks via Carers of West Dunbartonshire's Out of the Blue Service.
- Collaborative work across the 6 HSCPs within Greater Glasgow and Clyde to develop and deliver services to people with learning disabilities and very complex support needs.
- 827 Justice Social Work Reports completed, an increase of 4% on 2021/22.
- 84.2% of people with a Community Payback Order attending an induction session within 5 working days of sentence.
- 15 individuals supported by a new Bail Assessment and Supervision Service which commenced at Dumbarton Sheriff Court in September 2022.
- Diversion services provided to 37 people who had not been convicted of an offence, supporting them not to become further entrenched in the justice system.
- Close working between Justice and Housing Services to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.
- Enhancement of unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations.

### Priority 3: Resilience

- 99.1% of children and young people referred to Child and Adolescent Mental Health Services starting treatment within 18 weeks of referral, above the national target of 90%. The average wait for treatment was 9 weeks.
- 58 people participated in a Resilience Hub online meeting themed on 'Developing your Trauma-informed Practice' showcasing the range of free training resources available from the National Trauma Training Programme as well as how some local teams within Education and Blairvadach Children's House have put this into practice.
- 40 leaders attending the national Scottish Trauma-informed Leadership Training.
- 1,280 people in total have now seen the Resilience film with the latest viewers being foster carers, kinship carers and adoptive parents in March 2023.
- 4,456 referrals to Adult and Older People Mental Health Services and 29,895 appointments offered.
- Recruitment completed for Wellbeing Nurses within all GP practices across West Dunbartonshire.
- Successful recruitment to and roll out of a new Specialist Physical Health Nurse service based within Community Mental Health Teams and a Mentalisation Based Therapy Nursing Service for people with emotionally unstable personality disorders. The latter has reduced the number of admissions to both the Mental Health Crisis Team and Mental Health inpatient services.
- Development and introduction of an HSCP Adult Support and Protection Duty system and Area Resource Group.
- Mental Health Social Workers have ensured all clients have an established review date using principles of self-directed support to ensure all care packages meet the eligibility criteria for adult social care services.
- Staff and volunteers through the HSCP's Work Connect Employment service supported the Vale of Leven Hospital to open their Dementia Friendly Garden for patients and their carers.



## Priority 4: Assets

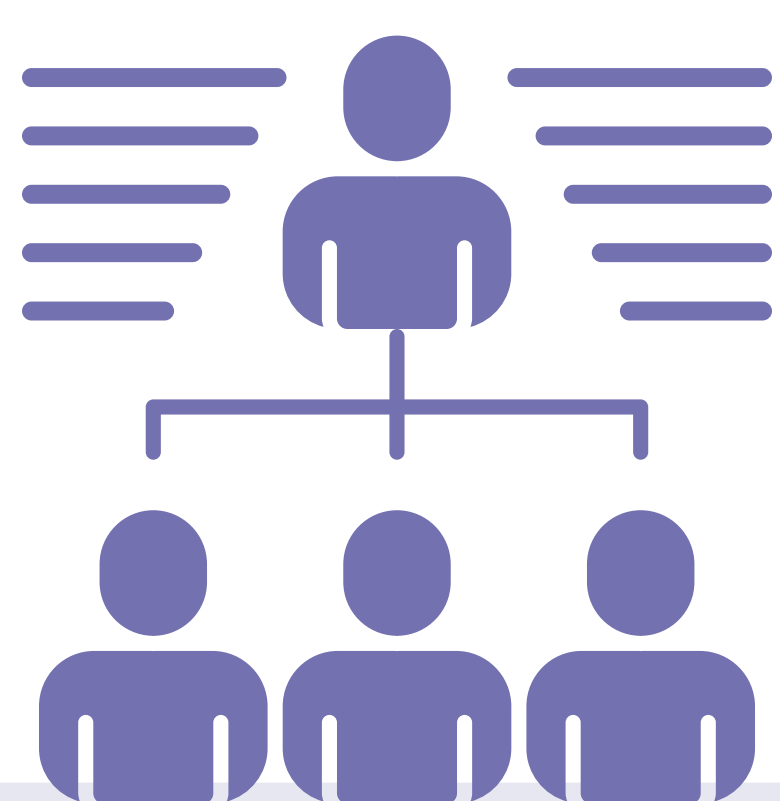
- Prescribing costs per patient lower than the NHS Greater Glasgow and Clyde figure of £187.73 at £185.96.
- Staff wellbeing webinars made available to all HSCP staff by West Dunbartonshire Council including emotional resilience, communication and neurodiversity.
- The extension of Mental Health First Aiders who work alongside Wellbeing Advocates to signpost employees to supports and provide important feedback from employees on wellbeing needs and initiatives.
- Work commenced in relation to the Equally Safe at Work programme to raise awareness and understanding of gender-based violence.
- NHS Greater Glasgow and Clyde have made progress across the pillars within the Staff Health Strategy and have continued to develop and implement the health and safety culture framework.
- Conversion Rate of 83% in January - March 2023 for the proportion of children where the Child Protection Case Conference decision is to add the child to the Child Protection Register. This Conversion Rate is a good indicator of the effectiveness of our processes and decision-making. The rate was 65% in the same period in 2022.
- More effective collection of Inter-Agency Referral Discussion data identified through scrutiny of the Child Protection Minimum Dataset and Police Scotland data now being shared with the HSCP.
- Revised model of initial response or 'duty' service has been developed by Children's Services, benchmarked against current service uptake of new referrals to the service.
- Work undertaken with the Scottish Children's Reporters Administration to support better management of the high volume of report requests, specifically developing a triage process to support decision making where a full report may no longer be required.

## Priority 5: Inequalities

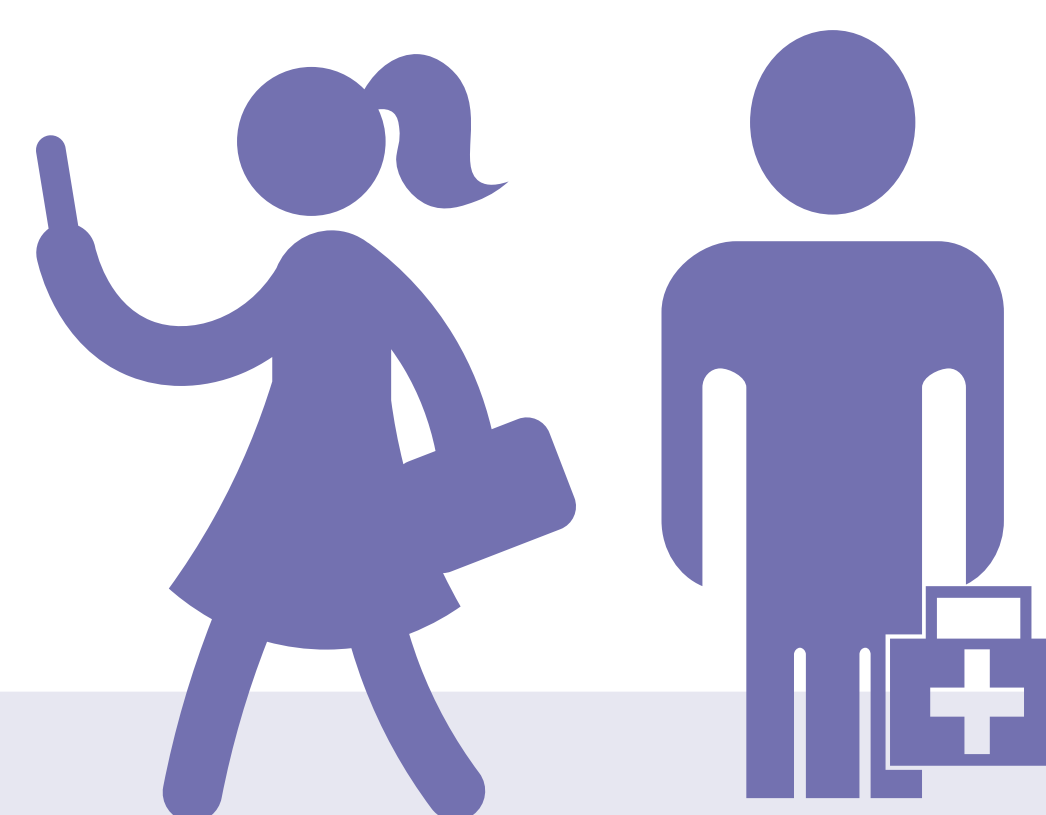
- 88.7% of looked after children being looked after in the community helping them maintain relationships and community links.
- 86.2% of children from a black or minority ethnic community who are looked after, are looked after in the community.
- The Promise Lead Officer recruited in May 2022. Engagement sessions reached over 300 people.
- Viewpoint relaunched in July 2022 with over 70 social workers attending training.
- West Dunbartonshire Champions Board re-launched in collaboration with Y-Sort It and Who Cares Scotland?
- Free training provided by Each and Every Child to over 80 multi-agency staff offering support around language and care experience to reduce stigma.
- 130 young people supported by the HSCP's Throughcare and Aftercare team during 2022/23.
- New ways of supporting unaccompanied asylum seeking children developed including a housing support model and working directly with the Home Office to ensure identified children who will be travelling to Scotland as part of the National Transfer Scheme are fully supported with this transition.
- Leadership training for equality and inclusion and a session on the Fairer Scotland Duty from the Improvement Service provided to the HSCP's extended management team.
- Addiction Services piloted a project on same day medication assisted treatment in Clydebank. Changes made to the service via the pilot led to an 85% reduction in service access delays and a 65% increase in the number of people accessing treatment.
- Additional funding provided to a third sector partner addiction service to support in the delivery of a family support service.
- Development of a Recovery Community and Lived and Living Experience Panel.
- Whole System Approach to Rights-Based, REACH advocacy workshops delivered to over 300 individuals within statutory and non-statutory services as well as community members.
- Recruitment of 2 dedicated advocacy workers for Addiction Services.



# Overview of the HSCP



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



Employing 2,298 health and social care staff across Adult, Children's and Criminal Justice services (1,842 FTE)



2022/23 budget of £228 million

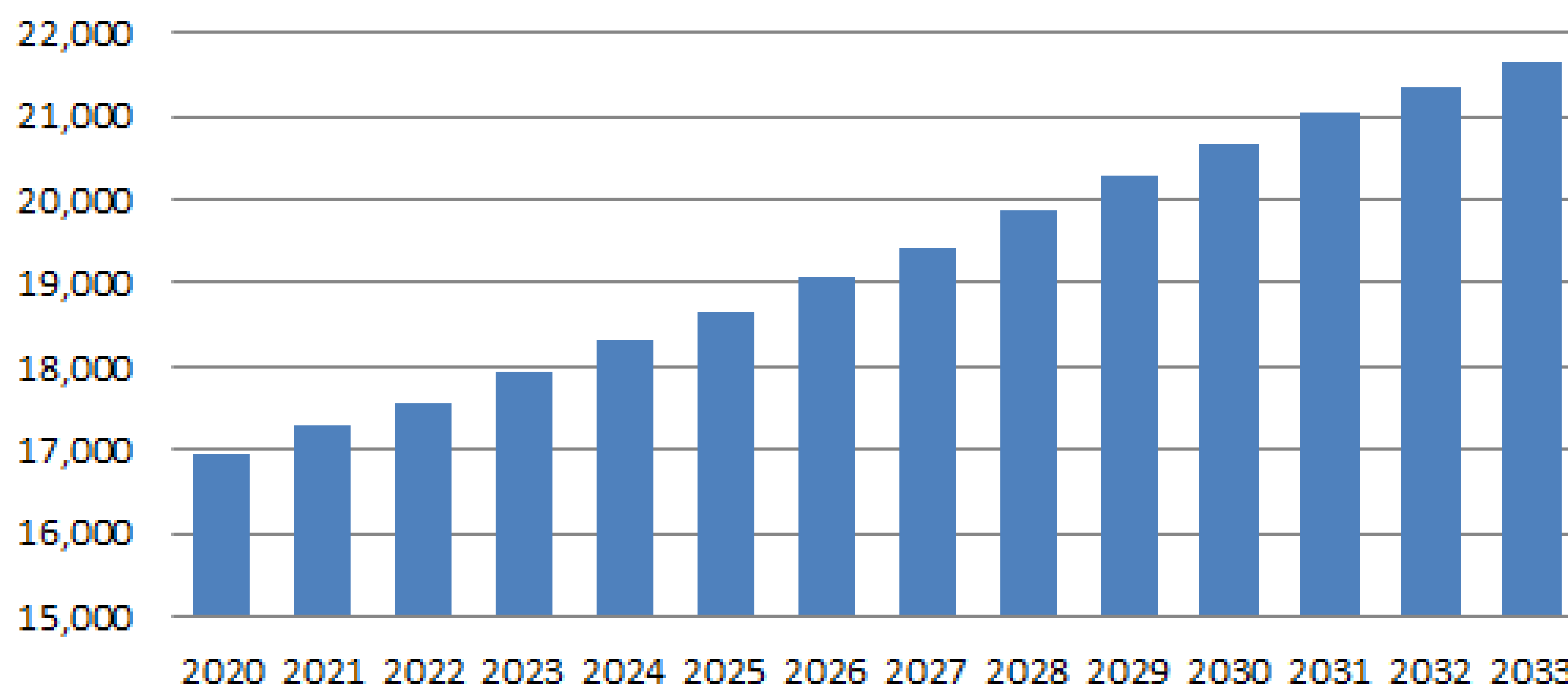


Delivering health and social care services to support the people of West Dunbartonshire: population 87,790

# Challenges and Areas for Improvement

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

**West Dunbartonshire Projected Population 65+  
(Source: National Records of Scotland)**



West Dunbartonshire is an area of high deprivation and the impact of the current cost of living crisis, with significant hikes in fuel prices, inflation and the cost of providing services across all sectors and businesses, is likely to be felt more acutely than in other less deprived areas. In addition, while the worst of the Covid-19 pandemic may now be behind us, our communities have had little time to recover from its impact and the longer term impacts are still unfolding.

Specific challenges faced during 2022/23 were:

- National challenges around delayed discharges from hospital were particularly significant in West Dunbartonshire with delays reaching unprecedented levels.
- Emergency admissions and Accident and Emergency attendances continuing to rise towards pre-pandemic levels.
- An increasing average length of hospital stay.
- Recruitment and retention across almost all frontline services and the impact that this has had on waiting times and service delivery.
- The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector.
- High numbers of Domestic Abuse offending within West Dunbartonshire.
- Increasing number of referrals from the Crown Office and Prosecution Service.
- Re-establishing the links developed by the Champions Board with care experienced young people, the community and corporate parents.
- Recovering from the long term impact on MSK Physiotherapy waiting times of the redeployment of MSK staff to support Acute colleagues during the pandemic.



# Introduction

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

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

The Coronavirus Scotland Act (2020) allowed HSCPs to extend publication date beyond July and we have published our report in September in 2020, 2021 and 2022. The Scottish Government has recently advised that the extension and provisions made in the Coronavirus Scotland Act (2020) have now come to an end, meaning that the reporting deadline reverts to that defined in the Public Bodies (Joint Working) (Scotland) Act 2014. Therefore, reports for the period 2022-23 should be published by the end of July 2023.

Due to this earlier timescale, data completeness issues at NHS Board level will mean that some of the statistics within this report will be for calendar year 2022 rather than the full picture for the financial year 2022/23. This is in line with Public Health Scotland guidance recommending the use of specific reporting time periods within Annual Performance Reports for 2022/23.

## Overview of the HSCP

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

The HSCP's vision is:

### Improving lives with the people of West Dunbartonshire

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

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

The HSCP is committed to:

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

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

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

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

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

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

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

West Dunbartonshire has an estimated population of 87,790 people and the HSCP has a workforce of approximately 2,298 which equates to 1,842 full time equivalent at March 2023. A large proportion of HSCP staff live within West Dunbartonshire providing services to people within their own communities.

Services are delivered across the two localities within West Dunbartonshire: Dumbarton/Alexandria and Clydebank.

During 2022/23 the HSCP had responsibility for a budget of £228 million.



# Aims of the Annual Performance Report

The aim of this annual performance report is to provide an open and transparent account of the work carried out across all service areas within the HSCP during 2022/23: improvements and challenges and the direction of travel in our efforts to improve outcomes for residents of West Dunbartonshire. The report will also seek to demonstrate the HSCP's commitment to Best Value in the commissioning and delivery of services.

This report will cover our performance between 1st April 2022 and 31st March 2023 and will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022.

This will be our last report on the 2019-2022 plan as this year has seen the development of our new Strategic Plan 2023-2026. Our process of assessing and analysing the strategic needs of the people of West Dunbartonshire and consulting with key stakeholders to develop our new plan is described later in this report.

## Policy Context



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

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

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

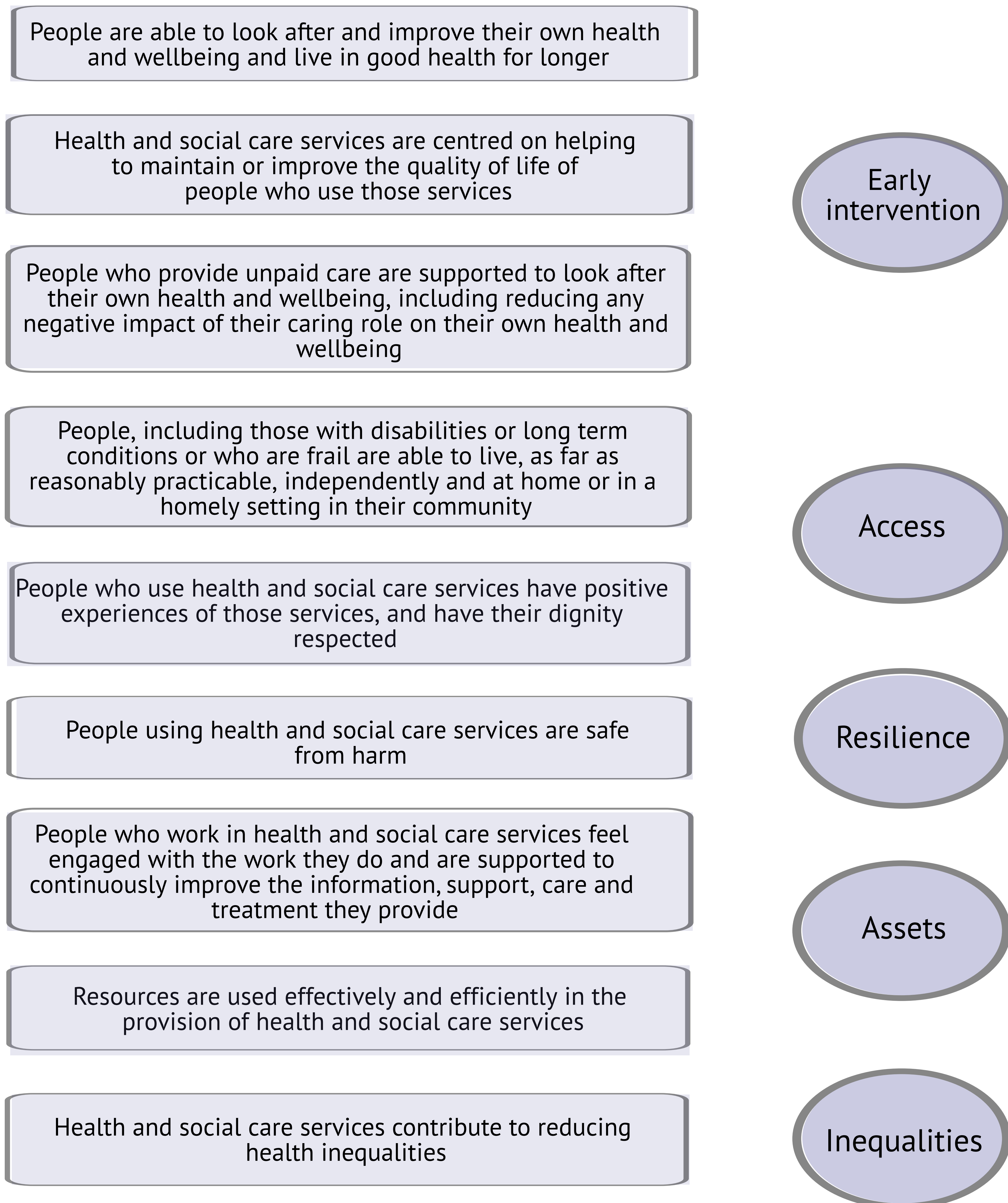
The Health and Wellbeing Outcomes are embodied in the ethos of the Social Care (Self-Directed Support) (Scotland) Act 2013 which aims to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes; and respects the person's right to participate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

HSCP services are delivered to adults with critical or substantial needs in line with the HSCP's Eligibility Criteria for Adult Community Care Policy. The eligibility criteria allows for discretion to be applied in terms of providing adult social care for those people assessed as experiencing moderate risk.

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

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

## National Health and Wellbeing Outcomes







### Public Protection

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

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

During 2022/2023 the focus for Adult Support and Protection (ASP) has been on progressing the Joint Inspection of ASP Improvement Action Plan, the implementation of the ASP Learning Review Guidance 2022, the National revised ASP Guidance Suite 2022 and the ASP National Minimum Dataset 2023.

A number of positive improvement actions have taken place over the period which included an ASP Development Event in February 2023. The event was held on National ASP Awareness Day and presentations provided by colleagues from Scottish Fire and Rescue, Police Scotland, Multi-Agency Forum, NHS Public Protection Team, the HSCP and the Adult Protection Committee. A workshop also took place to look at practice and processes.

The event provided the opportunity for adult protection partners to come together and review local improvement actions, developments and learn about each other's roles in relation to adult protection and protecting vulnerable adults from harm. HSCP staff also had the opportunity to reflect on the findings of an audit of the new ASP duty system: what is currently working well and where things may be done differently or better.

Adult Protection Committee (APC) subgroups were introduced at the beginning of 2023 and provide a framework to support West Dunbartonshire APC in driving forward key developments around: policy and practice; data scrutiny; quality assurance and evaluation; learning and development; and communication and engagement. The subgroups also provide the opportunity to engage staff working across partner agencies and a range of service areas, thus widening the network of those involved in shaping the local and national adult protection agenda and key priorities.

A National Implementation Group and sub groups have been set up to support ASP partnerships with the work around the new ASP Minimum Dataset and embed policy revisions into practice and process. Local representatives have been identified for each of the groups and it is anticipated this work will be ongoing for approximately 18-24 months.

Following the 2021/ 22 Children's Services Inspection for Children and Young People at Risk of Harm, a children's services improvement plan was developed focusing on key areas of feedback. This included a focus on assessment and planning activity, engagement with children, young people and their families, and staff training and development. Inspection feedback informed a comprehensive plan to develop and improve children's social work services and wider children's services partnership.

A number of areas of audit activity have been identified (initial referral discussions, re-registrations on the child protection register and thresholds for referrals amongst others) and are in progress, with staff training and development opportunities having been located primarily around the areas for development highlighted by the inspection.

Other areas of development work remain ongoing, such as domestic abuse training, core child protection training and specific training in respect of the process of assessment, SMART planning and chronology building.



We have also been working with partners to fully implement the new National Guidance for Child Protection 2021. In this context, the Scottish Child Interviewing Model (SCIM) will be implemented locally in May 2023 supported by the national SCIM team and local partners within Police Scotland, Education and Health. This work has been undertaken in partnership with Argyll and Bute Council, and is in the early stages of implementation, overseen by a joint implementation group. A hybrid model is in place supporting the use of the SCIM methodology in some cases where children require to be interviewed jointly by police and social work, while the previous model of Joint Investigative Interviewing also remains in place.

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

The CSWO continued to attend the North Strategic Oversight Group and the Justice Service Manager is a member of the Management Oversight Group, where both groups include responsible authorities (Local Authorities, Police Scotland, Scottish Prison Service and Health).

The MAPPA Unit's performance report noted 100% compliance, with key performance indicators for cases managed at level 2 and 3 (multi-agency risk management) being reviewed no less than 12 weekly. Furthermore, Justice Services were fully compliant with all national key performance indicators, where all MAPPA meetings were held and notifications submitted to the MAPPA Unit within fixed timescales: no exceptions were reported during 2022/23.

## Access to Information



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

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

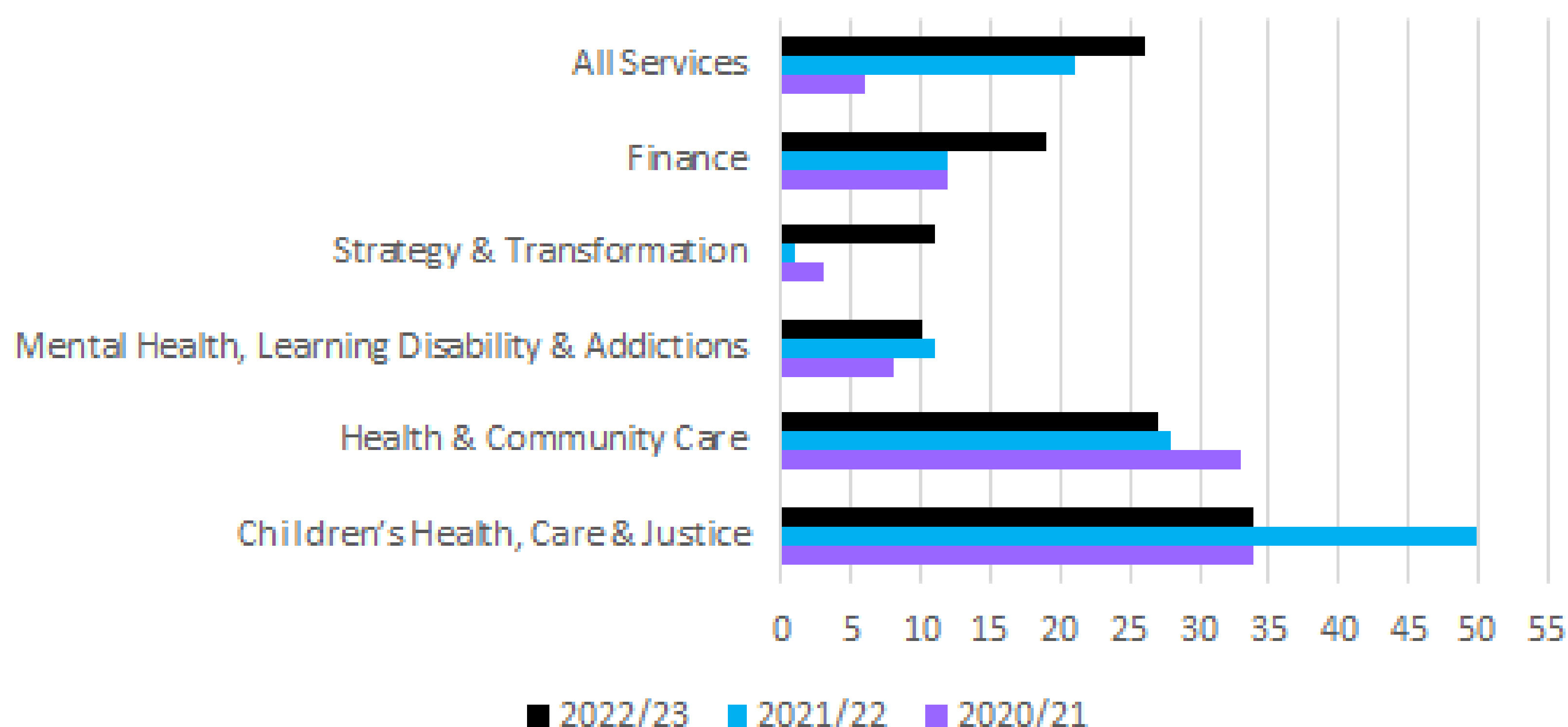
Through television, newspapers and social media, people's right to request information under FOISA, and the power national or locally aggregated information can have, has become widely known. Public authorities can refuse to provide information under very strict exemptions contained within the Act and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

There were 127 Freedom of Information requests relating to HSCP services received in 2022/23, an increase of 3% on the previous year. The legislation allows public bodies to seek clarification from a requester where there is some uncertainty about the exact information that is being requested. During 2022/23 the HSCP requested clarification in relation to 5 Freedom of Information requests where no response was received.

Of the remaining 122 requests, 68% were responded to within the timescale: a decrease on 88% in 2021/22 and the average response time was 25 days. Most delays involved responses being collated from a number of different sources across services. The numbers below represent the main service area covered in the request however many requests cover both service delivery and the associated financial and staffing information.



### Freedom of Information Requests



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

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

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

During 2022/23 the HSCP received 99 SARs: a 34% decrease on the previous year. Responses were issued within the initial or extended timescales for 91% of requests. Many SAR responses are lengthy and involve significant checking and redaction by HSCP staff.

The HSCP also provides information to the Scottish Government and Public Health Scotland. Quarterly and annual returns on service volume and the demographics of people who use HSCP services are submitted for all HSCP services: Older People, Adult, Children's and Criminal Justice services. The Scottish Government and Public Health Scotland use this information for a number of specific purposes such as: monitoring the implementation of national policies or legislation; to inform funding and planning decisions; to predict the future needs of Scotland and local populations; and to develop models of care and service delivery and inform policy makers. Much of this information is published at aggregate level on their websites and therefore available in the public domain.

In line with Data Protection and UKGDPR the HSCP has a requirement to inform people of how their information will be used. Privacy Notices relating to the various types of information we submit are available on the HSCP website. These outline how we hold, manage, process and submit an individual's information and an individual's rights with regard to their own information.

The HSCP also provides information in the form of complaint responses. Full details of how to make a complaint can be found on the HSCP's website and more detailed information on the HSCP's performance in relation to complaints handling can be found in our Annual Complaints Report 2022/23.

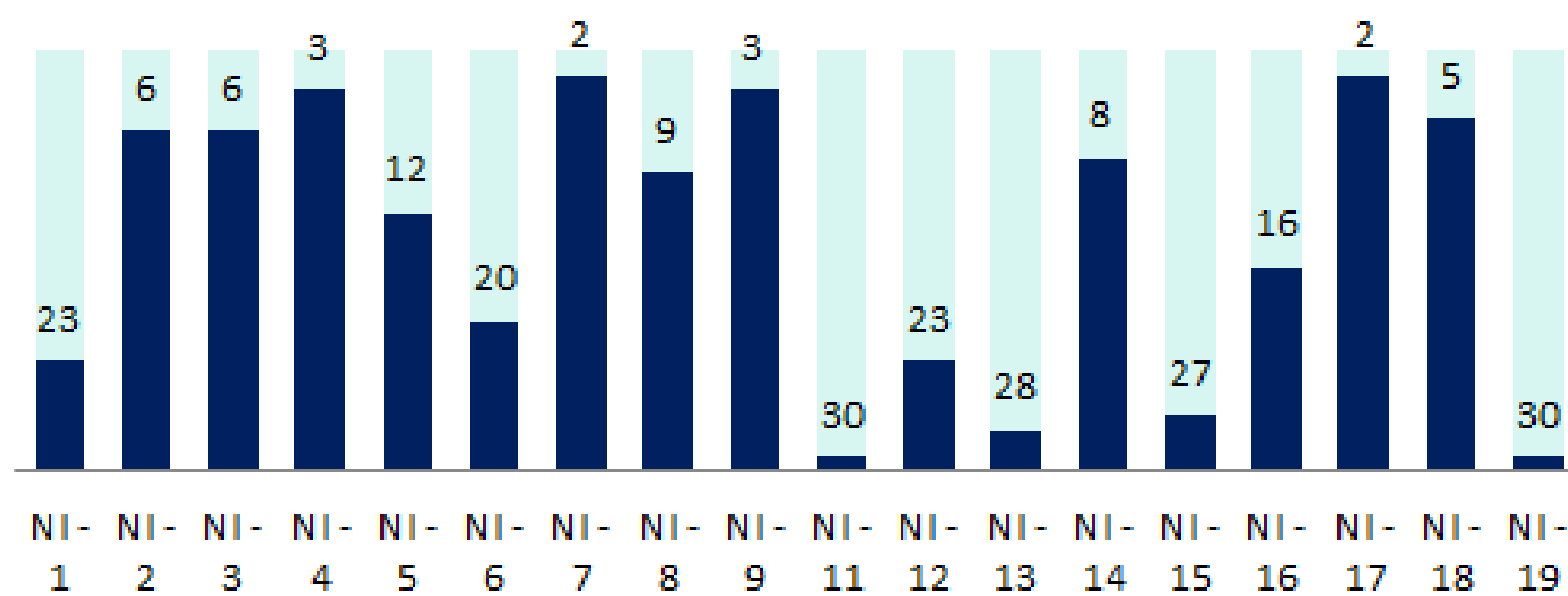
# National Performance Measurement

## Core Integration Indicators

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

The chart below shows West Dunbartonshire's position in comparison with the other 30 HSCPs in Scotland and Appendix 1 provides the detail behind the rankings and comparison with national figures. West Dunbartonshire performed better than the Scottish national figure in 10 of the 18 indicators.

**West Dunbartonshire Ranking  
Core Integration Indicators**



Core Integration indicators 1-9 are gathered from the Health and Care Experience Survey which is carried out every 2 years. The survey was carried out during 2021/22 and is not due to be carried out again until 2023/24.

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

The proportion of West Dunbartonshire residents supported at home who agreed that they were being supported to live as independently as possible moved from the 11th lowest in Scotland in 2019/20 to the 6th highest in 2021/22.

Premature mortality rates for 2022 will not be available until July 2023 and therefore not in time for this report however in 2021 West Dunbartonshire had the 2nd highest premature mortality rate in Scotland: the rate of deaths per 100,000 for people aged under 75 years. Similarly the proportion of Care Inspectorate Inspections graded at 4 (Good) or above during 2022/23 will not be available to meet our report timescales however in 2021/22 West Dunbartonshire HSCP services performed 2nd best in Scotland with 87.7% of inspections meeting this criteria.



Due to data completeness issues at Health Board level we are having to compare provisional 2022 calendar year figures with 2021/22 financial year figures for some of our hospital-related indicators. The former will be subject to update once the full financial year data is available and will therefore differ in our 2023/24 Annual Performance Report from those reported here.

In 2022 we had the 9th highest emergency admission to hospital rate in Scotland and the 4th highest bed day usage for emergency admissions. These combine to reflect a longer average length of hospital stay for West Dunbartonshire residents and the complex health needs of our population. Readmission rates by contrast were the 8th lowest in Scotland for West Dunbartonshire residents, suggesting appropriate discharge at the right time to the right place.

Delayed hospital discharge continued to be a significant challenge for the HSCP and the rate of bed days for people aged 75 and over whose discharge was delayed increased from the 7th highest in Scotland in 2021/22 to 2nd highest in 2022/23. Falls rates in West Dunbartonshire improved slightly from 19th to 16th highest while the proportion of the last 6 months of life spent at home or in a community setting fell slightly from 89.4% in 2021/22 to 88% in 2022: falling from 20th in Scotland to 27th.

Delivering support to people at home continues to be a strongly performing area for the HSCP. In 2022 the percentage of adults with intensive needs being supported at home was the 5th highest in Scotland at just over 71%: the Scotland figure was 63.5%.

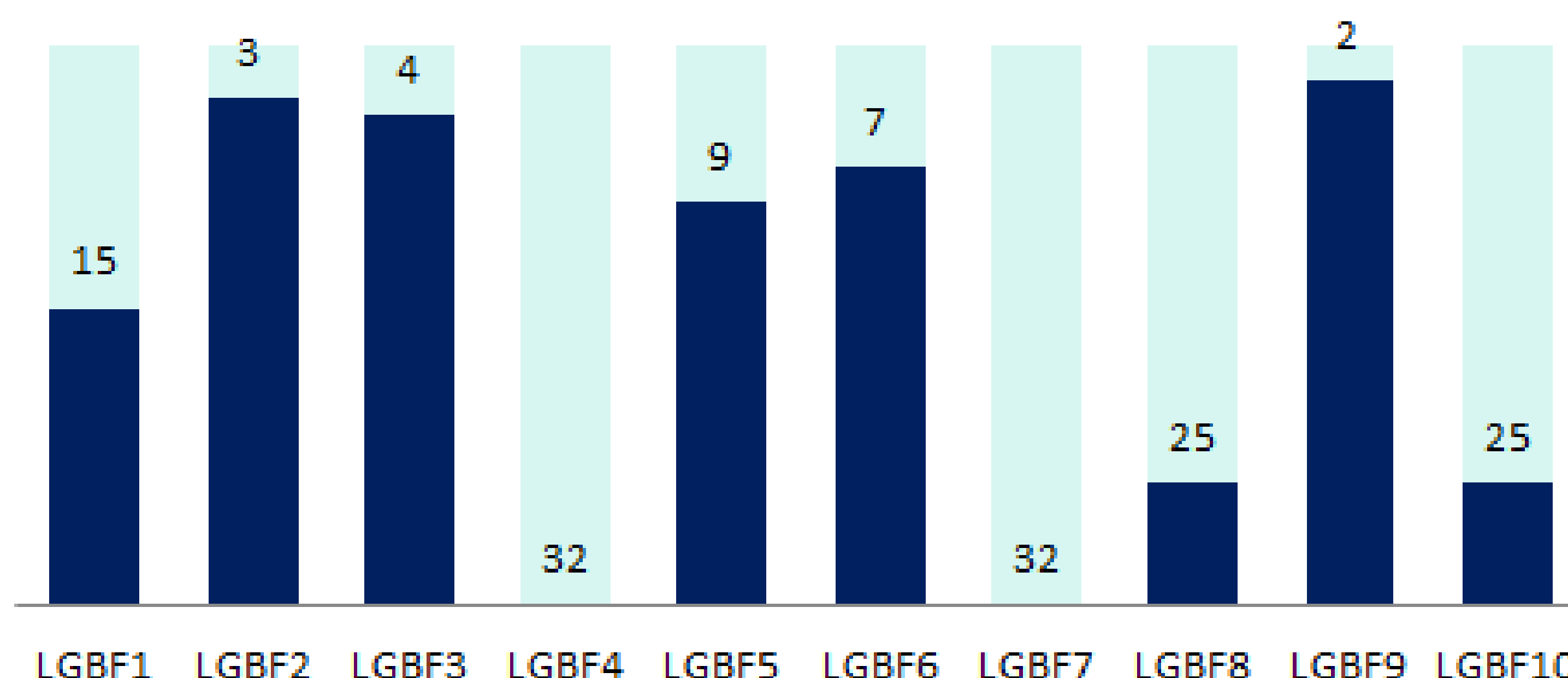
## Local Government Benchmarking Framework

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

The chart below shows West Dunbartonshire's position in 2021/22 in comparison with the other 31 Local Authorities in Scotland for those indicators the HSCP has responsibility for and Appendix 2 provides comparison with the national figure.

During 2019/20 new indicators were added to the existing LGBF suite which have been pulled directly from the Core Integration Indicators. To avoid duplication these will not be included in this section or in Appendix 2.

### West Dunbartonshire Ranking Local Government Benchmarking Framework



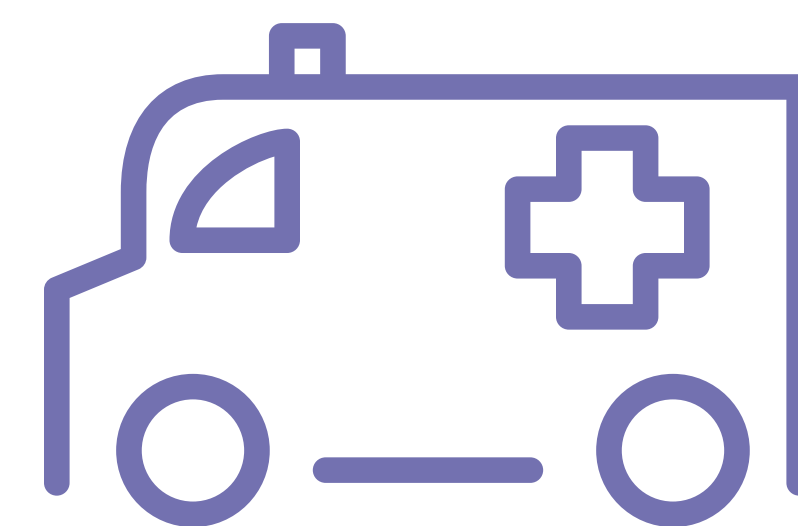


Of the remaining 10 indicators, the HSCP performed better than the Scottish national figure in 5 of the indicators during 2021/22. West Dunbartonshire had the 3rd lowest weekly cost for children looked after in a residential setting and the 4th lowest for children looked after in the community: 26% and 41% lower than the Scotland figure respectively. Only 3% of child protection registrations were re-registered within 18 months in West Dunbartonshire, which is the 9th lowest in Scotland. The percentage of Looked After Children with more than 1 placement in 2021/22 (August – July) was 11.7%, which is lower than the Scotland figure of 15.9%. The proportion of people aged 65 and over receiving personal care at home was the 2nd highest in Scotland at 72.9%.

The HSCP's worst performing indicators were: expenditure on Direct Payments or Personalised Budgets, as a proportion of overall Social Work spend, with the lowest figure in Scotland and the percentage of children reaching their developmental milestones at 27-30 months of age which will be considered further during this report. In relation to Direct Payments and Personalised Budgets, these are Options 1 and 2 of Self-Directed Support. This indicator does not take account of expenditure on services for people who select Option 3 under Self-Directed Support which means they have made a choice to request that the local authority arrange and pay for services on their behalf.

The weekly cost for residential care for older people has continued to be the 8th highest in Scotland in 2021/22 with all local authorities seeing a significant increase in costs which may relate to the pandemic.

## Ministerial Steering Group



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

As in the previous two years no national targets for MSG were set for 2022/23. Local targets were agreed for 2020/21 on the basis of the potential impact of a number of workstreams, however the pandemic made some of these workstreams difficult to implement or maintain and it was felt reasonable to retain these targets for 2021/22 and then again in 2022/23 pending the review of all our Key Performance Indicator targets for 2023/24 in line with our new Strategic Plan.

Unfortunately, due to data completeness issues at Health Board level, we do not yet have full financial year data for 2022/23 for all of our MSG indicators and have been advised by Public Health Scotland to report 2022 calendar year figures for emergency admissions and unscheduled bed days and compare these with previous financial year figures.

Only two of our MSG local targets were met in 2022. Emergency admissions to hospital of West Dunbartonshire residents aged 18 and over were 6% below target and 2.8% lower than in 2021/22. Similarly our rate of emergency admissions for those aged 65 and over is slightly below our target of 271 per 1,000 population at 268.6. The number of unscheduled acute bed days used by people aged 18 and over exceeded our target by 22% and numbers were 9.5% higher than in 2021/22. These numbers combine to show us an increasing length of stay for those admitted to hospital on an emergency/unscheduled basis: fewer admissions but higher numbers of bed days used.

The number of bed days used where people's discharge from hospital has been delayed was more than twice our target of 5,839 in 2022/23, at 13,905. This was also 36% higher than our 2021/22 figure. While there have been significant challenges nationally in relation to delayed discharge, West Dunbartonshire has seen unprecedented levels of delays with bed days involving complex, adults with incapacity cases making up more than our annual target for all delays. Attendances at Accident and Emergency Departments were almost 18% above target however were still 11% lower than the pre-pandemic rates of 2019/20.

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



# Performance against Strategic Priorities

This section of our report will describe our performance against our 5 strategic priorities during 2022/23 with specific regard to the areas outlined below. Performance against our Strategic Plan indicators can be found at Appendix 4.

## Priority 1: Early Intervention

- Children and Young People's Mental Health
- Unscheduled Care
- Child Development
- Development of HSCP Strategic Plan 2023-2026

## Priority 2: Access

- Self-Directed Support
- Supporting Carers
- Learning Disability Services
- Justice Social Work Services

## Priority 3: Resilience

- Adversity, Trauma and Resilience
- Adult and Older People Mental Health Services

## Priority 4: Assets

- MSK Physiotherapy
- HSCP Staff Health and Wellbeing
- Child Protection

## Priority 5: Inequalities

- Keeping The Promise
- Equality Mainstreaming Activity
- Medication Assisted Treatment Standards

# Priority 1: Early Intervention

## Children and Young People's Mental Health

The HSCP is working towards a whole system approach to child and adolescent mental health and wellbeing, spanning ages 5 to 24 years and up to 26 years if the young person is care experienced.

The whole system approach is defined by Public Health Scotland as an 'ongoing and flexible approach by a broad range of stakeholders to identify and understand current and emerging public health issues, whereby working together, we can deliver sustainable change and better lives for the people of Scotland'. This approach is a collaborative model across stakeholder organisations: sharing intelligence and expertise and creating opportunities to focus on early intervention and prevention.

To support this work the University of Glasgow was commissioned by the HSCP to undertake a comprehensive review and analysis of children and young people's community mental health and wellbeing services and supports in West Dunbartonshire: exploring current practice and identifying good practice and areas for development.

Engagement was undertaken in three phases to understand the needs of young people and their families on how to support their mental health and emotional wellbeing at a community level.

- Phase one: stakeholders and practitioners' attitudes and experiences of collaboration
- Phase two: parents' and guardians' attitudes and experiences of help-seeking on behalf of their children
- Phase three: children and young people's experiences of information and support seeking in terms of mental health and wellbeing

The review's final report published in June 2022 sets out key recommendations and six areas for consideration to inform future strategic planning for community mental health and wellbeing services for children and young people.

**Glasgow University Review of Children and Young People's Community Mental Health and Wellbeing Services and Supports**

University of Glasgow

**6 areas for consideration:**

- increase visibility of community services
- explore effective communication between statutory and new services
- create training opportunities for parents to support mental health
- introduce social support groups for families
- explore potential of community hub to support families
- continue to consult with young people on issues affecting them, and let them know the results



In response to one of the Review's findings that a future area for development should be to 'increase the visibility of services operating at community level', work was commissioned to design, build and manage a Wellbeing website. The site will inform local children, young people, their families, and professionals who work with them, and direct them to support and services that will support their mental and emotional wellbeing.

West Dunbartonshire Wellbeing website was inspired and co-produced through engagement with young people from West Dunbartonshire secondary schools. Y Sort it and West Dunbartonshire Youth Council, Social Work, the Whole Family Wellbeing Fund Group and Violence Against Women and Girls Partnership also contributed to the content. The Working Group will continue to collaborate with youth organisations to review content and support the promotion of the resource. The web resource will be available from June 2023.



West Dunbartonshire Distress Brief Intervention (DBI) Associate Programme is a service for young people experiencing emotional distress with the aim of 'ask once get help fast'. The service is for young people aged 16 years to 24 years (26 years for care experienced young people) to specifically support those who are experiencing 'emotional distress' and not requiring clinical interventions.

The multi-agency DBI Associate Programme Delivery Group was established in September 2021 and leads on the implementation of the new DBI Associate Programme. Membership of the delivery group includes the National DBI Programme Manager, DBI Service Manager, Police Scotland, Scottish Fire and Rescue, with representation from West Dunbartonshire Mental Health Services, Primary Care, Health Improvement, Education, Learning and Attainment, Specialist Children's Service, and Looked After and Accommodated Children. The delivery group is co-chaired by West Dunbartonshire Council/HSCP and Scottish Association for Mental Health (SAMH).

SAMH has been commissioned as the third sector partner providing the person-centred support for each referral. To support referrals into the programme key frontline services are identified by the delivery group to undertake a one-hour online Learnpro module on the DBI process and providing a compassionate response to distress. During 2022/23 training was offered to over 175 frontline workers. Online training has also been completed by 90 local partners who can make referrals to the service.

An incremental approach has been taken since March 2022 to implement the service with all primary care sites active as of June 2022 and all five secondary education sites active as of November 2022. In December 2022, West Dunbartonshire was invited to become the fifth national pilot site to offer DBI to 14 and 15 year-olds. This pathway commenced on 30th January 2023 in two schools, with the remaining three secondary schools beginning in February 2023. The DBI delivery group continues to use learning from the national programme and other associate programme areas and to explore additional referral pathways for younger children e.g. Primary Care.

There were 55 referrals to the service during 2022/23. Support is provided within 24 hours of referral and for up to 14 days thereafter. Reasons for children and young people accessing the service in 2022/23 included: anxiety/low mood; education/attendance; health issues; bereavement; relationships with friends/home life; rape/sexual assault; self harm or suicidal ideation; sleep; financial/home/overcrowding. Data analysis support is provided by Public Health Scotland.



### Summary of Distress Brief Intervention

Young person B was referred to the DBI Service with a Distress Level of 8 via the Education referral pathway. The young person was presenting with anxiety and panic attacks and a possible diagnosis of Autism Spectrum Disorder and had worked with various other health care providers.

Over the course of the intervention the young person and DBI practitioner had four face to face meetings (B's preferred method of communication) over a period of two weeks, followed by a fifth face to face meeting with a parent and the referrer from Education. Each meeting lasted approximately one hour and was followed up with an email to the young person. This email would summarise what was talked through, some of the solutions discussed and links to further resources for information and support. B could then amend or correct anything that the practitioner may have misunderstood or not captured correctly. If B chose, they could then share the contents of this email with their parents. Lastly a final summary was emailed to the education establishment, parent and young person for conclusion and next steps agreed.

The service communicated with B via email and text outwith these face to face meetings. This was all done following a discussion with B who consented to this and felt it would be supportive in communicating their thoughts/needs and views.

Supports provided by the DBI service included:

- Support provided to advocate young person's view/feelings
- Support to attend meetings and have voice heard
- Resources and information provided to school/family to enable them to support the young person more effectively

By the end of the intervention B's Distress Level had reduced from 8 to 4. Several weeks later the DBI practitioner bumped into B who advised they were feeling much better, more positive and felt DBI had helped to assist them to communicate their opinions and choices.

Feedback from West Dunbartonshire Council Education colleague:

"In the short time we have been referring to the DBI service, the experience we have had as a school and the support for our young people has been excellent. The communication with the DBI team has been very good and our young people have all received contact within 24 hours of the referral being submitted. The approach that the DBI Practitioner has taken with our young people has allowed them to access support in a caring and nurturing environment and they have all appreciated her input into their care plan. I look forward to continuing to work with the service and see how it develops and grows as a form of support."

The University of Glasgow Review highlighted training opportunities for parents as an area for development. During 2022/2023 a total of 90 parents and carers of young people completed support and education sessions following a diagnosis of a child or young person with neurodiverse issues such as autism. All sessions were delivered by a neurodiverse trainer. Feedback was received via evaluation forms completed by some parents immediately post attendance and via telephone survey carried out three weeks after the sessions.



Parent and carers who completed the sessions reported:

- significant increase in knowledge and understanding of diagnosis.
- provision of skills to help support child's communication needs, distressed and anxious behaviours, and sensory issues.
- speaking to other parents in similar situations helpful, alleviated feelings of isolation.

"I was very impressed with the trainer; she was outstanding at facilitating the sessions. I feel parents would find this training very useful prior to diagnosis. I feel if I had known what I know now I would have been better equipped to support my daughter." Mum

The Disability Sports Youth Group programme continues to support young people with additional support needs and empower the young people to be part of their local community within a sport and physical activity environment. The aims of the programme are that:

- Each young person to gain a minimum of one sporting governing body qualification.
- Two young people with additional support needs will gain a volunteering position in West Dunbartonshire Leisure Trust to support the delivery of weekly football, athletics and gymnastics sessions.
- The group will volunteer at a minimum of four community sports events to support the delivery of local physical activity events.



By increasing participation and engagement with young disabled people the Group aims to enhance their skills for life and learning and reduce social anxiety by improving confidence and overall wellbeing.

Members have attended several training courses that were adapted for their needs. These courses included Disability Sports Awareness, Coaching Footballers with a Disability, Managing Finances, First Aid, and Child Protection. These courses, along with the development activity delivered within the weekly sessions, have enhanced the skills and the confidence of the young people. The next step for members of the group is to identify volunteering opportunities with partner organisations. For some, this will involve supporting the delivery of sport and physical activity sessions and/or volunteering at sports festivals and events in the local community.

The Disability Sports Youth Group puts young people at the heart of the sessions, enabling them to make decisions and influence activity and progress. They are encouraged to help deliver some activity to their peer groups, engage in discussion and help to make their own and group decisions.



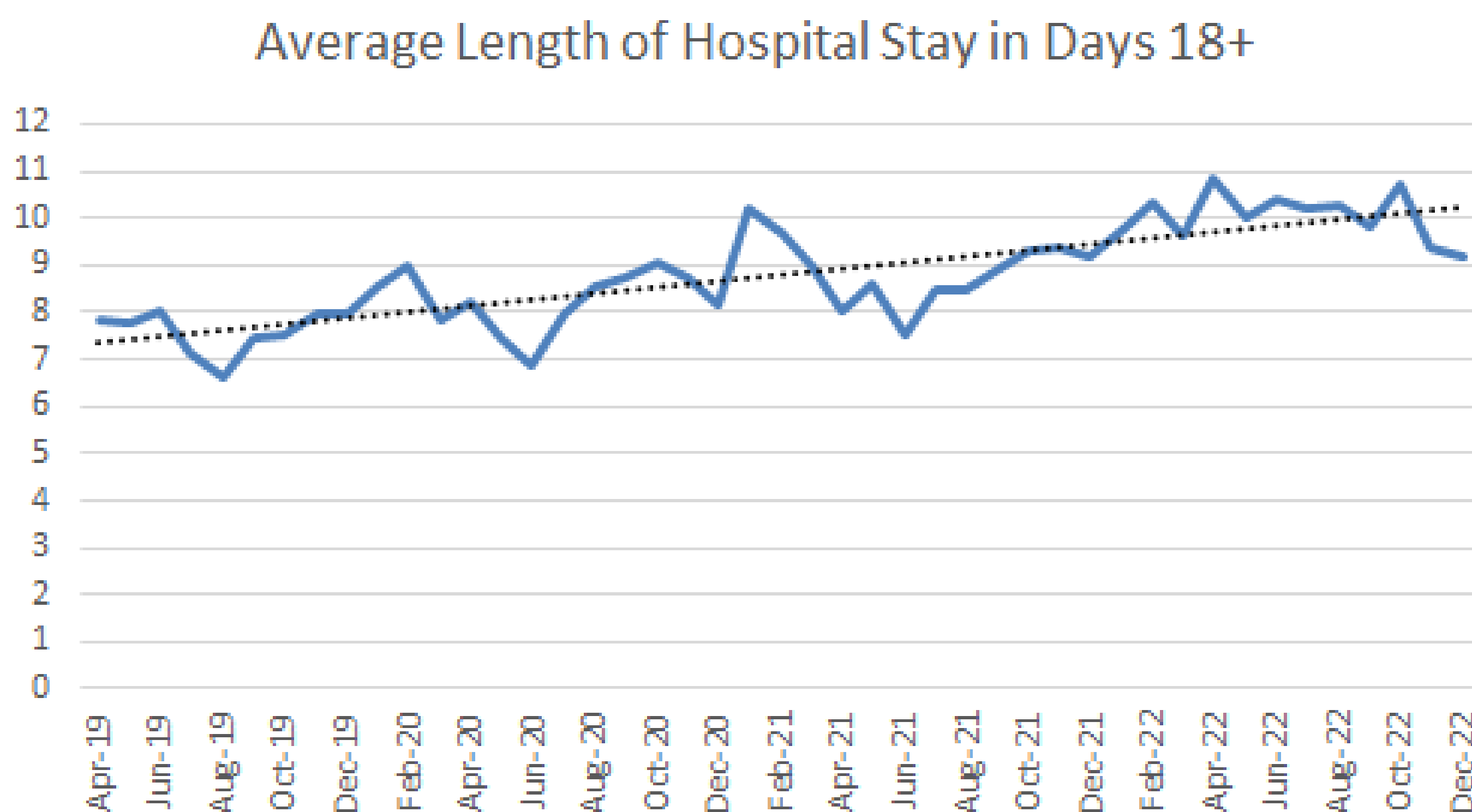
## Unscheduled Care

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

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

Unscheduled care continued to return to pre-pandemic levels during 2022/23. Calendar year 2022 saw emergency admissions increase for 5 of the 6 HSCPs in Greater Glasgow and Clyde on the 2020/21 figure, with West Dunbartonshire having the 2nd largest increase at 2.8%. Unscheduled bed days in 2022 and attendances at A&E in 2022/23 increased for all 6 HSCPs on the 2020/21 figures. West Dunbartonshire had the 3rd highest increase in unscheduled bed days at just over 20% and the 2nd highest increase in A&E attendances. When considered as a rate per 100,000 population, West Dunbartonshire had the highest rate for emergency admissions 18+ and the 2nd highest rate for unscheduled bed days 18+ and A&E attendances 18+.

After being fairly steady from April 2017 to early 2020, the average length of hospital stay has been increasing in each partnership in Greater Glasgow and Clyde since the start of the pandemic in March 2020. West Dunbartonshire has seen the average length of stay for those aged 18+ increase from just over 7 days in April 2019 to a peak of almost 11 days in April and October 2022.



The concern is that this increase in average length of stay is reflecting a trend in people being more ill on admission to hospital due to the impact of pandemic lockdowns or later access to services or diagnosis.

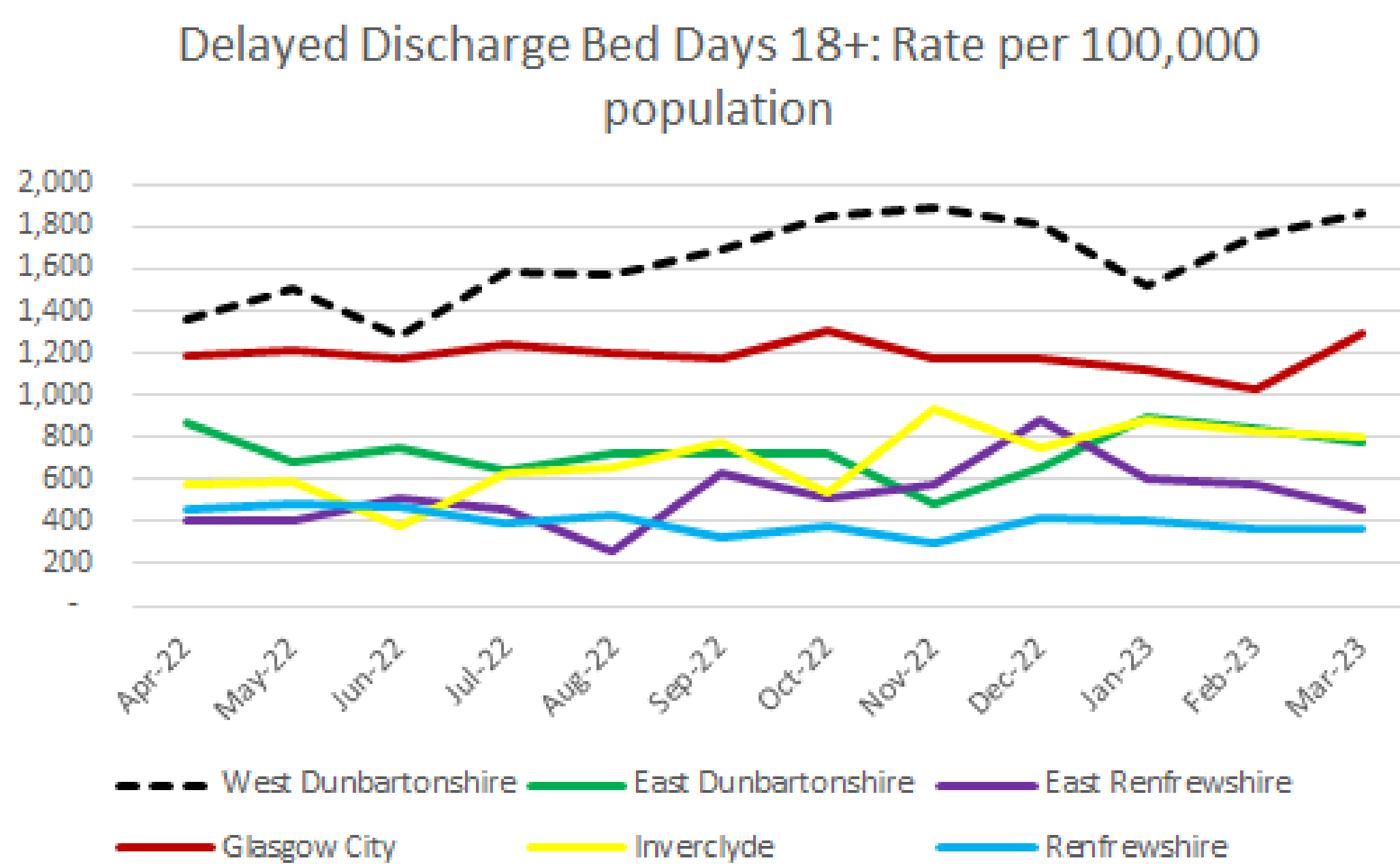
The most formidable challenge in relation to unscheduled care continued to be the volume and length of delayed discharges from hospital in 2022/23. Admission to hospital is often necessary and effective and timely discharge from hospital to the most appropriate setting is vital to improve outcomes for individuals and to avoid readmission. A delayed discharge is where a person has been deemed medically fit for discharge back home or to a care home but the discharge is unable to take place.



This may be due to lack of services within the community, the availability of an appropriate care home placement, or the person's lack of capacity to make a decision about their future care needs. The latter may entail a guardianship application under Adults with Incapacity (AWI) legislation to allow the decision to be made on the person's behalf: a process which can be lengthy and complex particularly where family members have differing views on the best care setting for their loved one.

Since the HSCP's inception in 2015, West Dunbartonshire had seen an improving trend in the number of bed days lost to delayed discharges with a slight increase in 2019/20. However the number of delays and associated bed days has increased significantly during 2020 to March 2023.

There has been extensive monitoring and scrutiny of delayed discharges within the HSCP and with both the Health Board and West Dunbartonshire Council. We are not alone in experiencing significant increases and this is a national issue. Processes have been reviewed within West Dunbartonshire and long delays analysed to identify common themes however when looked at as a rate per 100,000 population we continue to have the highest delayed discharge bed day rate in Greater Glasgow and Clyde.



A whole system review of the multifactorial issues that can impact on delays was completed and the resultant quality improvement action planning was implemented across a wide range of themes. Examples include daily scrutiny of each person fit for discharge but delayed in hospital by the Head of Service to target required actions to facilitate a discharge, and improved pathways of care within and across Health and Social Care teams in the HSCP.

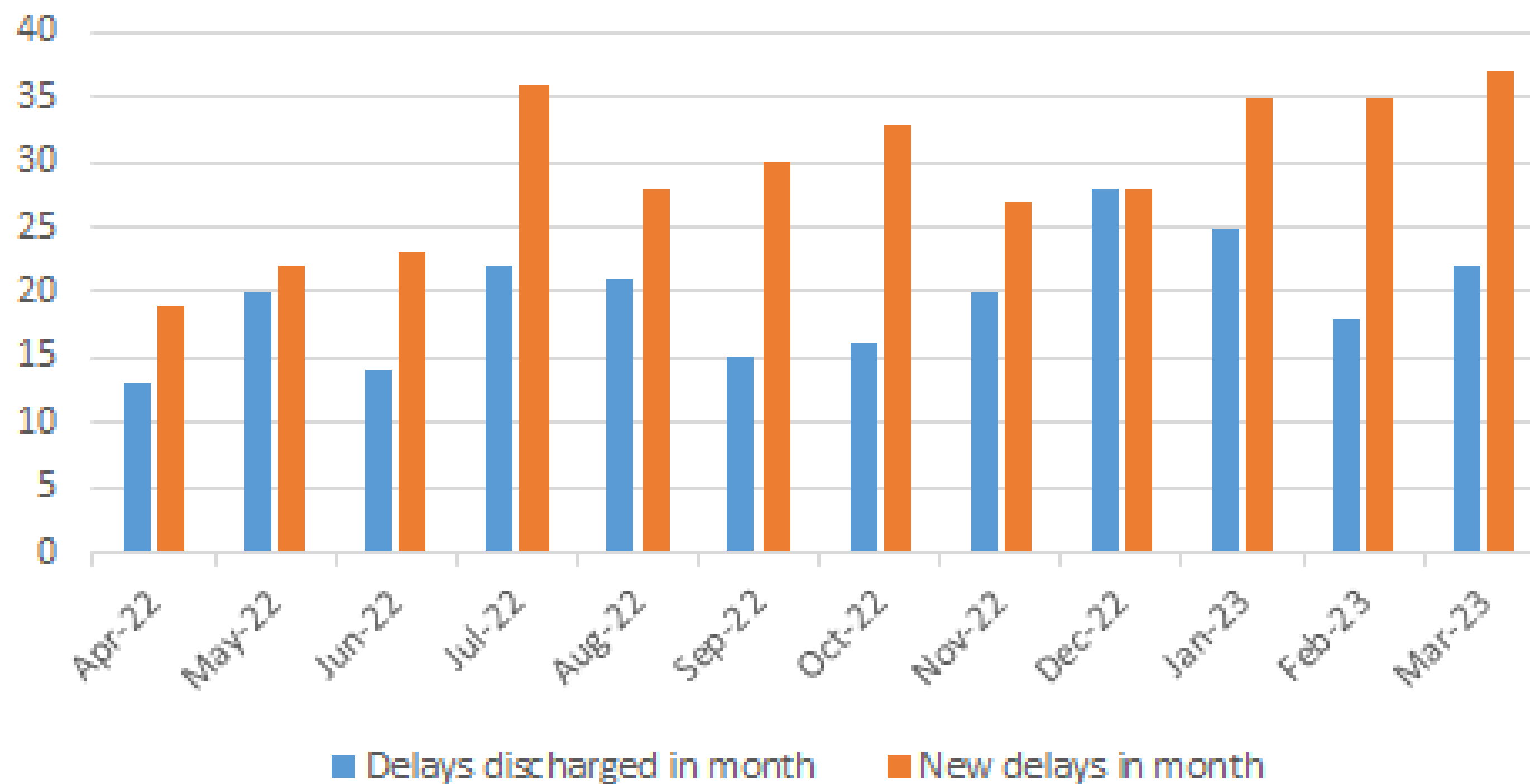
Other examples include a review of the appropriate application of Adults with Incapacity legislation to reduce delays that relate to this, and collaboration with colleagues in the Vale of Leven hospital to complete a 'deep dive' of delays across three wards to review the patient journey to identify missed opportunities with resultant bed days lost. Given the ongoing challenge in relation to delayed discharges, the quality improvement process will remain in progress with the aim of achieving a sustained downward trend in the number of delays.

Our Hospital Discharge Team continue to support people to be discharged home without a delay and proactively identify people for early assessment to make the discharge process as efficient and timely as possible once a person is deemed medically fit for discharge. They have continued to have an active presence in hospital wards throughout the pandemic, covering the Royal Alexandra Hospital in Paisley and the Vale of Leven Hospital as well as the Glasgow hospitals. A review of the early identification process to prioritise those at risk of becoming a delay is underway, with direct links to the national 'Discharge without Delay' priority areas.

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



Delays Discharged and New Delays in Month



There were 353 new delayed discharges in 2022/23: a 27% increase on 2021/22. This will include people who are deemed medically fit who then become unwell and are deemed not fit for discharge. Many of these people may then become a new delay again once they recover.

Preventing avoidable or unnecessary admissions to hospital is also key to how we tackle the volume of unscheduled care and ensuing delays.

### Case Study: Urgent and Unscheduled Care

The Scottish Ambulance Service (SAS) attended Mr Y and followed the SAS/Focused Intervention Team (FIT) referral pathway to prevent an admission to hospital. Mr Y was demonstrating clinical symptoms of respiratory distress with low oxygen levels, a high respiratory rate and struggling to perform any activities of daily living.

Mr Y expressed to paramedics a strong desire not to be taken to hospital. Paramedics provided all treatments that they could, nebulisers and inhalers, which led to some improvement. SAS then made onward referral to FIT, who are guaranteed to attend within 2 hours.

FIT attended and monitored Mr Y as his condition required, ensuring that further prescribed therapies were administered which continued to improve his condition. The COPD Nurse within FIT prescribed exacerbation rescue medication to reduce the risk of future exacerbations and reduce the risk of requiring SAS or admission to hospital in the future.

The nurse recognised Mr Y's strong wish not to be taken to hospital due to worsening symptoms of respiratory illness and discussed an Anticipatory Care Plan (ACP). This plan was subsequently completed on clinical portal and included a ceiling of care to narrate how low oxygen saturations could be allowed to go with continued treatment at home, and also Mr Y's preferred place of death.

Following a learning review a range of improvement activities were initiated across Health and Community Care in 2022/23. One of these was the development of a 2 weekly multidisciplinary meeting with representatives from District Nursing, Care at Home and senior Social Work staff from Older Adult Services as a platform in which to discuss service users that staff have concerns about.

The aim of this forum is to allow early identification of changing health and care needs, ensuring a co-ordinated and person-centred response and prompt referral to any other services which may not yet have been considered. Having been in place since October 2022 this is now being embedded in practice, and opportunities to use this meeting for wider person-centred care discussions, for example by including carer support workers and representation from the Self-Directed Support team are also being considered.



### Reflective Case Study: Integrated Care

Mrs X was a lady at end of life and living at home, however her family did not feel able to care for her to die at home. The District Nursing (DN) Service was involved in her care but she experienced an unexpected rapid decline and the family wished an admission to hospital. Initially the DN team offered a range of community-based supports to allow Mrs X to remain at home and referred to Care at Home and Duty Social Work.

Duty SW staff made contact with Mrs X's family and there was discussion about the most appropriate 'next steps'. As a hospital admission was not indicated, the preferred option would be to admit Mrs X to a local care home as an emergency admission and allow her to die with dignity and her family at her side.

The challenge was that the process to arrange an emergency admission can take up to 48 hours and this situation was time critical. Mrs X died peacefully two days later at home, with support from care at home and the DN service. Although the family were grateful for the support they received, they were also disappointed that there was no opportunity for an admission to hospital nor to a local care home.

The Senior Nurse held a reflective learning session with key staff to review this case and consider improvements that could be made to allow a more responsive outcome and to identify gaps in service availability to inform decision making.

This session was productive and staff were able to share their decision making and views in a safe environment. Outcomes from the meeting involved enhancing pathways of communication across District Nursing and Social Work staff, with support from Local Authority residential care homes.

The 'admission avoidance' bed that was in place in the old Frank Downie Care Home will be reinstated as a trial in Queens Quay Care Home. The DN service will continue to ensure that Anticipatory Care Plans are completed timeously when people are admitted to caseloads for palliative care. The service will also manage expectations with families as there may not always be an alternative place of care available when end of life approaches and sometimes a death at home will need to be managed with full support from the DNs and Care at Home.

In addition Social Work staff are implementing the new Area Resource Group process inclusive of the emergency admission pathway which removes the need for a full My Life Assessment however a face to face visit is required and should be prioritised in end of life situations. This should allow a prompt response to facilitate an admission to a care home.

The District Nursing Service across Greater Glasgow and Clyde has a suite of Key Performance Indicators, with data pulled from the DN record keeping system. In terms of performance, in March 2023 all three areas - catheter acquired infections, tissue viability and food, fluid and nutrition - were above 90% and had been consistently across the year.

The national nursing Combined Care Assurance Audit Tool (CCAAT) is a comprehensive audit tool that investigates a range of activities, inclusive of record keeping and direct supervision of staff, and is repeated 6 monthly when at green. The West Dunbartonshire DN team have been scoring green (80-90%) over the last year.

Among the HSCP's equality outcomes is that all adults supported by DN teams have their religious/beliefs considered by the service in relation to their ongoing care. All patients are asked about their religion and beliefs as it is embedded within the patient assessment. As the assessment is patient-centred, if the patient indicates religion/belief it is included in their Anticipatory Care Plans and Palliative Care plans.

Additionally, DNs have a vast amount of knowledge and understanding on how cultural factors may shape people's healthcare needs which is demonstrated in the service's assessments and care plans when appropriate.



## Child Development

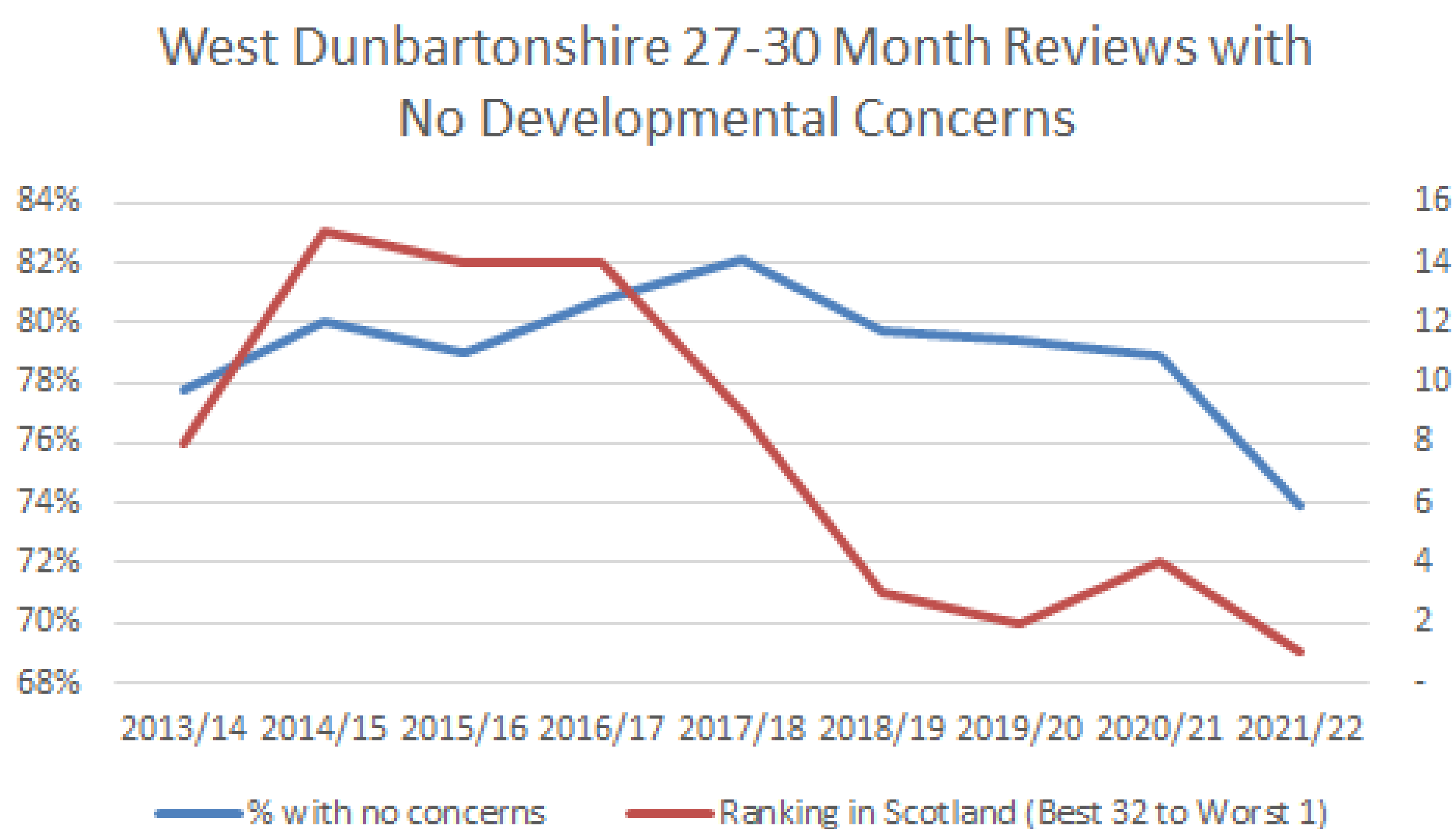
The HSCP is committed to improving outcomes and supporting the wellbeing of our children and young people, aiming to give every child the best possible start in life. Early years have a profound impact on an individual's future experience of health and wellbeing.

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

The Universal Health Visiting Pathway is offered to all families. It offers 11 home visits in total, 8 of which will be in the first year of life followed by 3 developmental child health reviews at 13-15 months, 27-30 months and 4-5 years. These reviews are carried out to assess whether each child is meeting all of their developmental milestones such as speech, language and communication, hearing, vision, personal/social, behavioural/emotional, fine motor and gross motor skills. Latest available statistics for reviews carried out at 27-30 months of age are for 2021/22 which are also reported through the Local Government Benchmarking Framework.

Take up of 27-30 month reviews for those children of eligible age was 95% in West Dunbartonshire in 2021/22: higher than the Scotland or NHS Greater Glasgow and Clyde figures, which were 89.4% and 92.3% respectively. This was also the second highest proportion across the 6 HSCPs within Greater Glasgow and Clyde behind East Dunbartonshire.

The proportion of children reviewed in West Dunbartonshire where there were no developmental concerns identified through the review however was the lowest in Scotland in 2021/22 at 73.95% compared with a Scotland figure of 82.14%. Looking at West Dunbartonshire's performance and ranking since reporting began in 2013, these have been in decline since 2017/18 where we ranked 14th worst in Scotland at 82%.

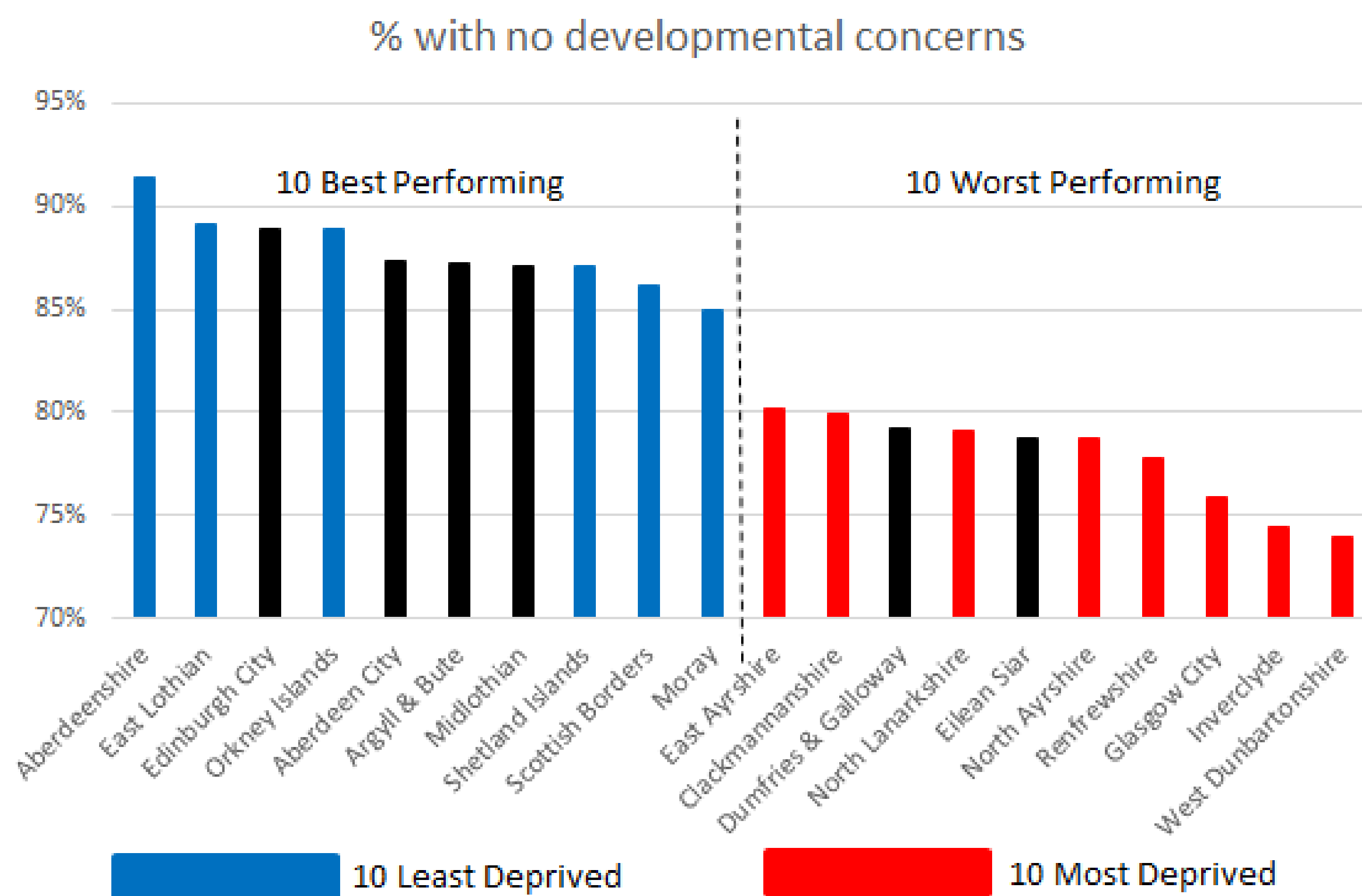


Such a rise in developmental concerns among the very youngest in our community is deeply worrying. While studies are already looking at the impact of the pandemic on child development, health inequalities and deprivation have a significant part to play and will also have increased the pandemic's impact on those most vulnerable.

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society due to the conditions we are born into, live and grow in and have a long term impact on our opportunities for good health and wellbeing. Health inequalities at such a young age, 27-30 months old, will have far-reaching consequences.

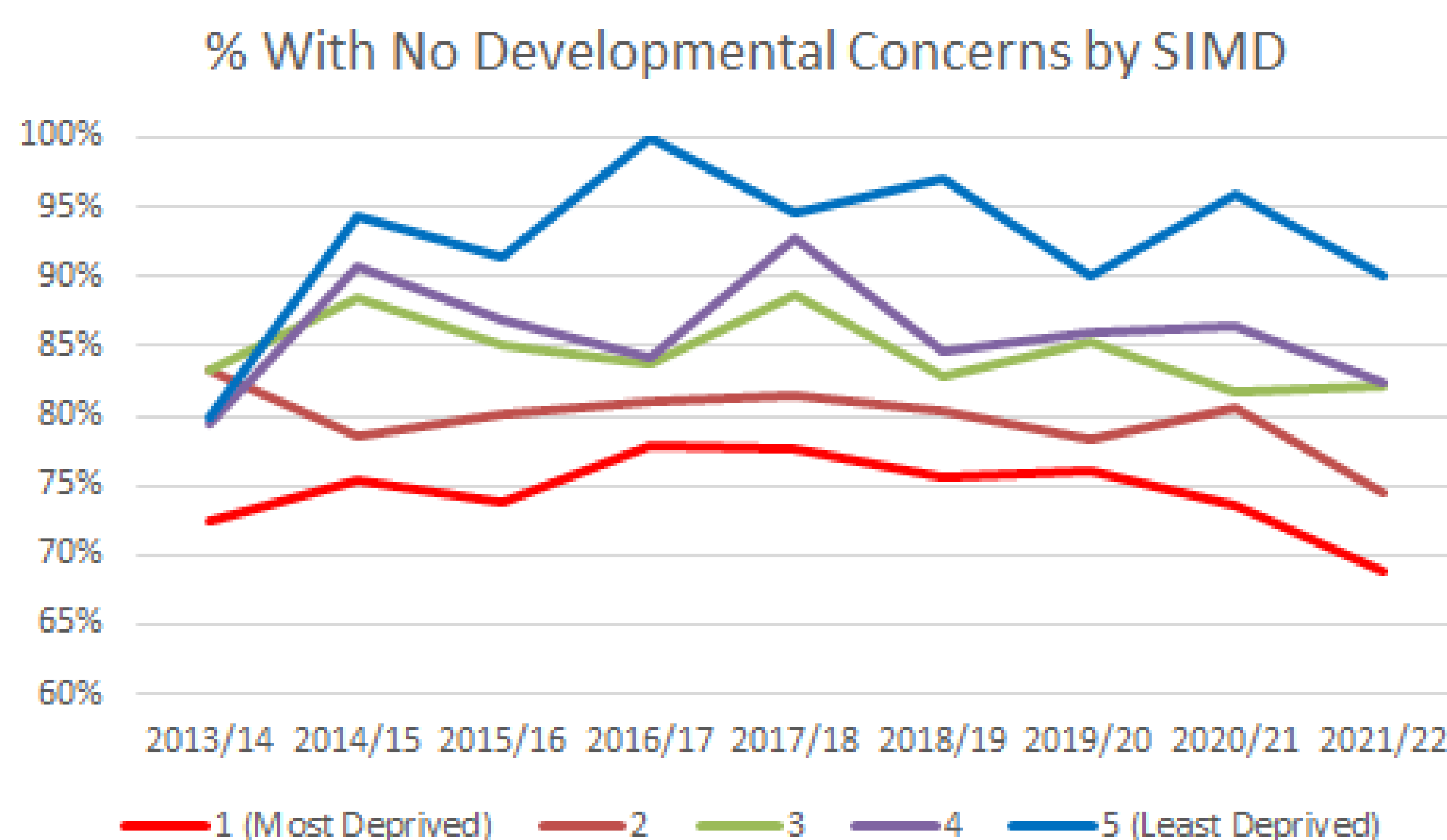
West Dunbartonshire has the 4th highest proportion of datazone areas in the most deprived 20% of Scotland compared to other councils. The Scottish Index of Multiple Deprivation identifies 5 quintiles ranging from SIMD1 most deprived to SIMD5 least deprived. Within West Dunbartonshire 66% of the population live in areas categorised as SIMD1 and SIMD2: 40% within SIMD1. By contrast, just 6% of the population live in SIMD5 areas. Deprivation impacts upon life expectancy, healthy life expectancy and health inequalities.

When we look at the local authority areas with the lowest and highest proportion of children with no developmental concerns against the most and least deprived council areas in Scotland, the overlap is stark.



As we can see above, 8 of the 10 local authorities with the lowest proportion of 27-30 month old children with no developmental concerns are also among the 10 most deprived local authorities in Scotland. Of the 10 local authorities with the highest proportion of children with no developmental concerns, 6 are among the 10 least deprived local authorities in Scotland.

West Dunbartonshire's population further illustrates this link. The difference between the most and least deprived, SIMD1 and SIMD5 is significant and increasing. Indeed in 2013/14 SIMD2-5 were all fairly similar in relation to no developmental concerns but the variation in performance among the more deprived areas has widened over subsequent years.





The Health Visiting Pathway is key in attempting to tackle these health inequalities. Health Visitors work with families to support uptake of immunisations and encourage breast feeding. Early 2022/23 statistics show some improvement in breastfeeding rates with West Dunbartonshire.

	Exclusive Breastfeeding Median	
	At 10-14 Days	At 6-8 weeks
Jan - Dec 2021	20%	16%
Jan - May 2022	29.2%	22.4%

The HSCP's UNICEF UK Baby Friendly Gold Award was revalidated in September 2022. The award promotes safe, effective person-centred care to support parents with up-to-date evidence-based practice regarding infant feeding, relationships and brain development. There is continuing work to ensure standards are maintained and support to families is provided at Gold standard.

Childhood immunisation rates in West Dunbartonshire continue to be high. West Dunbartonshire is higher than both NHS Greater Glasgow and Clyde and the Scotland figure for all immunisations at 24 months of age and for 4 out of 5 of immunisations at 5 years of age.

	24 months			5 years			
	WDHSCP	NHS GGC	Scotland	WDHSCP	NHS GGC	Scotland	
6-in-1	97.2%	97.1%	96.6%	6-in-1	97.2%	96.9%	96.5%
MMR1	94.4%	94.2%	93.9%	MMR1	95.2%	95.7%	95.2%
Hib/Men C	94.9%	93.7%	93.7%	Hib/Men C	95.7%	94.8%	94.5%
PCVB	94.7%	93.8%	93.4%	4-in-1	93.0%	92.0%	91.1%
Men B Booster	94.1%	93.0%	93.2%	MMR2	91.9%	91.4%	90.5%

During 2022/23 work has been ongoing to improve the processing, assessment and monitoring of pregnancies, in particular for the most vulnerable women. To begin this process, a Standard Operating Procedure (SOP) has been refreshed and agreed and communication with partner agencies improved. The aim of this SOP is to ensure that West Dunbartonshire Children and Families team identify a named Health Visitor for all woman going through the Special Needs in Pregnancy process with a pregnancy which is thought to be a vulnerable pregnancy. Impact measures are being planned to evidence effectiveness of service delivery.

There is also recognition of a need to improve communication processes between Adult Addiction services and Children's Nursing services particularly in relation to the sharing of parental assessments of care. By sharing assessments and resulting actions it is hoped that a holistic assessment of parental capacity will be developed which will improve service delivery to some of our most vulnerable children. To support improved effectiveness of service delivery a Standard Operating Procedure has been developed and agreed and it is hoped that in the near future the data collected will enable further interrogation of the impact of this information sharing.

Sharing of information to promote safety of children and young people and build a scaffolding of support around them, is a common theme running through a number of Scottish Government documents. Getting it Right for Every Child promotes lawful, fair and proportionate information sharing, complying with relevant legal requirements, The Promise, National Guidance for Child Protection in Scotland and the United Nations Convention on the Rights of the Child all contribute to a continuum of preventative and protective work.

The Parental Capacity, Strengths and Support Assessment aligns to these guiding principles and supports a greater understanding of trauma, disability or other complex issues which may inhibit, limit or otherwise impact on the ability of an adult caregiver to provide safe, nurturing care to children and young people.

The assessment tool therefore provides a structure within which adult services practitioners will review areas of strength or potential vulnerability in respect of the provision of care to children and young people by adult caregivers seeking support, in the context of a relationship which addresses need, facilitates support, identifies vulnerability and acknowledges strengths.



## Development of HSCP Strategic Plan 2023-2026

The HSCP is required to publish its Strategic Plan every three years unless prevented to do so by extenuating circumstances. Along with numerous other HSCPs, West Dunbartonshire HSCP Board agreed to postpone the publication of its Strategic Plan by one year due to the impact of the COVID-19 pandemic. In addition to responding to and beginning to recover from the pandemic, this time allowed the HSCP to consult widely on its Strategic Plan for the 2023-2026 period which, having been supported by various governance infrastructure, was approved by the HSCP Board in March 2023.

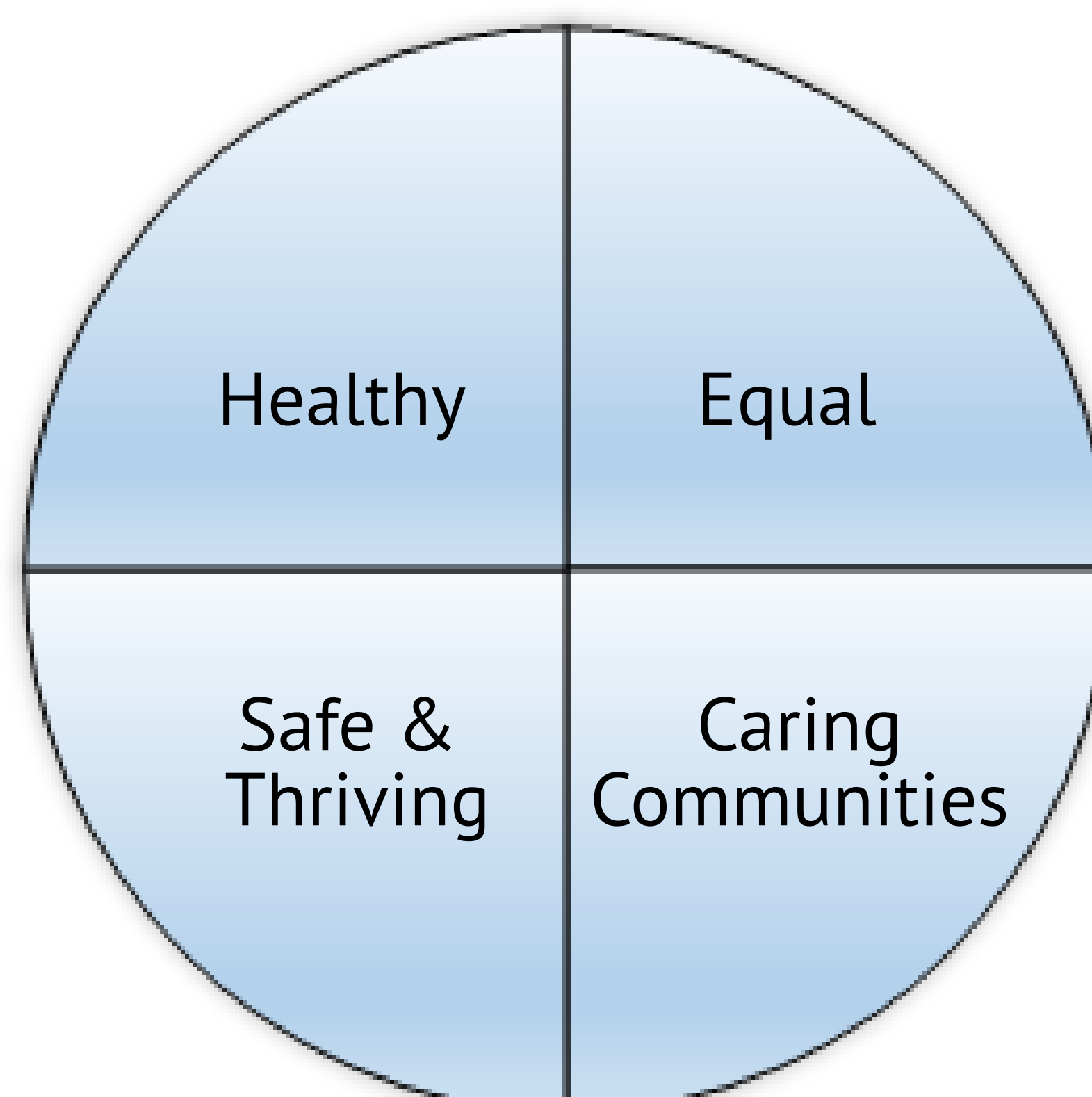
In the development of the plan the HSCP undertook three rounds of consultation. The first round involved sharing our Strategic Needs Assessment with over 60 stakeholders via numerous workshops. Among other things, the Strategic Needs Assessment provided local demographic data, morbidity and mortality rates, burden of disease data and various other incidence and prevalence statistics.

Stakeholders, including the HSCP Strategic Planning Group, were invited to combine this with their own expertise and experiences while taking cognisance of the achievements of the previous Strategic Plan, and suggest what the HSCP priorities ought to be for the forthcoming plan. This helped develop a plan that combined continuity with change, building and drawing upon previous success while identifying the challenges ahead. Suggestions from this round of consultation were used to shape a first draft of the Strategic Plan.



This draft was then consulted on via various methods including online surveys, face to face and online interviews, and focus groups with staff, service users, patient groups, carers, third sector representatives, communities of interest and communities of geography. This round of consultation included asking, “What matters to you about health and social care services in West Dunbartonshire?” ensuring the Strategic Plan would be anchored to stakeholder priorities. Analysis of these engagement opportunities directly shaped the subsequent draft of the Strategic Plan. Finally, the HSCP engaged with a similar range of stakeholders on a proposed final draft of the Strategic Plan and continued to engage with feedback to refine further the final draft.

As a consequence of extensive engagement, effective use of data, identifying where the HSCP is performing well and where it requires to improve, the HSCP is confident its Strategic Plan for the period 2023-2026 has been developed collaboratively, reflects stakeholder priorities and identifies the challenges as well as the opportunities to deliver our new strategic outcomes in the areas of Healthy, Equal, Safe and Thriving, and Caring Communities.





# Priority 2: Access

## Self-Directed Support

The Social Care (Self-Directed Support) (Scotland) Act 2013 requires public bodies to give people more say in decisions about local services and more involvement in designing and delivering them. SDS embodies the principles of participation, dignity, involvement, informed choice and collaboration and that social care should be provided in a way that gives individuals and their carers choice and control over their own lives, respecting and promoting human rights.

### Self-Directed Support

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

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

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

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

Following the approval of the HSCP's newly developed Self-Directed Support Policy in March 2022, during 2022/23 the HSCP have continued to build on the significant work undertaken to deliver and maintain a consistent approach to Self-Directed Support (SDS).

The HSCP appointed an SDS Lead in June 2022 to drive forward our improvement work. Since coming into post the SDS lead has focused on two main areas:

- Development of training and support for practitioners to help build confidence and knowledge around SDS legislation and how to embed a person centred approach into practice.
- Development of stronger links with community assets that support work around early intervention, prevention and self management for service users and their carers and open up choice and control around meeting assessed outcomes.

An SDS iLearn module was updated and released in October 2022 and is available via the iLearn site for staff who require an overview of SDS or to refresh their knowledge of this. The SDS Team have also been delivering two hour overviews of SDS focusing on the values and principles that underpin this legislation and how we approach this through our My Life Assessment in West Dunbartonshire. The SDS Lead has created an SDS Training Matrix that is due for launch and will allow staff to access a calendar of training on all areas of SDS including SDS and Carers, SDS and Technology Enabled Care and Person Centred Support Planning.

Staff can access an SDS Clinic for one to one coaching around any aspect of SDS. These clinics run twice a week, one at each end of the authority, and have been well attended. Staff are attending for support with more challenging cases or to build their confidence and knowledge of SDS legislation and how to embed these values and principles into practice. SDS officers take a “critical friend” approach to engaging with staff.

Four staff members are currently completing Train the Trainer with Helen Sanderson Associates to allow Just Enough Support training to be rolled out across the HSCP and to the wider community from September 2023. This training empowers practitioners and service users to coproduce person centred support plans that proactively explore alternatives to paid support, promoting meaningful outcomes that encourage service users to take more control of their care and support.

In September 2022 the Scottish Government published an updated SDS Framework of Standards that gives all local authorities an overarching structure for further implementation of the SDS approach and principles. New SDS national guidance was released in November 2022 and work is ongoing to ensure this fits with our local SDS guidance. A new national improvement plan for SDS is due for release imminently and on release the HSCP will align the local SDS improvement plan to this document.

### Partnership Working With The Community

An SDS Circle and a Provider Network have both been established to build stronger working partnerships and strengthen communication with the HSCP.

SDS Circle works with key community partners such as Shopmobility, Carers of West Dunbartonshire and the Big Disability Group and operates every eight weeks. It is an open forum to share projects and updates from each organisation so we can all work together more cohesively.

The SDS Circle aims to support further development of community assets across West Dunbartonshire that will offer more choice and support to SDS budget holders as well as creating a support network for those who do not meet eligibility criteria for formal support from the HSCP.

The Provider Network is open to all service providers on our framework and is focusing on building stronger communications with our providers, helping build understanding around person centred approach to support planning and gaining a better awareness of where we have challenges with service delivery.





## Supporting Carers



The HSCP recognises the invaluable contribution made by unpaid carers within our community, particularly during the pandemic. In the 2011 UK Census 9,637 people in West Dunbartonshire identified as carers and 18.2% of these carers were aged 65 and over.

The Carers (Scotland) Act came into force on 1st April 2018 and is designed to promote, defend and extend the rights of all carers, both adult and young carers. It aims to better support all carers with their own health and wellbeing and help make caring roles more sustainable.

December 2022 saw the publication of Scotland's National Carer Strategy which 'seeks to ensure that unpaid carers can provide the best possible care, supported by a system that recognises and values their contribution, allowing them to lead a full life in addition to their caring role'. The strategy also highlighted that while caring can be a positive and rewarding experience and can have a positive impact on wellbeing, caring can also be associated with poor psychological wellbeing and physical health. Significantly, those in the most demanding care situations, providing higher levels of care over an extended period, tend to experience the most negative impact on their health and wellbeing.

The HSCP is committed to ensuring carers are supported wherever necessary to reduce any impact caring may be having and, when working with carers to support a cared for person, carers will be considered equal partners. To this end, in April 2022 the HSCP Board introduced a number of changes to how carers in West Dunbartonshire can be supported. These changes included a new Adult Carer Assessment and Support Plan, eligibility criteria for adult carers and a new process for how newly identified adult carers can access different support.

Eligibility criteria is about ensuring equitable access to the right services, at the right time and for the length of time required and ensures staff from all agencies are clear on which services and organisations are best placed to support carers, proportionate to the level of impact caring may be having.

The new process means Carers of West Dunbartonshire effectively become the front door to all carer support in the area. All carers will be offered an Adult Carer Assessment and Support Plan by Carers of West Dunbartonshire who will then look to provide support via universal and community based services and, where caring is having a considerable or critical impact upon the carer, they will be referred to and supported by the HSCP. This means those needs which can be met by universal services can be accessed while referral to the HSCP is underway. Those carers referred to the HSCP and assessed as appropriate will be able to access Self-Directed Support in their own right. Early indications suggest that the new approach is benefiting all stakeholders.

Another significant piece of work during 2022/23 was the proposed pilot of streamlining access to SDS Option 1 (Direct Payments) for carers to specifically access Short Breaks. The HSCP Board approved the allocation of £266,000 for this pilot in May 2022 however, a number of issues including infrastructure support prevented this pilot from being implemented as intended. While the HSCP has not yet been in a position to deploy the pilot, the need amongst carers for Short Breaks has not dissipated. In order to try and meet at least some of that demand, £50,000 of the allocation for the pilot was allocated to Carers of West Dunbartonshire to be accessed by carers for Short Breaks via their Out of the Blue Service.





### Case Study: Support to Carer

Carer A is 64 years old and cares for her husband who has dementia. She has been caring for several years following his diagnosis and during that time has found her caring responsibilities have increased and her role as her husband's carer has become more demanding.

Carers of West Dunbartonshire prepared an Adult Carer Assessment and Support Plan with Carer A which highlighted that her caring role was having a considerable impact on her emotional well-being, life balance and living environment. This was primarily due to her being unable to leave her husband at home alone.

During the assessment process, she reported that she was becoming increasingly isolated and felt disconnected from friends and family and was regularly missing out on social opportunities. As the impact of caring on Carer A was assessed as Considerable in one or more life areas, it meant that she met the threshold for appropriate HSCP support.

A referral was made to West Dunbartonshire HSCP for Carer A to be assessed for a carer's budget which would allow her to have a break and life alongside caring. In addition to this Carer A was able to access universal support from Carers of West Dunbartonshire. This was provided through the organisation's Out of the Blue service.

Out of the Blue is a service which helps carers have a life alongside caring by offering support in the form of replacement care. It gives carers who are unable to leave the person that they care for the opportunity to attend social events, take part in hobbies and ensure they are managing their own health needs by being able to attend medical appointments.

Carer A was provided with 2 hours of replacement care per week which she used to attend her exercise class. This helped her stay physically fit and meant she could see friends again which has had a positive impact on her mental well-being.

As a result of the referral to West Dunbartonshire HSCP, Carer A was provided with an allocation of respite nights as well as 6 hours per week of replacement care at home. This now enables her to sustain her caring role as she gets regular breaks which she uses to look after her own health.

## What is Carers of West Dunbartonshire Valued Carer Card?

“Unpaid carers are at the heart of what we do, and in a post-pandemic world, we wanted to find a way to support both carers and our wider community alike. The Valued Carer Card is a key part of our Carer Aware Communities work which aims to raise awareness and support for unpaid carers within West Dunbartonshire, while also helping to sustain community spirit and show support for our local, independent businesses.

Anyone who is registered with Carers of West Dunbartonshire will receive a Valued Carer Card. Since the initiative was launched in July 2022, over 2,000 cards have been distributed. The card acts as a form of identification, while also unlocking discounts, promotions and unique services provided by local businesses. Businesses and organisations supporting the Valued Carer work have the opportunity to complete Carer Awareness Training which highlights to them who unpaid carers are, the challenges faced by unpaid carers, and what we, as a community, can do to support those looking after a loved one.

Valued Carer businesses throughout the local area are being included all the time and can identify themselves by displaying the “We Value Carers” window sticker and being included in our Valued Carer Directory, where more information about the business and the support they offer can be seen.

Most recently, we have been delighted that West Dunbartonshire HSCP has shown its support to Carer Aware Communities by encouraging any services procured by it to take part in Carer Awareness training. For carer and business enquiries about Valued Carer, please contact Jenni McNab, CWD Marketing and Engagement Officer on 07535469592 or email [jenni@carerswd.org](mailto:jenni@carerswd.org)”



## Learning Disability Services

Scotland must provide the best possible services for people with a learning disability to enable them to lead high quality lives within their family and/or their community where they experience personalised support consistent with a Human Rights Based approach. A priority within the national strategy the Keys to Life is that all adults with learning disabilities, including those with complex needs, experience meaningful and fulfilled lives. This includes where individuals live, as well as the services they receive. The Scottish Government's vision for people with learning disabilities and complex needs is that everyone is supported to lead full, healthy, productive and independent lives in their communities, with access to a range of options and life choices.

The Coming Home Report, published in November 2018, identified that some people with learning disabilities and complex needs were living far from home or within NHS hospitals and that there was an urgent need to address this issue. The Scottish Government commissioned a two-year project to look specifically at the support provided to people with learning disabilities who have complex needs. The focus of the project was to identify the number of people involved and also to suggest support solutions for individuals with learning disabilities who have complex needs: either those placed out-of-area or those currently delayed in hospital-based assessment and treatment units.

To support HSCPs to find alternatives to out-of-area placements and to eradicate delayed discharge for people with learning disabilities the Scottish Government allocated a £20 million Community Living Change Fund to HSCPs via NHS Boards in February 2021 to:

- Reduce the delayed discharges of people with complex needs
- Repatriate those people inappropriately placed outside of Scotland
- Redesign the way services are provided for people with complex needs

NHS Greater Glasgow and Clyde, through its Learning Disability Board-wide Governance structure has set up a Programme Board to support HSCPs. In West Dunbartonshire a review of learning disability services, in line with organisational change policies, is being planned. Developing and maintaining good, sustainable accommodation and support services is crucial to meeting the aspirations of the report and the needs of those identified. Achieving this requires coordinated effort and alignment of resources locally to create the capacity to achieve progress against the strategic objectives of the Community Living Change Fund.

One of NHS Greater Glasgow and Clyde's sub-groups 'Future Landscapes' is working with third sector and housing colleagues to recommend new sustainable models of support ensuring a co-production approach in terms of how services should be designed and developed. In addition to directly impacting people with learning disabilities, this work will also impact on services and how these are planned and commissioned. It will support better local long-term planning to meet the housing and support needs of individuals with complex needs including the formation of specialist multidisciplinary teams that are focused on providing the necessary services and support in the community to prevent admission to hospital as well as the proactive development of appropriate housing.

Sharing of best practice and a culture that promotes open and frank discussion about the ongoing challenges, such as the role of a Registered Social Landlord, compared to the role of a specialist care provider, is vital. It is hoped that in collaborating across the 6 HSCP areas comprising Greater Glasgow and Clyde, greater momentum will be achieved in developing and delivering services to people with learning disabilities and very complex support needs to ensure improved outcomes for those individuals and their families.

The Learning Disability Team within West Dunbartonshire comprises a considerable integrated workforce of both NHS and Council staff within statutory, registered, supported employability, transition and respite services. The team includes social work, psychiatry, psychology, nursing, occupational therapy, physiotherapy, speech and language therapy as well as dietetics.

The Covid-19 pandemic has continued to have an impact on people with a learning disability and their access to services during 2022/23 with a higher number of deaths than any other group within the wider population as highlighted by University of Glasgow studies. There are 404 people with a learning disability in West Dunbartonshire who are known to, or receiving, HSCP services and a further 24 people living outwith West Dunbartonshire whose support is funded by the HSCP.



The HSCP's registered Housing Support Service (HSS) provides supported living to people with a learning disability to live as independent a life as possible. HSS work with those supported in a person-centred way to develop personalised, outcome-focused support plans. This includes support with the following areas of everyday life: personal care, developing independent living skills, maintaining important relationships, remaining healthy and accessing healthcare services. HSS also offer support in being able to take an active role in local community life, identifying and accessing leisure opportunities and with all aspects relating to maintaining tenancies and being a good neighbour.

Outcomes for those supported are varied and personal, however include improving feelings of security, increasing inclusion, reducing social isolation, reducing risk and vulnerability and improving health and wellbeing. Staffing across all sites remains a challenge and, as the needs and complexity of those being supported changes, the way in which the service is being delivered will require to be reviewed in line with HSCP policies to ensure it is meeting the needs of those highlighted in the Coming Home Implementation Report.

Dumbarton Centre is a registered service providing day support for adults with learning disabilities with more complex support needs, be it physical or behavioural. Currently the centre provides support to 33 individuals over the course of a week. This involves an increased number of one-to-one and two-to-one supports than pre-Covid. The centre provides a range of activities within the building as well as some community-based opportunities. In addition Rebound Therapy has been arranged through physiotherapy and clinics run on a Wednesday and Friday afternoon including for service users who previously accessed this therapy when attending the centre.

The complex needs of some of the individuals identified through Transitions who require a building based service, has required a review and refresh of specialist training provided to staff. NHS Greater Glasgow and Clyde supports a Positive Behavioural Support (PBS) postgraduate course for those working with complex, challenging behaviour. One member of staff has already completed and another is currently undertaking the course. In conjunction with psychology, this will ensure that those individuals with challenging behaviour will have detailed PBS plans in place, in addition to any Promoting Positive Behaviours interventions required, prior to commencing a placement at Dumbarton Centre to mitigate risk as much as possible. Work will be ongoing to upskill staff to work with individuals who will require a building-based service in the future.

Community Connections is a dual registered service providing community-based support for adults with learning disabilities who do not require the resources available within a building-based service. It currently supports 37 clients with a variety of specialist needs between the hours of 7am and 9pm to suit the support required and can provide home support if this is identified by the referrer. Similar to Dumbarton Centre it provides support to achieve the Keys to Life outcomes within the Scottish Learning Disability Strategy. The service accesses various community-based services and groups according to the outcomes identified in each personalised support plan and delivers both one-to-one and group support according to assessed need.

Work Connect is a non-registered specialist supported employability service that work with adults with learning disabilities, mental ill health, addictions and autism. The service supports individuals, if appropriate, and in line with eligibility criteria, to access mental health, addiction or learning disability services and also welfare and debt advice, if required, to overcome challenges in accessing supported employment or volunteering opportunities. The expectation is that participation will lead to an increase in the skills and confidence of those accessing any of the programmes offered by the service, such as horticulture or catering, leading to increased opportunities for training, volunteering and entry to employment including in-work support. It works in partnership with a number of agencies to access different funding streams and is keen to develop a Hub model to provide a range of supports to those transitioning to adult services.

Carers accessing the Respite/Short Breaks service require help and support to maintain their caring role. Practical, emotional and physical support is required by many carers in addition to respect, dignity and compassion. Historically the majority of carers have preferred the cared for person to access residential respite/short breaks for weekends or a week to enable the carer to go on holiday or have a break themselves. Work is currently underway to explore a range of options to develop how respite and short breaks are offered in the future. A short break is classified as any form of support that enables the carer to have a break from their caring role and can take the form of a menu of options such as: short breaks/holidays; overnight residential respite; support within the home or community for the cared for person; payment for activities; urgent/unplanned respite or accommodation to provide replacement care. Being able to offer this service leads to improved



outcomes for carers such as: time to pursue personal interests leading to a balance with caring responsibilities resulting in improved health and well-being; greater independence and self-confidence; greater ability to sustain the caring role and improved relationships with the person being cared for and their wider network of support.

West Dunbartonshire HSCP is fortunate to have a very well respected building-based respite service run by a third sector provider. Post-Covid, having been granted a variation to its Registration by the Care Inspectorate, the service now offers two emergency placement beds as well as four respite beds. This is a vital service, in line with the Coming Home Implementation Report, to better support the vulnerability of community-based placements to prevent placement breakdown or hospital admission. Learning Disability Services currently have 95 carers who have been assessed as requiring respite/short breaks. Throughout the pandemic, the Learning Disability Respite/Short Break Service continued to provide essential supports and services to carers, families and those in need as did Dumbarton Centre.

West Dunbartonshire Learning Disability services continue to work hard to promote and support the rights of people with a Learning Disability. A more fully staffed health team has seen a reduction in waiting times and a more timely service. There has been substantial work done to review processes creating much safer and more robust processes in relation to patient care and clinical governance. Successful implementation of anti-psychotic monitoring clinics has identified some unmet health needs and directed carers to other services, which may not have happened otherwise.

Learning Disability nursing staff have maintained additional responsibilities in relation to the Covid-19 vaccination programme including directly vaccinating those individuals supported by Learning Disability Services who were unable to attend public vaccination centres. The recruitment of two Health Support Workers has provided capacity for clinical activity to support the work of the Coming Home Implementation Report and the increased complexity of Transitions.

There is ongoing work with Children and Families to review Transitions to adult services to ensure we are applying the HSCP's eligibility criteria and providing a statutory service to those with critical or substantial need.

The Learning Disability Team does a huge amount to support student education both at undergraduate and postgraduate level across a wide range of professions. This takes time and energy to ensure the placements are meaningful and positive and the team should be congratulated on its ongoing commitment to this in addition to caseload pressure. One of our health team has been selected to pursue a doctorate in an area of research specific to learning disability and we are delighted our service users may benefit from this work in the years to come.

This year we again took time to listen. By understanding what is important to our staff and service users we can build more supportive, effective relationships, which will hopefully lead to improved quality and effectiveness of care and outcomes for people with learning disabilities. The service recognises the passion and commitment of staff to work alongside service users and their families to support individuals to meet their outcomes and supports staff to be the best they can be in continuing to develop their own knowledge, skills and abilities to create a workforce, and specialist teams, fit for the future that can meet the complexity of demand with a finite set of resources.

There is much to be positive about, in spite of ongoing challenges around recruitment and retention of staff, particularly within third sector partners, the resource required to deliver organisational consultation and change and the reporting requirements linked to Dynamic Support Registers and complex Adult Support and Protection work. Communication and a readiness to embrace change are key ingredients for success and the HSCP is committed to working in partnership with all stakeholders to ensure real and meaningful engagement with people with a learning disability and their families to enable them to lead high quality lives within their family and/or their community where they experience personalised support, enabling greater independence, choice and control and the ability to have a healthy life and be an active citizen, consistent with a human rights based approach.





## Justice Social Work Services

Justice Services have continued to provide support, interventions and monitoring to those subject to statutory orders and licences. There are clear governance structures around the Justice Service internally via the HSCP Board, the Public Protection Chief Officers Group and West Dunbartonshire Community Planning Partnership's Safe Delivery and Improvement Group. We continue to meet with our link inspector from the Care Inspectorate and provide quarterly and annual unit returns to the Justice Division of the Scottish Government.

During 2022-23 Justice Social Work Services experienced some notable increases in demand compared to the previous year. We continue to evaluate and improve our service to individuals, responding to national strategies including the Presumption against short sentences. The operational management team has been extended from funds from Scottish Government. As an integral part of the service, this will strengthen oversight of best practice and accountability to the senior management team.

Performance in meeting targets for Social Work Reports, Community Payback Orders and Unpaid Work Orders timescales have continued to be challenging during the year. There were 827 Social Work Reports completed in 2022/23, an increase of 4% on 2021/22.



Community Payback Orders increased by almost 15% on the previous year and those with unpaid work requirements increased by just over 16%. Collaborative work with the Council's Greenspace project and colleagues from the Knowetop Alternatives project contribute to the local authority's green space initiatives. Third sector partners the Wise Group provide additional support opportunities and the Red Chair Project ensures service users are not disadvantaged in terms of digital poverty.

Having secured a new workspace for the unpaid work team, employability services attend there to enable delivery of a wider range of supports and learning. The service has returned to pre-pandemic levels of service delivery, with additional Covid monies from Scottish Government securing extra staff to facilitate this.

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

The new Bail Assessment and Supervision Service commenced at Dumbarton Sheriff Court in September 2022. To date, the service has supported 15 individuals remain in their local community, reducing the negative impact of remand on the individual and their families. In addition the provision of services to individuals prior to their release from custody and into the community continues to support successful reintegration into the service users' local communities.



During 2022-23, Diversion services were provided to 37 people who had not been convicted of an offence, supporting them not to become further entrenched in the justice system. Individuals were supported to address the underlying cause of their behaviours such as addiction support, mental health alongside difficulties with emotional wellbeing, housing, income maximisation and employability.

The Drug Treatment Testing Orders service continued to be provided by an integrated care team hosted by West Dunbartonshire and working across West Dunbartonshire and Argyll and Bute to support individuals whose offending is primarily due to their established addiction issues, encouraging recovery, reduced offending behaviour and promoting stability.

A number of improvement actions were completed during 2022/23 including:

- New staff being trained and existing staff annually updated on the suite of assessment tools used within Justice Social Work.
- Staff training being completed in Trauma Informed Practice.
- Throughcare Assessment for Release on Licence – West Dunbartonshire staff having been trained in the first delivery of this tool.
- Ongoing negotiations with the National Caledonian Team to bring Caledonian Domestic Abuse group work to West Dunbartonshire.
- Additional Government funding has enabled the service, to provide additional capacity alongside further support in the additional provision of services to our local courts including bail supervision and structured deferred sentences as an alternate disposal.

Challenges have included:

- The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector. This means we are only able to enter into short-term contractual arrangements, which creates difficulties in both the recruitment and retention of suitably qualified staff. Justice Services do not have the ability to reduce demand on our statutory services therefore a robust funding model is essential.
- High numbers of Domestic Abuse offending within the local authority: staff are listed to attend national training on the Caledonian system.
- Referrals from the Crown Office and Prosecution Service (COPFS) have significantly increased. In line with national policy of early intervention, the service has seen an increase in those subject to diversion in sustained attempts to reduce the number of individuals going through the criminal justice system. We continue to have regular meetings with the COPFS service through the local community justice forum.
- Horizon scanning to anticipate the impact on Justice Social Work from the Children's Care and Justice (Scotland) Act, alongside the forthcoming Bail and Release Act, currently passing through parliamentary approval.

Our strengths include:

- Strong partnership working evident in the planning of support for individuals being released from prison. Our Justice and Housing Services are working closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.
- Positive working relationships with Police Scotland colleagues in the management and support to those assessed as posing a high risk of re-offending.
- During 2022/23 we have enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations.



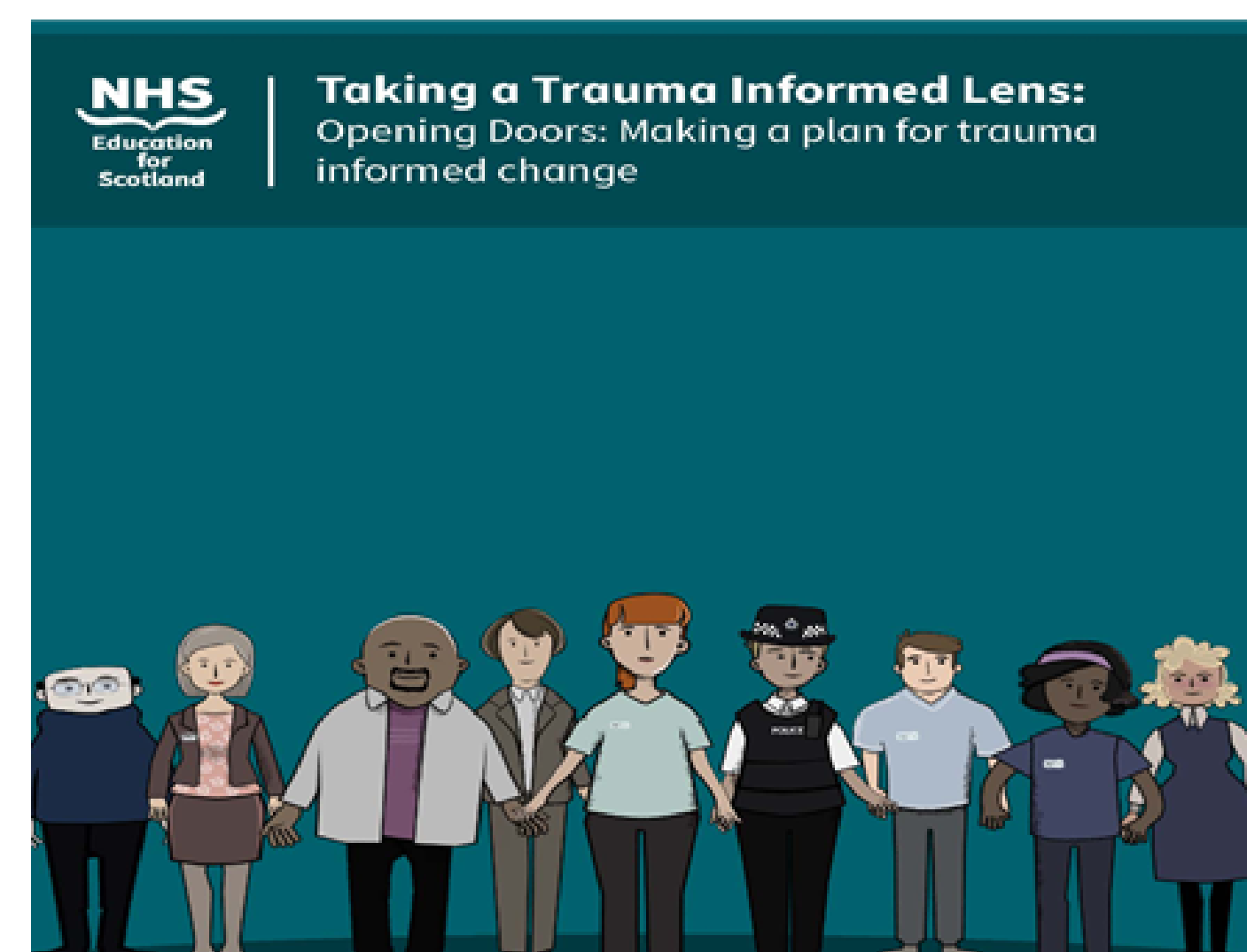
# Priority 3: Resilience

## Adversity, Trauma and Resilience

The West Dunbartonshire Adversity, Trauma and Resilience Programme aims to prevent childhood adversity and trauma and to mitigate the effects across an individual's life course where it has already occurred.

A key component is to develop a trauma-informed West Dunbartonshire through supporting workforce development across public and third sector organisations.

This is in line with the National Trauma Training Programme and West Dunbartonshire Council's commitment to support the Wave Trust's 70/30 campaign to reduce child abuse, neglect and other adverse childhood experiences (ACEs) by at least 70% by the year 2030 which the Council reconfirmed its original 2021 commitment to in 2023.



Locally the programme seeks to cover the five drivers of change of trauma-informed systems:

- Leadership and management
- Experts by experience
- Data and information
- Workforce knowledge and skills
- Workforce wellbeing

This will be done through Trauma Training plans, including Resilience Film viewings, to support the development of a trauma-informed workforce supported by the Resilience Hub which is a community of practice with over 500 members.

The Resilience Hub held one online meeting in 2022/23 themed on 'Developing your Trauma-informed Practice' and 58 people participated. It showcased the range of free training resources available from the National Trauma Training Programme as well as how some local teams within Education and Blairvadach Children's House have put this into practice.

Joint work with the NHS Greater Glasgow and Clyde Transforming Psychological Trauma Implementation Coordinator included focused leadership work with leaders working in Children's Health, Care and Justice, with 40 leaders attending the national Scottish Trauma-informed Leadership Training.

A training needs analysis was carried out for the Children's Health, Care and Justice workforce, exploring awareness and attitudes to psychological trauma and trauma-informed practice based on the National Trauma Training Programme Workforce Survey 2021, to allow a learning and development plan to be developed. Staff working in the Older Adults' Mental Health team also completed the Opening Doors Session on trauma-informed practice.



All staff working in the HSCP's Children's Houses have accessed training in the Dyadic Developmental Psychotherapy (DDP) approach. This approach encourages working with young people, their families and/or other key people involved in their care. It raises awareness of trauma and its impact on young people's development and how this might affect their behaviour, and supports staff to interact and talk with young people with this informed approach. It highlights use of a PACE approach in interactions i.e. to be:

- **Playful** - to allow us to attune and match young people's mood and emotions
- **Appreciative** - of the young person's point of view and what they are telling us about how they feel
- **Curious** - to wonder why a young person feels the way they do, or wonder what their behaviour is really telling us
- **Empathetic** - to really try to understand how young people are feeling

To support this over a hundred staff across WDC Education, including Educational Psychology, and HSCP Children's Social Work have accessed a Level 1 DDP learning opportunity. Managers have also accessed training in how to bring these approaches to supervision.

The Resilience documentary film about Adverse Childhood Experiences continues to be an additional popular resource to increase ACEs awareness. One online viewing was held in 2022/23 as part of West Dunbartonshire World Kindness Day activities with 58 people attending. Knowledge and understanding of ACEs increased from 2.84 to 3.84 out of 5 across the audience after viewing the film and taking part in a discussion.

"I'm a student social worker and I have learned about trauma, ACEs and health at uni. Since starting placement, I have been trying to apply the knowledge I have but it has been difficult at times to transfer it to practice. I found the film really helpful for bridging that gap between theory and practice."

Two face to face viewings of the Resilience film were held in 2022/23. One viewing was held in partnership with the co-ordinated Community Response Network set up by West Dunbartonshire Clydesider, a community media social enterprise, with a view to build capacity and understanding of trauma with a range of third sector organisations and building on the message in the film that:

'If you can get the brain science into the hands of the general population, they will invent very wise actions.'

To continue to build connections with The Promise, a focused viewing for foster carers, kinship carers and adoptive parents was held in March 2023. Feedback was positive for both viewings with requests for more viewings across West Dunbartonshire. This brings the total number who have seen the Resilience film to approximately 1,280.

Work has been undertaken during 2022/23 to refine a local evaluation framework based on the draft Improvement Service Creating Trauma Informed Change: What, Why and How, A Quality Improvement Framework for Trauma-Informed Organisations, Systems and Workforces in Scotland to develop the understanding of the impact of this work and this will continue in 2023/24.



## Adult and Older People Mental Health Services

Adult and Older People Mental Health Services received 4,456 referrals and offered 29,895 appointments in 2022/23, providing health and social care to a range of people with varying mental health needs. Referrals have increased by 9% within Adult Mental Health and 8.8% in Older People Mental Health Services. There is a noted increase in referrals for people with a provisional diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD). This is in line with the NHS Greater Glasgow and Clyde experience of a 700% increase in referrals for ADHD since 2019.

During 2022/23 there have been a number of service developments across Mental Health Services which continue to offer contact using a variety of different methods including use of NHS Attend Anywhere digital video platform which was implemented locally as a response to the Covid pandemic.

We have completed the recruitment of Wellbeing Nurses within all GP practices across West Dunbartonshire which allows direct contact with a mental health nurse without the need for a GP assessment. Wellbeing Nurses continue to work alongside Community Link Workers to deliver brief interventions to people with mental health and wellbeing needs.

We successfully recruited and rolled out a Specialist Physical Health Nurse service expanding this year to all Adult and Older People Community Mental Health Teams. This means that anyone who does not have an annual review for physical health care within primary care services, and is prescribed anti-psychotic medication, has the opportunity to have a range of tests, advice and treatment changes.

We have also fully recruited to and rolled out a Mentalisation Based Therapy Nursing Service for people with emotionally unstable personality disorders. These additional staff support our Adult Community Mental Health Teams to deliver enhanced pathways of care. This has reduced the number of admissions to both our Mental Health Crisis Team and our inpatient services.

The Mental Health Social Work Service has supported the development and introduction of the wider HSCP Adult Support and Protection duty system and Area Resource Group and we are increasing the number of practice assessors and student link workers through additional training. Social workers have ensured that all clients have an established review date using principles of self-directed support to ensure all care packages meet the eligibility criteria for adult social care services.

Mental Health Services have also supported the Vale of Leven Hospital to open their Dementia Garden on the hospital site. We contributed staff and volunteers through our Work Connect Employment service to establish this outdoor space for patients, and their carers, of the HSCP Dementia and Functional Wards.

Local Mental Health Inpatient Services have introduced new ways of supporting people with dementia. This includes stress and distress models of care, psychological formulation of distressed patients, cognitive stimulation therapy and Occupational Therapy Allsorts activity programme. Occupational Therapy within the Older People's Mental Health Team have also introduced a new service where the Occupational Therapists now assess the ability of people with dementia to be able to safely drive motor vehicles.

Consultant Psychologists have developed a training plan for all adult mental health care staff in West Dunbartonshire that will see a pathway for all new nursing staff that ensures an ongoing training programme in the latest evidenced-based psychological therapies. This includes the establishment of Trauma Focused, Safety and Stabilisation Training for all staff.



# Priority 4: Assets

## MSK Physiotherapy

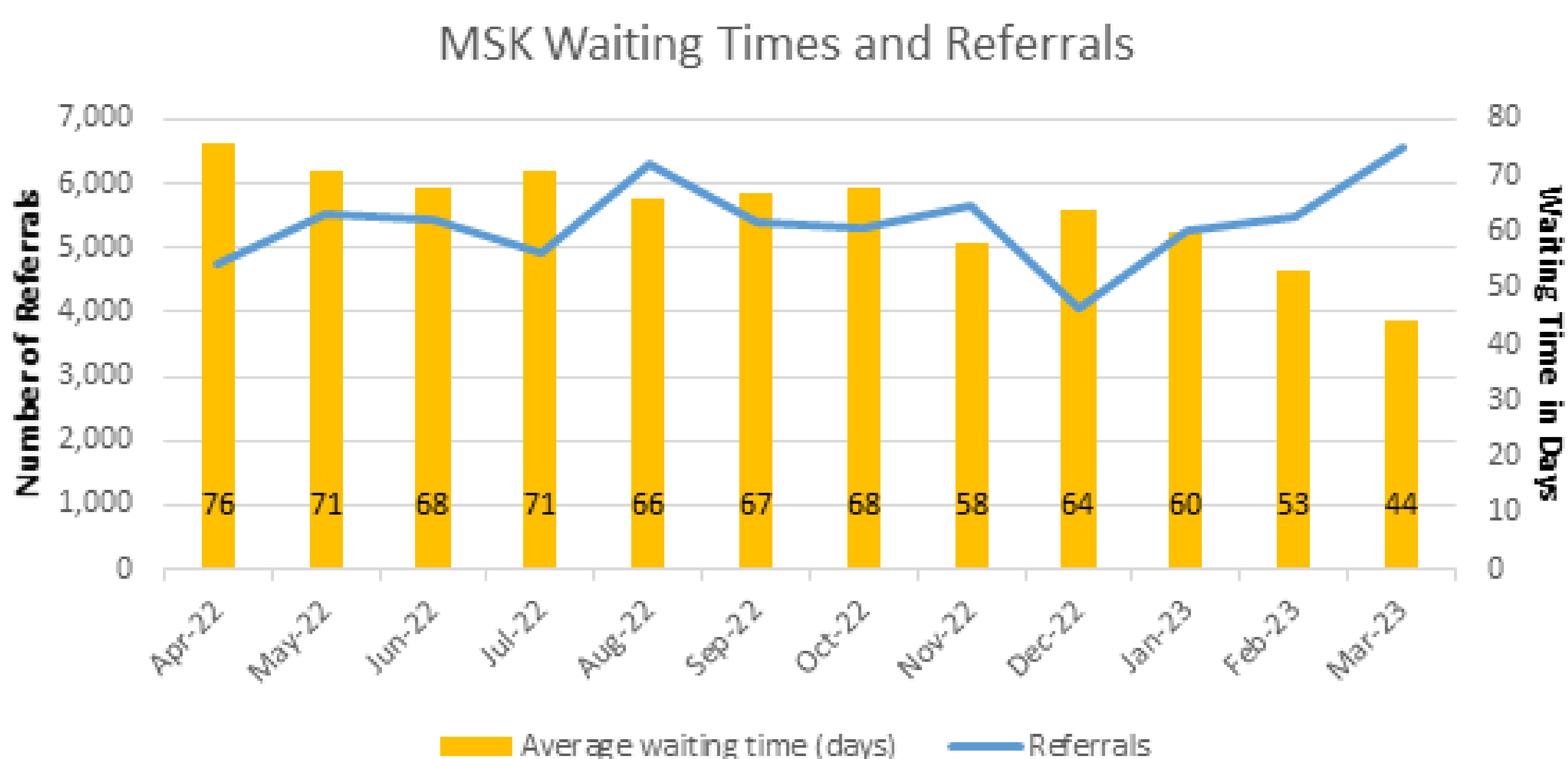


Musculoskeletal (MSK) conditions continue to have a major impact on people's lives. It is one of the leading causes of time off work and more years are lived with an MSK disability than any other condition. The MSK Physiotherapy Service continues to provide a person-centred approach where each person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

Despite the challenges of remobilisation post pandemic, the service had a year of success with regards to delivering 6 priority objectives. The service priority objectives were:

- Waiting times
- Recruitment and retention of staff
- Staff wellbeing
- Introduction of Electronic Patient Records/Active Clinical Notes.
- Streamlining MSK pathways of care and shared decision making for patients with Osteoarthritis of hip/knee
- Training, education and staff development towards best patient care

There has been a huge focus on service performance during 2022/23, in particular with a priority project to reduce both routine waiting times and the number of patients waiting for a routine appointment, both of which increased over 2021/22 due to redeployment of staff to support the pandemic effort. The data for 2022/23 shows a downward trend in both maximum routine waiting times and the number of patients waiting for a routine appointment in 2022/23.



The data for 2022/23 across the board-wide Greater Glasgow and Clyde service shows a downward trend in both maximum routine waiting times and the number of patients waiting for a routine appointment in 2022/23. Between April 2022 and March 2023 the maximum wait for a routine appointment halved, reducing from 24 weeks to 12 weeks while average waiting times reduced from 76 to 44 days. Average waiting times decreased despite increasing referrals and numbers of people waiting for a routine appointment reduced from 17,151 in April 2022 to 13,540 at the end of March 2023.



## HSCP Staff Health and Wellbeing

Maintaining a positive workplace culture that promotes and supports the health and wellbeing of our workforce is a priority for the HSCP. We recognise that along with embracing new styles of working and tackling the challenges of digital technology, mental health and wellbeing issues have the biggest impact on our workforce. We put people at the centre of everything we do and work to a common set of values which guide the work we do, the decisions we take and the way we treat each other. Our vision and values are firmly rooted to provide good, strong and reliable health and social care to our users at the point of need. These values represent how we do things and the expected behaviours of people working within the HSCP. We seek to continually embed these, ensuring that we have a culture that drives high quality and well led services HSCP-wide.

A healthy, well-supported workforce is better placed to provide the very best care for our service users. Programmes of work across West Dunbartonshire Council and NHS Greater Glasgow and Clyde have sought to improve and promote staff health and wellbeing while aiming to reduce sickness absence. Developing a range of resources to enhance the supports in place for our workforce and receiving feedback from staff about how they feel about their work, both as an individual and as part of a team, is crucial to developing a healthy organisational culture. The iMatter staff engagement tool is well established as the primary source of feedback from our workforce in relation to their experience of working within the HSCP.

A large proportion of HSCP staff deliver frontline services to vulnerable people while those working remotely may have seen the lines blur between family life and work life and the stresses this can entail. Physical and mental health and wellbeing are interrelated which the HSCP ensures is our focus. West Dunbartonshire Council ran a number of wellbeing webinars during 2022/23 which were available to all HSCP staff. These covered a number of topics including emotional resilience, communication and neurodiversity. In addition was the extension of Mental Health First Aiders who work alongside Wellbeing advocates to signpost employees to supports and provide important feedback from employees on wellbeing needs and initiatives. Work has also commenced in relation to the Equally Safe at Work programme to raise awareness and understanding of gender-based violence. Together with a number of online resources, NHS Greater Glasgow and Clyde have made progress across the pillars within the Staff Health Strategy and have continued to develop and implement the health and safety culture framework.

The National Wellbeing Hub and National Wellbeing Helpline are national initiatives which have been heavily promoted to HSCP staff. The helpline offers callers a compassionate and empathetic listening service based on the principles of psychological first aid, as well as advice, signposting and onward referral to local services if required. Coaching for Wellbeing has also been highlighted to staff. This is a service designed to support staff with any of the issues they may be facing during these challenging times. Staff are offered 2 hours of individual online coaching which includes support in building resilience and helping individuals to take action to improve their wellbeing. Where appropriate, staff can also explore how to lead and support others who may be struggling. Trades Union colleagues have been helpful in promoting these services to their members and suggesting ideas and initiatives to consider.

Our workforce are our greatest asset. We take great pride in celebrating the achievements of our staff throughout the year, culminating in the annual awards across West Dunbartonshire Council and NHS Greater Glasgow and Clyde. A huge effort has been made to ensure staff have the right skills, knowledge, training and flexibility to be deployed in the right place at the right time. We continued to review our workforce during 2022/23 to ensure that we both recruit and retain staff across all job families to support delivery of the HSCP strategic ambition. We support access to opportunity for all through our recruitment and selection processes, modern apprenticeships and internships. We support our workforce to progress in their careers and everyone has access to a wide range of training and development opportunities which are available throughout the HSCP and we try to effectively utilise individual skill sets in the most effective way. We recognise that fulfilment is a key part in ensuring that we have a happy and engaged workforce and encourage creativity and innovation in our workforce and Trades Union colleagues.

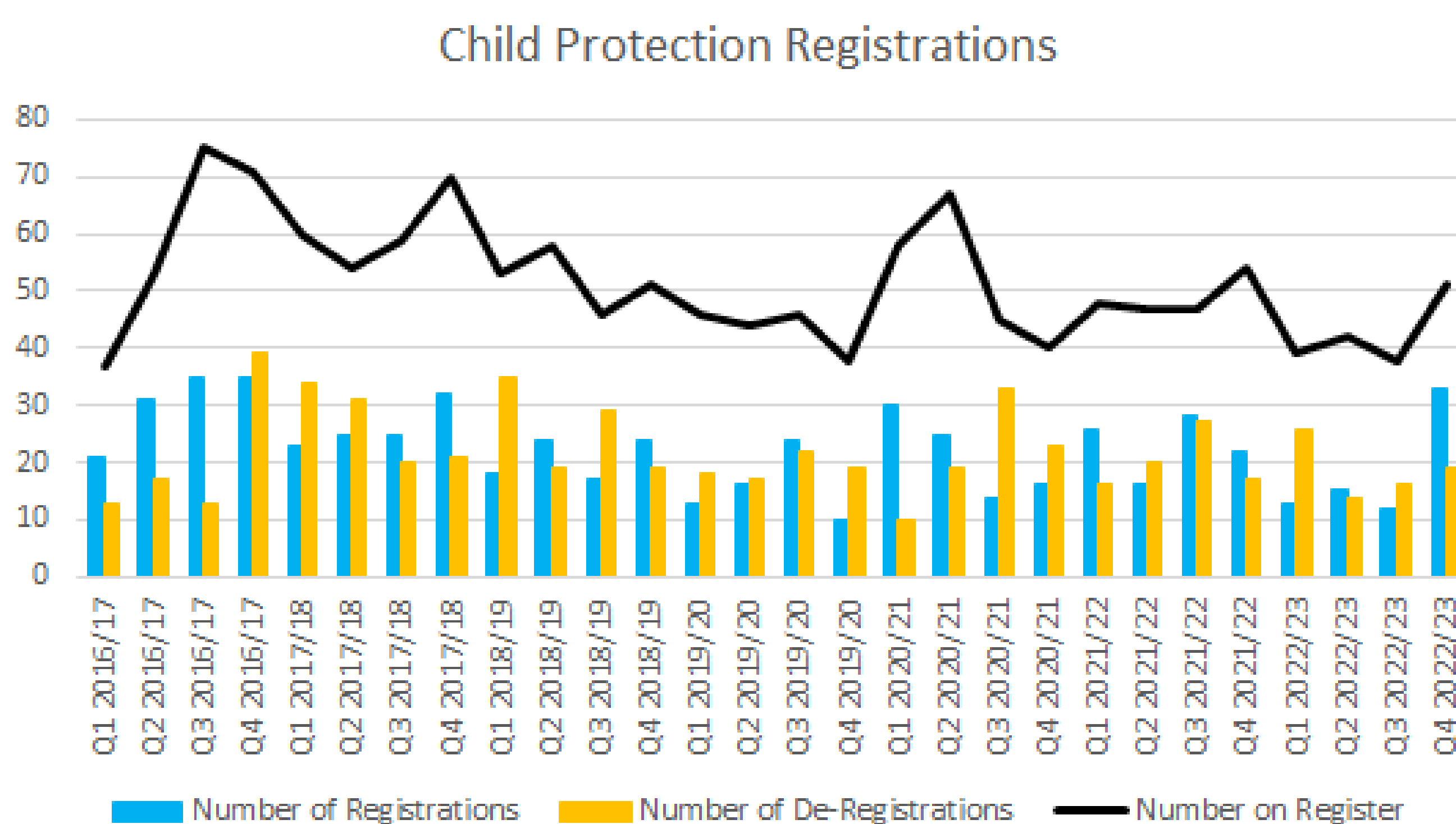
Mutual respect is an important aspect of our relationships with our workforce and Trades Union colleagues. This is supported through established policies and procedures. We strive to ensure that our workforce feel valued in ways other than through pay or position. Engagement with employees at all levels in the organisation and with our Trades Union colleagues is a priority.



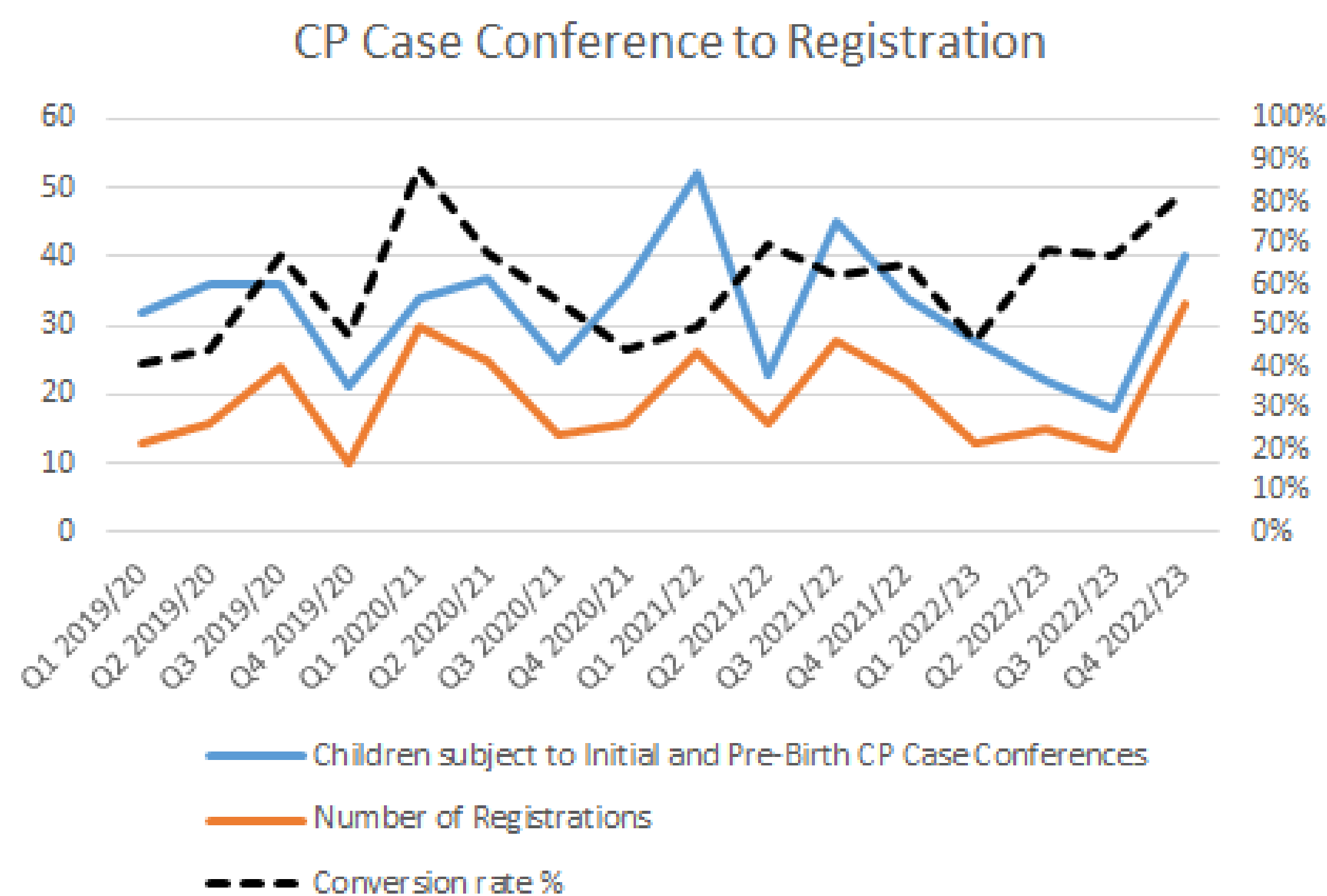
## Child Protection

The HSCP began reporting the Child Protection Minimum Dataset to the Child Protection Committee from April 2021. The Minimum Dataset was created by the Centre for Excellence for Children’s Care and Protection (CELCIS) in partnership with Scotland’s Child Protection Committees, Scottish Government, the Care Inspectorate and Scottish Children’s Reporter Administration. It is a set collection of agreed measurements, criteria, or categories required to create a robust understanding of information about a service. With historic data as far back as April 2016 where available, the Dataset allows the CPC and its scrutiny group to explore trends, highlight anomalies and improve services, processes and the quality of case recording.

There were 51 children on the CP Register at the end of March 2023 compared with 54 at the same point in 2022. There were 73 children newly registered and 75 children removed from the register during 2022/23. The previous year saw 92 new registrations and 80 de-registrations.



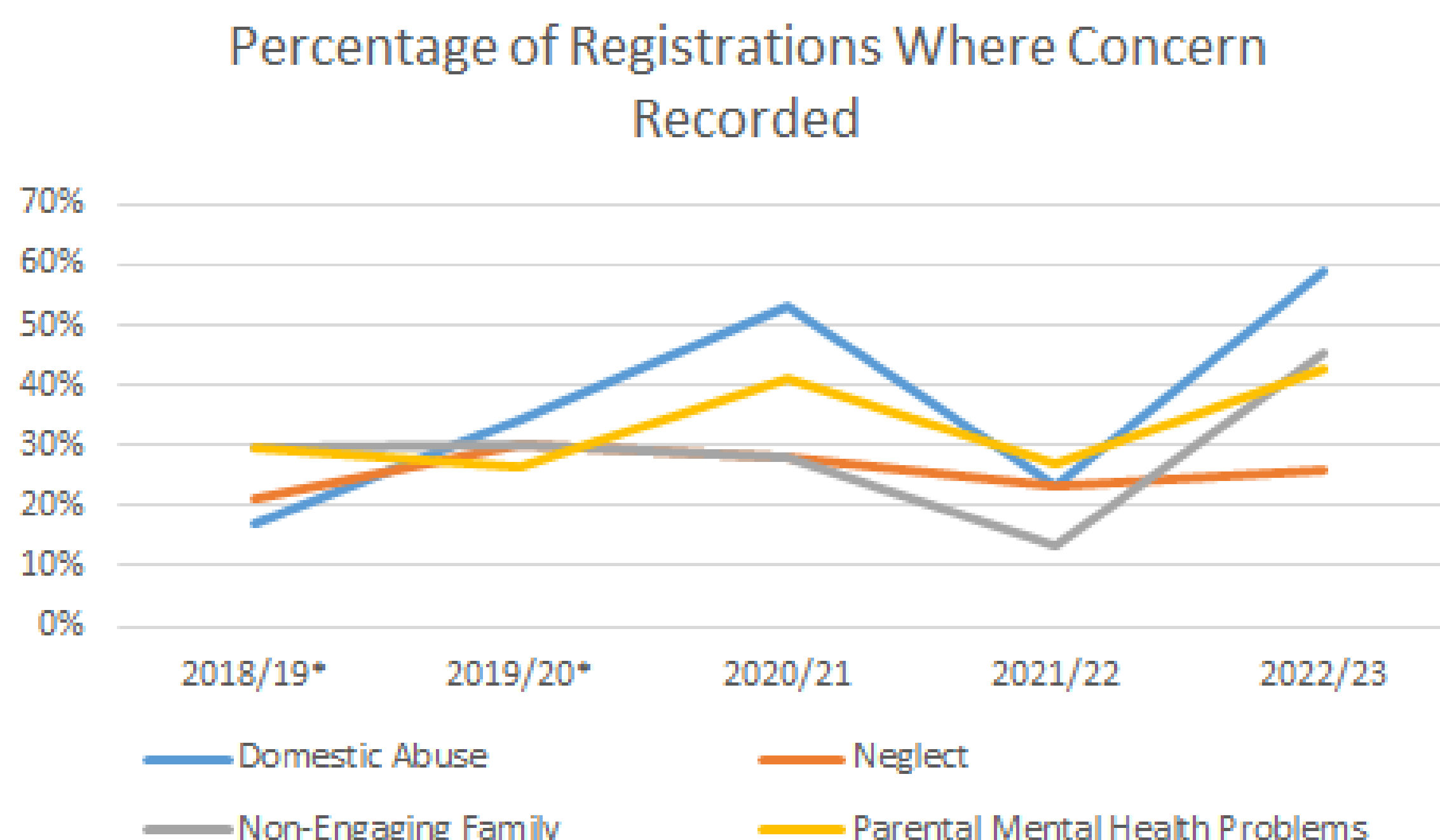
The Minimum Dataset monitors the proportion of children where the decision is taken to add the child to the CP register after an Initial or Pre-Birth Case Conference. This is known as the Conversion Rate and monitors the effectiveness of our processes and decision-making. As can be seen in the chart below, when the line representing the number of children subject to a case conference is close to that of the number of children registered the Conversion Rate is higher. The Conversion Rate in January - March 2023 was 83% compared with 65% in the same period 2022.



The Dataset also monitors the age groups of those children being newly registered. This works out at very low numbers which could potentially be identifiable, however the trend has been that more than half of all newly registered children in 2019/20 were less than 5 years old and this has decreased over time with those aged 5-10 years making up a similar proportion of new registrations as under 5s in 2022/23.



Reasons for a child being placed on the CP register, known as concerns are also monitored and there may be multiple concerns recorded for each registration. In 2022/23 domestic abuse was the highest noted concern and was recorded in 59% of all new registrations. This is higher than the 53% in 2020/21 which was thought to be related to Covid lockdowns. The second highest concern recorded in 2022/23 was non-engaging family followed by parental mental health problems and neglect. The chart below shows the trends for these 2022/23 highest concerns. \*Percentages for 2018/19 and 2019/20 relate to the academic year (August to July) rather than financial year.



The Child Protection process is also monitored through the Dataset in respect of meeting key timescales and the proportion of parental attendance at case conferences. Some of this has identified potential gaps or delays in recording which can be monitored and improved through CPC scrutiny. More effective collection of Inter-Agency Referral Discussion data has already been identified through scrutiny of the dataset and Police Scotland data is now being shared with the HSCP.

More widely, Children's Services continued to support a high volume of children and families in 2022/23 with 1 child in 15 in West Dunbartonshire on Social Work caseloads as at March 2023. The service has been working to address the high number of overall referrals from partners to the current "duty" or initial response service, and a revised model of initial response has been developed, benchmarked against the current service uptake of new referrals to the service. This will include a more specific response to non-child protection referrals from partners, using the Getting It Right For Every Child (GIRFEC) National Practice Model standards and expectations.

In addition, the service has been working with colleagues in the Scottish Children's Reporters administration to support better management of the high volume of report requests, specifically developing a triage process to support decision making where a full report may no longer be required. This is in line with the proportionality of response, where matters have been addressed and families do not require an ongoing multi-agency support plan. The development of a GIRFEC compliant and more child focused assessment and planning format (My Assessment / My Plan) has been implemented, alongside implementation of the Viewpoint tool for gathering the views of children and young people. This will remain in an implementation year supporting evaluation and quality assurance of the model across the partnership.

The service has been operating, post-Covid, in a context of increased demand and complexity as communities both recover from Covid and are impacted by the cost of living crisis. At present the service is also operating in a context within which recruitment and retention of staff is increasingly challenging. Agency staff, where available, are being deployed across the service however this is not an effective long term strategy. A longer term recruitment strategy which will be attractive to newly qualified social workers while also recruiting and retaining more experienced staff is being developed. As this crisis mirrors the national position, it is inevitable that the service will require to become more competitive in this area. This has been noted as a significant area of risk in respect of the service capacity to meet its statutory functions at present. Similarly, external providers are increasingly struggling to recruit and retain social care staff. As such we are working to reduce the reliance on external providers by developing better local family support opportunities across the partnership, and increasing the uptake of Self-Directed Support within, at present, the disability service where the lack of respite and other support services has been particularly challenging.



# Priority 5: Inequalities



## Keeping The Promise

Scotland's promise to care experienced children and young people is that they will grow up loved, safe, and respected, able to realise their full potential. The Promise was developed from the findings of the Independent Care Review which took place 2017-2022. At the point of concluding, the Care Review had listened to over 5,500 experiences. Over half of the voices were children and young people with experience of the 'care system', adults who had lived in care, and lots of different types of families. The remaining voices came from the paid and unpaid workforce. It was their stories that guided the Care Review and it is their experiences that have shaped everything the Care Review has concluded.

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

The Promise will be built on the following foundations which "must be at the heart of a reorganisation of how Scotland thinks, plans and prioritises for children and their families":

- Voice - Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need. There must be a compassionate, caring, decision-making culture focussed on children and those they trust.
- Family - Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way.
- Care - Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.
- People - The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision-making and care.
- Scaffolding - Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

In May 2022 the HSCP appointed a The Promise Lead Officer with the remit of raising awareness of The Promise and leading on the implementation of The Promise within West Dunbartonshire. A Keeping the Promise sub-group was also created which reports to West Dunbartonshire Community Planning Partnership's Nurtured Delivery and Improvement Group. This sub-group has multi-agency representation and met for the first time in July 2022 for a half-day development session. The role of this group will be to support and drive forward the recommendations of The Promise.

Short working life groups were established from the Keeping the Promise group to look at specific issues in more detail and enlisted membership from relevant parties. The three initial working groups are for Continuing Care, Brothers and Sisters and Language. They report progress to the Keeping the Promise Group, and take action to progress these priority areas.



During 2022/23 there have been some key developments to ensure the voices of children and young people are listened to and involved in decision-making.

Viewpoint, a software tool that is used to support children and young people share their views, has been re-introduced within West Dunbartonshire, relaunched in July 2022. Over 70 social workers attended training provided by Viewpoint and it is available to be used with children and young people over 5 years old in West Dunbartonshire. This supports the United Nations Convention on the Rights of the Child, ensuring children and young people are meaningfully and appropriately involved in decision making, and have the opportunity to have their voice heard on decisions affecting them.

The data gathered can help ensure children and young people have their views included in care planning and can also be aggregated to provide information on what matters to children and young people across West Dunbartonshire and support service planning and delivery. Further training is planned for May 2023, which will focus on supporting Senior Social Workers and the new Independent Reviewing Co-ordinators promote and support the use of Viewpoint.

A development to Viewpoint has also just been launched with our foster carers, where we will use the app to support the collection of life story material; ensuring our children and young people have a coherent narrative around their childhoods now and in the future. We will be asking our foster carers to take at least one photo per week, along with a story to accompany the photo, to upload on the child's app as well as being attached to the child's file. We will also be asking foster carers to write a letter to the child prior to every six monthly review meeting talking about their time together, which again will be uploaded onto the app and into the child's file.

Children's Activity Bags have also begun to be used within our Children and Families Teams to help gather infant, children and young people's views. These are backpacks filled with activities and toys to engage infants, children and young people during time together. The goal is to support relationship building and create a supportive context whereby children and young people feel able to share their views and feelings.

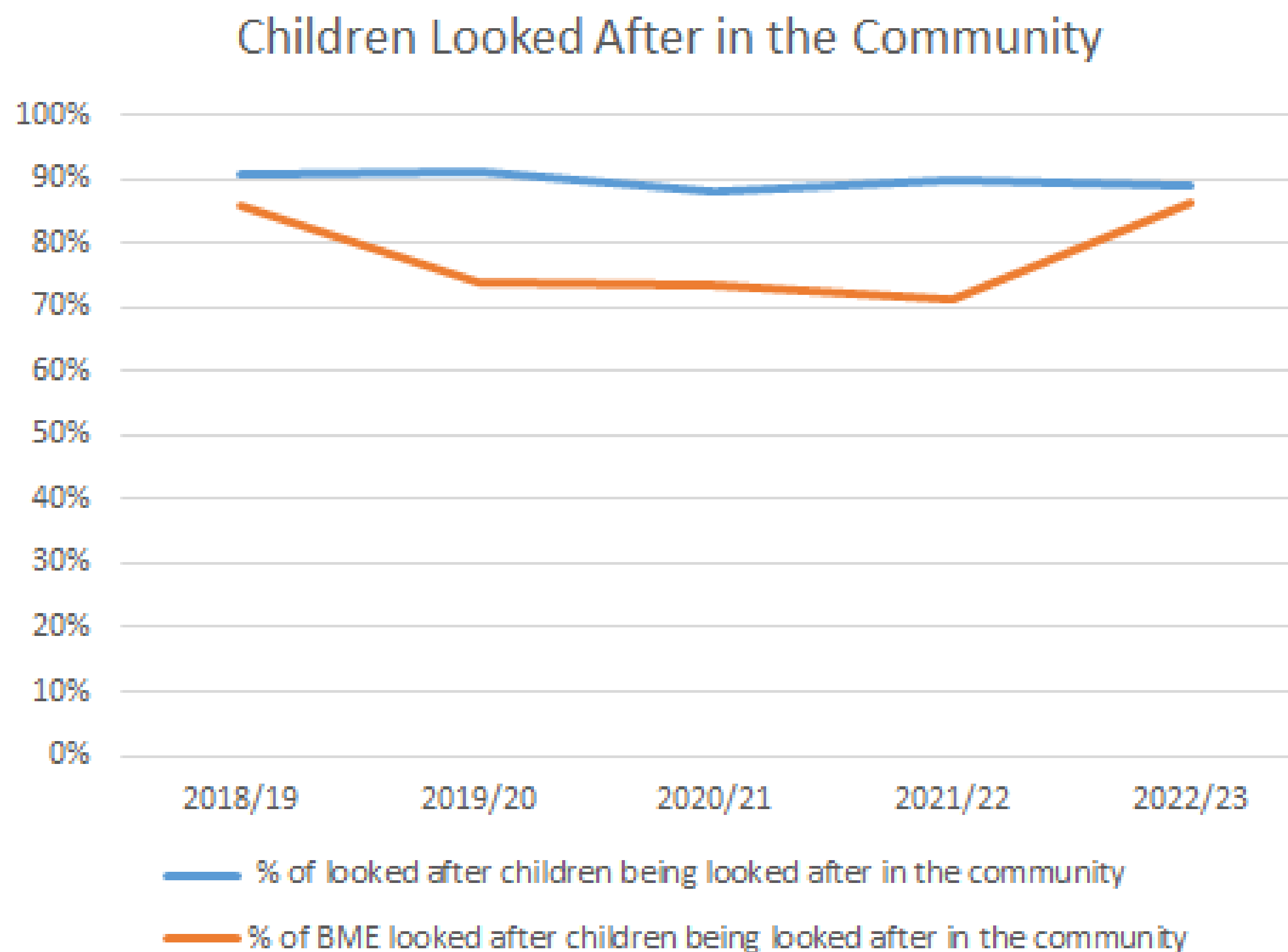
A "Communicating with infants, children and young people" development day is planned for later in 2023 with our Children and Families teams which will promote and develop skills, tools and learning for supporting children, as well as thinking about how to make sure these views are reflected in case recordings, reports, care plans and meetings.

At the end of March 2023 there were 478 looked after children in West Dunbartonshire: an increase of 26 or 5.8%. Of these children, 88.7% were looked after in the community rather than a residential setting helping them to maintain links and relationships within their community which may lead to better outcomes. This was slightly below our local target of 90%.

In line with our equalities monitoring, we also monitor the proportion of looked after children from Black and Minority Ethnic (BAME) communities who are looked after in the community. Numbers of BAME children who are looked after have been very low therefore small changes in numbers mean percentages fluctuate more significantly.

However numbers have risen slightly as at March 2023 and as can be seen in the chart overleaf this shows the proportion looked after in the community, 86.2%, to be more in line with all looked after in the community. Looked at overall, 6.1% of looked after children are from BAME communities compared with 3.7% in March 2022. Part of the reason for this is West Dunbartonshire's commitment to the National Transfer Scheme for Unaccompanied Asylum Seeking Children as well as supporting those unaccompanied asylum seeking children who arrive spontaneously in the local authority area.





West Dunbartonshire Champions Board has been re-launched during 2022/23 in collaboration with Y-Sort It and Who Cares Scotland? and is crucial to how The Promise is implemented. The voice of our care experienced children and young people must be central to how we move forward, while also ensuring there is a solid feedback loop to those with power to make changes. The priority for the Champions Board is to re-engage with young people, and some of their many Corporate Parents, after the sustained impact of the pandemic since 2020.

The Champions Board realise the importance of working closely alongside The Promise Lead Officer, and look forward to having the voices of care experienced young people being heard, listened to, and actioned upon. They are also in the process of setting up a group for parents and carers who would like to influence how services develop.

Care experienced young people have been involved in recruiting new Children’s Hearings Panel members by sitting on Interview panels, alongside existing Panel members. While this took place online during 2021/2022, the 2022/2023 recruitment campaign has been face-to-face. The Champions Board was also successful in obtaining funding to create a campaign about stigma around mental health and have started work on a video.

Engagement sessions around The Promise took place from May 2022 – January 2023, reaching over 300 people. The Lead Officer attended team meetings to provide input on The Promise and support discussions with teams: how The Promise relates to their role, and what they feel are priorities within West Dunbartonshire in implementing The Promise. These sessions have been delivered within Education, Social Work, Health, the Third Sector, Elected Members and Foster Carers. Further sessions are planned later in 2023, including reaching communities and creating a sustainable way of keeping people up to date with developments.

The Promise Scotland is an organisation set up to support change and to support Scotland to keep its promise to care experienced children and families. Their first phase Plan 21-24 outlines Scotland’s route map, providing key priorities and areas of focus under which organisations will work to achieve the required change up to 2024. Family Support is a priority within the Plan for which there is national investment from the Scottish Government to re-design our services locally. A sub-group on Whole Family Support has been created with work underway in developing our Family Support. Informed by self-evaluation and review, we have identified that our key areas for improvement and development are: involvement and participation; communication and access; the GIRFEC refresh; revision of parenting supports; piloting single points of access; developing professional learning; and embedding self-evaluation processes.

The experience and views of our families is at the heart of this work, ensuring we reach out to as many children, young people, parents and carers as possible. A wide scale survey of parents/carers and children and young people was carried out in December 2022 with over 2,000 responses. Further focus groups are being held with families who have direct experience of accessing support services to deepen understanding.



Each and Every Child have provided free training to over 80 multi-agency staff within West Dunbartonshire and offer support around language and how we can reframe the narrative around care experience to reduce stigma. Who Cares Scotland? will provide training on Corporate Parenting and the responsibilities attached.

Four Independent Reviewing Officers have been recruited and take up their posts in May 2023. They will conduct all reviews for looked after and accommodated children within West Dunbartonshire. This will bring increased accountability, consistency and independence to these reviews and support with improving the experience of children and families in making meetings more accessible and child friendly.

The HSCP's Throughcare and Aftercare team have continued to support large numbers of care-experienced young people: 130 during 2022/23. In the face of an increasingly difficult financial situation the team have made best use of all available resources and been creative in ways young people can be supported with their daily living. Education is an important route for young people and the service continues to support a number of young people at college or university. Those in full-time education and in their own council tenancy receive free rent from West Dunbartonshire Council to support them with their education: an excellent example of Corporate Parents in action.

As part of our Care Leavers Housing Protocol over 35 care leavers have been housed appropriately through the protocol since 2018. The statistics show that over 87% of those young people currently remain in those tenancies: a significant achievement, highlighting that priority access to housing at the right point in a young person's life can make a tangible difference to the success of the tenancy.

The Promise and the introduction of Continuing Care only serve to strengthen the ethos of Throughcare, that young people in stable placements should remain there as long as possible. The older a young person is when they leave care, the more mature and prepared they will be to cope with life beyond care and the practicalities of day-to-day living along with the support of services such as Throughcare and Aftercare.

### Service Development: Unaccompanied Asylum Seeking Children

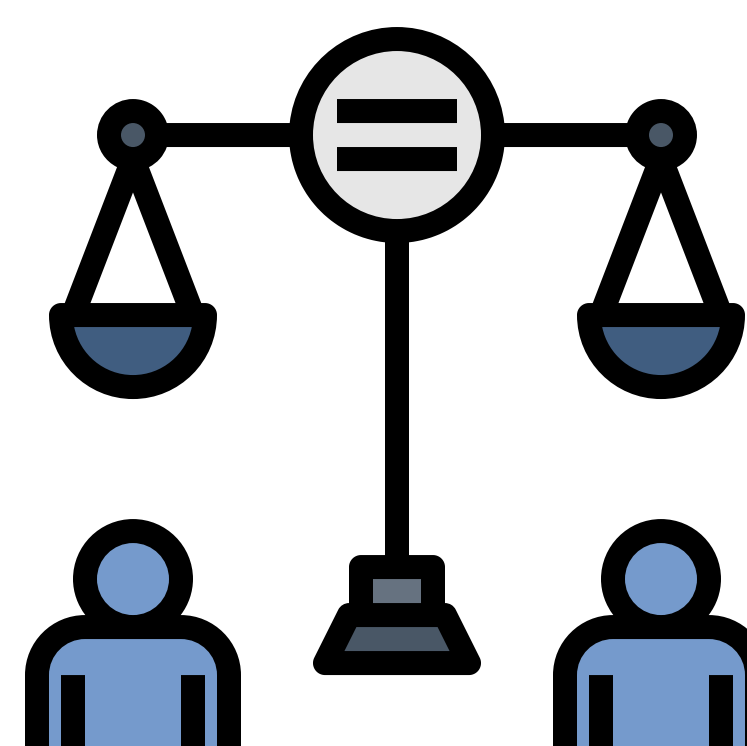
In August 2022 HSCP Children's Services set out to work differently with unaccompanied asylum seeking children who were presenting to us both spontaneously and through the National Transfer Scheme (NTS). Prior to this our main approach was to place young people in our Children's Houses and/or supported carer placements. This was resulting in reduced capacity within supported placements, the Children's Houses and our ability to meet new emergencies. As an alternative, local houses were identified as a housing support model, known as The Project, and a specific staff group was created to provide bespoke supports for young people arriving in West Dunbartonshire. We now have three properties housing six young people and are examining ways of creating further capacity that will enhance this provision. This includes links with Housing and with Action for Children.

In conjunction with this initiative, West Dunbartonshire Council was the first organisation to be involved in the direct transport of children being placed in our care through the NTS. We have been working directly with the Home Office to ensure identified children who plan to travel to Scotland from Kent are fully supported with this transition. This has included staff from The Project travelling to Kent equipped with information for the young people about their stay in West Dunbartonshire including area profiles, networking information about travel from our location, for example to Glasgow and Edinburgh, and details on how they will be supported by The Project staff as they progress their application to remain in the UK. All of this information is shared and discussed with the young people in their own language through interpreting services.

This practice has been celebrated at a local and national level. In most circumstances children are travelling to host councils via paid taxis: a position that West Dunbartonshire Council found to be poor practice. Since commencing our new approach and journeying down to Kent at least three other council areas are now following our lead. This model has made significant difference to the young people experiencing this care and as a by-product has resulted in considerable savings and freeing up capacity in our Children's Houses.



### Equalities Mainstreaming Activity



The WDHSCP Board is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council.

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

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

- Take effective action on equality
- Make the right decisions, first time around
- Develop better policies and practices, based on evidence
- Be more transparent, accessible, and accountable
- Deliver improved outcomes for all

In June 2022, West Dunbartonshire HSCP Board approved the biennial equality mainstreaming report for 2020-2022 for publication which is available at:  
<http://www.wdhscp.org.uk/media/2541/equalities-mainstreaming-report-2022.pdf>

The HSCP Board also agreed at that time to refresh the current equalities outcomes as part of the development of the new Strategic Plan 2023-26 and to strengthen and integrate reporting on outcomes and mainstreaming activity directly in this Annual Performance Report. This approach covers reporting requirements for the specific duties under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 as well as the general duties under the Equality Act 2010 of:

- Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advancing equality of opportunity between people who share a protected characteristic and those who do not.
- Fostering good relations between people who share a protected characteristic and those who do not.

This annual reporting seeks to strengthen the approach to evidencing equality mainstreaming and as such examples of mainstreaming equality are also highlighted in other parts of this performance report.

As employment responsibilities in relation to Equality remain with the partner organisations, the HSCP continue to link in with the Equality, Diversity and Inclusion Workforce Programme in NHS Greater Glasgow and Clyde and the Equality and Employment monitoring for West Dunbartonshire Council and connect these with the HSCP Workforce Plan.



Equality Impact Assessments (EIAs) are a collaborative process where new policies or service developments are considered and evaluated to identify where they may impact or disadvantage certain groups of people within our communities due to either protected characteristics or social or economic factors.



The HSCP continues to carry out EIAs on emerging programmes of work and EIAs completed in 2022/23 included:

- Mental health and wellbeing in the Primary Care Plan
- West Dunbartonshire Distress Brief intervention Associate Programme
- Substance Use Prevention Strategy Delivery Plan
- Health and Social Care Assisted Transport Policy
- West Dunbartonshire HSCP Strategic Plan 2023-26

Work continues to take place to support staff undertaking EIAs in order that the content and practice continues to improve and develop over time.

In line with the national guidance in the development of Strategic Commissioning Plans (2015), the HSCP's Strategic Planning Group commissioned an updated [Strategic Needs Assessment](#) to support the development of the next Strategic Plan 2023-26 and which continues to be used by the HSCP as a resource to influence service development. Importantly, this assessment has an extended population section view including the most current projected population statistics and data on the range of protected characteristics.

Information on poverty and employability is also included in the Strategic Needs Assessment to support implementation of the Fairer Scotland Duty which was enacted by the Scottish Government in 2018. This Duty places a legal responsibility on the HSCP to actively pay due regard to how to reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions.







The outputs and new actions from the development session have been added to the Equalities Improvement Plan under the existing themes of leadership, training, awareness raising, data/access, communication and best practice.

Some examples of work carried out in 2022/23 across the five themes include:



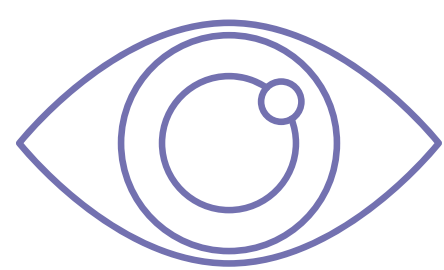
### Leadership

The HSCP invested in leadership training for equality and inclusion with 36 members of the extended management team having completed a full day session on the Thobani 6 C leadership model for Equality and Inclusion which provides an audit tool around six interlinked themes of Coherence, Consciousness, Commitment, Courage, Connectedness and Co-production enabling them to lead and integrate equalities within their service and service plans. This work will be further developed in 2023/24.



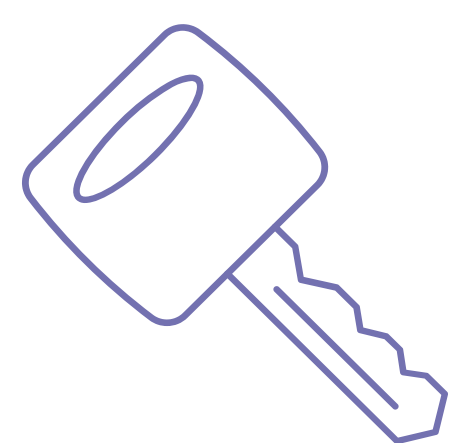
### Training

The HSCP continued to promote the range of equality, diversity and inclusion training available from both WDC and NHSGGC. In addition, the extended management team development programme in 2022/23 included a session on the Fairer Scotland Duty from the Improvement Service, given the refreshed guidance from the Scottish Government, to help understand more clearly the tools and resources available on the Duty from agencies such as the Improvement Service.



### Awareness Raising

The HSCP continued to link in with national equality campaigns participating in visible flag raising event such as LGBT+ History Month and International Women's Day. Awareness of the impact of digital exclusion continues particularly for care experienced young people. The HSCP Throughcare and Aftercare team have been providing devices and phones to young people, and more recently have secured three Connecting Scotland Grant awards to provide devices and Wi-Fi access to care experienced young people.



### Data/Access

Work on the Improvement Service co-ordinated Shaping Places for Wellbeing Programme continues with proactive and preventative policy development work including a local Place and Wellbeing Assessment being carried out on the Implementation of Clydebank Town Centre Development Framework. The HSCP continued to work on the 2-year pilot Welfare Advice and Health Partnerships with the GP practices involved using a combination of approaches to support access to welfare rights advice and with strong links being created between the Alliance Community Links Workers and the welfare rights workers to share learning and provision of support.



### Communication

Work included updating the webpages on WDHSCP's Equality and Diversity section and highlighting equality events.



### Best Practice

This includes work with Brain Health Scotland to establish an inequalities focused dementia prevention risk stratification programme based on the FINGER (Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability) approach and is delivered through a multi-agency approach. There is also ongoing Work with the Royal National Institute for the Deaf to localise their national healthy hearing campaign resources and materials. Work continues to address cost of living issues with the HSCP being active members of the WDC's cost of living group, health visitors continuing to routinely ask about money worries and refer on to WDC Working 4U for support as well as pathways being redesigned to ensure financial inclusion checks are being made for people accessing social care support.

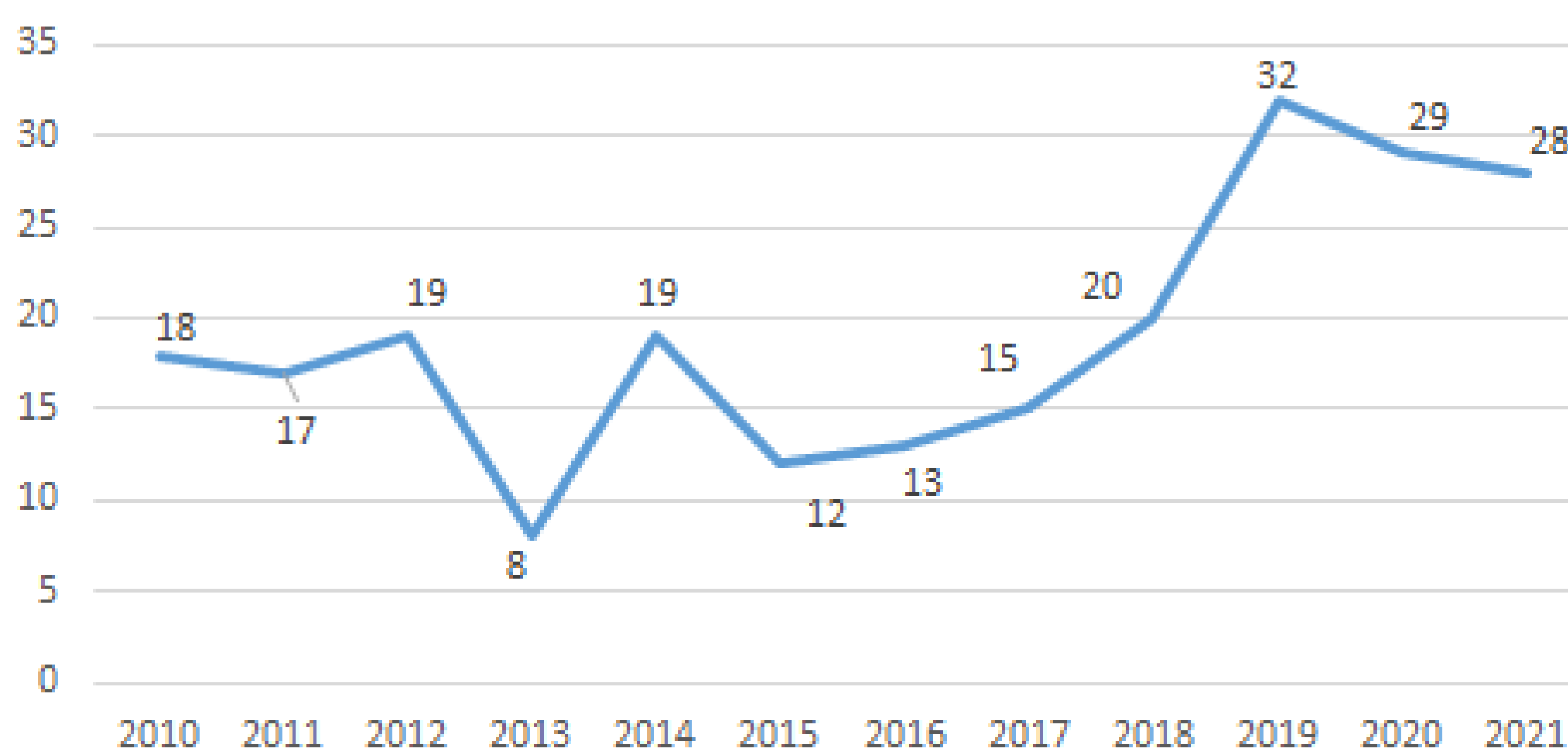


## Medication Assisted Treatment Standards

The Scottish Government's Medication Assisted Treatment (MAT) standards define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland. The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system. The purpose of the standards is to: improve access and retention in MAT; enable people to make an informed choice about care; include family members or nominated person(s) wherever appropriate; and to strengthen accountability and leadership so that the necessary governance and resource is in place to implement the standards effectively.

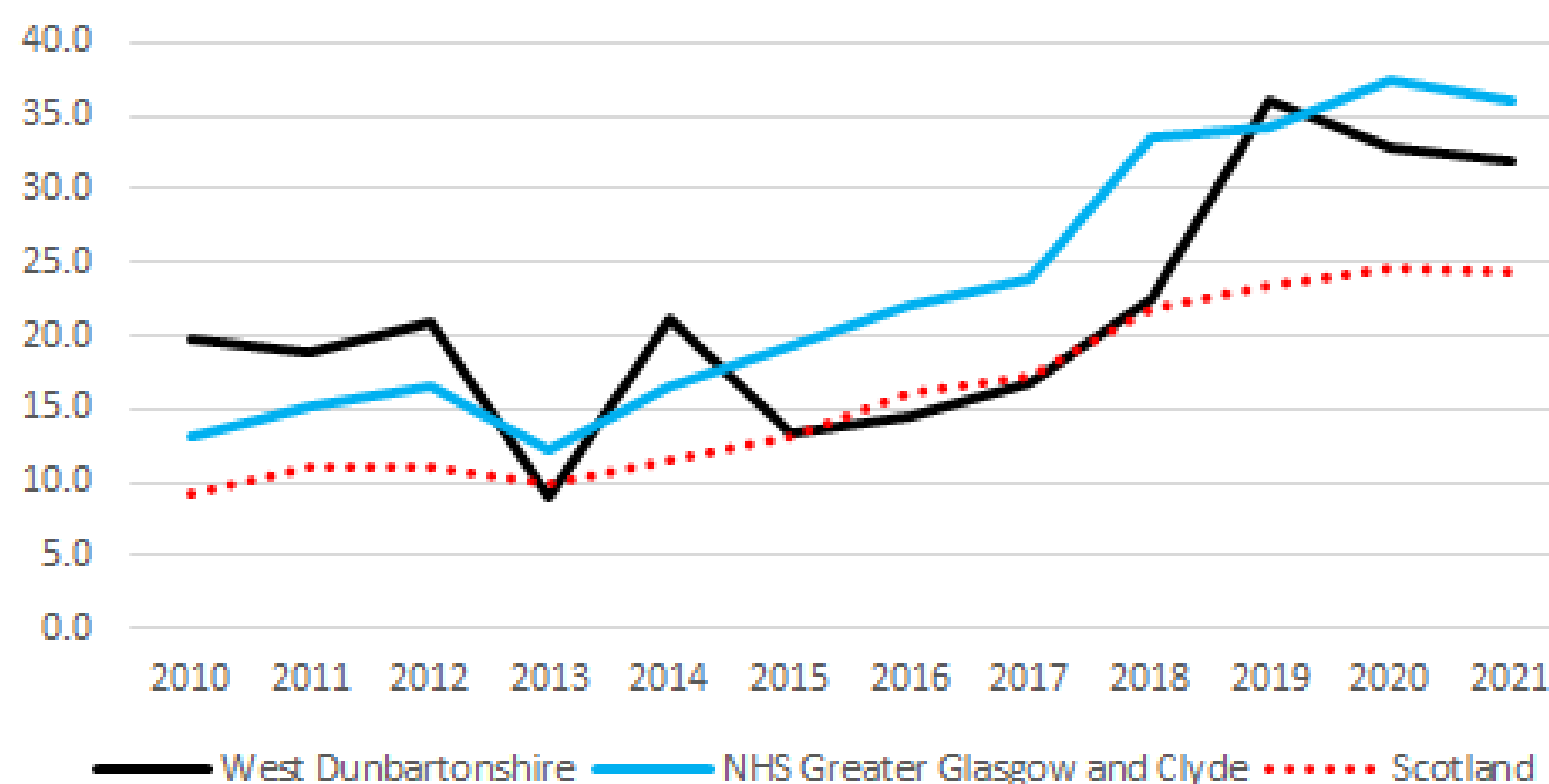
There were 28 drug misuse deaths registered in West Dunbartonshire in 2021, which is the most recent available published data. This was a decrease of 1 on 2020 and of 4 on 2019 although these 3 years had the highest number of deaths by far going back to 2010.

Drug Misuse Deaths Registered in West Dunbartonshire



When considered as a rate per 100,000 population, West Dunbartonshire has seen significantly higher death rates than Scotland since 2019 and been only slightly lower than NHS Greater Glasgow and Clyde since 2020. In 2021 West Dunbartonshire had the 4th highest rate of drug misuse deaths in Scotland.

Drug Misuse Deaths: Rate per 100,000 Population



In addition, West Dunbartonshire was ranked the 7th highest area for drug-related hospital admissions in 2021 with a rate of 318.51 per 100,000 compared to the Scottish National average of 228.26 per 100,000.



The drug-related situation in Scotland is complex and challenging, with an estimated 55,800 to 58,000 people having problematic drug use, and the number of drugs-related deaths being the highest in Europe, with 1,339 deaths in 2020. Poverty and deprivation are identified as key drivers, with those from the most deprived areas being 18 times more likely to die from drugs-related deaths than those from the least deprived areas.

The changing landscape of drugs in Scotland includes an increase in polydrug use (use of more than one drug in combination) and new synthetic psychoactives, as well as an aging population of problem drug users with more complex needs. The Scottish Government has published policies, including 'Rights, Respect and Recovery' and the Alcohol Framework, with a commitment to reducing drug and alcohol use, harms, and deaths.

The MAT Standards were developed by the Drugs Death Taskforce who brought together voices from a wide range of stakeholders including those with lived experience. The standards aim to drive improvement within those services and reduce harm from drug use.

### Medication Assisted Treatment (MAT) Standards

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to independent advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.

West Dunbartonshire Alcohol and Drugs Partnership (ADP) has a MAT Standards Implementation Group consisting of all adult services operating across the ADP. The group is responsible for implementation of the MAT Standards and is chaired by the local clinical lead for the MAT Standards. The implementation group feeds into the ADP governance structure. A detailed project plan and risk register has been developed to support local implementation of the MAT Standards.

An NHS Greater Glasgow and Clyde Implementation Steering Group has been established to ensure a co-ordinated approach to implementation, and to oversee development of an Implementation Plan to include strategic Greater Glasgow and Clyde actions needed to implement the 10 standards, a financial framework, and progress monitoring requirements.



### Same Day Access to Medication Assisted Treatment

West Dunbartonshire has one of the highest levels of deprivation in Scotland. Around 700 people affected by substance use are supported here. In June 2022, West Dunbartonshire Addiction Service piloted a project on same day medication assisted treatment in Clydebank. The core project team focused on four key improvement areas:

- Better patient engagement
- Improved service access and choice
- Reduced "did not attend" rates (DNAs)
- Enhanced service experience

Some of the new ways of working developed during the COVID-19 pandemic were maintained such as our open door policy and telephone and self-referrals. We also introduced the following changes:

- A same day prescribing protocol
- Access to virtual patient referrals
- Flexible transport provision, where required
- Promotional materials developed in conjunction with people with lived and living experience

Changes made to the service resulted in an 85% reduction in service access delays and a 65% increase in the number of people accessing treatment. Retention in treatment has also improved along with positive feedback on treatment choice and availability.

In terms of learning, the team appreciated the value of pathway mapping in the design phase of the project. The development of a low-threshold assessment checklist also supported team members to assess opiate dependence levels. This gave them more confidence in the early stages. The presence of senior clinicians supported team members to adjust to new ways of working. Challenges for the service have been around balancing the needs and expectations of people accessing the service with safe clinical practice. Raising awareness of what to expect and why on the treatment journey is often critical to the success of interventions.

Other factors contributing to the success of the pilot were:

- Close collaboration with GP services to enable treatment access and choice
- Clinical leadership to support teams to adapt to new ways of working
- Ongoing engagement with people accessing services to enhance therapeutic relationships
- Deploying current team members in creative ways while offering support and guidance

Moving forward, Addiction Services are currently seeking Home Office licences to upscale Buprenorphine provision, a medication assisted treatment, and continue to collaborate with local GPs to develop pathways between services.

Public Health Scotland has been assessing all ADPs in Scotland in how well they are meeting each of the MAT Standards. As part of this process, West Dunbartonshire ADP had to submit both numerical and experiential data to Public Health Scotland during 2022/23.

The experiential data was based on interviews conducted with people who use treatment services, service providers (staff) and family members/nominated persons. Red Amber Green Blue (RAGB) scores for each of the 10 MAT Standards are expected to be delivered by the end of May 2023 to West Dunbartonshire to denote Public Health Scotland's evaluation of progress made.

Key actions/service improvements have been carried out to implement the MAT Standards within West Dunbartonshire ADP services including:

- Change in service delivery to achieve implementation of MAT Standards 1 to 5. This was achieved after working in collaboration with Public Health Scotland via a test of change pilot.

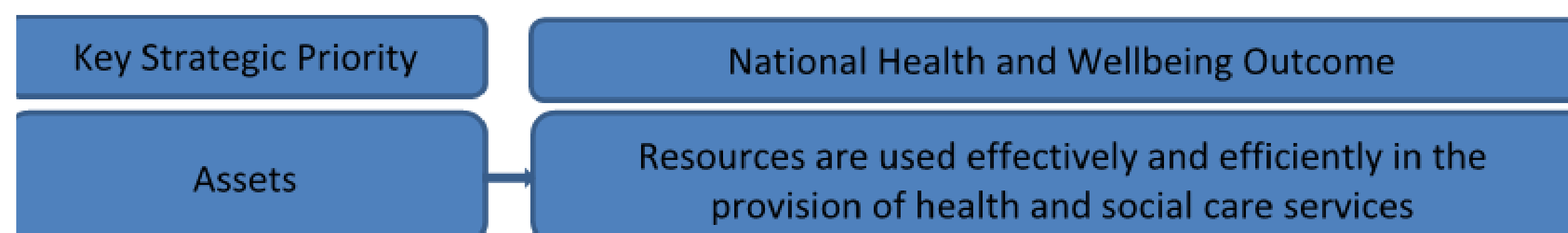






# Best Value and Financial Performance

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



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

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

The Annual Report and Accounts for the period 1 April 2022 to 31 March 2023 provides a detailed financial overview of the year and the levels of funding from all our partners. Some of the key tables and messages are extracted below including the final outturn position and the movement in reserves.

The HSCP Board approved the 2022/23 revenue budget on 21 March 2022 of £185.117m (excluding Set Aside) to deliver on all delegated health and social care services. This opening budget position was subject to many changes through the course of the financial year as further funding streams are received, in the main from the Scottish Government to support a range of policy commitments. As well as the core budget there is a further allocation of a “Set Aside Budget” which is made available by the Health Board to the HSCP Board, in respect of “those functions delegated by the Health Board, which are carried out within a hospital setting”. The proposed set aside budget at the 1 April 2022 was £33.620m, however this too is subject to change in line with actual activity and demand for these services by our West Dunbartonshire population.

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

## Budget Performance 2022/23

The final 2022/23 budget available for delivering directly managed services was £185.541m (excluding Set Aside). The total net cost of providing these services was £193.926m, resulting in a reported deficit of £8.385m (subject to audit). This is detailed in the table below along with comparative data for the last four financial years of the West Dunbartonshire HSCP Board.



Budget Performance 2022/23 (plus previous years 2018/19 to 2021/22)

2018/19 Net Expenditure £0	2019/20 Net Expenditure £0	2020/21 Net Expenditure £0	2021/22 Net Expenditure £0	West Dunbartonshire Integrated Joint Board  Consolidated Health & Social Care	2022/23 Annual Budget £0	2022/23 Annual Budget £0	2022/23 Underspend/ (Overspend) £0
45,008	45,526	45,717	48,336	Older People, Health and Community Care	53,857	51,034	2,823
3,007	2,884	3,214	3,106	Physical Disability	3,584	3,242	342
22,511	24,899	25,500	26,033	Children and Families	29,553	30,529	-976
8,949	9,431	10,244	10,575	Mental Health Services	12,578	12,086	492
2,568	2,885	2,933	3,363	Addictions	3,622	3,525	97
16,655	17,158	16,868	17,933	Learning Disabilities	19,784	20,487	-703
1,351	1,301	1,392	1,501	Strategy, Planning and Health Improvement	2,210	1,623	587
25,738	27,427	29,955	29,532	Family Health Services (FHS)	31,226	31,224	2
19,383	19,432	19,003	19,690	GP Prescribing	19,937	21,001	-1,064
6,254	6,370	6,247	6,528	Hosted Services - MSK Physio	7,394	7,623	-229
755	824	719	720	Hosted Services - Retinal Screening	860	846	14
0	0	-6	0	Criminal Justice - 100% Grant funding	0	45	-45
1,892	3,604	4,468	5,776	HSCP Corporate and Other Services	6,907	7,421	-514
		5,840	4,781	Covid-19	-6,348	2,863	-9,211
270	281	329	358	IJB Operational Costs	377	377	0
<b>154,341</b>	<b>162,022</b>	<b>172,423</b>	<b>178,232</b>	<b>Cost of Services Directly Managed by West Dunbartonshire HSCP</b>	<b>185,541</b>	<b>193,926</b>	<b>-8,385</b>
29,522	31,223	36,149	36,346	Set aside for delegated services provided in large hospitals	41,323	41,323	0
577	661	505	527	Assisted garden maintenance and Aids and Adaptions	562	562	0
11,289	11,021	11,467	11,042	Services hosted by other IJBs within Greater Glasgow and Clyde	12,596	12,596	0
-6,128	-6,655	-6,390	-6,672	Services hosted by West Dunbartonshire IJB for other IJBs	-7,605	-7,605	0
<b>189,601</b>	<b>198,272</b>	<b>214,154</b>	<b>219,475</b>	<b>Total Cost of Services to West Dunbartonshire HSCP</b>	<b>232,417</b>	<b>240,802</b>	<b>-8,385</b>

The total cost of delivering all health and social care services amounted to £240.802 against funding contributions £232.417m, including notional spend and funding agreed for Set Aside of £41.323m, spend and funding managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptions of £0.562m and net spend and funding of Services hosted by other IJB's with Greater Glasgow and Clyde of £4.991m. This therefore leaves the HSCP Board with an overall deficit on the provision of services of £8.385m.

The main challenges and cost pressures incurred by the HSCP during 2022/23 were related to unfunded pay settlements within social care, employee related issues (such as staff turnover levels, recruitment challenges and subsequent increased use of agency staff), the legacy impact of the COVID-19 pandemic on service demand, global inflation affecting pay negotiations, prescribing levels and the cost of providing care packages and the cost of living crisis.

This deficit was partially funded by a drawdown from earmarked reserves of £8.107m leaving a net deficit of £0.278m. Reserves are classified as either:

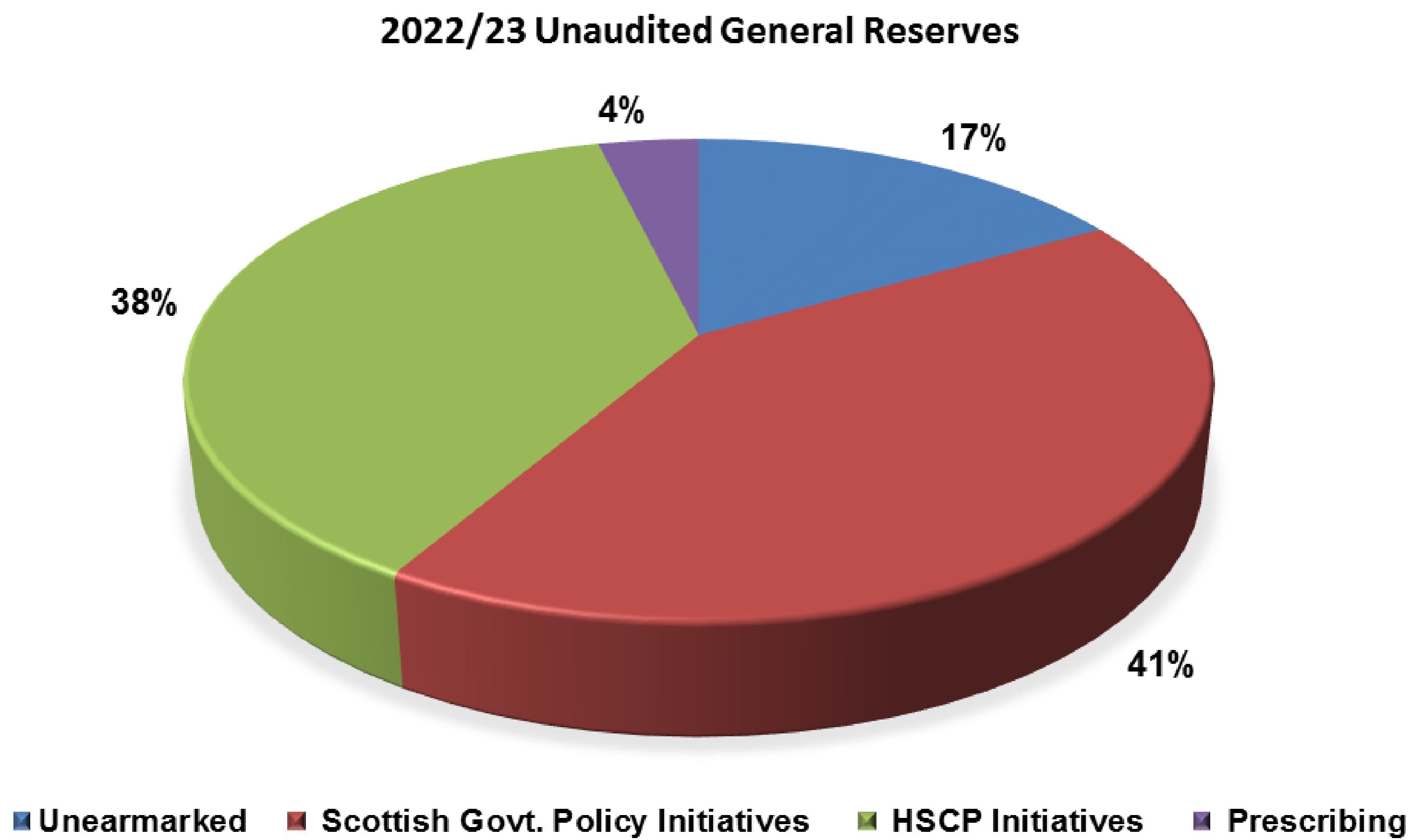
- Earmarked Reserves – separately identified for a specific project or ring fenced funding stream e.g. Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drug Partnership, Covid Recovery and Service Redesign and Transformation; or
- Unearmarked Reserves – this is held as a contingency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

The HSCP Board have an approved Reserves Policy which sets out the legal basis for holding reserves and the process of applying those reserves. It is recognised reserves are a key element in demonstrating financial stability in the medium to long term. Therefore the current policy strives to hold 2% of total budget in unearmarked reserves, for 2022/23 this was approximately £3.9m.

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



High Level Analysis of 2022/23 Earmarked and Unearmarked Reserves



The movement in earmarked reserves is an overall decrease of £8.107m, bringing the closing balance to £21.874m. There were a number of drawdowns and additions amounting to £16.706m and £8.599m respectively.

The movement in unearmarked, general reserves is an overall decrease of £0.278m, bringing the closing balance to £4.301m which is slightly in excess of the 2% target as set out in the Reserves Policy.

The HSCP continued to detail its response to the COVID-19 pandemic within the Local Mobilisation Plan (LMP) and associated costs through the financial tracker returns to the Scottish Government. The final submission for 2022/23 was submitted in May and detailed full year costs for the HSCP of £2.863m as detailed below. After deduction of the costs incurred for 2022/23 and holding onto a small reserve for Carers PPE, the HSCP returned £6.348m of funds to the Scottish Government.

2022/23 Covid-19 Spend against Funding

Covid-19 - Expenditure	2022/23 £000's
Additional Staff Costs	411
Additional Infection and Prevention Control	249
Social Care Provider Sustainability	310
Adult Social Care	439
Children and Families	848
Reduced Delay Discharge	84
Mental Health Services	80
FHS Prescribing and Contractor Costs	87
Loss of Income	110
Other	245
<b>Total Spend</b>	<b>2,863</b>
Covid-19 - Income	2022/23 £000's
Opening Earmarked Reserve	-9,213
Covid Clawback based on Month 8 LMP Submission	5,855
Final Clawback based on draft Month 12 LMP Submission	493
<b>Total Income</b>	<b>-2,865</b>
<b>Closing Earmarked Reserve</b>	<b>-2</b>



## Medium Term Financial Outlook

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

Throughout 2022/23 West Dunbartonshire HSCP Board continued to strive to deliver on its strategic priorities as well as responding to and adapting services as the impacts of the COVID-19 pandemic continued to impact on the daily lives of the people of West Dunbartonshire.

We have demonstrated our commitment to strong financial governance through our performance reporting and this annual report. The ability to hold reserves and add to them in 2022/23, supports our short and medium-term position as we face the challenges 2023/24 in delivering the strategic outcomes contained within our new 2023 - 2026 Strategic Plan – Improving Lives Together, shaped by our Strategic Needs Assessment.

The first Medium Term Financial Plan (MTFP) was refreshed as part of the 2022/23 Revenue Budget exercise and approved by the Board on the 21 March 2022 and covers the period 2022/23 to 2026/27. The plan will be updated again as part of the 2024/25 budget setting exercise.

The HSCP Board revenue budget for 2023/24 to deliver our strategic priorities is £223.869m, including £34.292m relating to set aside and £0.479m relating to budget managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptations. The budget identified a potential funding gap of £6.539m which will be addressed through an application of earmarked reserves (£2.209m) and a range of savings options (£1.400m) and management actions (£3.221m) and leaves a small amount of flexibility to support any delays in achievements of savings options.

In 2023/24 we will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes, the Senior Management Team and the Project Management Office (PMO). We will respond to these challenges by continuing to build on the strong governance frameworks already in place and continue to engage and collaborate with our stakeholders, manage and mitigate risk and invest in our workforce and communities.

The ongoing reaction to and recovery from the pandemic adds a further layer of risk to our financial stability going forward. The indicative budget gaps for 2023/24 to 2025/26 are detailed below and illustrate the scale of the risk. These will be subject to change as the full impact of the 2023/24 pay settlements for local government employed staff is revealed as well as other inflationary and service demand pressures arising from the current cost of living crisis.

### Indicative Budget Gaps for 2023/24 to 2025/26

Indicative Budget Gaps	2023/24	2024/25	2025/26
	(£m)	(£m)	(£m)
Indicative Draft Budget	191.016	197.015	202.027
Indicative Funding	189.099	190.578	192.087
Annual Budget Gap	1.918	6.437	9.94
Cumulative Budget Gap	1.918	8.354	18.294
Application of Reserves	2.209	0.185	0.194
Annual Budget Gap	-0.292	6.252	9.745
Cumulative Budget Gap	-0.292	5.961	15.706



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

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

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

Through 2023/24 the Financial Performance Reports will continue to reflect all quantifiable variations against the approved budget as well as anticipating and reporting on any material changes or risks.

We await the publication of the Scottish Government's refreshed Medium Term Health and Social Care Financial Framework to provide some realistic working assumptions for 2023/24 and beyond.



# Good Governance

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

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

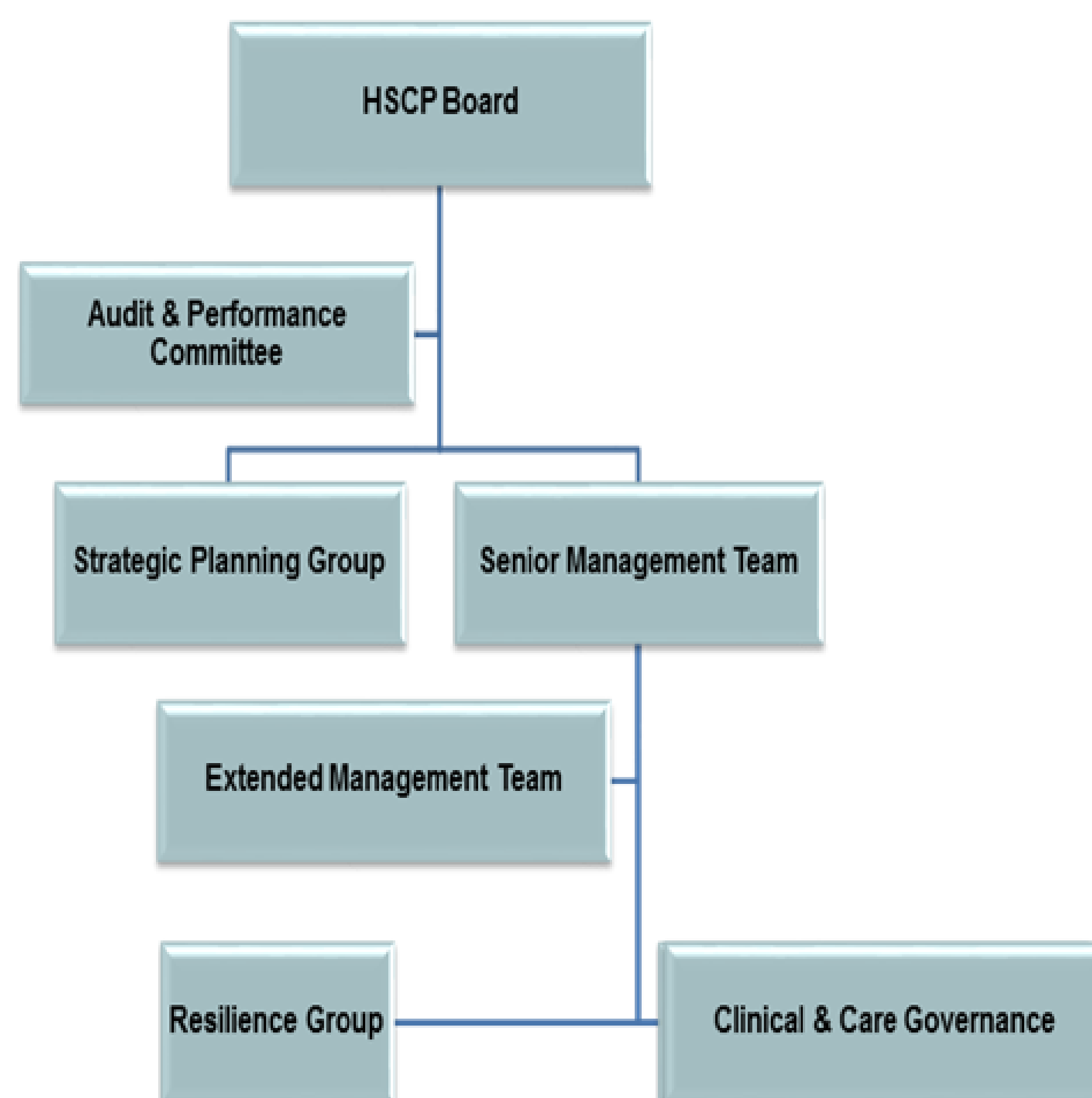
The HSCP Board is scheduled to meet six times per year and all agendas and meeting papers are available on the HSCP Board website.

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

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

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

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





## Governance 2022/23

The 2022/23 Internal Audit Annual Report for the HSCP Board identifies no significant control issues and recognised:

“The longevity of the Covid-19 pandemic and its extension from 2020/21 into 2021/22 meant that the effect on the residents, partners and workforce remained an area of concern in 2022/23.

The COVID-19 pandemic has created additional demands for services whilst dealing with backlogs which have accumulated alongside which there are rising costs and reduced funding available. Continued transformation activity is crucial to ensure the Health & Social Care Partnership Board can continue to deliver services and positive outcomes for the people of West Dunbartonshire.”

Overall the Chief Internal Auditor’s evaluation of the control environment concluded that reasonable assurance could be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2023 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself.



## Appendix 1: Core Integration Indicators

Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2021/22	89.90%	90.90%	23	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible	2021/22	83.20%	78.80%	6	
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided	2021/22	75.10%	70.60%	6	
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	2021/22	77.20%	66.40%	3	
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	2021/22	77.50%	75.30%	12	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	2021/22	64.60%	66.50%	20	
NI-7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2021/22	85.70%	78.10%	2	
NI-8	% of carers who feel supported to continue in their caring role	2021/22	31.70%	29.70%	9	
NI-9	Percentage of adults supported at home who agree that they felt safe	2021/22	87.90%	79.70%	3	
NI-11	Premature mortality rate per 100,000 persons	2021	627.2	465.9	30	
NI-12	Rate of emergency admissions per 100,000 population for adults	2022	12,714	11,120	23	
NI-13	Rate of emergency bed days per 100,000 population for adults	2022	142,023	111,371	28	
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges	2022	84	101	8	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2022	88%	89.30%	27	
NI-16	Falls rate per 1,000 population aged 65+	2022	22.4	22.1	16	
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections	2021/22	87.70%	75.80%	2	
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home	2022	71.30%	63.50%	5	
NI-19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	2022/23	1,441	919	30	



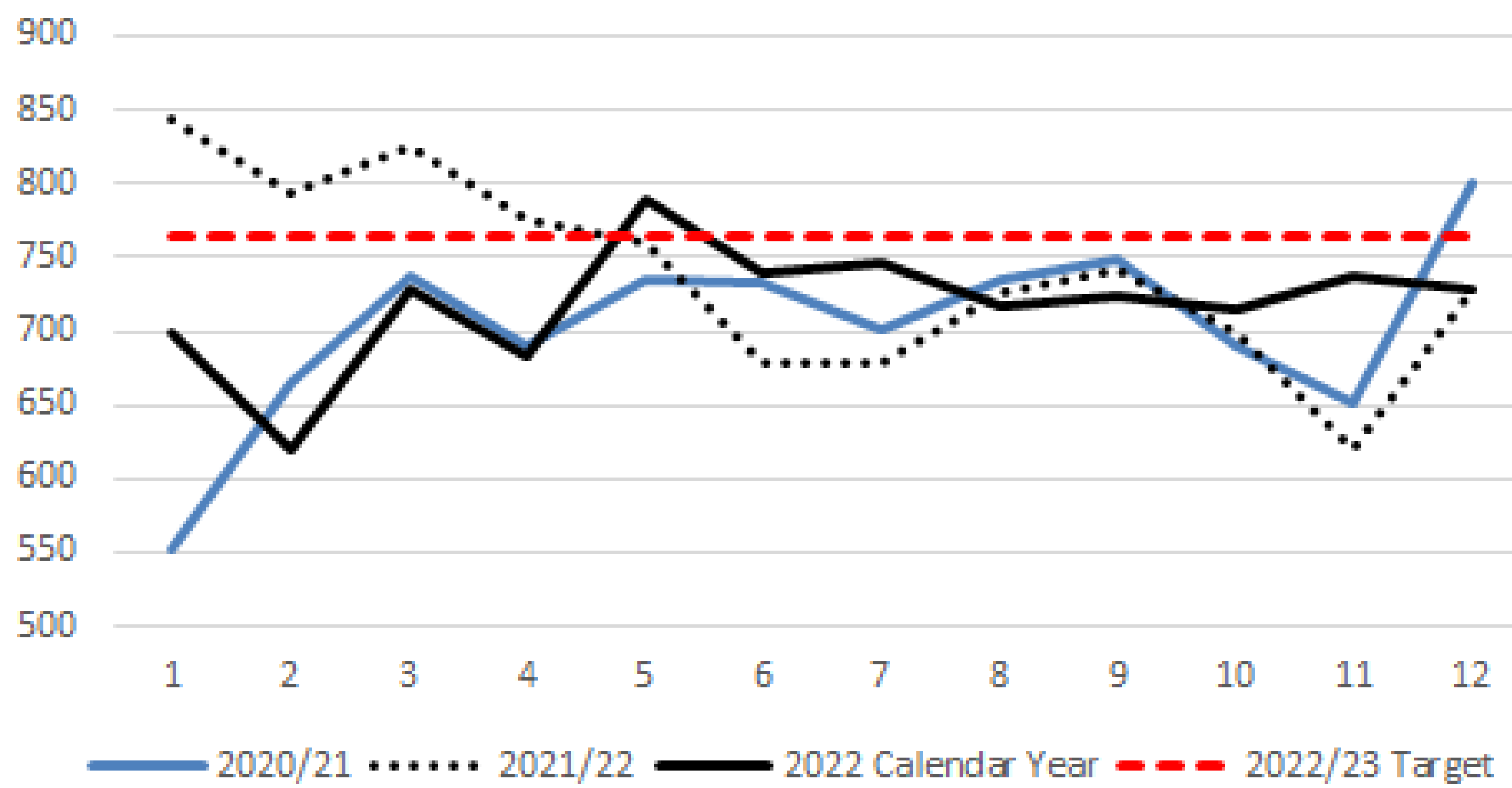
## Appendix 2: Local Government Benchmarking Framework

Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
LGBF1	Balance of Care for looked after children: % of children being looked after in the Community	2021/22	89.60%	89.80%	15	
LGBF2	The gross cost of "children looked after" in residential based services per child per week £	2021/22	£3,490	£4,702	3	
LGBF3	The gross cost of "children looked after" in a community setting per child per week £	2021/22	£238.57	£403.00	4	
LGBF4	Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review	2021/22	73.95%	82.10%	32	
LGBF5	% Child Protection Re-Registrations within 18 months	2021/22	2.99%	8%	9	
LGBF6	% Looked After Children with more than one placement within the last year	2021/22	11.70%	15.90%	7	
LGBF7	Self directed support spend for people aged over 18 as a % of total social work spend on adults	2021/22	2.24%	8.37%	32	
LGBF8	Home care costs for people aged 65 or over per hour £	2021/22	£31.66	£28.18	25	
LGBF9	% of people aged 65 and over with long-term care needs who receiving personal care at home	2021/22	72.90%	61.90%	2	
LGBF10	Net Residential Costs Per Capita per Week for Older Adults (65+)	2021/22	£872	£735	25	

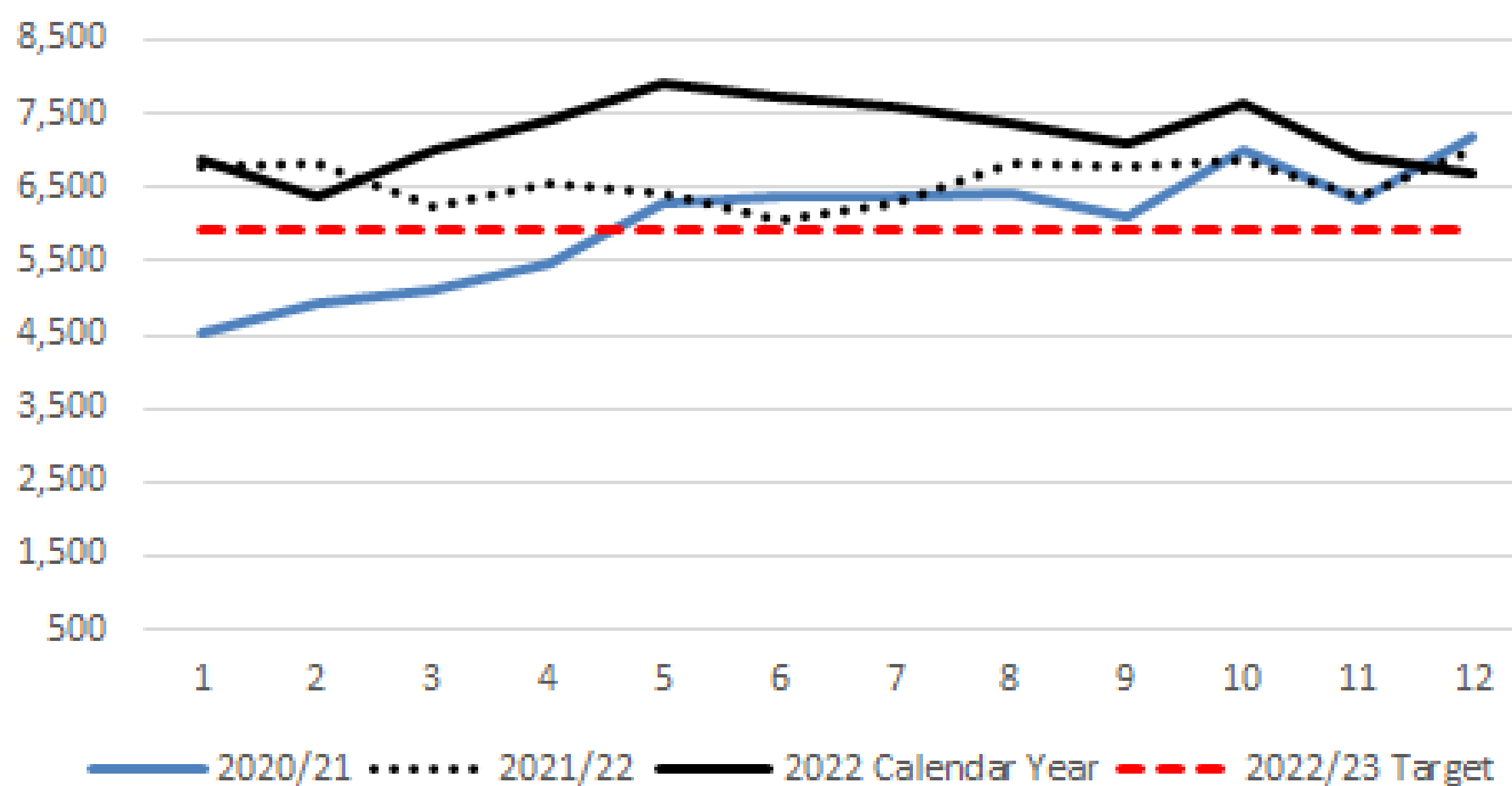


## Appendix 3: Ministerial Steering Group Performance

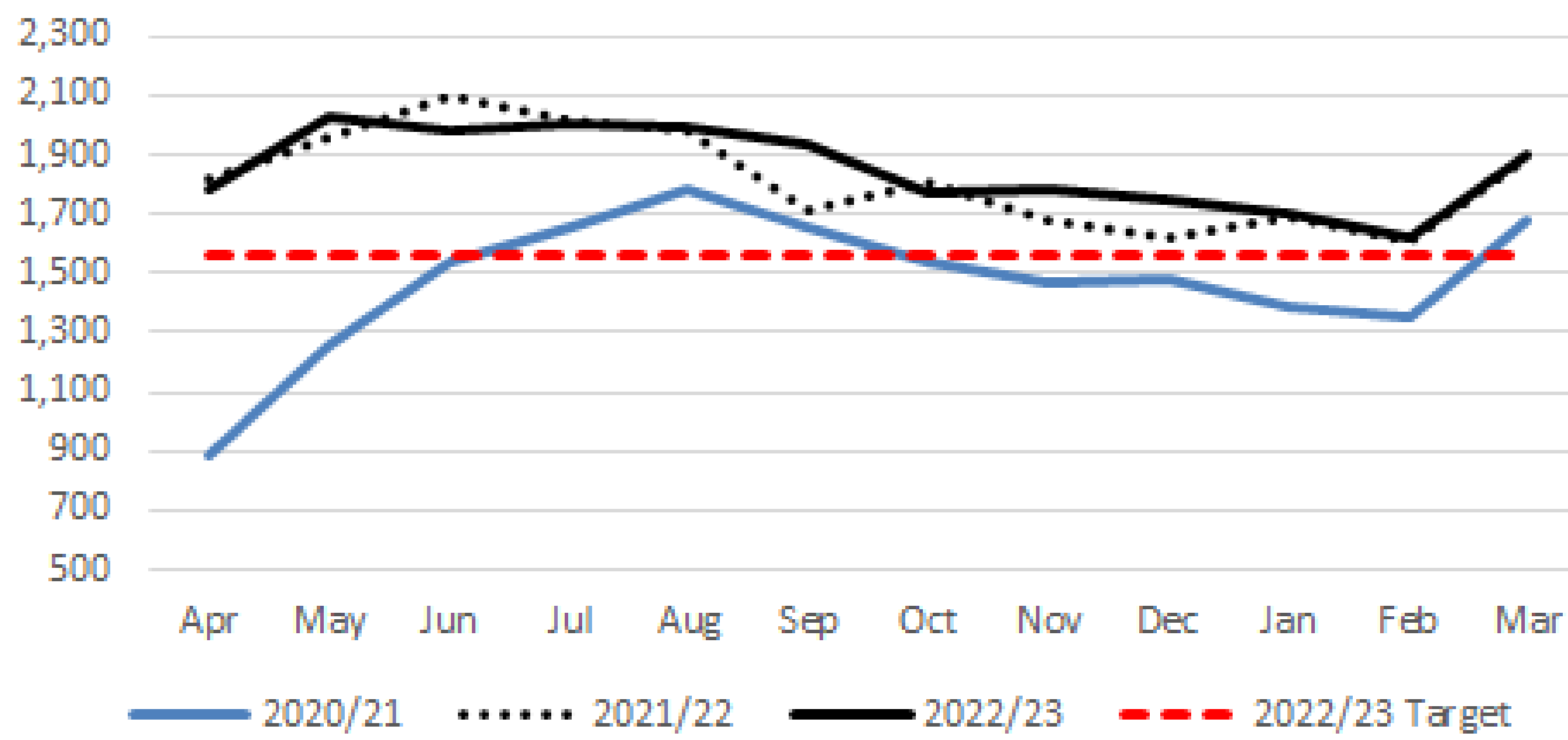
Number of Emergency Admissions 18+ by Month



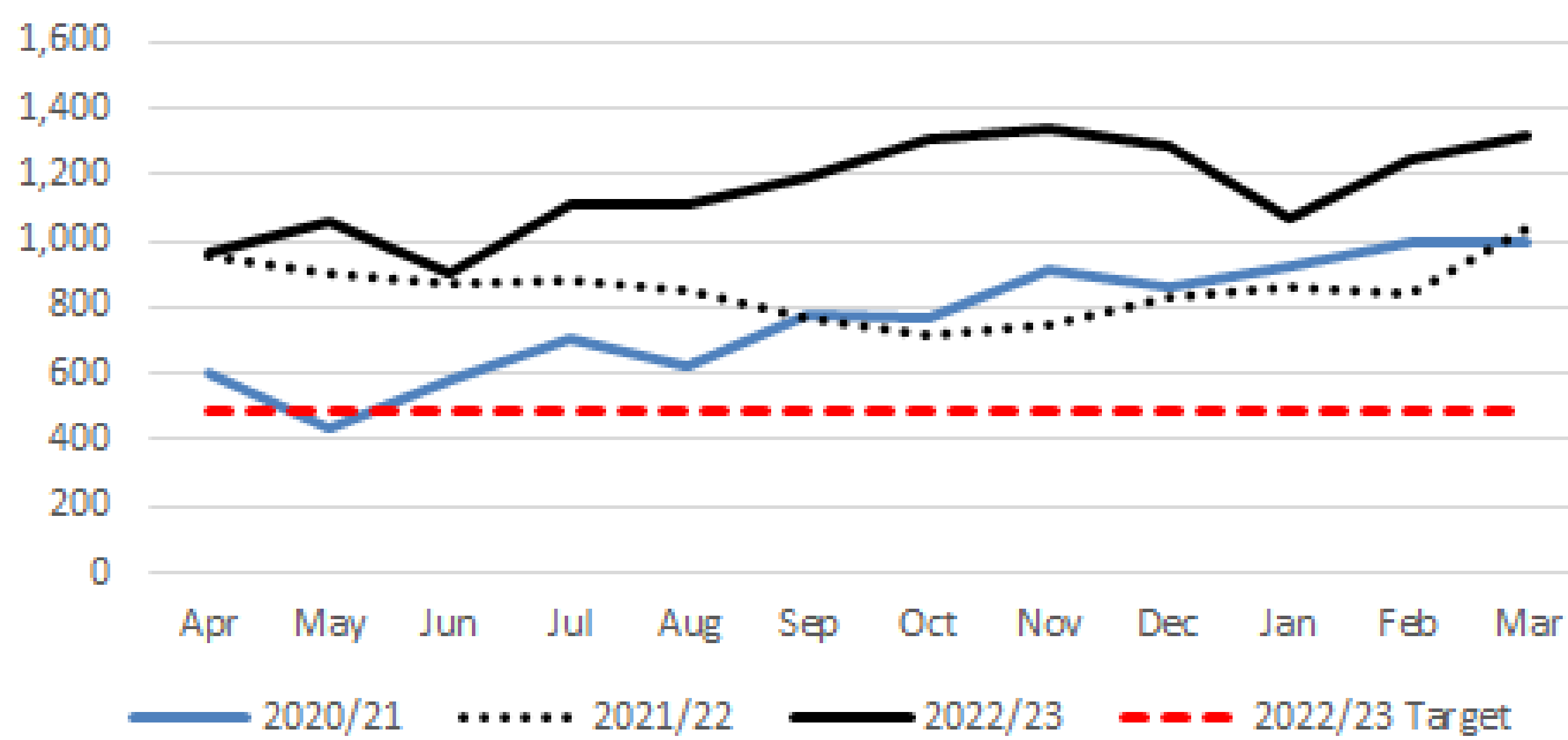
Number of Unscheduled Bed Days 18+ by Month



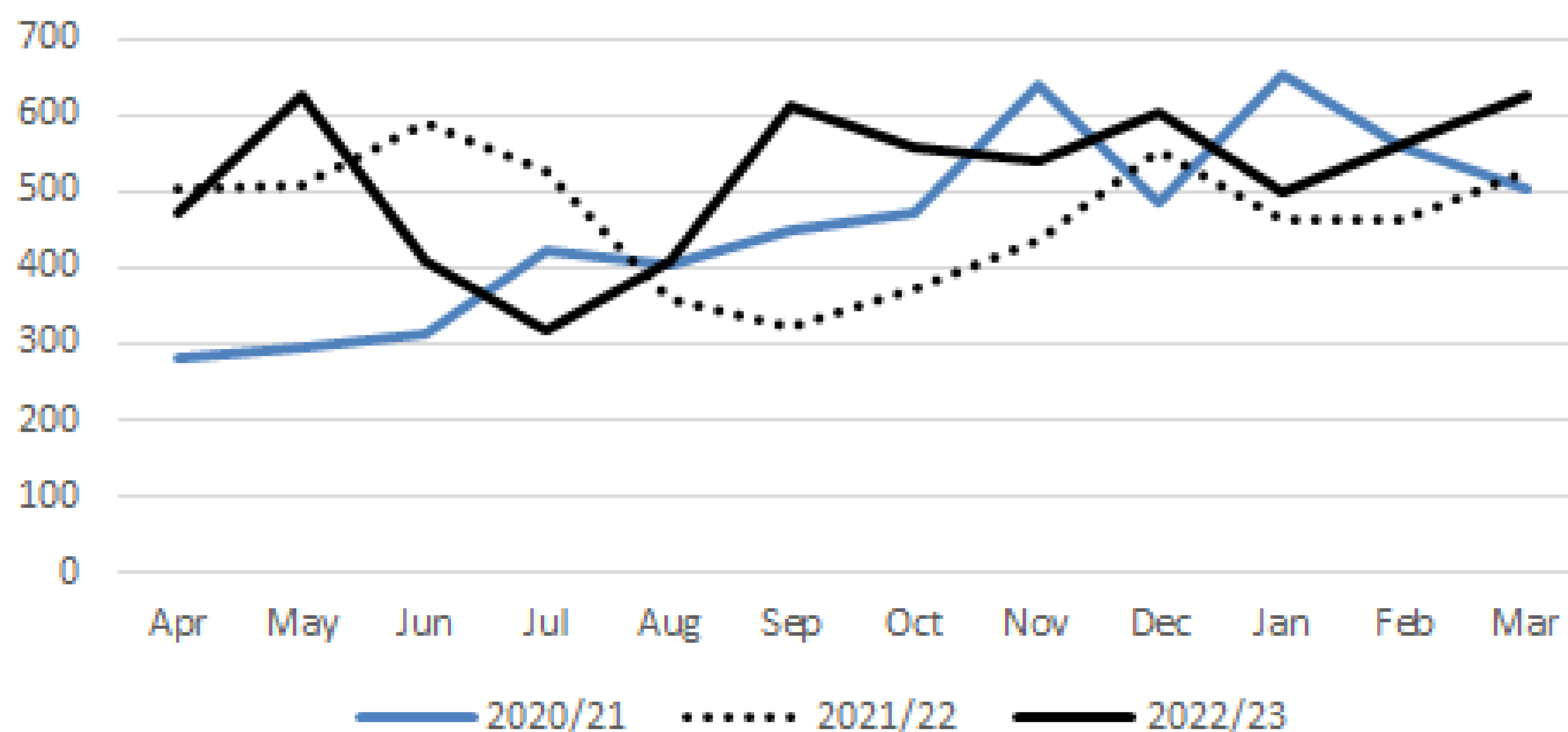
### Number of Accident and Emergency Attendances 18+



### Number of Delayed Discharge Bed Days 18+: All Reasons

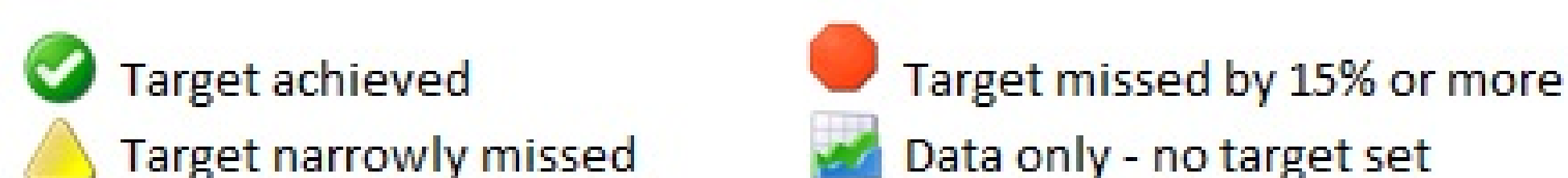


### Number of Delayed Discharge Bed Days 18+: Complex Codes





## Appendix 4: HSCP Strategic Plan Key Performance Indicators



\* Calendar Year data

Priority 1: Early Intervention					
Performance Indicator	2021/22	2022/23		5 Year Trend	
	Value	Value	Target		Status
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months*	94.8%	94.4%	95%		
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years*	97.5%	95.2%	95%		
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		
Percentage of child protection investigations to case conference within 21 days	69.4%	73.3%	95%		
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground*	311	691	N/A		
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds*	59	144	N/A		
Number of delayed discharges over 3 days (72 hours) non-complex cases	15	14	0		
Number of bed days lost to delayed discharge 18+ All reasons	10,260	13,905	5,839		
Number of bed days lost to delayed discharge 18+ Complex Codes	5,623	6,236	N/A		
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	7,392	11,390	4,417		
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	3,564	4,912	N/A		
Number of emergency admissions 18+*	8,872	8,625	9,180		
Number of emergency admissions aged 65+*	4,492	4,604	4,537		
Emergency admissions aged 65+ as a rate per 1,000 population*	266.3	268.6	271		
Number of unscheduled bed days 18+*	79,097	86,634	70,940		
Unscheduled acute bed days (aged 65+)*	55,473	62,635	48,626		
Unscheduled acute bed days (aged 65+) as a rate per 1,000 population*	3,288.70	3,653.90	2,906		
Number of Attendances at Accident and Emergency 18+	21,782	22,244	18,800		
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25.2%	22.5%	24%		
Number of clients receiving Home Care Pharmacy Team support	1,248	1,129	1,030		

Priority 1: Early Intervention					
Performance Indicator	2021/22	2022/23		Status	5 Year Trend
	Value	Value	Target		
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services – WDHSCP	33%	43%	90%		
Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	95.2%	93.7%	95%		
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery*	94%	93.9%	90%		
Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	71%	85%	100%		
Number of people receiving Telecare/Community Alarm service – All ages	1,918	1,942	2,200		
Number of patients with an eKIS record	20,509	19,817	N/A		

Priority 2: Access					
Performance Indicator	2021/22	2022/23		Status	5 Year Trend
	Value	Value	Target		
Number of people receiving homecare – All ages	1,425	1,416	N/A		
Number of weekly hours of homecare – All ages	10,519	10,386	N/A		
Total number of homecare hours provided as a rate per 1,000 population aged 65+	516	511	570		
Percentage of people aged 65 and over who receive 20 or more interventions per week	38.1%	40.3%	35%		
Percentage of homecare clients aged 65+ receiving personal care	98.6%	99.1%	95%		
Number of people aged 75+ in receipt of Telecare – Crude rate per 100,000 population	18,384	18,626	20,945		
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	18.8%	28.6%	30%		
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	35.1%	37.9%	32%		
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	72%	72.4%	98%		
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	80.6%	84.2%	80%		
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	30.2%	27.9%	80%		



Priority 3: Resilience					
Performance Indicator	2021/22	2022/23			5 Year Trend
	Value	Value	Target	Status	
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	96%	99.1%	90%	✔	
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	9	18	✔	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	68.5%	43.3%	90%	✘	

Priority 4: Assets					
Performance Indicator	2021/22	2022/23			5 Year Trend
	Value	Value	Target	Status	
Prescribing cost per weighted patient (Annualised)	£168.58	£185.96	£187.73	✔	
Compliance with Formulary Preferred List	77.16%	77.65%	78%	⚠	

Priority 5: Inequalities					
Performance Indicator	2021/22	2022/23			5 Year Trend
	Value	Value	Target	Status	
Balance of Care for looked after children: % of children being looked after in the Community	89.6%	88.7%	90%	⚠	
Percentage of looked after children being looked after in the community who are from BME communities	71%	86.2%	N/A	📊	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	66.7%	75%	⚠	

## Appendix 5: Care Inspectorate Gradings 2022/23

6	Excellent	3	Adequate		
5	Very Good	2	Weak		
4	Good	1	Unsatisfactory	N/A	Not Assessed

Service	Previous Inspection Date	Previous Grade	Latest Inspection Date	Latest Grade	Quality Theme
West Dunbartonshire Council Adoption Service	10-Nov-21	2	30-Nov-22	2	How well do we support people's wellbeing?
		2		3	How good is our leadership?
		N/A	↑	5	How good is our staff team?
		N/A		N/A	How good is our setting?
		3		3	How well is our care and support planned?
Requirements: 2					
1. By 1 March 2023, the provider must have a robust plan in place to ensure that all children in need of permanent care have their assessments completed and plans carried out without unnecessary delay.					
2. By 1 March 2023, the provider must ensure a clear, outcome focused Child's Plan is in place with statutory timeframes recorded as part of the action planning.					
West Dunbartonshire Council Fostering Service	10-Nov-21	2	30-Nov-22	2	How well do we support people's wellbeing?
		2		3	How good is our leadership?
		N/A	↑	5	How good is our staff team?
		N/A		N/A	How good is our setting?
		3		3	How well is our care and support planned?
Requirements: 2					
1. By 30 April 2022, the provider must ensure that all children in need of permanent foster care have their assessments completed and plans carried out without unnecessary delay. (Date extended to 1 March 2023.)					
2. By 30 April 2022 the provider must ensure a clear, outcome focused Child's Plan is in place and accessible to children using the fostering service. (Date extended to 1 March 2023.)					
Blairvadach Children's House	28-Aug-19	5	11-Aug-22	6	How well do we support children and young people's rights and wellbeing?
		5		N/A	How good is our leadership?
		5	↑	N/A	How good is our staff team?
		4		N/A	How good is our setting?
		6		N/A	How well is our care and support planned?
Requirements: 0					
Burnside Children's House	28-Feb-20	5	24-Mar-23	5	How well do we support children and young people's rights and wellbeing?
		N/A		N/A	How good is our leadership?
		N/A	—	N/A	How good is our staff team?
		N/A		N/A	How good is our setting?
		4		N/A	How well is our care and support planned?
Requirements: 0					
Craigellachie Children's House	15-Nov-19	4	29-Sep-22	4	How well do we support children and young people's rights and wellbeing?
		N/A		N/A	How good is our leadership?
		N/A	—	N/A	How good is our staff team?
		N/A		N/A	How good is our setting?
		4		N/A	How well is our care and support planned?
Requirements: 0					
West Dunbartonshire Council Home Care	26-Sep-19	N/A	27-Mar-23	3	How well do we support people's wellbeing?
		4		3	How good is our leadership?
		4	↓	3	How good is our staff team?
		N/A		N/A	How good is our setting?
		4		3	How well is our care and support planned?
Requirements: 4					
1. By 30th September 2023, the provider must ensure that people's care plans are reflective of care and support that is right for them.					
2. By 30th September 2023, the provider must review and improve communication systems when people are returning home following a hospital admission.					
3. By 30th September 2023, the provider must ensure people and staff are kept safe by ensuring the workforce is appropriately trained.					
4. By 30th September 2023, the provider must ensure that care plans are reviewed on a six-monthly basis as a minimum, in line with current legislation.					
Crosslet House Care Home	10-Oct-19	4	14-Dec-22	5	How well do we support people's wellbeing?
		N/A		5	How good is our leadership?
		N/A	↑	N/A	How good is our staff team?
		N/A		N/A	How good is our setting?
		4		N/A	How well is our care and support planned?
Requirements: 0					



West Dunbartonshire  
Health & Social Care Partnership

# Annual Complaints Report 2022/2023

[www.wdhscp.org.uk](http://www.wdhscp.org.uk)



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# Introduction

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

How we handle our complaints is essential to restoring positive relationships with people who feel let down by our services. This report will outline how we handled complaints during the period 1st April 2022 to 31st March 2023.

## Model Complaints Handling Procedures

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

Complaints about the functions and operation of West Dunbartonshire Health and Social Care Partnership Board are dealt with through the HSCP Board's MCHP which was developed during 2020/21 and was approved by the Board at their meeting on 26th November 2020. The HSCP Board's MCHP can be found on our website at [HSCP Board MCHP](#). The HSCP has a duty to report on any complaints managed under the HSCP Board's MCHP. There were no complaints received about the functions of the HSCP Board during 2022/23.

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

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

### Stage 1 Frontline Resolution

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

### Stage 2 Investigation

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



# SPSO Performance Framework

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

## Indicator 1: Learning From Complaints

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

During 2022/23 learning from complaints contributed to the following agreed actions:

- An improvement action plan and monitoring put in place in relation to Blue Badge application waits.
- Staff reminded to ensure care plans are updated at the time of any changes being identified.
- Clearer guidance on escalating workload concerns.
- Clearer guidance given to MSK Physiotherapy team members on how to remove themselves from a situation where they feel they are being met with aggressive behaviour.
- Changes to orthopaedic plans to be highlighted to physiotherapy directly.

In addition a reflective learning session was held within Community Health and Care to review a specific case and consider how one family's experience of services could have been better and what improvements could be made going forward. This session was productive and staff were able to share their decision making and views in a safe environment to consider how a more responsive outcome could have been provided and identify gaps in service availability to inform decision making.

Outcomes included:

- Enhancing pathways of communication across District Nursing and Social Work staff with support from Local Authority residential care homes.
- The reinstatement on a trial basis of an 'admission avoidance' bed within one of the HSCP's care homes.
- An emergency admission pathway being included in the new Area Resource Group process.

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

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

## Indicator 2: Volume of Complaints Received

This indicator counts all stage 1 complaints, whether they were escalated to stage 2 or not, plus all complaints which were treated on receipt as stage 2. West Dunbartonshire HSCP received a total of 117 complaints during 2022/23 however 2 stage 2 complaints were withdrawn by those making the complaint prior to the investigation stage.



### Indicator 3: Complaints Closed Within Timescale

Stage 1 complaints: 79 Stage 1 complaints received. The accurate recording of Stage 1 complaints, their outcomes and timescales across both West Dunbartonshire Council and NHS Greater Glasgow and Clyde systems is in early development stages and we will be improving our recording mechanisms during 2023/24 to more accurately report this figure.

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

Stage 2 complaints: 36% were closed within 20 working days, 13 of the 36 investigated. Complex complaints that cut across services often take longer to co-ordinate a response. We endeavour to keep people informed of any extension to timescales required to make a full response however this has not been carried out in every case during 2022/23.

Complaints escalated from stage 1 to stage 2: There were no complaints recorded as escalated from stage 1 to stage 2 however it is likely that many of the concerns within stage 2 complaints will have been raised with the service area involved in some form prior to the stage 2 complaints.

### Indicator 4: Average Time to Full Response

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

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

Complaints escalated from stage 1 to stage 2: No complaints were recorded as escalated from stage 1 to stage 2.

### Indicator 5: Outcomes of Complaints

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

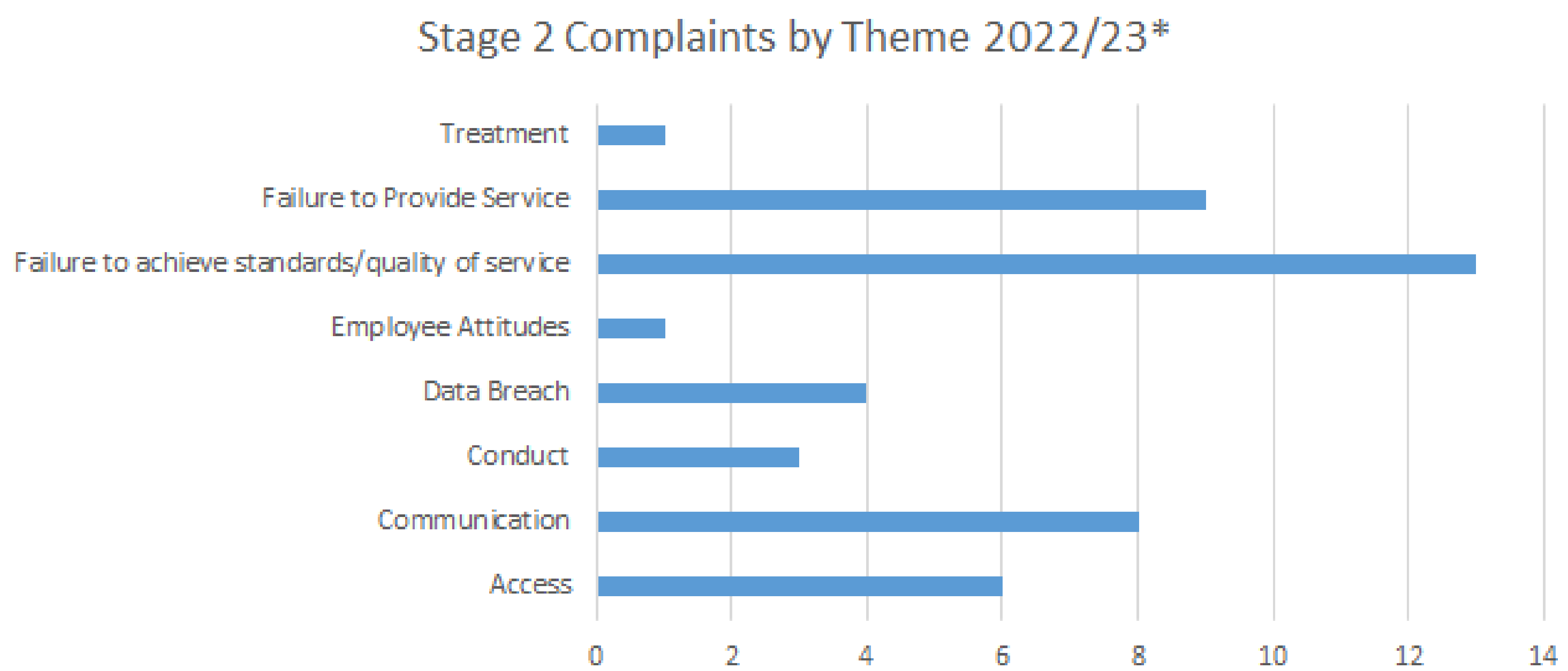
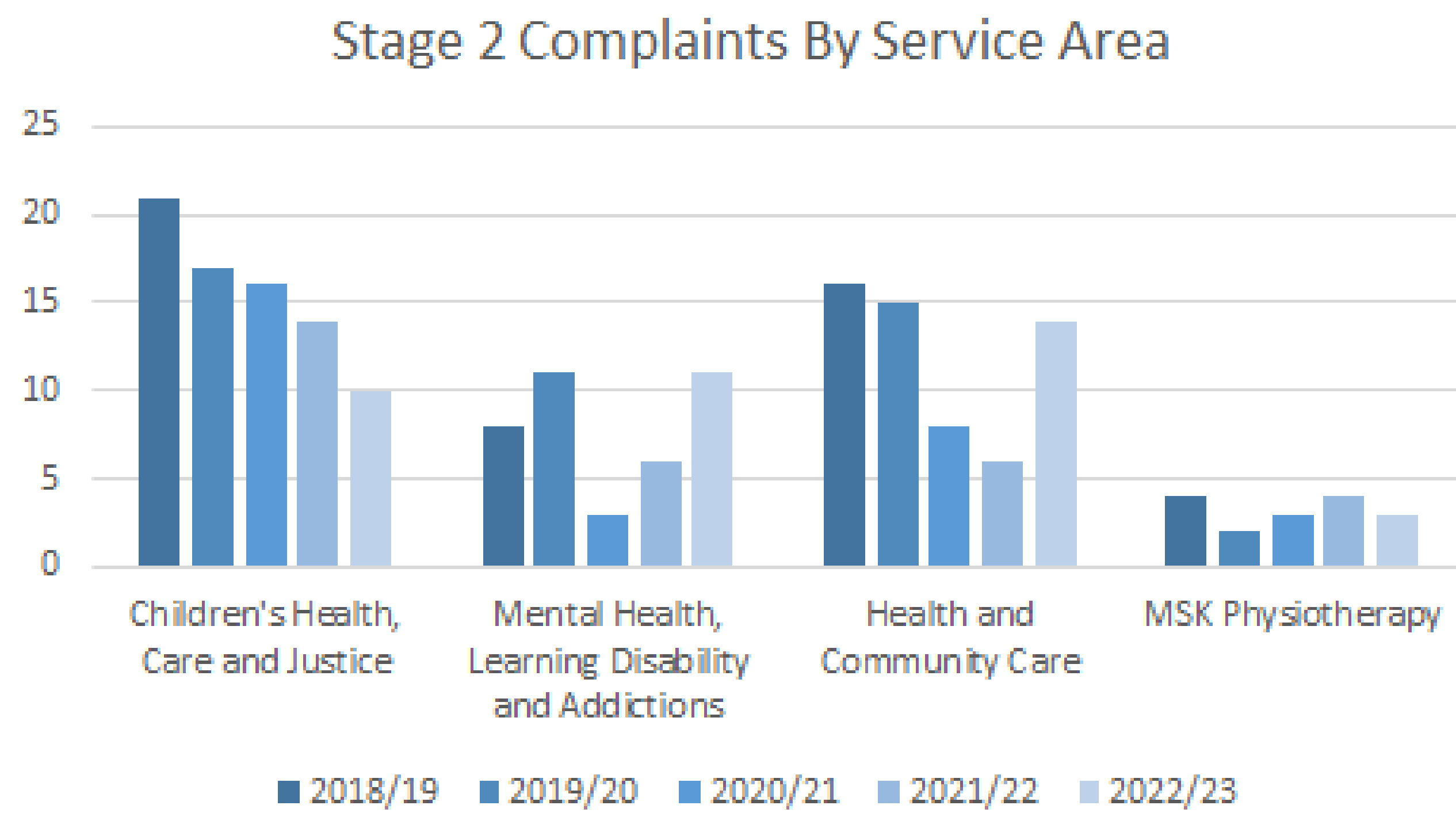
Outcome	Stage 2		Escalated to Stage 2	
	Number	%	Number	%
Upheld	4	11%	0	0%
Partially Upheld	12	33%	0	0%
Not Upheld	18	50%	0	0%
Unsubstantiated	0	0%	0	0%
Ongoing	2	6%	0	0%
<b>Total</b>	<b>36</b>		<b>0</b>	

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

During 2022/23 we have been continuing to review our processes and online and training resources should have an impact on these areas. We are also exploring ways to gather feedback on the complaints experience and whether this is feasible across both stage 1 and stage 2 complaints.

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

# Appendix 1: Stage 2 Complaints



\* More than one theme may apply per complaint.



## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP AUDIT AND PERFORMANCE COMMITTEE

Report by Julie Slavin, Chief Financial Officer

20 June 2023

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**Subject: Unaudited Annual Report and Accounts 2022/23**

### 1. Purpose

- 1.1 To request that the HSCP Board's Audit and Performance Committee consider the unaudited Annual Report and Accounts for the HSCP Board covering the period 1 April 2022 to 31 March 2023; and
- 1.2 Approve the unaudited Accounts and associated working papers to be passed to our external auditors for their review. Their report on the Accounts will be submitted to a future meeting of the Audit & Performance Committee for consideration prior to being presented to the HSCP Board for final approval.

### 2. Recommendations

- 2.1 HSCP Board members are asked to:
  - **Consider** the 2022/23 unaudited Annual Report and Accounts;
  - **Approve** their submission to the HSCP Board's external auditors for review by 30 June; and
  - **Note** that the audited Accounts are anticipated to be presented for final approval to the HSCP Board by the 30 September statutory deadline, prior to submission to the Accounts Commission.

### 3. Background

- 3.1 The Integrated Joint Board is a legal entity and must prepare its Accounts on an annual basis to 31 March and is required, by the Local Authority Accounts (Scotland) Regulations 2014, to submit these Accounts to the appointed auditor by 30 June of each year.
- 3.2 The 2022/23 Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (ACOP) and requirements of International Financial Reporting Standards (IFRS). The ACOP seeks to achieve comparability of financial performance across all IJB's and therefore prescribes the format to be used in presenting income and expenditure information.
- 3.3 The Annual Accounts provide an overview of financial performance in 2022/23 for the HSCP Board.

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

- 4.1** The 2022/23 unaudited annual accounts for the HSCP Board (Appendix 1) have been prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below.

##### **Financial Governance & Internal Control**

- 4.2** The regulations require the Annual Governance Statement to be approved by the HSCP Board or a committee of the Board whose remit include audit & governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the HSCP Board.
- 4.3** The HSCP Board's Audit and Performance Committee was recommended to approve the 2022/23 Annual Governance Statement as a separate item on the agenda (item 11).

##### **Unaudited Accounts**

- 4.4** The regulations state that the unaudited accounts are submitted to the External Auditor no later than 30 June immediately following the financial year to which they relate.
- 4.5** Scottish Government guidance states that best practice would reflect that the HSCP Board or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor. The HSCP Board annual accounts for the year ended 31 March 2023 (Appendix 1) will be considered at this meeting of the Audit and Performance Committee on 20 June 2023.

##### **Right to Inspect and Object to Accounts**

- 4.6** The public notice period of inspection should start no later than 1 July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts.

##### **Approval of Audited Accounts**

- 4.7** The 2014 regulations require the approval of the audited annual accounts by the HSCP Board or a committee of the Board whose remit include audit & governance. This will take account of any report made on the audited annual accounts by the "proper officer" i.e. Chief Financial Officer being the Section 95 Officer for the HSCP Board or by the External Auditor by the 30 September immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered.
- 4.8** The 2014 regulations deadline for completing the audit of local government bodies and submitting the annual report to Audit Scotland is 30 September 2023. All previous flexibilities permitted under the Coronavirus (Scotland) Act 2020 no longer apply to the 2022/23 accounts timetable. The Chief Financial Officer liaises closely with our external auditor (Mazars) and will keep HSCP Board members updated on the progress of the audit and timescales for



completion. The external audit report on the Accounts and the proposed audit certificate (ISA 260 report) will be made available to all members and will be submitted to a meeting of the Audit and Performance Committee for consideration prior to the meeting of the HSCP Board where the audited accounts are considered.

#### **Publication of the Audited Accounts**

- 4.9** The regulations require that the annual accounts of the HSCP Board be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
- 4.10** The annual accounts of the HSCP Board must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate.
- 4.11** Key Documents: the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the HSCP Board, the Chief Officer and the Chief Financial Officer, namely:

<b>Document</b>	<b>Signatory</b>
Management Commentary	Chair of the HSCP Board Chief Officer
Statement of Responsibilities	Chair of the HSCP Board Chief Financial Officer
Remuneration Report	Chair of the HSCP Board Chief Officer
Annual Governance Statement	Chair of the HSCP Board Chief Officer
Balance Sheet	Chief Financial Officer

#### **Unaudited Annual Report and Accounts (Appendix 1)**

- 4.12** The unaudited annual report and accounts reflect the financial position reported to the HSCP Board throughout 2022/23 and finalises the outturn position to 31 March 2023. This sets out the unaudited position of a gross overspend of £8.385m (4.52%) before transfers to and from earmarked reserves of £8.107m resulting in a net overspend of £0.278m funded via a drawdown from un-earmarked reserves.
- 4.13** As reported to the 16 May HSCP Board the provisional outturn figures of a gross and net overspend of £8.389m and £0.453m respectively were subject to change as the Social Care ledger was not yet closed at that time. The final year end position for 2022/23 as reflected in the draft annual report and accounts (attached at Appendix 1) has changed slightly from the figures reported in May to £8.385m and £0.278m respectively as detailed in the table below and is due to finalisation of year end reserve balances.

### Extract from 2022/23 Unaudited Annual Report and Accounts

West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2022/23 Annual Budget £000	2022/23 Net Expenditure £000	2022/23 Underspend/ (Overspend) £000	2022/23 Reserves Adjustment £000	2022/23 Underspend/ (Overspend) £000
Older People, Health and Community Care	53,857	51,034	2,823	2,044	779
Physical Disability	3,584	3,242	342	0	342
Children and Families	29,553	30,529	(976)	250	(1,226)
Mental Health Services	12,578	12,086	492	445	47
Addictions	3,622	3,525	97	112	(15)
Learning Disabilities	19,784	20,487	(703)	6	(709)
Strategy, Planning and Health Improvement	2,210	1,623	587	121	466
Family Health Services (FHS)	31,226	31,224	2	0	2
GP Prescribing	19,937	21,001	(1,064)	(591)	(473)
Hosted Services - MSK Physio	7,394	7,623	(229)	(246)	18
Hosted Services - Retinal Screening	860	846	14	14	0
Criminal Justice	0	45	(45)	(11)	(34)
HSCP Corporate and Other Services	6,907	7,421	(514)	(1,039)	525
Covid-19	(6,348)	2,863	(9,211)	(9,211)	0
IJB Operational Costs	377	377	0	0	0
<b>Cost of Services Directly Managed by West Dunbartonshire HSCP</b>	<b>185,541</b>	<b>193,926</b>	<b>(8,385)</b>	<b>(8,107)</b>	<b>(278)</b>
Set aside for delegated services provided in large hospitals	41,323	41,323	0	0	0
Assisted garden maintenance and Aids and Adaptions	562	562	0	0	0
<b>Total Cost of Services to West Dunbartonshire HSCP</b>	<b>227,426</b>	<b>235,811</b>	<b>(8,385)</b>	<b>(8,107)</b>	<b>(278)</b>

**4.14** The draft accounts under “Final Outturn Position 2022/23” provide details of the key messages which are reflective of the significant variances and pressures reported to the 16 May HSCP Board.

**4.15** As covered in the draft accounts (under Note 13. “Useable Reserve: General Fund”) the opening reserves balance, transfers in and out and the proposed final balance for both un-earmarked and earmarked reserves are shown



below. The transfers include reduction in earmarked reserves of £8.107m which brings the balance to £21.874m. An extract is provided below:

<b>Balance as at 31st March 2022 £000</b>	<b>Total Reserves</b>	<b>Transfers Out 2022/23 £000</b>	<b>Transfers In 2022/23 £000</b>	<b>Balance as at 31st March 2023 £000</b>
(29,981)	Total Earmarked Reserves	16,706	(8,599)	(21,874)
(4,579)	Total Un-Earmarked Reserves	278	0	(4,301)
(34,560)	Total General Reserves	16,984	(8,599)	(26,175)
	<b>Overall Movement</b>			<b>8,385</b>

- 4.16** The main highlight to note within earmarked reserves is the reduction in existing earmarked reserves and the creation of new ones for Scottish Government policy initiatives and recovery and renewal within services.
- 4.17** We started the year with £29.981m earmarked reserves and during the year £16.706m was drawn down to cover COVID-19 costs (including the return of £6.348m excess funding to the Scottish Government) and the delivery of the Primary Care Improvement Programme, Mental Health Action 15 priorities and Winter Pressures. We also added £8.599m to earmarked reserves throughout the year with £7.644m being an increase to existing reserves (mainly for West Dunbartonshire Mental Health Services Transitional Fund, Complex Care Packages and Winter Pressures funding) and £0.955m for the creation of new reserves.
- 4.18** New reserves are mainly for: Additional Social Worker Capacity of £0.364m; Child and Adult Disability Payments of £0.132m; Children’s Community Services of £0.302m and £0.100m to support increased Asylum Seekers placements. In line with our governance arrangements the Audit and Performance Committee have considered and monitored the progress of the action plans.
- 4.19** A number of challenges face Scotland, the UK and the rest of the world arising from the legacy impact of the Coronavirus pandemic, global inflation and the cost of living crisis. The financial outlook is one of a depressed economy with significant public sector debt and a greater reliance on the public sector to support all its citizens. Therefore the requirement for strong financial management has never been more critical. The final outturn position for 2022/23, as reflected in these accounts, provide the HSCP Board with an opportunity to underwrite an element of the ongoing financial risk, with the level of both un-earmarked and earmarked reserves. The reserve policy states that the HSCP should hold an un-earmarked reserve of 2% which equates to £3.9m and the final un-earmarked reserve balance is slightly in excess of this at 2.2%.

## **5. Options Appraisal**

5.1 None required

## **6. People Implications**

6.1 There are no people implications associated with this report.

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

7.1 There are no financial or procurement implications other than those detailed in the report.

## **8. Risk Analysis**

8.1 As presented in every financial performance report throughout 2022/23 the reported unaudited overspend has arisen due to a number of key financial and economic pressures which are likely to continue into 2023/24. The main risks include:

- A significant pressure on the HSCP going forward relates to unfunded pay pressures. As reported to the 15 March HSCP Board, the Council did not pass through an in-year or recurring share of the additional Scottish Government funding for the 2022/23 pay offer, however it is expected that any new funding in 2023/24 for pay uplifts will cover council employed HSCP social care staff and that an appropriate share will be passed over to the HSCP. This position will be subject to continual review as more definitive information is forthcoming regarding 2023/24 agreed pay deals and the impact of additional Scottish Government funding to our partners, with appropriate shares being passed through for local government and health board employed staff delivering HSCP delegated services;
- During 2022/23 prescribing volumes and average cost per item exceeded pre pandemic levels. If this trend continues the 5% uplift applied to the 2023/24 budget will be insufficient to cover actual costs, however the unaudited earmarked balance of £0.972m provides some non-recurring support in the short term.
- Global inflation and the cost of living crisis has impacted on providers leading to commissioning risk around a number of key contracts, i.e. national care home contract, adult social care fair work practices, fostering and residential care which present a significant pressure on the HSCP budget.

The HSCP Board will be regularly updated through the financial performance reports.

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

9.1 None required.



## **10. Environmental Sustainability**

**10.1** None required.

## **11. Consultation**

**11.1** This report was prepared in conjunction with NHSGGC and WDC colleagues.

## **12. Strategic Assessment**

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

**12.2** The report is in relation to a statutory function and is for HSCP Audit and Performance Committee approval.

**12.3** This report links to the strategic financial governance arrangements of both parent organisations.

## **13. Directions**

**13.1** None required.

**Julie Slavin – Chief Financial Officer**

**Date: 14 June 2023**

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<b>Person to Contact:</b>	Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Dumbarton G82 1QL Telephone: 01389 737311 E-mail: <a href="mailto:julie.slavin@ggc.scot.nhs.uk">julie.slavin@ggc.scot.nhs.uk</a>
<b>Appendices:</b>	Appendix 1 – Draft Unaudited Annual Accounts 2022/23
<b>Background Papers:</b>	2022/23 Financial Performance Update and 2023/24 Annual Budget Setting Update – 15 March HSCP Board
<b>Localities Affected:</b>	All





# West Dunbartonshire Integration Joint Board

Commonly known as West Dunbartonshire Health and  
Social Care Partnership Board

## Annual Report and Accounts 2022/23

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## MANAGEMENT COMMENTARY

### Introduction

Welcome to the West Dunbartonshire Integration Joint Board's (IJB), hereafter known as the Health and Social Care Partnership Board (HSCP Board), Annual Report and Accounts for the year ended 31 March 2023.

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

The Management Commentary aims to provide an overview of the key messages in relation to the HSCP Board's financial planning and performance for the 2022/23 financial year and how this has supported the delivery of its strategic priorities as laid out in the Strategic Plan. The commentary also outlines the future challenges and risks which influence the financial plans of the HSCP Board as it delivers high quality health and social care services to the people of West Dunbartonshire.

The Management Commentary discusses our:

- Remit and Vision;
- Strategy and Business Model;
- Strategic Planning for Our Population;
- COVID-19 Pandemic Impact and Response;
- Climate Change;
- Performance Reporting, including our Highlights and Challenges for 2023/24;
- Recovery and Renewal;
- Financial Performance for 2022/23;
- Financial Outlook; and
- Conclusion



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



Employing 2,298 health and social care staff across Adult, Children's and Criminal Justice services (1,842 FTE)



2022/23 budget of £228 million



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

## West Dunbartonshire HSCP Board Remit and Vision

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

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



**Exhibit 1: HSCP Board's Delegated Services**

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

The 2014 Act requires that Integration Schemes are reviewed within five years of establishment; the current scheme was revised during 2019/20 in partnership with the other five HSCPs within Greater Glasgow and Clyde. While the revisions were noted and approved for consultation by the HSCP Board and WDC in February 2020, they were delayed being approved by NHSGGC due to the health board entering into emergency measures in response to the outbreak of the COVID-19 pandemic. Throughout 2022/23, a working group made up of representatives from all six Glasgow HSCPs and NHSGGC have concluded this work and will agree a programme for consultation in the coming weeks. Meantime, the current Integration Scheme remains in force.

Over the medium to long-term the HSCP Board has a clear vision for the West Dunbartonshire community. However In order to achieve this vision it is essential that, working together, health and social care services should be firmly integrated around the needs of individuals, their carers and other family members.

The HSCP's agile response in continuing to deliver high quality health and care services throughout the COVID-19 pandemic required resources to be diverted from some planned work, this included the refresh of the Strategic Plan 2019 – 2022. The HSCP Board agreed to extend the plan for a further year to allow for the undertaking of an extensive Strategic

Needs Assessment (covered in more detail below) to inform the work of the Strategic Planning Group in developing a new plan.

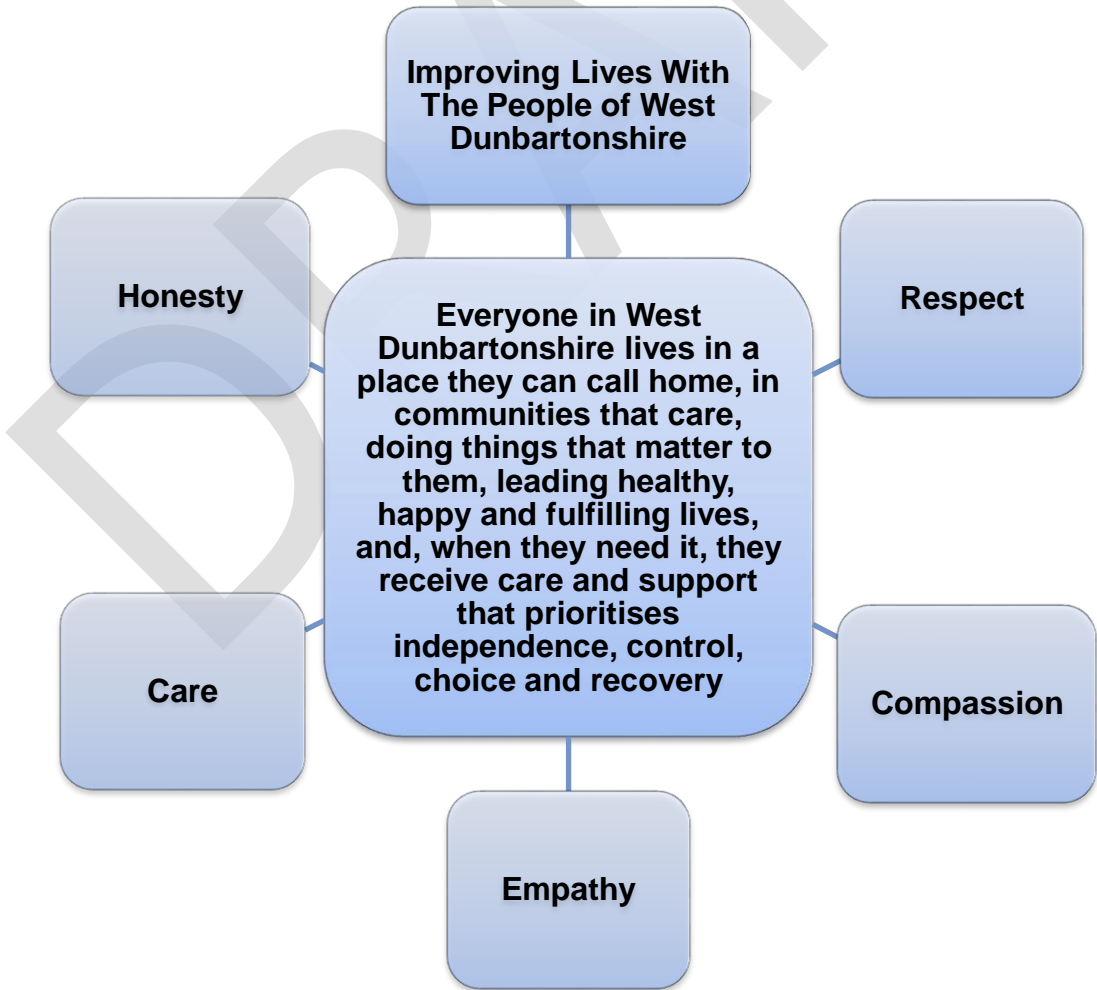
The Strategic Planning Group worked throughout 2022/23 on developing the new Strategic Plan, including holding a number of stakeholder engagement sessions and providing progress updates to the HSCP Board.

The HSCP Board approved its new plan on 15 March 2023: Strategic Plan 2023 – 2026 “Improving Lives Together”.

The HSCP Vision of “Improving Lives with the People of West Dunbartonshire” remains unchanged as do many of our core values. The five strategic priorities from the 2019 – 2022 plan: Early Intervention, Access, Resilience, Assets and Inequalities, can be viewed [here](#) (see Appendix 1, 2) have been replaced with four new strategic outcomes which were designed to better reflect the HSCP Vision.

The new strategic outcomes are: **Caring Communities**, **Healthy Communities**, **Safe and Thriving Communities** and **Equal Opportunities**.

**Exhibit 2: HSCP Vision, Mission and Values**





## West Dunbartonshire HSCP Board's Strategy and Business Model

The HSCP Board's over-arching priority is to support sustained and transformational change in the way health and social care services are planned and delivered. The delivery of our vision is structured around four strategic outcomes of: **Caring Communities**, **Healthy Communities**, **Safe and Thriving Communities** and **Equal Opportunities** underneath which sits 25 strategic priorities.

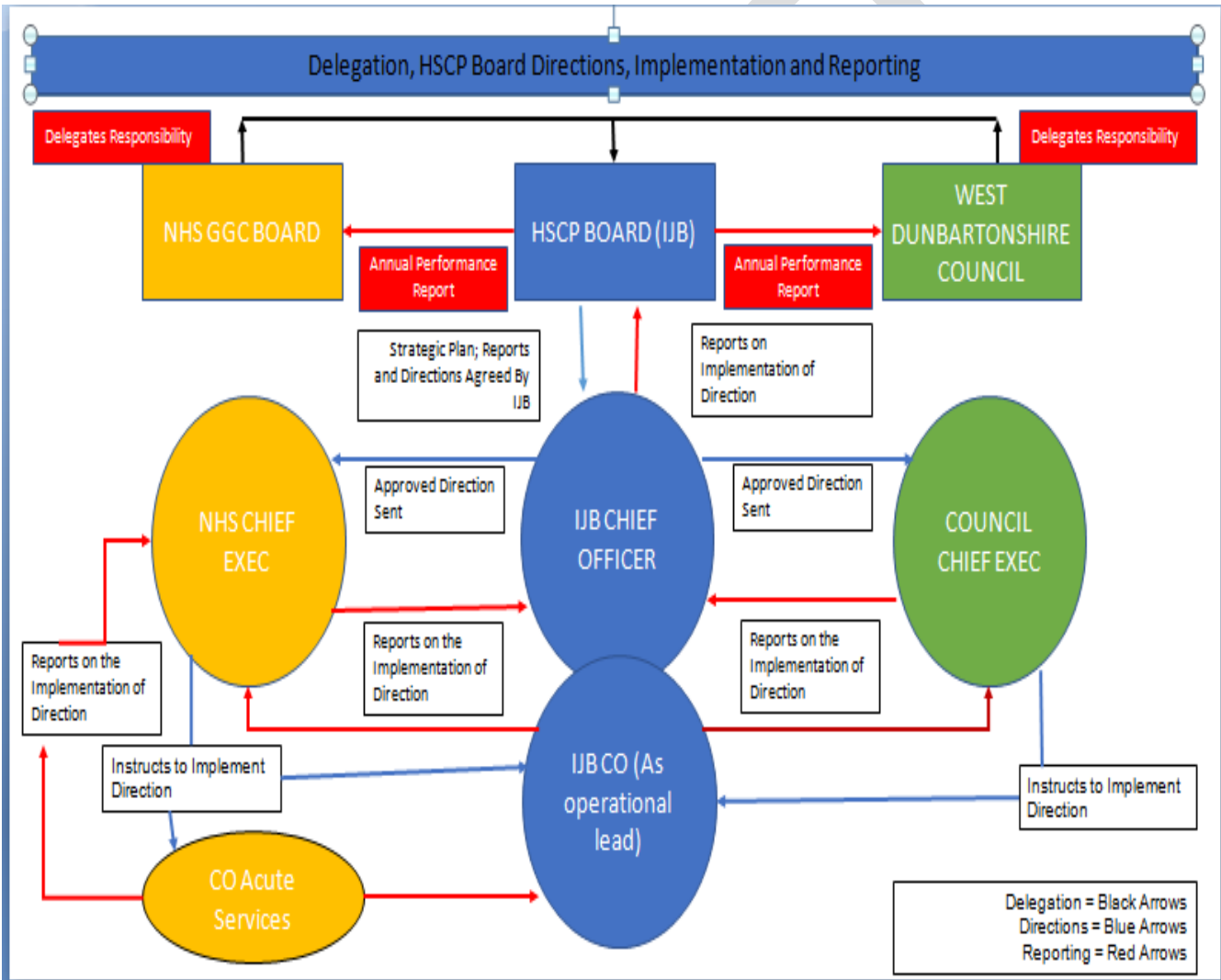
### Exhibit 3: Strategic Outcomes



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

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

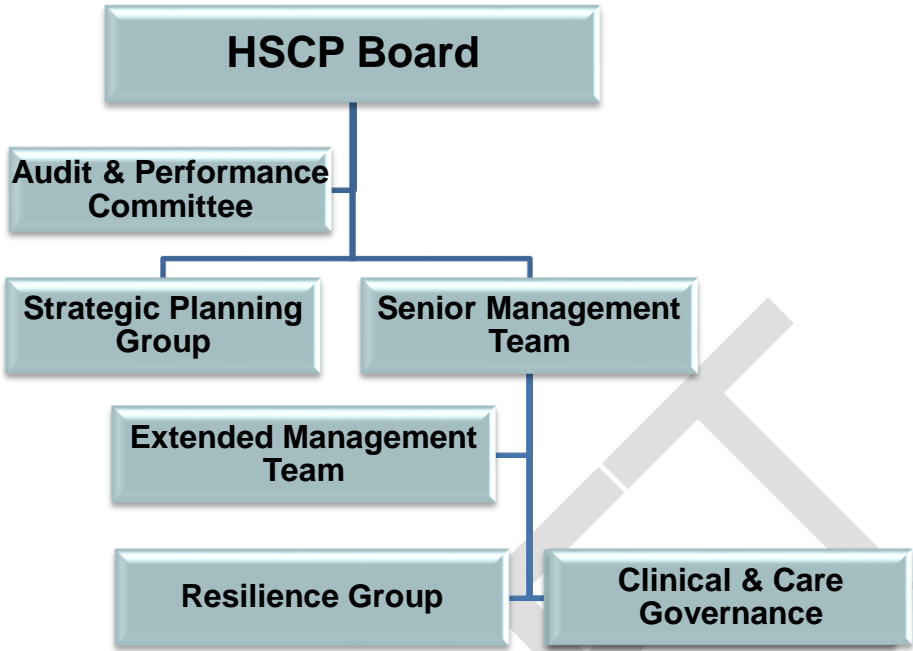
**Exhibit 4: Integration Arrangements via Directions**



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



**Exhibit 5: High Level Overview of Structure**



**Strategic Planning for Our Population**

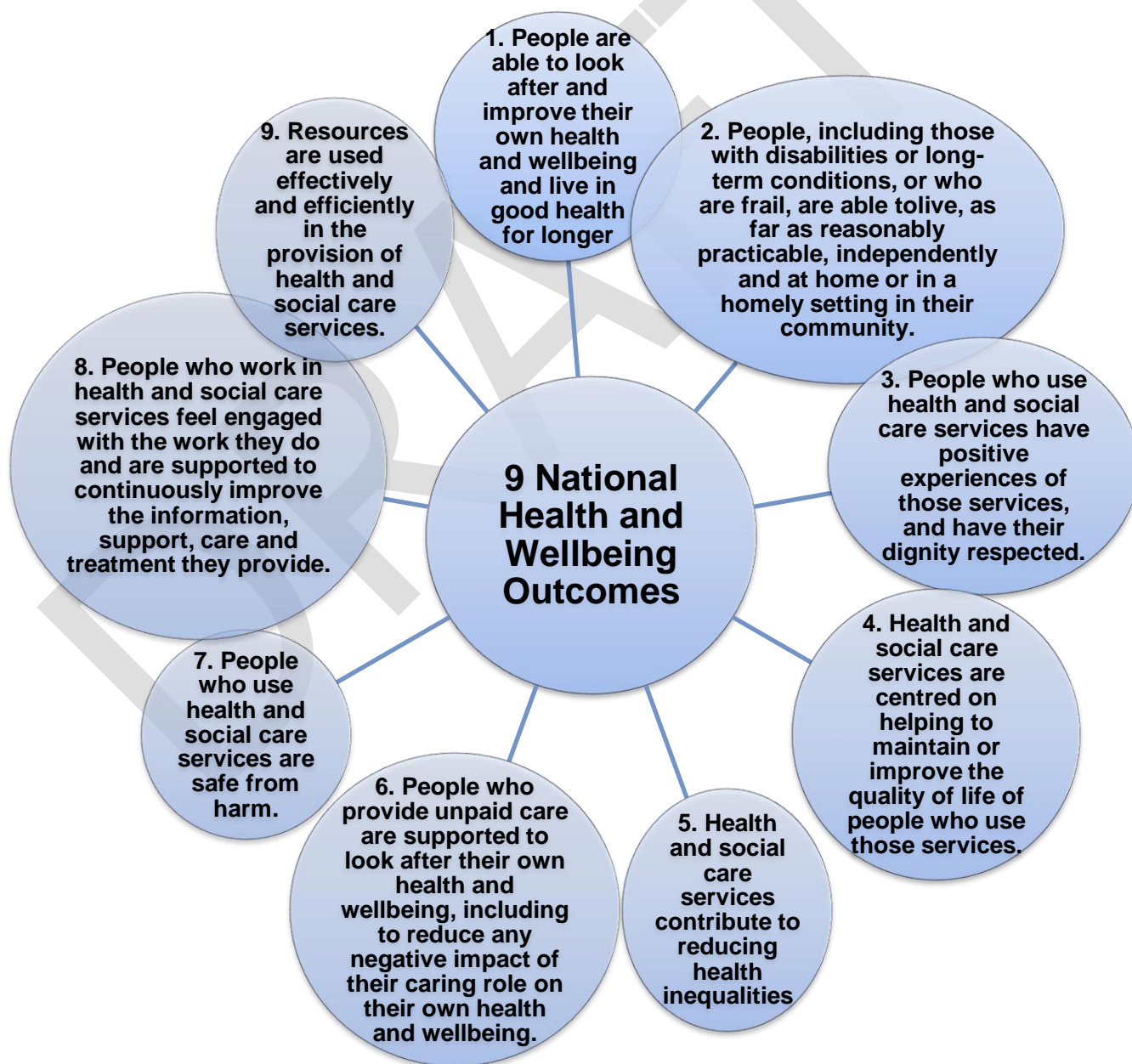
West Dunbartonshire lies north of the River Clyde encompassing around 98 square miles of urban and rural communities across the two localities of Clydebank and Dumbarton & Alexandria. The area has a rich past, shaped by its world famous shipyards along the Clyde, and has significant sights of natural beauty and heritage from Loch Lomond to the iconic Titan Crane as well as good transport links to Glasgow. It has a population of just fewer than 88,000 which accounts for approximately 1.6% of the Scottish population.



The HSCP Board's primary purpose is to set the strategic direction for the delegated functions through its Strategic Plan. Our fourth Strategic Plan 'Improving Lives Together' was approved in March 2023, covering the three year period 2023 – 2026 and can be viewed [here](#) (see Appendix 1, 3.). During 2022/23 the Strategic Planning Group has reviewed the June 2022 Strategic Needs Assessment. This assessment formed the basis of the creation of the 2023 – 2026 Strategic Plan, the priorities being based upon the evidence provided via that document. The Plan, describes how we will use our resources to continue to integrate services in pursuit of national and local outcomes and is supported by a Strategic Delivery Plan.

There are nine [National Health and Wellbeing Outcomes](#) (see Exhibit 6 below) which provide the strategic framework for the planning and delivery of integrated health and social care services.

### Exhibit 6: National Health and Wellbeing Outcomes





Each of the HSCP new Strategic Outcomes have been cross matched to the National Health and Wellbeing Outcomes as detailed below.

## Exhibit 7: Cross Match of HSCP Strategic Outcomes with the National Health and Wellbeing Outcomes

### Caring Communities

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

### Safe and Thriving Communities

- 1. People are able to look after, improve their own health and wellbeing, and live in good health longer.
- 2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5. Health and social care services contribute to reducing health inequalities.
- 7. People who use health and social care services are safe from harm.
- 9. Resources are used effectively and efficiently in the provision of health and social care services

### Equal Communities

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

### Health Communities

- 1. People are able to look after, improve their own health and wellbeing, and live in good health longer.
- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5. Health and social care services contribute to reducing health inequalities.

West Dunbartonshire’s demographic profile is well documented within the new strategic plan. The plan clearly sets out the scale of the challenge around effective delivery of health and social care services in West Dunbartonshire in particular tackling multi-morbidity, poverty, addiction, domestic violence and mental health. In 2022 (with the end of the COVID-19 pandemic in sight) a Strategic Needs Assessment was developed to enable the HSCP to continue to respond positively and plan for the future new model of service delivery.

The West Dunbartonshire HSCP [Strategic Needs Assessment 2022](#) (see Appendix 1, 4) has taken a ‘population view’ by using an epidemiological approach to describe:

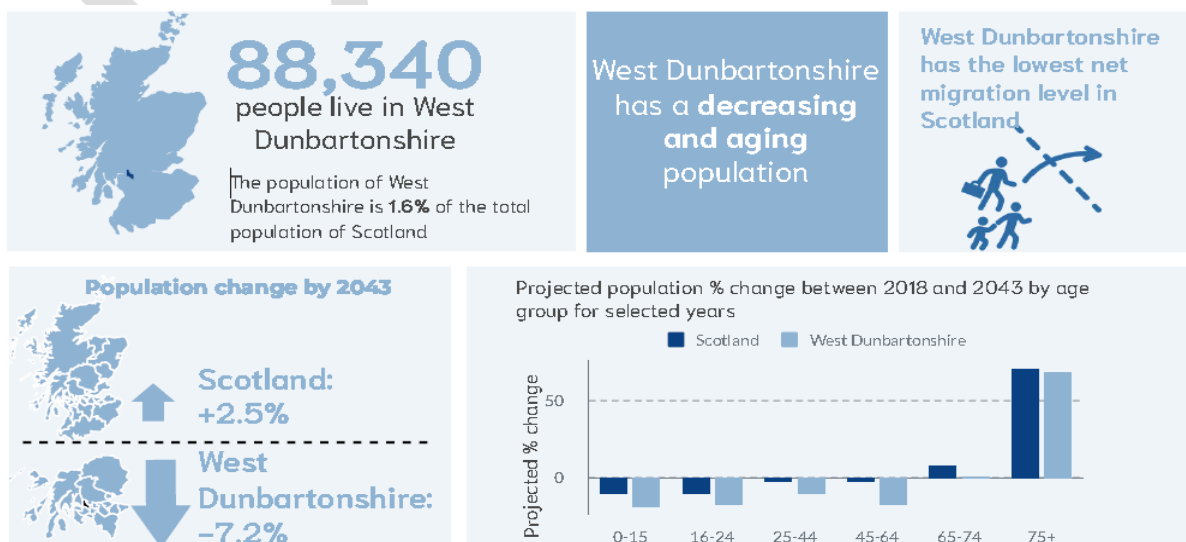
- Health and Social Care provision in the community;
- Why some population groups or individuals are at greater risk of disease e.g., socio-economic factors, health behaviours; and
- Whether the burden of diseases are similar across the population of West Dunbartonshire’s localities.

The main sections are structured around:

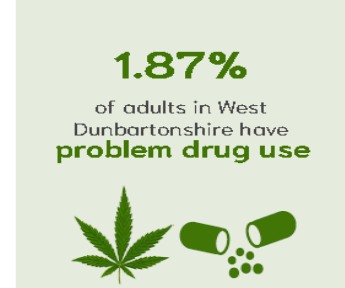
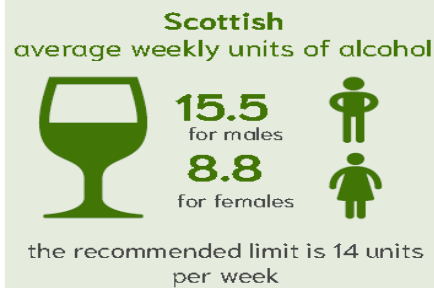
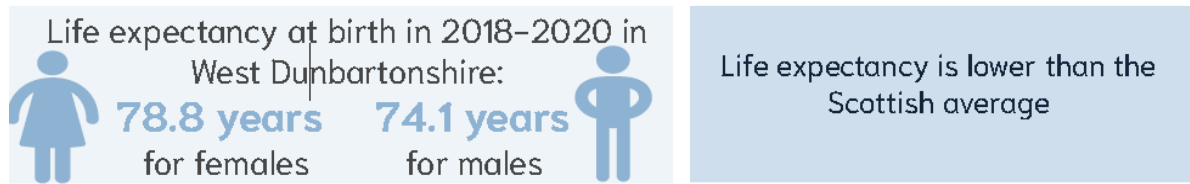


The SNA includes data for the financial year 2020/21 in which Scotland adopted emergency measures due to COVID-19. Therefore the data should be interpreted in the context of the disruption the pandemic had on health and social care services and the impact on individuals’ health. An extract of some of the key statistics is provided below within Exhibit 8.

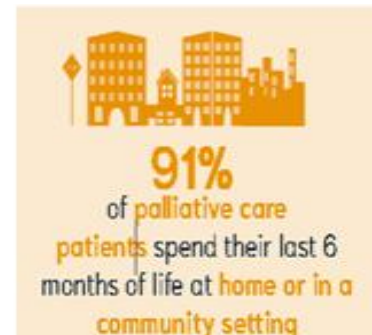
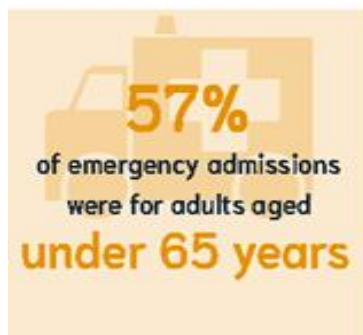
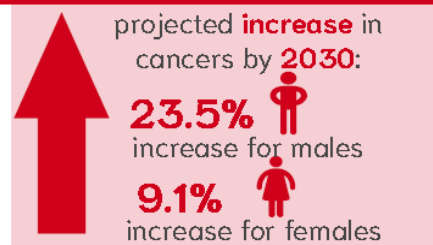
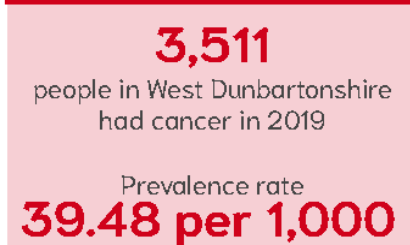
**Exhibit 8: Extract from [SNA Executive Summary](#) (see Appendix 1, 5)**







**Cancer is the top burden of disease.**



## COVID-19 Impact and Response 2022/23

In 2021/22 the Scottish Government provided funding in advance of need for the ongoing COVID-19 response. This was held in an earmarked reserve and throughout 2022/23 the application of this funding was tracked monthly via the local mobilisation plan financial tracker, with defined spend categories. By the end of 2022/23 the surplus funding held within earmarked reserves in excess of the 2022/23 actual spend was required to be returned to the Scottish Government (other than a small balance of £0.002m held for Carer's PPE).

A number of service improvements and changes in delivery models were introduced in response to the pandemic. Many of these are now embedded into current practice and will continue into business as usual with any additional costs factored into current budget planning.

## Climate Change

Climate change is an area of increasing concern and for the 2022/23 audits auditors are required to report on climate change arrangements in their Annual Audit Reports. To facilitate this report a questionnaire was issued to the HSCP on 15 May with a requirement to report by 30 September.

The accountability and responsibility for climate change governance in relation to the delivery of Health and Social Care Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

While the HSCP Board does not have a standalone climate change strategy or action plan, in broad terms the recently approved three year Strategic Plan 2023 – 2026 “Improving Lives Together” recognises the strategic context in which the HSCP must operate and there is a clear line in the strategic delivery plan in relation to the HSCPs contribution to the delivery of NHS GGC and WDC’s sustainability goals.

There has been no current or expected material impact to be reported within this year’s financial statements, however demand for services delegated to the HSCP Board are driven by demographics and socio-economic factors of which climate change will impact at some point. The future refresh of the HSCP Board’s Medium Term Financial Plan will highlight any financial risk associated with climate change if required which could include the rising Cost of Living, including food and fuel poverty which is influenced by climate change.

The HSCP is developing a property strategy in partnership with WDC & NHS GGC which will reflect the embedded flexible working policy that will rationalise the use of buildings and reduce staff travel, i.e. positive impact on reducing carbon emissions.

## Performance Reporting 2022/23

The HSCP Audit and Performance Committee receive a Quarterly Public Performance Report at each meeting, which provides an update on progress in respect of key performance indicators and commitments. These can be viewed [here](#) (see Appendix 1, 6).

In addition to the quarterly reports there have been a number of development sessions during the year with both the SMT and the HSCP Board to further refine and enhance local reporting requirements alongside national indicators.

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

The 2022/23 APR was presented to the HSCP Audit and Performance Committee in June 2023 for approval and publication thereafter. The report can be viewed [here](#) (see Appendix 1, 7).



The performance report has 45 performance indicators; these include a suite of challenging targets which demonstrates how our performance compares to local and national targets. Ongoing measurement against this suite of indicators provides an indication of how the HSCP Board is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.





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

It is recognised that the factors influencing changes in performance can be various and complex. Changes in activity and demand, and legacy impacts from COVID-19, in some services from our population continued to be the key influencing factor throughout 2022/23. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.

Some key areas of performance (as defined by the Scottish Government) over the past year are detailed below. The categorisation of the indicators align to the 2019 – 2022 strategic priorities detailed above and align to the nine national health and wellbeing outcomes (refer to Exhibit 6):

1. **Early Intervention - national health and wellbeing outcomes no. 1, 4 and 6;**
2. **Access - national health and wellbeing outcomes no. 2 and 3;**
3. **Resilience - national health and wellbeing outcomes no. 7;**
4. **Assets - national health and wellbeing outcomes no. 8 and 9; and**
5. **Inequalities - national health and wellbeing outcomes no. 5.**

**KEY**

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

**Exhibit 10: Extract from 2022/23 Annual Performance Report**

Performance Indicator	2021/22	2022/23			5 Year Trend
	Value	Value	Target	Status	
<b>Priority 1: Early Intervention</b>					
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	✔	
Number of acute bed days lost to delayed discharges (incl. Adults With Incapacity) Age 65 years & over	7,392	11,390	4,417	✘	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	33%	43%	90%	✘	
Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	95.2%	93.7%	95%	⚠	
<b>Priority 2: Access</b>					
Percentage of people aged 65 & over who receive 20 or more interventions per week	38.1%	40.3%	35%	✔	
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	18.8%	28.6%	30%	✔	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	80.6%	84.2%	80%	✔	
<b>Priority 3: Resilience</b>					
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	96%	99.1%	90%	✔	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	68.5%	43.3%	90%	✘	
<b>Priority 4: Assets</b>					
Prescribing cost per weighted patient (Annualised)	£168.58	£185.96	£187.73	✔	
<b>Priority 5: Inequalities</b>					
Balance of Care for looked after children: % of children being looked after in the Community	89.6%	88.7%	90%	⚠	



## Performance Highlights 2022/23

### Addiction Services

The Scottish Government recently undertook ministerial direction under the Public Bodies (Scotland) Act 2014. This was undertaken to ensure the implementation of Medicated Assisted Treatment (MAT) Standards. The MAT standards define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland. The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system. The first phase of the MAT implementation standard 1-5 required to be embedded within the local treatment system.

West Dunbartonshire ADP have a MAT Standards Implementation Steering Group consisting of all adult services operating across the ADP. The group is responsible for implementation of the MAT Standards and is chaired by the local clinical lead for the standards. Clear progress has been demonstrated across MAT 1-5, significant work was undertaken by the operational improvement group to achieve this. This included a co-production approach with the recovery community.

Changes in service delivery were implemented to achieve implementation of MAT 1-5, this was achieved after working in collaboration with Public Health Scotland via a test of change pilot resulting in an 85% reduction in service access delays and a 65% increase in the number of people accessing treatment. Retention in treatment has also improved along with positive feedback on treatment choice and availability. The improvements achieved locally were showcased by a Health Improvement Scotland event in June 2023.

Other key areas of development across the ADP is commissioning of a Non-Fatal Overdose service and a Harm Reduction Mobile Unit.

The Non-Fatal Overdose service provides a 7 day 12hr outreach service provided by 3rd sector partner. This service works in collaboration with tier 3 treatment services to offer out of hours support to the most vulnerable and at risk population within the community. On an average month approx. 40 individuals are supported by the assertive outreach team.

The Harm Reduction Mobile Unit also offers an out of hours provision to the areas where drug related deaths and harms are occurring. The unit became operational in August 2022 and in an average week support approx. 20 individuals who are not in contact with any treatment or support service. This service is provided by specialist trained Harm Reduction Nurses, services include BBV testing & treatment, provision of injecting equipment, safer injecting advice, wound care assessment, provision of antibiotics, naloxone training, assessment for same day access for opiate substitution therapy, sexual health advice and basic food supplies.

### Mental Health and Wellbeing in Primary Care (MHWPCS)

Within primary care partners continue to improve capacity for mental health assessment, care and support within Primary and Community Care settings. Scottish Government funding has been committed to the Primary Care Improvement Plan (Community Link Workers) and Action 15 of the Mental Health Strategy (Wellbeing Nurses). The service will include the interface

with specialist services to ensure that people receive the right care in the right place supported by clear pathways to mental health services for those who need them.

### **District Nursing**

The District Nursing Service leads a two weekly multi-disciplinary team (MDT) meeting with attendees from a range of HSCP Health and Community Care services. This meeting was set up as an action from a Learning Review and provides a platform for frontline staff to raise concerns about any service users. With representation from DN's, Home Care, Senior Social Workers and a Frailty Practitioner, the meetings have a terms of reference and a standard operating procedure to ensure effective record keeping after each meeting to demonstrate discussion and decision making. Other professionals are invited when required.

### **Community Treatment and Care Services (CTAC)**

As part of the Moving Forward Together agenda, West Dunbartonshire HSCP Community Treatment and Care Services were the first to provide clinics within the HSCP for those requiring phlebotomy relating to acute outpatient care. This service reduces the need for people to attend acute sites as they can have necessary blood tests completed closer to their home. A test of change was implemented to develop the service safely, and was then cascaded to two other HSCP's, with HSCP staff supporting CTAC staff in these HSCP's to ensure safe and effective implementation. The provision of this service also fulfils one of the five agreed priorities of the Memorandum of Understanding 2 (MoU2), the contract between the Scottish Government, British Medical Association, Integration Authorities and NHS Health Boards supporting GPs (General Practitioners) and Primary Care Services.

### **Learning Disability Services**

Throughout 2022/23 our Learning Disability services continue to work hard to promote and support the rights of people with a Learning Disability. A more fully staffed health team has seen a reduction in waiting times and a more timely service. There has been substantial work done to review processes creating much safer and more robust pathways in relation to patient care and clinical governance. Successful implementation of anti-psychotic monitoring clinics has identified some unmet health needs and directed carers to other services, which may not have happened otherwise. There is ongoing work with Children and Families to review Transitions to Adult services to ensure we are applying the eligibility criteria and providing a statutory service to those with critical or substantial need.

### **Justice Services**

Similarly, our Justice Services continue to deliver effective and timely services to adults within the justice system. While the service was impacted significantly in 2022/23 in relation to the COVID-19 pandemic (particularly in relation to community disposal of unpaid work) the service has recruited staff to support the delivery of services over 7 days and are incrementally working through a backlog of community disposal accumulated during pandemic.

In 2022 the service has developed a Bail supervision service and is actively considered as a community disposal form local sheriffs and courts. Funding for Justice Services continue to be funded directly from government and reporting on National outcome measures continues to demonstrate strong performance, an example being 100% of Multi Agency Public Protection meetings taken place within prescribed timescales to effectively manage high risk offenders.



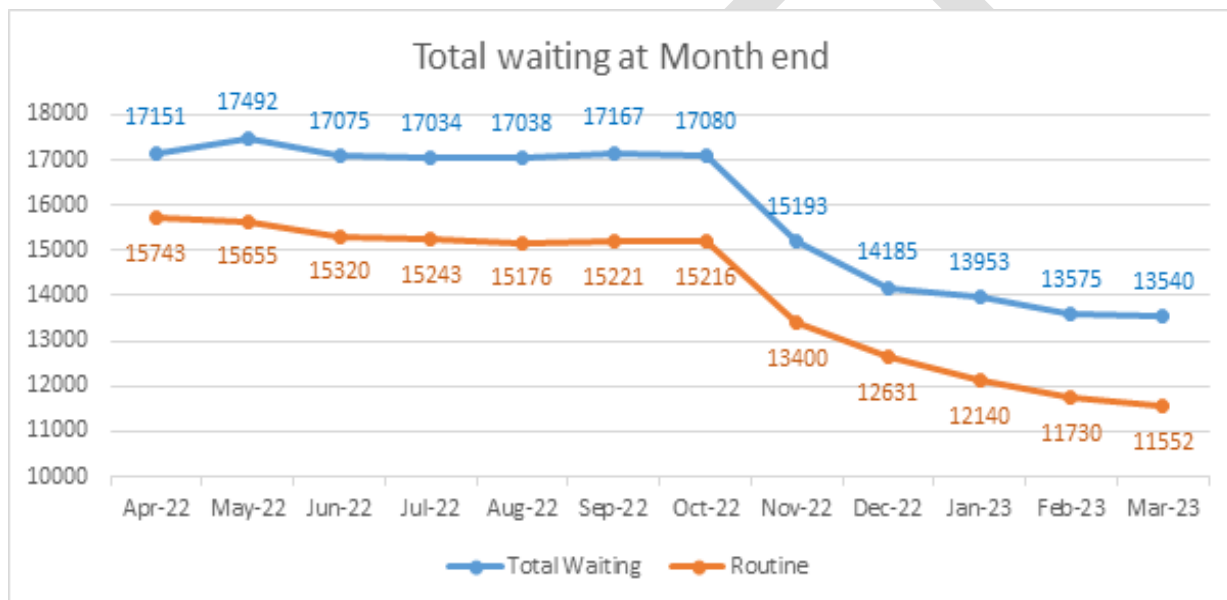
### Community Justice

The implementation of a Community Justice partnership in 2022 has brought together key partners to focus on further developing a community justice agenda for adults involved in justice service. The implementation of a National Outcomes Performance Improvement Framework is supporting local action planning aligned to national aims to improve life experiences and outcomes for adults who have experienced custody or have become involved in the wider justice system.

### Musculoskeletal (MSK) Physiotherapy

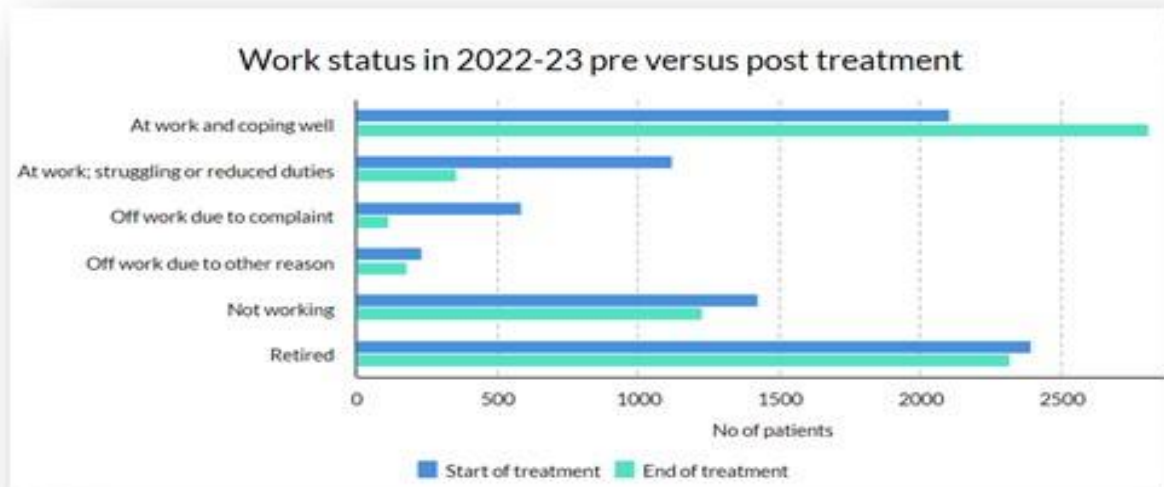
In September 2022 the MSK Physiotherapy service commenced a priority project to address routine waiting times using QI methodology to improve waiting times with the impact being that maximum routine waiting times reduced from 24 weeks to 12 weeks in 2022/23.

#### Exhibit 11: MSK Waiting Times Impact Assessment



The MSK service demonstrated quality of service provision by ongoing collection of Patient Reported Outcome Measures. The service was effective in reducing patients' pain; increasing patients' function and successfully getting patients back to work.

**Exhibit 12: Patient Reported Outcome Measures**



The MSK service is the first nationally to have successfully introduced Electronic Patient Records known as Active Clinical Notes (ACN) across the Board area. The rollout of ACN was completed by December 2022 and has allowed a reduction in transfer of clinical records between sites and provides accessibility of MSK Physiotherapy record to all Trak users (including Emergency Department and MSK Physiotherapy staff providing second opinions or support from different sites).

The use of Digital Records is not only in keeping with the NHSGCC digital strategy and meets previous Ombudsman requirements but has also resulted in record standardisation, improvement in patient reported outcome measures (see exhibit 12 above), financial savings and a reduction in time delay and cost of provision of copy of records for Health Records Legal Department due to previously needing to recall records from storage.

**Self-Directed Support Policy and Work with Carers**

The March 2022 HSCP Board noted the improvements made in addressing the actions agreed following the 2019 Care Inspectorate Thematic Review of Self Directed Support (SDS) within West Dunbartonshire. The overarching aim is to ensure that supported people are empowered and have choice and control over their social care and support. The Board also approved the refreshed SDS policy which complements the eligibility criteria policy and the requirements of the ‘My Life Assessment’ process.

In addition to the above the Board agreed to a pilot (working in partnership with the Carers of West Dunbartonshire) designed to streamline the SDS process for unpaid adult carers to access short breaks which will be funded from the earmarked carers reserve.

**Prescribing**

The pricing of drugs is hugely complex and is not just influenced by UK and global inflation, rising interest rates and sterling exchange rates, it is also impacted by the NHS Scotland and Community Pharmacy Scotland (CPS) contract arrangements. The HSCP has a local prescribing group chaired by the Clinical Director with a focus on safe prescribing and applying the principles of realistic medicine.



With a value of £20m the GP prescribing budget is the largest area of subjective spend other than staffing. Given the level of financial risk it is important that efficiencies are realised wherever possible. Both volume of drugs dispensed and average cost per item have increased to above pre pandemic levels WDHSCP has performed well with average increases of 1.8% in volumes and £10.70 average cost per item compared 3.3% and £10.72 respectively.

### **Health Visiting**

The Health Visiting Service achieved UNICEF Gold revalidation in 2022. UNICEF UK Baby Friendly Gold Award promotes safe effective person centred care to support parents with up-to-date evidence based practice regarding infant feeding, relationships and brain development. The impact of work to ensure 'Gold Standard' service delivery is reflected in data depicting breast feeding improvement across a range of measures.

### **Distress and Brief Intervention Programme for Young People 16 -24 Years**

The West Dunbartonshire Distress Brief Intervention (DBI) Associate Programme for young people aged 16years to 24years (26 years for care experienced young people) is specifically to support young people who are experiencing 'emotional distress' and not requiring clinical interventions. The service launched on 1 March 2022. This "ask once get help fast" service for young people and families was introduced incrementally with all primary care sites active as of June 2022 and all five secondary education sites active as of November 2022. Thirty-three referrals have been made to the service as of mid-February 2023. A total of eighty – three individuals have been trained as level 1 referrers across five service areas.

In December 2022, West Dunbartonshire was invited to become the fifth national pilot site to offer DBI to 14 and 15 year olds. This pathway commenced on 30 January 2023 in two schools with the remaining schools commencing two weeks later. The DBI delivery group continues to use learning from the national programme and other associate programme areas and to explore additional referral pathways for younger ages e.g. Primary School.

### **Performance Challenges 2022/23**

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

### **Our Workforce**

Recruitment and retention of health and care staff remains an ongoing challenge and a recognised strategic risk. The HSCP has experienced the same issues as most health and care services employers have in the past 12 months. A huge effort has been made to ensure staff have the right skills, knowledge, training and flexibility to be deployed in the right place at the right time. We continued to review our workforce to ensure that we both recruit and retain staff across all job families to support delivery of the HSCP strategic ambition. Supporting access to opportunity for all through our recruitment and selection processes, modern

apprenticeships and internships. We support our workforce to progress in their careers and everyone has access to a wide range of training and development opportunities which are available throughout the HSCP and we try to effectively utilise individual skill sets in the most effective way. NHSGGC and WDC offer a variety of flexible working packages and have earmarked funding for additional training and development. We have strong links with local colleges and have plans to enhance the existing programme to prepare job seekers for work in the care sector and support their development to progress their careers in health and social care.

We recognise that our workforce is our greatest asset, we take great pride in celebrating the achievements of our staff throughout the year, culminating in the annual awards across the HSCP. Our annual HSCP staff award event held on 7 October 2022, recognised the achievements of the Diabetic Retinal Screening Service (Team of the Year) for the remarkable adaptability and resilience, going above and beyond what was expected of them with the introduction of additional weekday and weekend clinics. We recognise that fulfilment is a key part in ensuring that we have a happy and engaged workforce and encourage creativity and innovation in our workforce and Trades Union colleagues.

### **Child Protection**

Having commenced in 2021 a community planning inspection of services for children at Risk of harm concluded in March. The care inspectorate identified that the children's service partnership 'had made considerable effort in addressing the findings of the joint inspection ... and we are confident that the partnership has in place a strengthened approach to self-evaluation and improvement'. Recommendations were made as follows:

- Sustain additional investment to address capacity challenges;
- Maintain enhanced governance to continue to provide appropriate support and challenge for improvement work;
- Refine the existing inspection Improvement plan to provide a greater focus on the outcomes for children and young people at risk of harm;
- Build on the work already started to ensure that children and young people are meaningfully and appropriately involved in decisions about their lives;
- Continue to undertake and place emphasis on self -evaluation activity that focuses not only on how much or how well services are delivering but what difference the support is making; and
- Continue to seek external support where this is necessary to achieve change.

### **Children's Services**

Budgetary pressure continue to exist in relation to care provision for children in West Dunbartonshire. The service is developing a 5 year strategy "*Our Children' Our Communities*" to, in essence, shift the balance of care to increase community support and ensure the principles of The Promise, the output from the National Care Review, and are embedded in practice. The approach is underpinned by a 5 year medium term financial plan and will be fully implemented subject to the approval of the board in 2023.



### **Delayed Discharges**

The HSCP continues to face challenges in demonstrating a sustainable downward trend in delayed discharges. Analysis of these challenges has identified multifactorial issues: staffing and recruitment, complexity of care packages, and improving the pathways of care across the HSCP and the three acute hospitals. Within this analysis, bed days lost due to Adults with Incapacity (AWI) legislation remains at unacceptable levels, and targeted improvement work is ongoing. The 'Discharge without Delay' Programme will facilitate a whole system framework approach and measurable outcomes from which to further scrutinise performance.

### **Reablement Service**

In June 2023 a new Care at Home Reablement Team will start taking referrals to provide a reablement service across the HSCP. Funded from Scottish Government Winter Monies and System Pressures monies, it is anticipated to have a positive outcome of peoples' ability to maintain their own independence for longer at home and reduce the number of onward referrals to mainstream Care at Home.

### **Care at Home Redesign**

The redesign process is reaching its completion and, subject to agreement by the HSCP Board after consultation with the JTU's and WDC as the employing partner, it will provide a framework for service improvement to deliver a high quality and fit for purpose service. This redesign will also ensure the service demonstrates positive service user outcomes within the budgeted savings and efficiencies and an action plan will be developed to monitor progress.

### **Recovery and Renewal 2022/23 and Future Years**

On the 21 March 2022 the HSCP Board approved a series of operational [Service Delivery Plans 2022/23](#) (Item 12) (see Appendix 1, 8). These plans, developed by each operational service, have supported and promoted effective service management and communicated a clear and obvious road map for both internal and external stakeholders on how the HSCP would deliver on its strategic priorities over the 2022/23 financial year.

These one year plans were developed to support the HSCP Board to monitor progress for the interim year 2022/23 prior to the approval of the new Strategic Plan on 15 March 2023.

The Strategic Planning Group will monitor the progress of the new Strategic Plan 2023 – 2026: Improving Lives Together, supported by the robust Delivery Plan also approved by the Board in March.

While the COVID-19 pandemic is considered to be over from a public health perspective, it brought both significant challenges and exciting opportunities to the HSCP. As we move into 2023/24 it is recognised that there will be an increase in demand for, and a backlog of, statutory services all of which will have wide ranging resource implications, primarily staffing and financial.

While the timescale and implementation plan of the move to a National Care Service is unclear the HSCP Board will continue to work with all its partners, including the Scottish Government, to deliver on its strategic outcomes. Successful and strong integration of health and social

care services will address the challenges faced by the people of West Dunbartonshire by ensuring that people have access to the services and support they need, so that their care feels seamless to them, and they experience good outcomes and high standards of support.

## Financial Performance 2022/23

The Statement of Accounts contains the financial statements of the HSCP Board for the year ended 31 March 2023 and has been prepared in accordance with The Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

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

**Table 1: Summary Financial Position 2022/23**

1 April 2022 to 31 March 2023	West Dunbartonshire Council  £000	Greater Glasgow & Clyde Heath Board  £000	Total  £000
Funds Received from Partners	(83,737)	(143,689)	(227,426)
Funds Spent with Partners	90,545	145,266	235,811
(Surplus)/Deficit in Year 2022/23	6,808	1,577	8,385

The Comprehensive Income and Expenditure Statement (CIES) on page 52 details the cost of providing services for the year to 31 March 2023 for all health and care services delegated or hosted by the HSCP Board.

The total cost of delivering services amounted to £235.811m against funding contributions £227.426m, both amounts including notional spend and funding agreed for Set Aside of £41.323m, (see Note 4 "Critical Judgements and Estimations" page 58). This therefore leaves the HSCP Board with an overall deficit on the provision of services of £8.385m prior to planned transfers to and from reserves, the composition of which is detailed within Note 13 "Usable Reserve: General Fund" page 63.

### The HSCP Board's 2022/23 Financial Year

The HSCP Board approved the 2022/23 revenue budget on 21 March 2022. The report considered by members, set out the funding offers from our partners NHSGGC and WDC as well as specific funding streams from the Scottish Government totalling £10.974m for support related to Winter Planning, Additional Social Work Capacity, continuation of the Carer's Act, Scottish Living Wage and Free Personal Care uplifts. A total indicative net revenue budget of £185.117m (excluding Set Aside) was approved. The indicative set aside budget of £33.620m was also approved at this meeting.



While there were budget gaps identified, the HSCP Board accepted recommendations to balance the budget by the application of new funding streams, a number of operational adjustments and the application of reserves.

Throughout the 2022/23 financial year there were a significant number of budget adjustments to account for additional Scottish Government funding on both a recurring and non-recurring basis including clawback of excess COVID-19 funding. See tables below.

**Table 2: Budget Reconciliations 2022/23**

2022/23 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
<b>Budget Approved on 22 March 2022</b>	<b>102,991</b>	<b>82,126</b>	<b>185,117</b>
Rollover Budget Adjustments	(387)	0	(387)
COVID-19	(6,348)	0	(6,348)
Primary Care	834	0	834
Adult and Older People Services	2,404	71	2,475
Children's Services	1,296	1,337	2,633
Family Health Services	2,122	0	2,122
Other	(546)	(10)	(556)
<b>Reported Budget 2022/23</b>	<b>102,366</b>	<b>83,524</b>	<b>185,890</b>
<b>Funded from Earmarked Reserves</b>	<b>0</b>	<b>(349)</b>	<b>(349)</b>
<b>Funded from Partner Organisations</b>	<b>102,366</b>	<b>83,175</b>	<b>185,541</b>

The regular financial performance reports provide members with a detailed analysis of progress of savings programmes, significant variances and reserves activity. All financial performance reports isolated COVID-19 related costs and all projections were heavily caveated as the response to COVID-19 moved from response, to recovery.

The HSCP continued to detail its response to the COVID-19 pandemic within the Local Mobilisation Plan (LMP) and associated costs through the financial tracker returns to the Scottish Government. The final submission for 2022/23 was submitted in early May and detailed full year costs for the HSCP of £2.863m as detailed in Table 3.

The costs detailed have been fully funded by the opening earmarked COVID-19 reserve with the surplus being clawed back as detailed in Table 3 below.

**Table 3: COVID-19 Spend against Funding 2022/23**

<b>COVID-19 – Expenditure</b>	<b>2022/23 £000's</b>
Additional Staff Costs	411
Additional Infection and Prevention Control	249
Social Care Provider Sustainability	310
Adult Social Care	439
Children and Families	848
Reduced Delay Discharge	84
Mental Health Services	80
FHS Prescribing and Contractor Costs	87
Loss of Income	110
Other	245
<b>Total Spend</b>	<b>2,863</b>
<b>COVID-19 – Income</b>	<b>2022/23 £000's</b>
Opening Earmarked Reserve	(9,213)
Covid Clawback based on Month 8 LMP Submission	5,855
Final Clawback based on Month 12 LMP Submission	493
<b>Total Income</b>	<b>(2,865)</b>
<b>Closing Earmarked Reserve</b>	<b>(2)</b>

### Final Outturn Position 2022/23

The latest Financial Performance Report (can be found [here](#)) (see Appendix 1, 9.) issued to the HSCP Board on 16 May 2023, projected a gross overspend of £8.389m (4.51%) for the financial year ended 31 March 2023 prior to planned transfers to/from earmarked reserves to leave a net overspend of £0.453m to be funded from un-earmarked reserves with the components parts of this overspend being an overspend/underspend of £1.082m and £0.419m for health care and an overspend of £7.307m and £0.872m for social care respectively.

The May meeting of the HSCP Board considered the 2022/23 draft Outturn Report which contained a suite of detailed appendices providing members with information on all budget transfers, significant variances across HSCP integrated services, progress on the achievement of previously approved savings and a line by line breakdown of all earmarked reserves movements.

The HSCP Board received monitoring information on approved savings and service redesign efficiencies totalling £2.597m. Due to the complexities involved in delivering on some programmes and the impact of the COVID-19 pandemic, the total savings span the financial years 2018/19 to 2022/23. The final outturn position reports that approximately 51%



(£1.322m) of savings were delivered as planned with the balance being funded from earmarked reserves and other HSCP underspends / funding streams.

The financial statements contained within these annual accounts finalise the outturn position for 2022/23 as at 31 March 2023. Again prior to planned transfers to/from earmarked reserves and after accounting for all known adjustments, the recorded position is a gross overspend of £8.385m and a net overspend of £0.278m which are slight movements from the May position. Tables 4 and 5 provides a high level summary of the final outturn position by service area and by subjective analysis.

**Table 4: Final Outturn against Budget 2022/23 by Service Area**

West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2022/23 Annual Budget £000	2022/23 Net Expenditure £000	2022/23 Underspend/ (Overspend) £000	2022/23 Reserves Adjustment £000	2022/23 Underspend/ (Overspend) £000
Older People, Health and Community Care	53,857	51,034	2,823	2,044	779
Physical Disability	3,584	3,242	342	0	342
Children and Families	29,553	30,529	(976)	250	(1,226)
Mental Health Services	12,578	12,086	492	445	47
Addictions	3,622	3,525	97	112	(15)
Learning Disabilities	19,784	20,487	(703)	6	(709)
Strategy, Planning and Health Improvement	2,210	1,623	587	121	466
Family Health Services (FHS)	31,226	31,224	2	0	2
GP Prescribing	19,937	21,001	(1,064)	(591)	(473)
Hosted Services - MSK Physio	7,394	7,623	(229)	(246)	18
Hosted Services - Retinal Screening	860	846	14	14	0
Criminal Justice	0	45	(45)	(11)	(34)
HSCP Corporate and Other Services	6,907	7,421	(514)	(1,039)	525
Covid-19	(6,348)	2,863	(9,211)	(9,211)	0
IJB Operational Costs	377	377	0	0	0
<b>Cost of Services Directly Managed by West Dunbartonshire HSCP</b>	<b>185,541</b>	<b>193,926</b>	<b>(8,385)</b>	<b>(8,107)</b>	<b>(278)</b>
Set aside for delegated services provided in large hospitals	41,323	41,323	0	0	0
Assisted garden maintenance and Aids and Adaptions	562	562	0	0	0
<b>Total Cost of Services to West Dunbartonshire HSCP</b>	<b>227,426</b>	<b>235,811</b>	<b>(8,385)</b>	<b>(8,107)</b>	<b>(278)</b>

**Table 5: Final Outturn against Budget 2022/23 by Subjective Analysis**

Consolidated Expenditure by Subjective Analysis	2022/23 Annual Budget £000	2022/23 Net Expenditure £000	2022/23 Underspend/ (Overspend) £000	2022/23 Reserves Adjustment £000	2022/23 Underspend/ (Overspend) £000
Employee	86,794	87,558	(764)	271	(1,035)
Property	1,066	1,430	(365)	(139)	(226)
Transport and Plant	1,402	1,458	(56)	(0)	(56)
Supplies, Services and Admin	4,959	5,272	(313)	(806)	493
Payments to Other Bodies	54,867	62,369	(7,502)	(6,071)	(1,431)
Family Health Services	31,955	32,180	(225)	0	(225)
GP Prescribing	19,938	21,002	(1,064)	(591)	(473)
Other	3,089	2,174	915	(379)	1,294
<b>Gross Expenditure</b>	<b>204,069</b>	<b>213,443</b>	<b>(9,374)</b>	<b>(7,714)</b>	<b>(1,660)</b>
Income	(18,528)	(19,517)	989	(393)	1,382
<b>Net Expenditure</b>	<b>185,541</b>	<b>193,926</b>	<b>(8,385)</b>	<b>(8,107)</b>	<b>(278)</b>

The Comprehensive Income and Expenditure Statement (CIES) on page 52 is required to show the surplus or deficit on services and the impact on both general and earmarked reserves. The final position for 2022/23 was an overall deficit of £8.385m with £8.107m and £0.278m drawn down from earmarked and un-earmarked reserves respectively. Earmarked reserves are detailed in Note 13 of these accounts on page 63 coupled with some additional information detailed below in the “Key messages”.

While the CIES provides actual expenditure and income values for services in 2022/23 and their comparison to the previous financial year, it does not highlight the reported budget variations as the HSCP Board would consider them. Therefore the tables above are presented to provide additional detail and context to the key financial messages listed below.

The key explanations and analysis of budget performance against actual costs for individual service areas are detailed below:

- Older People, Health and Community Care** – this service grouping covers older people’s residential accommodation, care at home and other community health services. Residential accommodation realised a net saving of £1.129m mainly due to recruitment challenges along with the legacy impact of COVID-19 admission restrictions, delays in assessing clients for residential packages and supporting people to remain within their own homes with support for longer. This priority of supporting people in their own homes had a financial consequence for the care at home service, with a resulting net overspend of £1.008m due to the cost of the unfunded pay settlement, increased use of agency staff and overtime to cover sickness and scheduling issues. Other community health services realised a net underspend of £0.658m mainly due to staff turnover and recruitment challenges.



- **Physical Disability** – favourable variance of £0.342m primarily due underspend of transitions and the cost of SDS Option 1 (Direct Payment) packages being lower than budgeted.
- **Children and Families** – net overspend of £1.226m mainly due to adoption delays and under recovery of interagency income, increase in Scotland Excel negotiated rates and previously approved savings currently unachieved.
- **Mental Health Services** – gross underspend of £0.492m due to an underspend in core services arising from recruitment challenges offset by increased spend on Action 15 funding in year with a net transfer to earmarked reserves of £0.445m to enhance the West Dunbartonshire Mental Health Services Transitional Fund.
- **Learning Disabilities** – net overspend of £0.709m mainly due to an increase in the cost of complex care packages, reduction in income due to changes in charging ILF clients, increase in property costs and use of agency staff.
- **Strategy Planning and Health Improvement** – net underspend of £0.466m due to ongoing recruitment challenges.
- **GP Prescribing** – gross overspend of £1.064m due to an increase in volume numbers year on year and an increase in the average cost of prescribing per item since the start of the year partially funded by a drawdown from earmarked reserves of £0.591m.
- **Hosted Services** – gross underspend of £0.215m due to ongoing recruitment challenges mainly across MSK Physiotherapy.
- **HSCP Corporate and Other Services** – net underspend of £0.526m mainly due to ongoing recruitment challenges and higher than anticipated staff turnover.
- **Carers** – The full allocation of Scottish Government Carers Act implementation funding was not fully utilised with £0.506m transferred to an earmarked reserve to support carers in future years, supported by the Carers Development Group.
- **COVID-19** – 2022/23 was the final year of COVID-19 funding. Any surplus funding held within earmarked reserves in excess of 2022/23 actual spend was required to be returned to the Scottish Government (other than a small balance of £0.002m held for Carer's PPE) The final position was a drawdown from earmarked reserves of £9.211m to fund actual spend of £2.863m and clawback of excess funding of £6.348m.
- The **Set Aside** outturn position is shown as a nil variance as remains a notional budget to the HSCP Board. While the actual activity or consumption of set aside resources for the West Dunbartonshire population is detailed above, there is no formal cash budget transfer by NHS GGC. The actual expenditure share related to our HSCP for 2022/23 was calculated as £41.323m. This figure includes expenditure related to COVID-19; staff costs, increased bed activity, changes to pathways, cleaning, testing, equipment and PPE, all fully funded by the Scottish Government.

In addition to the above the key explanations and analysis of budget performance against actual costs by subjective analysis are detailed below:

- **Employee Costs** – The net overspend is mainly related to unfunded pay pressures within Social Care totalling £1.8m partially offset by higher than budgeted levels of staff turnover and ongoing recruitment challenges.
- **Payment to Other Bodies** – The net overspend is mainly related to financial pressures within Children and Families.

- **Other** – The net underspend has mainly arisen within the External Care Homes and Physical Disabilities Services budgets for SDS Option 1 Direct Payments.
- **Income** – The net over-recovery of income has mainly arisen within Internal Care Homes and is due to client contributions and property income being substantially more than budgeted.

## Key Risks, Uncertainties and Financial Outlook

The HSCP Board Financial Regulations confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The HSCP Board Financial Regulations can be viewed [here](#) (see Appendix 1, 10).

The HSCP Board's Risk Management Strategy and Policy was reviewed and updated during 2022/23 as part of a scheduled update which was initially presented to the 15 November HSCP Audit and Performance Committee (Item 7) for their approval and can be viewed [here](#) (see Appendix 1,11). The Audit and Performance Committee provided feedback in respect of the presentation and layout of the report. This challenge from those members charged with monitoring governance arrangements provided an opportunity for reflection and improvement culminating in an informal session on Strategic Risk which was held on the 18 April 2023. The session allowed members to discuss in more depth some concerns over the presentation of risk scoring both pre and post mitigation and the actual presentation of the individual impact of the strategic risks.

As a result a full review of the Strategic Risk Register has been undertaken and a number of improvements have been made with the outcome of the review and the supporting revised Risk Management Strategy and Policy documents being presented to the 16 May 2023 HSCP Board (item 11) for their approval and can be viewed [here](#) (see Appendix 1, 12).

The current 9 key strategic risks are summarised below with an extract of the main Financial Sustainability risk and mitigating actions to reduce the likelihood and impact of the risk.

- Financial Sustainability;
- Procurement and Commissioning;
- Performance Management;
- Information and Communication;
- Delayed Discharge and Unscheduled Care;
- Workforce Sustainability;
- Waiting Times;
- Public Protection: Service Risk; and
- Public Protection: Legislation Risk



**Table 5: Extract of Strategic Risk Register**

Strategic Risks	Extract from Mitigation Actions
<p><b>Financial Sustainability:</b> The risk of being financially unsustainable, i.e. failure to operate within the approved budget in the short and medium term</p>	<ul style="list-style-type: none"> <li>• Detailed financial performance reporting to the HSCP Board These reports support the HSCP Board to agree on any corrective actions required to maintain financial sustainability.</li> <li>• Active engagement with all partner bodies in budget planning process and throughout the year.</li> <li>• The MTFP, the annual budget setting report and the regular financial performance reports update on key financial risks and any mitigating actions.</li> <li>• Robust commissioning processes linked to strategic priorities and eligibility and self-directed support</li> </ul>

To further support the HSCP Board’s assurance processes around the management of risk the Chief Internal Auditor’s “Internal Audit Annual Strategy and Plan 2023-24” is presented to the Audit and Performance Committee on 20 June 2023. This sets out the internal audit approach to annual audit planning as risk-based and aligns it to the HSCP Board’s strategic planning processes and management’s own risk assessment. The full report (Item x) can be viewed [here](#) (see Appendix 1, 13)

## Reserves

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

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

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

## Un-earmarked Reserve

The HSCP Board's Reserves Policy, which can be viewed [here](#) (Appendix 1, 14) recommends that its aspiration should be a general reserves level of 2% of its net expenditure (excluding Family Health Services). This would equate to approximately £3.913m, and for 2022/23 the final position is £4.301m (see Note 13: Usable Reserve: General Fund) which equates to a reserves level of 2.2%.

## Earmarked Reserves

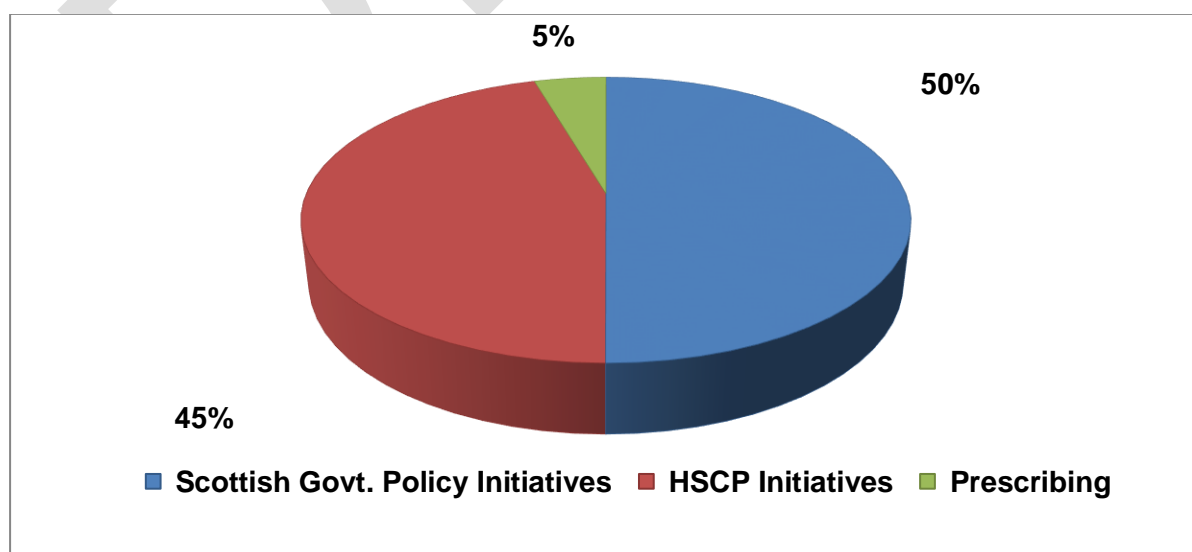
Our overall movement in reserves is covered above in the "2022/23 Final Outturn against Budget" section. Detailed analysis of the movements in earmarked reserves is available at Note 13 Useable Reserves – General Fund.

We started the year with £29.981m earmarked reserves and during the year £16.706m was drawn down to cover COVID-19 costs (including the return of £6.348m excess funding to the Scottish Government) and the delivery of the Primary Care Improvement Programme, Mental Health Action 15 priorities and Winter Pressures. We also added £8.599m to earmarked reserves throughout the year with £7.644m being an increase to existing reserves (mainly for West Dunbartonshire Mental Health Services Transitional Fund, Complex Care Packages and Winter Pressures funding) and £0.955m for the creation of new reserves.

New reserves are mainly for: Additional Social Worker Capacity of £0.364m; Child and Adult Disability Payments of £0.132m; Children's Community Services of £0.302m and £0.100m to support increased Asylum Seekers placements. In line with our governance arrangements the Audit and Performance Committee have considered and monitored the progress of the action plans.

A profile of the 2022/23 earmarked closing balance of £21.874m is detailed in Figure 1 below:

**Figure 1: Profile of Earmarked Reserves**





The analysis shows that:

- 50% relate to Scottish Government policy commitments including Primary Care Improvement, Mental Health Action 15, Alcohol and Drugs Partnership and Winter Pressures funding for enhancing care at home, multi-disciplinary teams and employing more health care support workers. The flow of funding for some of these policy commitments is linked to regular returns detailing the activity and cost of various programme strands;
- 45% relate to HSCP initiatives to support service redesign and transformation, community engagement and recovery and renewal in services; and
- 5% relates to reserves held for prescribing to mitigate potential volatility in pricing and short supply issues which have been skewed through the last two years of responding to the COVID-19 pandemic.

### **Financial Outlook – Medium Term Financial Plan**

The HSCP Board approved the indicative 2023/24 Revenue Budget on the 15 March 2023. The identified budget gaps and actions taken to close these gaps, to present a balanced budget, took into account current levels of service, however it was recognised that the legacy impact of the COVID-19 pandemic are not fully quantifiable at this time. The full report can be viewed [here](#) (Appendix 1, 15).

The challenging financial landscape for all of our funding partners (i.e. the Scottish Government, WDC and NHS GGC) in relation to future service demands, global inflation, and Scottish Government policy commitments (e.g. Mental Health Recovery and the National Drugs Mission), protracted the annual budget setting exercise. This was exacerbated by confirmation of the revised allocation of children's residential placement budget and associated costs and ongoing discussions regarding the confirmation of funding for pay uplifts within Social Care and the requirement to pass through an appropriate share of funding received by West Dunbartonshire Council to the HSCP.

Both WDC and NHS GGC complied with the Scottish Government directives on funding to the HSCP Board for 2023/24. For WDC the direction was at least roll-over of the 2022/23 recurring budget (i.e. flat cash) plus share of allocated funding for social care in relation to Scottish Living Wage and uprating of Free Personal Care. For NHS GGC the direction was a pass through of the same 2% uplift provided to health boards.

For health services the 2% uplift was accepted on the basis that pay and other inflation was set at 2%, excluding Prescribing budgets. Prescribing is hugely complex and during 2022/23 both the volume of drugs dispensed and the average cost per item have increased to above pre pandemic levels. Given these increases and the requirement to drawdown from earmarked reserves to partially fund the 2022/23 prescribing overspend, an uplift of 5% was applied in 2023/24.

The WDC flat cash allocation for social care services, in essence, required the HSCP Board to cover all inflationary pressures (circa £6.7m) for pay awards and commissioned services, national insurance uplifts and demographic pressure, from a combination of service

efficiencies, approved savings options, baseline adjustments and application of earmarked reserves.

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

The indicative budget gaps for 2024/25 and 2025/26 are detailed in Table 6 below and illustrate the scale of the risk.

**Table 6: Indicative Budget Gaps**

Indicative Budget Gaps	2023/24 (£000)	2024/25 (£m)	2025/26 (£m)
Indicative Draft Budget	191,016	197,015	202,027
Indicative Funding	189,099	190,578	192,087
<b>Annual Budget Gap</b>	<b>1,918</b>	<b>6,437</b>	<b>9,940</b>
<b>Cumulative Budget Gap</b>	<b>1,918</b>	<b>8,354</b>	<b>18,294</b>
Application of Reserves	2,209	185	194
<b>Annual Budget Gap</b>	<b>(292)</b>	<b>6,252</b>	<b>9,745</b>
<b>Cumulative Budget Gap</b>	<b>(292)</b>	<b>5,961</b>	<b>15,706</b>

Through 2023/24 the Financial Performance Reports will continue to reflect all quantifiable variations against the approved budget as well as anticipating and reporting on any material changes or risks

The current 2022/23 – 2026/27 MTFP (approved in March 2022) set out the broad key themes on how we will work towards minimising future pressures and remain financially sustainable. These are:

- **Better ways of working** – integrating and streamlining teams including the benefits of information technology to deliver services more efficiently will release financial savings and protect front line services;
- **Community Empowerment** - support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care;
- **Prioritise our services** – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it;
- **Equity and Consistency of approach** – robust application of Eligibility Criteria for new packages of care and review of current packages using the My Life Assessment tool; and



- **Service redesign and transformation** – build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with Housing services, third sector and local providers.

Our own MTPF will be refreshed later in the financial year and we continue to await the publication of the Scottish Government's refreshed Medium Term Health and Social Care Financial Framework to provide some realistic working assumptions for 2023/24 and beyond.

Due to uncertainties surrounding the legacy impact of the Covid-19 pandemic, the impact of global inflation on cost of living and pay uplifts and the timescales around the implementation of National Care Service the update of the Medium Term Financial Plan has been delayed and the refresh is anticipated to be reported to the Board in March 2024.

## Conclusion

Throughout 2022/23 West Dunbartonshire HSCP Board continued to strive to deliver on its strategic priorities as well as responding to and adapting services as the legacy impacts of the COVID-19 pandemic continued to dominate the daily lives of the people of West Dunbartonshire.

We have demonstrated our commitment to strong financial governance through our performance reporting and this annual report. The ability to hold reserves and add to them in 2022/23, supports our short and medium term position as we face the challenges 2023/24 will bring and the implementation of our new 2023 – 2026 Strategic Plan, shaped by our Strategic Needs Assessment.

In 2023/24 we will respond to these challenges by continuing to build on the strong governance frameworks already in place as documented within the Governance Statement and continue to engage and collaborate with our stakeholders, manage and mitigate risk and invest in our workforce and communities.

**Michelle McGinty**  
HSCP Board Chair

**Date: 20 June 2023**

**Beth Culshaw**  
Chief Officer

**Date: 20 June 2023**

**Julie Slavin**  
Chief Financial Officer

**Date: 20 June 2023**

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## STATEMENT OF RESPONSIBILITIES

### Responsibilities of the Health and Social Care Partnership Board

The Health and Social Care Partnership Board is required to:

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

I confirm that these draft Annual Accounts were approved at a meeting of the HSCP Board on 20 June 2023.

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

**Michelle McGinty**  
HSCP Board Chair

**Date: 20 June 2023**

## Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the West Dunbartonshire Health and Social Care Partnership Board as at 31 March 2023 and the transactions for the year then ended.

**Julie Slavin CPFA**  
Chief Financial Officer

**Date: 20 June 2023**



## REMUNERATION REPORT

### Introduction

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

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

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

Membership of the HSCP Board is non-remunerated; for 2022/23 no taxable expenses were claimed by members of the partnership board.

### Health and Social Care Partnership Board

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

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

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2022/23 no voting member received any form of remuneration from the HSCP Board as detailed below.

**Table 7: Voting Board Members from 1 April 2022 to 31 March 2023**

Voting Board Members 2022/23	Organisation
Baillie Denis Agnew (Chair until 26 June 2022 )	West Dunbartonshire Council
Michelle McGinty (Chair from 27 June 2022)	West Dunbartonshire Council
Rona Sweeney (Vice Chair)	NHS Greater Glasgow & Clyde Health Board
John Mooney (until 26 June 2022)	West Dunbartonshire Council
Jonathan McColl (until 26 June 2022)	West Dunbartonshire Council
Martin Rooney (from 27 June 2022)	West Dunbartonshire Council
Clare Steel (from 27 June 2022)	West Dunbartonshire Council
Michelle Wailes	NHS Greater Glasgow & Clyde Health Board
Dr Lesley Rousselet	NHS Greater Glasgow & Clyde Health Board

## Senior Officers

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

### Chief Officer

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

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

### Other Officers

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



**Table 8: Remuneration**

Total Earnings 2021/22 £	Senior Officers	Salary, Fees & Allowance £	Compensation for Loss of Office £	Total Earnings 2022/23 £
118,292	B Culshaw (Chief Officer)	127,564	0	127,564
91,052	J Slavin (Chief Financial Officer)	94,632	0	94,632

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

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

**Table 9: Pension Benefits**

Senior Officers	In Year Contributions		Accrued Pension Benefits		
	For Year to 31/03/2022 £000	For Year to 31/03/2023 £000		For Year to 31/03/2022 £000	For Year to 31/03/2023 £000
	B Culshaw Chief Officer	23	25	Pension Lump Sum	11 0
J Slavin Chief Financial Officer	19	20	Pension Lump Sum	9 0	11 0

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

## Disclosure by Pay Bands

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

**Table 10: Pay Bands**

Remuneration Band	Number of Employees 31/03/2022	Number of Employees 31/03/2023
£90,000 - £94,999	1	1
£115,000 - £119,999	1	
£125,000 - £129,999		1

**Michelle McGinty**  
HSCP Board Chair

**Date: 20 June 2023**

**Beth Culshaw**  
Chief Officer

**Date: 20 June 2023**

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## ANNUAL GOVERNANCE STATEMENT

### Introduction

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

### Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Board also aims to cultivate a culture of continuous improvement in the performance of its functions and to make arrangements to secure best value.

To meet this responsibility the HSCP Board has in place robust arrangements for the governance of its affairs and the effectiveness of its functions, including the identification, prioritisation and the management of risk. It has an established Audit and Performance Committee to support the Board in its responsibilities for issues of risk, control, performance and governance and associated assurance through a process of constructive challenge and continuous improvement across the partnership.

In discharging this responsibility the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk to a reasonable level and to support the delivery of the HSCP Board's policies, aims and objectives. Reliance is also placed on Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council's (WDC) systems of internal control that support compliance with both partner organisations' policies and promotes the achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

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

In 2017 the HSCP Board adopted governance arrangements that are consistent with the Chartered Institute of Public Finance and Accounting (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". Based on the framework's seven core principles a Local Code of Good Governance is in place which is reviewed annually and evidences the HSCP Board's commitment to achieving good governance and demonstrates how it complies with the recommended CIPFA standards. A copy of the code is available [here](#) (Appendix 1, 16) on the HSCP website.

## Impact of COVID-19 Response on Governance Arrangements

On the 3 May 2023, the head of the United Nations World Health Organisation (UN WHO) declared “with great hope” an end to COVID-19 as a public health emergency. Throughout 2022/23, the partnership continued to respond and recover to the impacts of COVID-19 with staff continuing to work proactively and with agility in light of the various public health restrictions in place. A number of changes made to protect the integrity of governance framework in which the HSCP Board operates, remained in place in 2022/23 and will likely continue in the coming year.

One significant change which is now cemented within the HSCP Board’s standing orders is the ability for members to attend meetings either in person or remotely, i.e. hybrid meeting.

Throughout 2022/23 the HSCP Board and Audit and Performance Committee met as planned. As public health restrictions on social distancing eased from June 2022, meetings moved to a hybrid model with some members and officers attending meetings in person while others contribute remotely.

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



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

The Scottish Government required that NHSGGC and each of the six HSCPs within Glasgow’s boundary prepared a Local Mobilisation Plan (LMP). The LMP and associated Financial Cost Tracker set out the impact of the pandemic on services and their response.

The financial costs aligned to the LMP were submitted monthly to the Scottish Government and formed the basis of all funding received. The final position is set-out in detail within these accounts and confirms that all 2022/23 COVID-19 related costs were covered from the funds held in an earmarked reserve created in 2020/21 and added to in 2021/22.



## Purpose of the Governance Framework

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

The system of internal control is a significant element of the governance framework. Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. The system is maintained on an ongoing basis to identify, prioritise and manage the risks facing the organisation. It enables the HSCP Board to monitor and evaluate the achievements of the strategic objectives laid out within its Strategic Plan and consider whether these have been delivered in an appropriate and cost effective manner.

## Governance Framework and Internal Control System

The HSCP Board is the key decision making body, comprising of six voting members, with one from each partner organisation assuming the role of Chair and Vice Chair. West Dunbartonshire Council nominates three elected members and NHS GGC Health Board nominates three non-executive members. There are also a number of non-voting professional and stakeholder members on the HSCP Board. Stakeholder members currently include third sector, carer and staff-side representatives; professional members include the Chief Officer, Chief Financial Officer, a Nurse Lead, a GP (joint Clinical Director) and the Chief Social Work Officer.

Following the Local Government elections held in May 2022, the three elected members (one SNP, one Labour and one Independent Councillors) were replaced in June 2022 by three new elected members (three Labour Councillors). Their membership was confirmed at the 27 June 2022 HSCP Board meeting.

The HSCP Board is scheduled to meet six times per year and all agendas, meeting papers and minutes are available on the HSCP Board website. From the meeting of the Board on 16 August 2022 to date, the audio recordings of each meeting are available to download by the public.

The main features of the HSCP Board's governance framework and system of internal control is reflected in its Local Code, with the key features for 2022/23 summarised below:

- The HSCP Board is formally constituted through the Integration Scheme agreed by WDC and NHS GGC and approved by Scottish Ministers as required by the Public Bodies (Joint Working) (Scotland) Act 2014. The scheme (currently at the final stages of review as required by statute every five years) sets out the local governance arrangements, including definition of roles, workforce, finance, risk management, information sharing and complaints;
- The overarching strategic vision, priorities and outcomes of the HSCP Board are set-out within its Strategic Plan 2023 – 2026: Improving Lives Together. The production of this

- plan was led by the Strategic Planning Group, established as required by the 2014 Act, with a cross-cutting membership of local internal and external partners and stakeholders;
- The Health & Social Care Partnership Board positively promotes the principles of sound corporate governance within all areas of its affairs. It has established the Audit and Performance Committee has an essential component of the governance framework. The committee is scheduled to meet in public four times per year;
  - The scope, authority, governance and strategic decision making of the HSCP Board and Audit and Performance Committee is set out in key constitutional documents including the HSCP Strategic Plan 2023 – 2026, terms of reference, code of conduct, standing orders and financial regulations, directions policy, records management and complaints handling;
  - The Chief Officer has established an HSCP Resilience Group as IJB's are now category one responders. This group will review the business continuity plan and pandemic flu plan.
  - The Performance Management Framework commits to regular performance and financial reporting to the HSCP Board and Audit and Performance Committee. These reports review the effectiveness of the integrated arrangements including delivery of the strategic priorities and the financial management of the integrated budget;
  - The Medium Term Financial Plan 2022/23 – 2026/27 and the high level review of future funding gaps presented to the HSCP Board in March 2023, outlines the financial challenges and opportunities the HSCP Board faces over the next five years and provides a framework which will support financial sustainability;
  - Programme Management Office (PMO) supports the co-ordination of work across multiple programmes and projects designed to facilitate transformational change;
  - The robust application of key policies including Eligibility Criteria, My-Life Assessment, Self-Directed Support, Assisted Transport and Non-Residential Charging policies are managed and monitored through the recently revamped Adults Area Resource Group (AARG). This group supports equity of support across different care groups while delivering best value;
  - Weekly Chief Officer reports considered by the SMT and used as the basis for reporting at an executive level to our partners at corporate management teams and formal Organisational Performance Reviews (OPRs);
  - Clinical and Care Governance Group – provides oversight and scrutiny of all aspects of clinical and care risk, quality and effectiveness to ensure that it remains safe and person centred. The group produces an annual report on the output of its work which includes an appraisal on the impact of care quality.
  - The Risk Management Strategy, including the risk management policy and strategic risk register, are scrutinised bi-annually by the Audit and Performance Committee with level of risk, its anticipated effect and mitigating action endorsed before being referred to the HSCP Board;
  - The Reserves Policy is reviewed as part of the annual budget setting process and has identified a reasonable level of both general and earmarked reserves;
  - Self-assessment of compliance with the CIPFA Financial Management Code;
  - A performance appraisal process is in place for all employees and staff who are also required to undertake statutory and mandatory training to reinforce their obligations to protect our service users, including information security;
  - A Policy Register is maintained to support regular reviews e.g. Supervision Policy for Social Work and Care Services approved at the May 2023 HSCP Board; and
  - Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings, recommendations and associated action plans by Audit



Scotland, Ministerial Strategic Group, our external and internal auditors and the Care Inspectorate.

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

## **Compliance with Best Practice**

The HSCP Board's financial management arrangements conform to the CIPFA Financial Management Code, a series of financial management standards designed to support local authority bodies meet their fiduciary duties

The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement "*The Role of the Chief Financial Officer in Local Government (2010)*". To deliver these responsibilities the Chief Financial Officer (Section 95 Officer) must be professionally qualified and suitably experienced and lead and direct a finance function that is resourced and fit for purpose.

The HSCP Board complies with the requirements of the CIPFA Statement on "*The Role of the Head of Internal Audit in Public Organisations 2010*". The HSCP Board's appointed Chief Internal Auditor has responsibility for the internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service generally operates in accordance with CIPFA "*Public Sector Internal Audit Standards 2013*". The HSCP Board's Audit and Performance Committee operates in accordance with CIPFA's "*Audit Committee Principles in Local Authorities in Scotland*" and "*Audit Committees: Practical Guidance for Local Authorities and Police (2022)*".

## **Review of Adequacy and Effectiveness**

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

### **HSCP Board Development**

A one year programme of board development work with an external consultant, with significant experience in the operation of IJBs and other government boards, commenced in November 2022 with a one day "Structural Dynamics Workshop". The other elements of the programme include an assessment of governance arrangements, board skills, one to one mentoring with Chair, Vice Chair and Chief Officer and wider work with the Senior Management Team, culminating in a development plan.

**HSCP Board’s compliance to CIPFA’s Financial Management Code**

A self-assessment review of the HSCP Board’s compliance was undertaken in June 2023 by the HSCP Senior Management Team led by the Chief Financial Officer. This was presented to the HSCP Board’s Audit and Performance Committee on the 20 June for their consideration and to provide assurance that they were broadly compliant. A small number of improvement actions were recommended to strengthen overall compliance and performance. A copy of the report can be found [here](#) (See Appendix 1, 17). The improvement actions replicate the new actions identified in the annual review of the Local Code detailed below.

**HSCP Board’s Local Code Review**

As stated above the HSCP Board adopted its own local code in 2017. Annually, since 2018 this is reviewed each year by the Chief Financial Officer and the Senior Management Team as part of the year end assurance processes for both partner organisations and the HSCP Board. For the 2023 review the Audit and Performance Committee which met on 20 June 2023 noted the outcome that there were no areas assessed to be non-compliant and around 80% were considered fully compliant. A copy of the 2023 report is available [here](#) (See Appendix 1, 18)

There have been a number of improvement actions identified each year and an update on these is provided below, including the recommended closure of some actions as complete and the addition of some new actions to strengthen the internal control environment. The priority for 2023/24 will be to progress the remaining ongoing actions and new actions to further strengthen the governance framework.

**New June 2023 Actions**

Improvement Action	Lead Officer(s)	Target Date
Publish Register of Interests – to support Principle A – “Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law”	HSCP Board Standard’s Officer	November 2023
Scheme of Delegation – the HSCP Board should consider drafting its own Scheme of Delegation which draws on our partners (WDC and NHSGGC) own schemes, to support statutory officers and other key post holders and members to fulfil their responsibilities in accordance with legislative and regulatory requirements.	Chief Financial Officer and Head of Strategy and Transformation	March 2024
Align more clearly the Strategic Plan to the Integrated Workforce Plan (IWP) to support the delivery of the approved strategic outcomes. The current IWP covers a 3 year period and this work will be undertaken in the Year 2 review.	Head of Strategy & Transformation and Head of Human Resources	August 2024
Refresh the Medium Term Financial Plan – the current plan covers the 5 year period 2022/23 – 2026/27 and was refreshed at a high level as part of the 2023/24 budget setting exercise, but the challenging fiscal	Chief Financial Officer	March 2024



outlook requires the sensitivity analysis to be reviewed and the projection of funding gaps.		
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**Update on Previously Agreed Actions**

Improvement Action	Lead Officer(s)	Target Date	June 2023 Review
Refresh and update local Self Directed Support arrangements.	Head of Strategy and Transformation	September 2020 Revised March 2023	<b>Complete</b>
Review the effectiveness of the new Strategic Planning Group (SPG)	Head of Strategy and Transformation	October 2020 Revised March 2023	<b>Complete</b>
Develop a robust Commissioning Plan driven by new Strategic Plan 2019 - 2022	Head of Strategy and Transformation	October 2020 Revised March 2023	<b>Complete</b>
Ministerial Strategic Group Review on the Progress of Integration Action Plan – from May 2019 Self Evaluation	Chief Officer	Multiple actions Revised September 2023 request to revise to March 2024	<b>Part Complete:</b> The HSCP Board considered progress on the delivery of the MSG Action Plan on 19 August 2021. This report identified a number of areas where the actions/improvements had been implemented and those with work on-going. It was anticipated that a further report would be brought to the February 2022 Board; however with the resurgence of Covid (Omicron) in late 2021 into 2022 this has been delayed. The HSCP Audit and Performance Committee will receive an assurance report on the 14 November 2023.
Review of the HSCP Board's Standing Orders.	Chief Financial Officer and Head of Strategy and Transformation	Initial Due Date: March 2023 Revised Date: August 2023	<b>Part Complete:</b> Significant progress has been made in respect of the review of Standing Orders. The HSCP Board considered a paper on the 16 May 2023 at which not all recommended changes were agreed. A further revised version of the Standing Orders will be

			reconsidered by the Board in August 2023.
Review the Terms of Reference of the Audit & Performance Committee	Chief Financial Officer	Initial Due Date: December 2022	Complete Approved by the HSCP Board 15 March 2023

### **HSCP Board's 2022/23 Audit Plan Progress**

The HSCP Board's Annual Audit Plans are developed to support assurance of the Board's Governance Framework. A total of 40 days are allocated to undertake the plan. This work is additional to the internal audit activity undertaken by internal auditors for NHSGCC and WDC.

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

Internal Audit Undertaken	Overall Opinion of Control Environment	Update of Actions
Complete: Adequacy of Reporting on the Implementation of the Directions Policy	<b>Satisfactory</b> Two Green ratings One Amber Rating	<b>Target Date September 2022:</b> <b>Complete</b> Direction Reference now included within Minutes. Follow-up with officers the requirement to complete a direction where appropriate. Directions Log progress reported to HSCP Board.
Complete: Performance Management Arrangements	<b>Satisfactory</b> Two Green ratings	<b>Target Date March 2023:</b> <b>Complete</b> Improvements made to documentation of key processes including collection, collation and reporting.
Complete: Adequacy of Pandemic Response and Recovery Arrangements	<b>Satisfactory</b> Two Green ratings	<b>Target Date September 2023</b> <b>Ongoing</b> IJB to finalise arrangements for civil contingencies support. Prepare for members an annual business continuity assurance statement.

### **West Dunbartonshire Council and NHSGGC Health Board**

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

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

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

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

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

### **Update on Previous Governance Issues**

The 2021/22 Annual Governance Statement did not identify any significant control issues for the HSCP Board. Updates of previous HSCP Board governance issues are mainly covered under the "Review of Adequacy and Effectiveness" section above. The remaining previously reported governance issues are updated below:

- Improve sickness absence rates – this continues to be an area of significant focus as the consequences of sickness absence coupled with recruitment and retention challenges impacts on service delivery. There are targeted interventions for areas with higher absence levels to support line managers and ensure individual absences are being managed in an appropriate manner to support return to work; and
- Progress with service reviews within Learning Disability Services, Children and Families and Care at Home to ensure services are fit for the future - the Care at Home review has continued to make significant progress despite some key management changes, with the final redesign report receiving sign off from the Chief Officer and Senior Management Team. The Children and Families and Learning Disability Services reviews have undergone some initial scoping but securing additional staffing resources to support continues to be challenging. The HSCP Board will receive progress updates on the reviews as there are significant saving targets aligned to their success.



## Governance Issues 2022/23

The 2022/23 Internal Audit Annual Report for the HSCP Board identifies no significant control issues. As stated above the HSCP Board must also place reliance on the Council and Health Board's internal control framework. Both partner bodies Internal Audit Annual Reports have concluded their reviews of control procedures in key areas with the overall opinions being generally satisfactory with some improvement needed.

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

- Strengthening the evaluation processes of some key projects;
- Self-evaluation work on review of complaints and how they are used to inform service improvements across the HSCP;
- Strengthen Community Engagement and Participation;
- Strengthen arrangements for procurement and commissioning; and
- Monitor compliance with "Off-Payroll Working Guidance".

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

## Conclusion and Opinion on Assurance

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

*"It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2023 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself."*

### COVID-19

*The longevity of the Covid-19 pandemic and its extension from 2020/21 into 2021/22 meant that the effect on the residents, partners and workforce remained an area of concern in 2022/23.*

*The COVID-19 pandemic has created additional demands for services whilst dealing with backlogs which have accumulated alongside which there are rising costs and reduced funding available. Continued transformation activity is crucial to ensure the Health & Social Care Partnership Board can continue to deliver services and positive outcomes for the people of West Dunbartonshire.*

## **Assurance and Certification**

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

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

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

**Michelle McGinty**  
HSCP Board Chair

**Date: 20 June 2023**

**Beth Culshaw**  
Chief Officer

**Date: 20 June 2023**

## COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

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

2021/22 Gross Expenditure £000	2021/22 Gross Income £000	2021/22 Net Expenditure £000	West Dunbartonshire Integrated Joint Board Health and Social Care Partnership	2022/23 Gross Expenditure £000	2022/23 Gross Income £000	2022/23 Net Expenditure £000
<b>Consolidated Health &amp; Social Care</b>						
55,489	(7,153)	48,336	Older People Services	59,091	(8,057)	51,034
3,290	(184)	3,106	Physical Disability	3,420	(178)	3,242
27,514	(1,481)	26,033	Children and Families	32,161	(1,632)	30,529
13,711	(3,136)	10,575	Mental Health Services	15,409	(3,323)	12,086
3,950	(587)	3,363	Addictions	4,222	(697)	3,525
18,679	(746)	17,933	Learning Disabilities Services	21,261	(774)	20,487
29,875	(343)	29,532	Family Health Services (FHS)	32,180	(956)	31,224
19,691	(1)	19,690	GP Prescribing	21,002	(1)	21,001
6,740	(212)	6,528	Hosted Services - MSK Physio	7,859	(236)	7,623
734	(14)	720	Hosted Services - Retinal Screening	851	(5)	846
2,349	(2,349)	0	Criminal Justice	2,848	(2,803)	45
7,863	(586)	7,277	Other Services	9,899	(855)	9,044
4,781	0	4,781	Covid	2,863	0	2,863
358	0	358	IJB Operational Costs	377	0	377
<b>195,024</b>	<b>(16,792)</b>	<b>178,232</b>	<b>Cost of Services Directly Managed by West Dunbartonshire HSCP</b>	<b>213,443</b>	<b>(19,517)</b>	<b>193,926</b>
36,346	0	36,346	Set aside for delegated services provided in large hospitals	41,323	0	41,323
527	0	527	Assisted garden maintenance and Aids and Adaptions	562	0	562
<b>231,897</b>	<b>(16,792)</b>	<b>215,105</b>	<b>Total Cost of Services to West Dunbartonshire HSCP</b>	<b>255,328</b>	<b>(19,517)</b>	<b>235,811</b>
0	(227,858)	(227,858)	Taxation & Non-Specific Grant Income (contribution from partners)	0	(227,426)	(227,426)
<b>231,897</b>	<b>(244,650)</b>	<b>(12,753)</b>	<b>Total Comprehensive Income and Expenditure</b>	<b>255,328</b>	<b>(246,943)</b>	<b>8,385</b>



## MOVEMENT IN RESERVES STATEMENT

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

Movement in Reserves During 2022/23	Un-earmarked Reserves £000	Earmarked Reserves £000	Total General Fund Reserves £000
<b>Opening Balance as at 31<sup>st</sup> March 2022</b>	(4,579)	(29,981)	(34,560)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2022/23	278	8,107	8,385
<b>Closing Balance as at 31<sup>st</sup> March 2023</b>	(4,301)	(21,874)	(26,175)

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

## BALANCE SHEET

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

2021/22 £000	BALANCE SHEET	Notes	2022/23 £000
34,728	Short Term Debtors	9	26,464
<b>34,728</b>	<b>Current Assets</b>		<b>26,464</b>
0	Short Term Creditors	10	0
(168)	Provisions	11	(289)
<b>(168)</b>	<b>Current Liabilities</b>		<b>(289)</b>
<b>34,560</b>	<b>Net Assets</b>		<b>26,175</b>
(4,579)	Usable Reserves: General Fund	13	(4,301)
(29,981)	Usable Reserves: Earmarked	13	(21,874)
<b>(34,560)</b>	<b>Total Reserves</b>		<b>(26,175)</b>

The draft audited accounts were issued on 20 June 2023.

**Julie Slavin CPFA**  
Chief Financial Officer

**Date: 20 June 2023**

## NOTES TO THE FINANCIAL STATEMENTS

### 1. Significant Accounting Policies

#### 1.1 General Principles

The Financial Statements summarises the HSCP Board's transactions for the 2022/23 financial year and its position at the year-end of 31 March 2023.

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

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

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

#### 1.2 Accruals of Income and Expenditure

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

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

#### 1.3 Funding

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



#### 1.4 Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash and therefore has not produced a cashflow statement for these annual accounts. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner, as at 31 March 2023, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

#### 1.5 Employee Benefits

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

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March 2023 is accrued, for example in relation to annual leave earned but not yet taken.

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

#### 1.6 Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March 2023 due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March 2023, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March 2023, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Two contingent liability exists as detailed below:

- There is a contingent liability in relation to possible claims by staff within older people care homes arising from the application of terms and conditions payable for shift allowances; and
- There is a contingent liability in relation to possible regrading of basic grade care at home and care home staff, subject to job evaluation.

#### 1.7 Reserves

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

The HSCP Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2023 shows the extent of resources which the HSCP Board can use in later years to support service provision or for specific projects.

#### 1.8 Indemnity Insurance

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

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

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

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

#### 1.9 VAT

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

## **2. Prior Year Re-Statement**

No prior year re-statement has taken place.

## **3. Accounting Standards Issued Not Yet Effective**

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

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

## **4. Critical Judgements and Estimation Uncertainty**

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

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

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

## **5. Events After the Reporting Period**

The unaudited accounts were authorised for issue by the Chief Financial Officer on 20 June 2023. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2023, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.



## 6. Expenditure and Income Analysis by Nature

**Table 11: Expenditure and Income Analysis**

2021/22 £000	West Dunbartonshire Integration Joint Board Health & Social Care Partnership Consolidated Health & Social Care Services	2022/23 £000
79,848	Employee Costs	87,558
1,056	Property Costs	1,430
1,294	Transport	1,458
4,388	Supplies and Services	5,251
56,247	Payment to Other Bodies	62,390
19,691	Prescribing	21,002
29,971	Family Health Services	32,180
2,501	Other	2,143
28	Audit Fee	30
527	Assisted Garden Maintenance and Aids and Adaptations	562
36,346	Set Aside for Delegated Services Provided in Large Hospitals	41,323
(16,792)	Income	(19,517)
(227,858)	Taxation and non-specific grant income	(227,426)
<b>(12,753)</b>	<b>(Surplus)/Deficit on the Provision of Services</b>	<b>8,385</b>

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

## 7. Taxation and Non-Specific Grant Income

The funding contribution from the NHS Greater Glasgow and Clyde Health Board shown below includes £41.323m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the Health Board which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

**Table 12: Taxation and Non-Specific Grant Income**

2021/22 £000	Taxation and Non-Specific Grant Income	2022/23 £000
(116,060)	NHS Greater Glasgow and Clyde Health Board	(102,366)
(74,925)	West Dunbartonshire Council	(83,175)
(36,346)	NHS GGCHB Set Aside	(41,323)
(527)	Assisted garden maintenance and Aids and Adaptions	(562)
<b>(227,858)</b>	<b>Total</b>	<b>(227,426)</b>

## 8. Hosted Services

Consideration has been made on the basis of the preparation of the 2022/23 accounts in respect of MSK Physiotherapy and Retinal Screening Services hosted by West Dunbartonshire HSCP Board for other IJBs within the NHSGGC area. The HSCP Board is considered to be acting as a “principal”, with the full costs of such services being reflected in the 2022/23 financial statements. The cost of the hosted services provided to other IJBs for 2022/23 is detailed in the table below:

**Table 13: Services Hosted by West Dunbartonshire HSCP**

2021/22 £000 Net Expenditure of Other IJB Activity	Host Integration Joint Board	Service Description	2022/23 £000 Net Expenditure of Other IJB Activity
6,014	West Dunbartonshire	MSK Physiotherapy	6,808
658	West Dunbartonshire	Retinal Screening	774
0	West Dunbartonshire	Old Age Psychiatry	23
<b>6,672</b>		<b>Cost to GGC IJBs for Services Hosted by WD</b>	<b>7,605</b>

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

**Table 14: Services Hosted by Other HSCPs**

2021/22 £000 Net Expenditure by WD HSCP	Host Integration Joint Board	Service Description	2022/23 £000 Net Expenditure by WD HSCP
768	East Dunbartonshire	Oral Health	1,016
310	East Renfrewshire	Learning Disability	291
4	East Renfrewshire	Augmentative and Alternative Communication	5
309	Glasgow	Continence	371
615	Glasgow	Sexual Health	651
1,660	Glasgow	Mental Health Central and Specialist Services	1,787
1,066	Glasgow	Addictions - Alcohol and Drugs	979
870	Glasgow	Prison Healthcare	964
194	Glasgow	Health Care Police Custody	176
4,572	Glasgow	General/Old Age Psychiatry	5,061
14	Renfrewshire	General/Old Age Psychiatry	12
7	Inverclyde	General/Old Age Psychiatry	8
373	Renfrewshire	Podiatry	982
280	Renfrewshire	Primary Care Support	293
<b>11,042</b>		<b>Cost to WD for Services Hosted by Other IJBs</b>	<b>12,596</b>

## 9. Debtors

2021/22 £000	Short Term Debtors	2022/23 £000
0	NHS Greater Glasgow and Clyde Health Board	0
34,728	West Dunbartonshire Council	26,464
<b>34,728</b>	<b>Total</b>	<b>26,464</b>

## 10. Creditors

2021/22 £000	Short Term Creditors	2022/23 £000
0	NHS Greater Glasgow and Clyde Health Board	0
0	West Dunbartonshire Council	0
<b>0</b>	<b>Total</b>	<b>0</b>



## 11. Provisions

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

2021/22 £000	Provisions	2022/23 £000
168	Bad Debt Provision	289
<b>168</b>	<b>Total</b>	<b>289</b>

## 12. Related Party Transactions

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

Both NHSGGC and WDC provide a range of support services to the HSCP Board which includes legal advice, human resources support, some financial services and technical support. Neither organisation levied any additional charges for these services for the year ended 31 March 2023.

### Transactions with Greater Glasgow and Clyde Health Board

2021/22 £000		2022/23 £000
(152,406)	Funding Contributions Received from the NHS Board	(143,689)
139,033	Expenditure on Services Provided by the NHS Board	145,266
<b>(13,373)</b>	<b>Net Transactions with NHS Board</b>	<b>1,577</b>

### Transactions with West Dunbartonshire Council

2021/22 £000		2022/23 £000
(75,452)	Funding Contributions Received from the Council	(83,737)
75,714	Expenditure on Services Provided by the Council	90,168
358	Key Management Personnel: Non Voting Members	377
<b>620</b>	<b>Net Transactions with West Dunbartonshire Council</b>	<b>6,808</b>

Key Management Personnel: the non-voting Board members employed by the WDC and NHSGGC and recharged to the HSCP Board include the Chief Officer, the Chief Financial Officer and the Chief Social Work Officer. In addition to the non-voting members other key management personnel recharged to the HSCP Board include the Head of Planning & Health

Improvement and two staff representatives. Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

### 13. Useable Reserve: General Fund

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

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

Balance as at 31 March 2022 £000	Total Reserves	Transfers Out 2022/23 £000	Transfers In 2022/23 £000	Balance as at 31 March 2023 £000
	<b>Scottish Govt. Policy Initiatives</b>			
(9,213)	Covid	9,211	0	(2)
(2,392)	Primary Care	2,056	0	(336)
(4,595)	Adult and Older People Services	1,800	(3,789)	(6,584)
(568)	Children's Services	493	(780)	(855)
(857)	Carers Funding	0	(506)	(1,363)
(1,780)	Other	685	(496)	(1,591)
	<b>HSCP Initiatives</b>			
(2,009)	Service Redesign & Transformation	259	(17)	(1,767)
(560)	Complex Care	0	(2,322)	(2,882)
(300)	Community Empowerment	0	0	(300)
(5,576)	Recovery / Renewal in Services	1,471	(664)	(4,769)
(568)	Other	140	(25)	(453)
	<b>Prescribing</b>			
(1,563)	Prescribing	591	0	(972)
<b>(29,981)</b>	<b>Total Earmarked Reserves</b>	<b>16,706</b>	<b>(8,599)</b>	<b>(21,874)</b>
<b>(4,579)</b>	<b>Total Unearmarked Reserves</b>	<b>278</b>	<b>0</b>	<b>(4,301)</b>
<b>(34,560)</b>	<b>Total General Fund Reserves</b>	<b>16,984</b>	<b>(8,599)</b>	<b>(26,175)</b>
	<b>Overall Movement</b>			<b>8,385</b>

#### 14. External Audit Costs

In 2022/23 the HSCP Board incurred external audit fees in respect of external audit services undertaken in accordance with the Code of Audit Practice:

2021/22 £000		2022/23 £000
28	Fees Payable	30

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**INDEPENDENT AUDITOR'S REPORT**

For the unaudited accounts - this page is left intentionally blank

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## APPENDIX 1: LIST OF WEBSITE LINKS

1. <http://www.wdhscp.org.uk/media/1215/wdhscp-integration-scheme-may-2015.pdf>
2. [hscp-strategic-plan-2019-2022.pdf \(wdhscp.org.uk\)](http://www.wdhscp.org.uk/media/1215/wdhscp-integration-scheme-may-2015.pdf)
3. <http://www.wdhscp.org.uk/media/2618/document-pack-bookmarked-and-agenda-hscp-board-15-march-2023.pdf>
4. <http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf>
5. <http://www.wdhscp.org.uk/media/2522/west-dunbartonshire-sna-summary.pdf>
6. <http://www.wdhscp.org.uk/about-us/public-reporting/performance-reports/>
7. [Audit & Performance Committee section - West Dunbartonshire HSCP \(wdhscp.org.uk\)](http://www.wdhscp.org.uk/about-us/public-reporting/performance-reports/)
8. <http://www.wdhscp.org.uk/media/2492/document-pack-bookmarked-and-agenda-hscp-board-21-march-2022.pdf>
9. <http://www.wdhscp.org.uk/media/2636/document-pack-bookmarked-and-agenda-hscp-board-16-may-2023.pdf>
10. <http://www.wdhscp.org.uk/media/2356/wd-hscp-board-financial-regulations.pdf>
11. <http://www.wdhscp.org.uk/media/2581/hscp-audit-and-performance-15-11-22.pdf>
12. <http://www.wdhscp.org.uk/media/2636/document-pack-bookmarked-and-agenda-hscp-board-16-may-2023.pdf>
13. [WEST DUNBARTONSHIRE COUNCIL \(wdhscp.org.uk\)](http://www.wdhscp.org.uk/)
14. <http://www.wdhscp.org.uk/media/2305/reserves-policy-april-2020.pdf>
15. <http://www.wdhscp.org.uk/media/2618/document-pack-bookmarked-and-agenda-hscp-board-15-march-2023.pdf>
16. <http://www.wdhscp.org.uk/media/2432/wdhscp-local-code-of-good-governance.pdf>
17. [WEST DUNBARTONSHIRE COUNCIL \(wdhscp.org.uk\)](http://www.wdhscp.org.uk/)
18. [Audit & Performance Committee section - West Dunbartonshire HSCP \(wdhscp.org.uk\)](http://www.wdhscp.org.uk/about-us/public-reporting/performance-reports/)