Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Tuesday, 15 August 2023

Time: 10:00

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

Contact: Lynn Straker, Committee Officer
lynn.straker@west-dunbarton.gov.uk

Dear Member

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

Members will have the option to attend the meeting in person at the Civic Space, 16 Church Street, Dumbarton, G82 1QL or remotely via Zoom Video Conference.

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer
Health and Social Care Partnership

Distribution:-

Voting Members

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

Non-Voting Members

Barbara Barnes
Beth Culshaw
Gillian Gall
Lesley James
John Kerr
Helen Little
Diana McCrone
Anne MacDougall
Kim McNab
Peter O'Neill
Saied Pourghazi
Selina Ross
Julie Slavin
Val Tierney

Senior Management Team – Health and Social Care Partnership
Chief Executive – West Dunbartonshire Council

Date of Issue: 8 August 2023

Audio Streaming

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

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AGENDA

TUESDAY, 15 AUGUST 2023

1 APOLOGIES

2 DECLARATIONS OF INTEREST

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

3 RECORDING OF VOTES

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

4 (a) MINUTES OF PREVIOUS MEETING **7 - 13**

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 16 May 2023.

(b) ROLLING ACTION LIST **15**

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

5 VERBAL UPDATE FROM CHIEF OFFICER

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

6 CLINICAL AND CARE GOVERNANCE – ANNUAL REPORT 2022 **17 - 63**

Submit report by Val Tierney, Chief Nurse, providing information and the progress made in assuring and improving the quality of health and social care. The purpose of this report is to provide assurance that health and care governance systems are in place to support the HSCP in monitoring and improving the quality of health and care that it provides.

7 MSK PHYSIOTHERAPY SERVICE ANNUAL REPORT 2022/23 **65 - 91**

Submit report by Helen Little, MSK Physiotherapy Manager, asking Members to approve the Annual Report for MSK Physiotherapy service (Greater Glasgow and Clyde) 2022-23.

8 ADP 2022/23 ANNUAL SURVEY REPORT AND WAITING TIMES **93 - 147**

Submit report by Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions providing an update on funding and spending plans to deliver Alcohol and Drug Services and to provide an overview of the Alcohol and Drugs Partnership (ADP) Annual Reporting Survey submitted in June 2023, and ADP waiting times.

9 WEST DUNBARTONSHIRE HSCP ANNUAL PERFORMANCE REPORT 2022/23 **149 - 235**

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.

10 2023/2024 FINANCIAL PERFORMANCE REPORT **237 - 272**

Submit report by Julie Slavin, Chief Financial Officer, providing the Health and Social Care Partnership Board with an update on the financial performance as at period 3 to 30 June 2023 and a projected outturn position to the 31 March 2024.

11 MEDICATION ASSISTED TREATMENT (MAT) STANDARDS IMPLEMENTATION **273 - 284**

Submit report by Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction, providing Members with an update in the implementation of the Medication Assisted Treatment (MAT) Standards.

12/

12 WEST DUNBARTONSHIRE HSCP PROPERTY AND ASSET MANAGEMENT STRATEGY 2023 - 2026 **285 - 311**

Submit report Margaret-Jane Cardno, Head of Strategy and Transformation, seeking Members approval for the approach taken to strategic planning and utilisation of the property estate available to the Integration Joint Board (IJB) and the West Dunbartonshire HSCP, to support the aims of integration and the delivery of effective, efficient health and social care services in West Dunbartonshire.

13 REVIEW OF HSCP STANDING ORDERS **313 - 343**

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

14 MEMBERSHIP OF THE WD HSCP BOARD **345 - 350**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update to Members on issues pertaining to Board Membership.

15 FUTURE MEETING SCHEDULE – HSCP BOARD AND AUDIT AND PERFORMANCE COMMITTEE **351 - 356**

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting Members with a meeting schedule for meetings of both the WD HSCP Board (IJB) and the Audit and Performance Committee for the calendar years 2024 and 2025 for their approval.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Wednesday, 16 May 2023 at 2.04 p.m.

Present: Rona Sweeney, Lesley Rousselet and Michelle Wailes, NHS Greater Glasgow and Clyde and Michelle McGinty, Martin Rooney and Clare Steel, West Dunbartonshire Council.

Non-Voting Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Diana McCrone, Staff Representative (NHS Greater Glasgow and Clyde); Barbara Barnes, Chair of the Locality Engagement Network – Alexandria and Dumbarton; Anne MacDougall, Chair of the Locality Engagement Network - Clydebank; Selina Ross, Chief Officer – West Dunbartonshire CVS; Kim McNab, Service Manager – Carers of West Dunbartonshire, Saied Pourghazi, Associate Clinical Director and General Practitioner; Val Tierney, Chief Nurse and Tom Reid, Mazars External Auditor.

Attending: Peter Hessett, Chief Executive – West Dunbartonshire Council; Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction; Fiona Taylor, Head of Health and Community Care; Gillian Gall, Head of Human Resources; Lesley James, Head of Children's Health Care and Criminal Justice and Chief Social Work Officer; Jennifer Ogilvie, HSCP Finance Manager; Gillian Calderhead, Lead Pharmacist; Nigel Ettles, Principal Legal Officer; Carolanne Stewart, Business Support Officer and Ashley MacIntyre and Lynn Straker, Committee Officers.

Apologies: Apologies for absence were intimated on behalf Barbara Barnes, Chair of the Locality Engagement Network – Alexandria and Dumbarton; John Kerr, Housing Development and Homelessness Manager; Helen Little, MSK Physiotherapy Manager Greater Glasgow and Clyde and Peter O'Neill, Unison Union Representative.

Michelle McGinty in the Chair

DECLARATIONS OF INTEREST

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

RECORDING OF VOTES

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 15 March 2023 were submitted and approved as a correct record.

ROLLING ACTION LIST

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

VERBAL UPDATE FROM CHIEF OFFICER

Beth Culshaw, Chief Officer of HSCP Board provided a verbal update on the recent business of the Health and Social Care Partnership. She noted since the Board last met, there had been a number of important visitors to the Partnership including Michael Matheson, the new Cabinet Secretary for Health and Social Care and Caroline Lamb, Chief Executive of NHS Scotland and Director-General of Health and Social Care. It was their first visit to the new Clydebank Health Centre and they were very impressed with the new facilities and the high level of service being delivered.

Ms Culshaw also noted that she and Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction, met with Elena Whitham, the new Scottish Minister for Drugs and Alcohol Policy and briefed her on the range of policies for Drugs and Alcohol which Sylvia and her team were delivering and what they were focusing on in the near future.

Ms Culshaw advised there had been 3 Inspections since the Board last met; the Community Planning Partnership (CPP) Inspection for Children and Young People at Risk of Harm, the Homecare Inspection and the Inspection on Sheltered Housing. They are awaiting final publication and will all be brought to the next meeting of the HSCP Audit and Performance Committee in June 2023. They will also be shared with Members of the HSCP Board.

Ms Culshaw noted there had been ongoing challenges due to the delay in provision of Disabled Blue Badges, largely as a result of staff shortages. She advised there

was work ongoing to reduce the backlog and options are being developed to advance the progress, in particular for people where their Badge had expired and they had not received a replacement in time. Ms Culshaw will provide an update on this at the next HSCP Board meeting in August 2023.

Lastly, Ms Culshaw advised that Members were likely aware the World Health Organisation had declared the Covid-19 pandemic officially over and some of the guidance with relation to Personal Protective Equipment (PPE) and masks in health care situations had been relaxed. However work was ongoing to deliver optimum care to all patients including the delivery of the latest round of vaccinations for Care Home residents and house bound patients.

2022-2023 FINANCIAL PERFORMANCE DRAFT OUTTURN REPORT

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

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

(1) to note the updated position in relation to budget movements on the 2022/23 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and approve the direction for 2022/23 back to our partners to deliver services to meet the HSCP Board's strategic priorities;

(2) to note the draft outturn position for the period 1 April 2022 to 31 March 2023 is reporting an adverse (overspend) position of £0.453m (0.24%);

(3) to note this will be subject to change as the financial ledgers are not yet closed and transfers to and from reserves have yet to be finalised;

(4) to note that the forecast costs for Covid-19 cost for 2022/23 are £2.863m, leaving a residual earmarked balance of £0.495m to be returned to the Scottish Government through an amended 2022/23 budget allocation to NHSGGC to reflect the clawback of all unspent reserves;

(5) to note the update on the monitoring of savings agreed for 2022/23;

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(6) to note the draft projected reserves balances;

(7) to note the update on the draft projected capital position;

(8) to note that the HSCP Board's Audit and Performance Committee will consider the 2022/23 draft unaudited accounts at the 20 June 2023 meeting; and

(9) to the Direction with reference HSCPB000041JS16052023: 'West Dunbartonshire Council is directed to spend the delegated net budget of £83.174m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £102.859m in line with the Strategic Plan and the budget outlined within this report. 2022/23 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens. West Dunbartonshire Council is directed to write off £0.000 of outstanding debt as detailed within this report.'

EXTERNAL AUDIT STRATEGY MEMORANDUM: ANNUAL ACCOUNTS

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

After discussion and having heard from Tom Reid, External Auditor and Julie Slavin, Chief Financial Officer, in further explanation and in answer to Members' questions, the Board agreed to note the contents of Mazars Audit Strategy Memorandum attached at Appendix 1 of the report.

PRESCRIBING BUDGET SAVINGS ACTIVITIES

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

After discussion and having heard from the Head of Health and Community Care, the Lead Pharmacist and the Associate Clinical Director and General Practitioner in further explanation and in answer to Members' questions, the Board agreed to note the ongoing activity within the HSCP and support the proposed ways to promote the need for cost effective prescribing amongst healthcare professionals and to increase public engagement.

CHIEF SOCIAL WORK OFFICER: ADULT SERVICES FUNDING

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

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

(1) to note the background information in respect of this fund;

(2) to approve the CSWO recommendation to allocate funding of £386,041 for the creation of a Principal Social Work Officer role and the development and implementation of an adult and older people review team; and

(3) to the Direction with reference HSCPB000040MJC16052023: The Chief Executive of West Dunbartonshire Council is directed to mobilise the required recruitment process for the recruitment of a Principal Social Work Officer and the creation of a review team with a focus on all community based adult and older people support plans.

ADJOURNMENT

The Chair adjourned the meeting for a short recess. The meeting reconvened at 3.31 p.m. with all those listed in the sederunt present.

SUPERVISION POLICY FOR SOCIAL WORK AND CARE SERVICES

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

After discussion and having heard from Head of Children's Health, Care and Justice and Chief Social Work Officer and Michelle McGinty, Chair, in further explanation and in answer to Members' questions, the Board approved the Supervision Policy for all Social Work and Social Care staff.

The Board agreed to the Direction with reference HSCPB000042MJC16052023: The HSCP Board is Directing the Chief Executive of West Dunbartonshire Council to implement the Supervision Policy for all Social Work and Social Care staff as agreed on 16 May 2023.

WEST DUNBARTONSHIRE HSCP STRATEGIC RISK REGISTER

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

After discussion and having heard from the Head of Strategy and Transformation and the Head of Human Resources in further explanation and in answer to Members' questions, the Board agreed to note the content within the presentation of the report and agree to the Strategic Risk Register as outlined in Appendix 1 of the report.

DUTY OF CANDOUR

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

After discussion and having heard from the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Board agreed:-

(1) to note the actions to date outlined in the report; and

(2) to note the proposals for further development and administration of Duty of Candour within the HSCP, including the establishment of an officer lead short life working group.

REVIEW OF HSCP BOARD STANDING ORDERS

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

After discussion and having heard from the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Board agreed for some of the wording in the proposed changes to be tightened and bring more focus on allowing debate when a Motion or Amendment is proposed. The Board agreed the report and proposals will be brought back to the next meeting of the HSCP Board in August 2023 for consideration.

IMPLEMENTATION OF DIRECTIONS POLICY

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

After discussion and having heard from the Head of Strategy and Transformation in further explanation, the Board agreed to note the progress made in respect of the implementation of the Directions Policy.

WEST DUNBARTONSHIRE HSCP DELEGATED APPROVAL OF ANNUAL PERFORMANCE REPORT 2022/2023

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

After discussion and having heard from the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Board agreed:-

(1) to note the governance arrangements in respect of the publication of the HSCP Annual Performance Report 2022/23;

(2) to agree that the decision whether or not to approve the HSCP Annual Performance Report 2022/23 for publication be delegated to the HSCP Audit and Performance Committee at their meeting on 20 June 2023;

(3) that the HSCP Annual Performance Report 2022/23 is shared with Members of the HSCP Board electronically before being presented at the Audit and Performance Committee on 20 June 2023; and

(4) that any decision taken by the HSCP Audit and Performance Committee be homologated by the HSCP Board at their meeting on 15 August 2023.

The meeting closed at 4.32 p.m.

WEST DUNBARTONSHIRE HSCP BOARD
ROLLING ACTION LIST

Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status
Item 4b – Rolling Action List (March 2023)	Margaret-Jane Cardno to provide an update at the next IJB regarding 'Black Start' dates and proposed dates/rehearsals etc.	Margaret-Jane Cardno	August 2023	Update 1: Margaret-Jane Cardno advised Members what 'Black Start' was explaining when there was a large power-cut, what systems booted into place and what procedures and protocols were in place. She advised of ongoing work and would provide a further update at August 2023 Board meeting.	**Open**

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Val Tierney, Chief Nurse

15 August 2023

Subject: Clinical and Care Governance - Annual Report 2022

1. Purpose

1.1 The Clinical and Care Governance Annual Report 2022 describes the clinical and care governance oversight arrangements in West Dunbartonshire HSCP and the progress made in assuring and improving the quality of health and social care. The purpose of this report is to provide assurance that health and care governance systems are in place to support the HSCP in monitoring and improving the quality of health and care that it provides. This includes services that are hosted, provided jointly with partner organisations, or commissioned from external providers. The principle achievements, risks and challenges to care quality are reflected in the report.

2. Recommendations

2.1 Members of the IJB are asked to note the report. This report will be sent to NHS Greater Glasgow and Clyde Health Board as all Health and Social Care Partnerships are requested to provide an Annual Report covering the role and remit of the group and any future plans for review and evaluation of care quality.

3. Background

3.1 Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured and that staff are supported in continuously improving the quality and safety of care. This ensures that good performance is highlighted and poor performance is identified and addressed.

3.2 The aim in monitoring clinical and care quality aligned to the principles of good governance, is to engage and involve people in ensuring clinical and care quality is associated with public transparency, meaningful accountability requirements and robust organisational arrangements for clinical governance.

3.3 The report is structured around the three main domains set out in the National Quality Strategy: Safe, Effective, and Person-Centred Care. The report covers the main priority areas for West Dunbartonshire HSCP.

3.4 Each HSCP is requested by NHSGGC to provide an Annual Report of the clinical and care governance activity.

4. Main Issues

4.1 The report describes West Dunbartonshire HSCP Clinical and Care Governance arrangements confirming these are in accordance with the Clinical and Care Governance Framework as set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details 'Five Process Steps to Support Clinical and Care Governance'

1. Information on the safety and quality of care is received
2. Information is scrutinised to identify areas for action
3. Actions arising from scrutiny and review of information are documented
4. The impact of actions is monitored, measured and reported
5. Information on impact is reported against agreed priorities

These align with the seven core components of Clinical and Care Governance as set out by NHS Greater Glasgow & Clyde:

1. Client-centred services
2. Developing and applying the knowledge base for professional practice
3. Safe and reliable services
4. Enhancing clinical effectiveness
5. Quality assurance and accreditation
6. Supporting and developing practitioners
7. Information, communication and co-ordination

4.2 The approach to clinical and care governance within the HSCP is maturing in alignment with NHS Greater Glasgow and Clyde (NHSGGC) Health Board's statutory duty for care quality (The Health Act 1999) and West Dunbartonshire Council Social Work and Social Care governance framework. This approach recognises the complex interdependencies in delivering safe effective person centred care in an integrated context.

4.3 This annual Clinical and Care Governance report illustrates the progress made in re-establishing and developing our care assurance processes. It details how care governance arrangements have been strengthened across services, and describes ongoing developments to ensure we have the same level of maturity in terms of scrutiny, reporting capability, and robust quality control and assurance processes across all service areas including those services commissioned by the HSCP. Selected examples demonstrate the significant efforts deployed to achieve continuous improvement and support the delivery of value based health and social care services, focussed on achieving the best outcomes for our service users while using resources wisely.

4.4 Selected examples from service have been used to demonstrate the quality of service provision. These are not exhaustive, but illustrate the range of activity ongoing to realise the three quality ambitions of safe, effective, and person centred and reflect our efforts to strive for continuous quality improvement.

5. Options Appraisal

5.1 N/A

6. People Implications

6.1 There are no human resource implications

7. Financial and Procurement Implications

7.1 N/A

8. Risk Analysis

8.1 NHSGGC duty for care quality applies to all services provided with respect to prevention, diagnosis and treatment of illness and includes services that are provided jointly with partner organisations. This legal responsibility for quality of care is equal in measure to their other statutory duties.

8.2 Within the Health and Social Care Partnership the Chief Officer is accountable for ensuring the clinical and care governance requirements specified in the approved integration schemes are appropriately discharged.

8.3 Clinical and care governance is the mechanism by which that responsibility is discharged. Failure to discharge these responsibilities risks breaching a statutory duty for care quality, and could also result in reputational risk to the organisation. Failure to assure clinical and care governance across the new integrated arrangements could result in poor standards of care, poor outcomes for service users and their families.

8.4 As we emerged from the pandemic, staff recruitment, retention and the financial crises all posed a credible risk to care quality making it critically important that we continued to strengthen our assurance and oversight arrangements to secure assurance and mitigate emerging threats.

8.5 The Care Home sector remains vulnerable. Enhanced support, oversight and assurance arrangements for local care homes ensured that emerging risks were identified early, robustly managed and care quality maintained. This has provided a solid foundation for partnership working to support ongoing quality improvement ambitions.

8.6 Care governance arrangements have been strengthened across services, and work is ongoing to ensure we have the same level of maturity in terms of scrutiny, reporting capability, and robust quality control and assurance processes across all service areas including those services commissioned by the HSCP

9. Equalities Impact Assessment (EIA)

9.1 Not required as the report does not introduce new policy or strategy. Robust clinical and care governance ensures that the needs of protected groups are considered. All aspects of clinical and care governance seek to address avoidable variations in outcomes for service users.

10. Environmental Sustainability

10.1 N/A

11. Consultation

11.1 All service areas contributed to the report.

12. Strategic Assessment

12.1 Robust clinical and care governance contributes to the achievement of National Wellbeing Outcomes and West Dunbartonshire HSCP's strategic priorities and, the national quality ambitions of the delivery of safe, effective person centred care.

13. Directions

13.1 No Directions required

Name:	Valerie Tierney
Designation:	Chief Nurse
Date:	14 August 2023

Person to Contact: Val.Tierney@ggc.scot.nhs.uk

Appendices: Appendix 1: Clinical and Care Governance Work Plan
Appendix 2: Annual Clinical and Care Governance Report

Back ground Papers:

West Dunbartonshire HSCP Clinical and Care Governance Annual Report 2021

West Dunbartonshire
Health & Social Care Partnership

Clinical and Care Governance Work Plan
2023

Version 6 – 23.05.2023

SAFE CARE **Goal 1: There will be no avoidable harm to service users in West Dunbartonshire HSCP. Potential risks will be identified managed and mitigated.**

Areas that should be considered under this section relate to work being generated from the following areas:

- HSCP safety priorities
- Work generated from the review of themes/ trends and outcomes resulting from causal analysis
- Areas of work relating to key organisational risks including deteriorating patients, medicines governance, Child protection/ Adult protection, clinical communication and interfaces in the pathway of care

Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress key actions	Timescale
1.1	We will map activity across service areas to ensure there is evidence of systematic monitoring, assessment and management of risk to care quality.	NHSGGC Clinical Risk (Morgen Smith) ALL HOS MJC	**1. Clinical Risk Manager – x 2 per Year report (Datix /Significant Adverse Events / SAER Reports) – health** **2. Heads of service have mechanisms in place to monitor assessment and risk to care quality.** **3. Systemic development is required to capture reportable incidents across social work and social care services. Lead - MJC (March 24).**	January & June May 2023 March 2024

SAFE CARE Goal 1: There will be no avoidable harm to service users in West Dunbartonshire HSCP. Potential risks will be identified managed and mitigated.

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Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress key actions	Timescale
			Development of CareFirst to ensure performance reporting on Social work and social care service.	
		MJC	**4. Explore with Care inspectorate sharing of information re notifiable incidents received from WHCSP care providers. Reporting via care inspectorate – capture. Lead MJC (March 24)**	March 2024
		MJC	**5. Planning and Commissioning Quality Team to develop quality reporting tool for all commissioned services. Lead MJC (March24)**	March 2024
			5. Develop a data set to be scrutinised by CCG for completeness / themes / under /over reporting. Lead Val/Fiona/Lesley (Sept 23)	
		VT	**6. Systemic development to ensure all SAERs are consistently recorded and stored in one location.**	August 2023 Completed May 2023

SAFE CARE Goal 1: There will be no avoidable harm to service users in West Dunbartonshire HSCP. Potential risks will be identified managed and mitigated.

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Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress key actions	Timescale
		HOS VT LJ LJ	**7. Clear process for reviewing serious adverse events for consideration of escalation to SAER? (Val)** **8. Oversight of the SAER actions, their implementation and impact. (Val)** **9. Reporting of learning review outcomes by exception. (Lesley)** **10. CCG review of all regulatory inspections to be reported to sub group and then escalated by exception to CCG. (Lesley)**	August 2024 Complete May 2023 End March 2024
1.3	Effective arrangements are in place to monitor standards of care quality for services provided by the third and independent sector.	MJC	**1. Planning and Commissioning Quality Team to develop quality reporting tool for all commissioned services – provide annual review – report quarterly to CCG group**	March 24

SAFE CARE Goal 1: There will be no avoidable harm to service users in West Dunbartonshire HSCP. Potential risks will be identified managed and mitigated.

Areas that should be considered under this section relate to work being generated from the following areas:

- HSCP safety priorities
- Work generated from the review of themes/ trends and outcomes resulting from causal analysis
- Areas of work relating to key organisational risks including deteriorating patients, medicines governance, Child protection/ Adult protection, clinical communication and interfaces in the pathway of care

Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress key actions	Timescale
			2. Contract Management will Develop quality assurance monitoring template for all contracted services – develop monitoring arrangements – get examples of templates elsewhere Develop monitoring template to report on quality of commissioned services	March 2024
1.4	Effective arrangements are in place to monitor standards of care quality provided by the independent contractors e.g. GP, Pharmacy, Dental and Optometry Services	FT FW/FT VT	**1. Address gap in membership of CCG group** **2. Increase input from General Practice – reflect (FT)** **3. Reporting on Complaints / PCIP sustainability /risk/ QI work in clusters** **4. Pharmacy – via FT** **5. Optometry – Invite to Lead Optometrist - ? (Sept 23)** **6. Dental Lead – VT**	August 2023

EFFECTIVE CARE **Goal 2: All care delivered in West Dunbartonshire HSCP will be evidence based and effective**

Areas that should be considered under this section relate to work being generated from the following areas:

- Prioritised quality improvement programmes, which will improve and sustain the delivery of the service
- Development of a plan to increase the Quality Improvement capability within the Sector / Directorate / HSCP
- Work related to the development or management of clinical and care standards including locally developed clinical /care guidelines policies

Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress	Timescale
2.1	We will increase the Quality Improvement Capability across West Dunbartonshire HSCP (? Establish baseline and set some targets) See Gillian Gall	JG	1. Establish baseline who has QI qualifications /SI leads 2. HOS – identify gaps and identify future candidates for SIF, SLIP and SCIL L&D opportunities	August 2024
2.2	We will demonstrate learning from SAERs and related improvements in our processes and outcomes for service users and their families.	HOS	1. Update on all concluded reviews from service areas – share key learning and improvement plans / impact 2. We will collate key themes from learning from SAERS – demonstrate improvement – identify key actions seek assurance re completion and measures for QI /timeframes	March 2024
2.3	We will strengthen our arrangements for Enhanced Collaborative Clinical and Care Support for Care Homes to build on our local approach to support the sector as it emerges from the pandemic and as it deals with the current pressures.	Val Tierney /Fiona Taylor	1. Local oversight teams to be renamed as Collaborative Care Home Support Teams or local equivalent – removing 'oversight' from the name is recommended 2. Assurance and support arrangements continue with a focus on adult and older people's care homes. 3. Collaborative Care Home Support Teams will have an ongoing duty to respond to serious concerns by	Complete April 20023

EFFECTIVE CARE **Goal 2: All care delivered in West Dunbartonshire HSCP will be evidence based and effective**

Areas that should be considered under this section relate to work being generated from the following areas:

- Prioritised quality improvement programmes, which will improve and sustain the delivery of the service
- Development of a plan to increase the Quality Improvement capability within the Sector / Directorate / HSCP
- Work related to the development or management of clinical and care standards including locally developed clinical /care guidelines policies

Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress	Timescale
	 Local collaborative care home assurance		taking immediate steps to mitigate risks 4. TOR and membership will be reviewed in line with this shift, recognising that the need for flexibility to respond to current challenges 5. Develop Framework for collaborative improvement to strengthen any locally developed approach 6. Develop and implement "my health, my care, my home" framework in order to strengthen quality assurance in relation to care homes.	Complete April 2023 August 2024
2.5	We will identify prioritised quality improvement programmes, which will improve and sustain the delivery of the service	SC MJC HL GP	1. MSK priority project – waiting times – (methodology -) and clinical outcome measures PROMs and PREMs (HL) 2. Level 3 DRS Screening 3. Build quality into PMO Highlighting report and Quality of Care Impact assessment into PID (MJC –	

EFFECTIVE CARE **Goal 2: All care delivered in West Dunbartonshire HSCP will be evidence based and effective**

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Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress	Timescale
		cluster – QI Primary Care Project – report to CD – (FT	April 2023) 4. Develop the programme for self -evaluation and audit (LJ). 5. Implementation of quality framework (MJC Sept 2023)	

Goal: All care and support will be evidence based and effective

PERSON CENTRED CARE

Goal 3: West Dunbartonshire HSCP will be enabled to deliver person centred care

Areas that should be considered under this section relate to work being generated from the following areas:

- Work generated from the analysis of themes/ trends and outcomes from Patient Feedback and Complaints

Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress	Timescale
3.1	The HSCP enables service users and carers / community to provide feedback or make a complaint about integrated health and social care services.	MJC	• Service Users and carers involved in development (?an monitoring) of implementation of HSCP strategic plan through a range of activity – update • Review of participation of Participation & Engagement strategy in line with Scottish Government participation and engagement policy • Participation in what matters to me day (care homes , staff perspective MSK , nursing CTAC)) • Undertake evaluation from SU perspective of impact of implementation of MLA. Adult support carers • Implement Care Opinion	Quarterly update March 2024 June 2023 June 2023 24/25
3.2	*Service users and carers* are encouraged and enabled to contribute to the design, monitoring and improvement of the safety and quality of care.	HOS	• Professional Assessment Tools all require service users and carers to co-produce care plans – service audits provide assurance that this is being undertaken. • Implementation of MLS – strengths based tool assessment for all in receipt of adult Social Care	Complete March 2024

PERSON CENTRED CARE

Goal 3: West Dunbartonshire HSCP will be enabled to deliver person centred care

Areas that should be considered under this section relate to work being generated from the following areas:

- Work generated from the analysis of themes/ trends and outcomes from Patient Feedback and Complaints

Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress	Timescale
		MJ MJ	• Commissioning Carers WD Adult Carer Support Plans • Seeking Carers rep additional to sit IJB	Complete tbc
3.3	We will demonstrate learning from complaints/ service user feed- back and the related improvements in care processes and outcomes.	MJ/VT	• Learning template to be completed regarding all complaints – reflective practice – to incorporate changes to systems and practice – collated by complaints department - ? overview included in annual report	December 2023

ASSURANCE

Goal 4: Providing the Assurance that robust Clinical Governance arrangements are in place.

Areas that should be considered under this section relate to work being generated from the following areas:

Commissioning of projects that ensure greater transparency of data, enabling access and support to teams, so information is practically applied in support of quality improvement

- Adequacy of the escalation of feedback resulting from external quality publications and guidelines e.g. SIGN
- Ensuring the high risk issues of infection prevention and control, medicines governance, Child protection/ Adult protection, clinical communication and interfaces in the pathway of care
- Adequacy of the established controls assurance for clinical and care quality

Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress	Timescale
4.1	Publish an annual clinical and care governance report clear, robust, with accurate and timely information on the quality of health and social care services in West Dunbartonshire.	FW/VT/LJ	Draft 1 submitted to SMT and CCG group for comments by 31.05.2023	June 2023 (annual report for 2022)
4.2	We will continue to develop our care assurance programmes	VT	1. Via the implementation of (nursing) **Excellence in Care across** Excellence in Care (healthcareimprovementscotland.org) (add others) 2. See developments Social Work and social care (LJ)	Quarterly Report

ASSURANCE

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- Adequacy of the established controls assurance for clinical and care quality

Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress	Timescale
4.3	We will work in an integrated way to support teams through health care inspection		Inspections planned / anticipated Multi agency Self-evaluation activity – improvement work via CPC /APC subgroups	
4.4	We will provide Evidence of Improvement and learning in areas of challenge or risk that have been identified through local governance mechanisms and external scrutiny and provide assurance to external agencies and the integration joint board on the quality of our services.		1. Adult Support and Protection Improvement Plan 2. Child Protection Inspection Improvement Plan 3. Fostering and Adoption Improvement Plan	Quarterly report

ASSURANCE

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- Adequacy of the established controls assurance for clinical and care quality

Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress	Timescale
			4. Care at Homes (FT) 5. Sheltered Housing (FT)	
4.5	Robust systems are in place to monitor workforce compliance with professional regulation. (NMC SSSC)	VT	1. Quarterly Nursing Governance reports 2. Implement safe staffing legislation across HSCP 3. SSSC – develop HR systems Social care / social work	Quarterly
4.6	Policy Development and Review – polices reviewed to include implications / actions support care quality. E.g. supervision	MJ	1. Develop Medication Support Policy for residential Care Homes and Care at Home 2. Supervision policy (complete) 3. Develop Quality Framework – to include assurance and improvement policy(sept 2023)	August 2023

ASSURANCE

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- Adequacy of the established controls assurance for clinical and care quality

Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress	Timescale
			4. Update Policy register implement rolling review (March 2024)	
4.7	Strengthen our approach to organisational duty of candour Support practitioners to discharge professional duty of candour	MJ/ VT/LJ	1. Seek support from IJB to progress short life working group to strengthen DOC practice across Social Care and social work services 2. Monitor compliance DOC health	March 2024
4.8	We will provide evidence of learning and related improvement to evidence the impact of feedback from complaints / service user feedback in driving quality improvement	MJ	1. Explore the learning from 7 / partially/ upheld complaints from 2022 – deep dive (test of change)	March 2024
4.9	We will strengthen quality assurance monitoring	MJ	1. Full contract list will be available	March 2024

ASSURANCE

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- Ensuring the high risk issues of infection prevention and control, medicines governance, Child protection/ Adult protection, clinical communication and interfaces in the pathway of care
- Adequacy of the established controls assurance for clinical and care quality

Ref	Aim based Actions (Including rationale / origin for the work)	Lead	Update to CG Forum on progress	Timescale
	and oversight of contracted services		2. Quarterly update on monitoring activity – assurance re quality – exception reporting any risks	
4.10	All strategic service reviews will include consideration of the impact of on care quality	MJ	The PMO will include quality impact assessment in oversight arrangements and flag any emerging issues	September 2023

West Dunbartonshire

Health and Social Care Partnership

Annual Clinical & Care Governance Report

2022 - 2023

Contents

1. Introduction

1.1 West Dunbartonshire Health and Social Care Partnership (HSCP) was established on 1st July 2015 as the Integration Authority for West Dunbartonshire in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

1.2 The Vision of West Dunbartonshire Health and Social Care Partnership is '*Improving lives with the people of West Dunbartonshire'* through achievement of our strategic outcomes.

1.3 Between 2018 and 2028, the population of West Dunbartonshire is projected to decrease from 89,130 to 87,141. This is due to fewer babies being born each year and more people moving out of the area than moving in. 18% of the population are aged 0-15, and 9.7% of the population are aged 16-24. In terms of overall size, the 45 to 64 age group remains the largest at 25, 6646 (29%).People aged 65 and over make up 19% of West Dunbartonshire's population, which is similar to Scottish population.

1.5 West Dunbartonshire contains the third equal highest share of the most deprived data zones out of Scotland's 32 local authority areas. 22.6% of children live in low income families. Life expectancy is lower than the Scottish average with those living in the most deprived communities spending, on average 24 years fewer in good health than those living in the least deprived areas. With those in the most deprived areas also dying younger, they spend more than one third of their lives in poor health. Healthy life expectancy has decreased in West Dunbartonshire to 58.1 years for males and 58.5 for females.

1.6 For our service users and their families the impact of the pandemic and the cost of living crises have exacerbated inequalities. Access to some health and care services has proved challenging, and led to longer wait for services at a time of increased need for support within the community. This has resulted in pressure for both staff and service users.

1.7 As we recovered from the Covid 19 pandemic through remobilisation to recovery and renewal we continued to build and develop health and care services. Throughout 2022 efforts focussed on re-establishing and developing our quality assurance frameworks, via audit and self – evaluation, across health, social work and social care. This will strengthen oversight of care quality and governance to ensure care quality is fully reflected within the integrated partnership.

1.8 Delivering the best possible outcomes for the people of West Dunbartonshire is contingent on increasing the availability and accessibility of high quality community-based services, particularly for those with higher levels of need, and keeping more people safe at home. Equally we need to ensure that people have choice and control over the services they receive. This requires optimal use of our resources and assurance of the delivery of high quality services that are safe, effective and person centred.

2. Clinical and Care Governance

Definition & Context

2.1 Clinical and Care Governance is the framework through which the Health and Social Care Partnership (HSCP) provides accountability for safe guarding high quality care and of continuously improving the quality of service provision.

2.2 The approach to clinical and care governance within the HSCP is evolving in alignment with NHS Greater Glasgow and Clyde (NHSGGC) Health Board's statutory duty for care quality (The Health Act 1999) and West Dunbartonshire Council Social Work and Social Care governance framework. This approach recognises the complex interdependencies in delivering safe effective person centred care in an integrated context. Scrutiny and assurance continues to be strengthened with wider inclusion of social work and social care services within Clinical and care Governance arrangements. We are strengthening our oversight of social work and social care quality as part of our clinical and care governance process, and a quarterly sub group has been developed to ensure this enhanced scrutiny is incorporated into our clinical and care governance activity.

2.3 West Dunbartonshire HSCP Clinical and Care Governance Group (WDHSCP CCGG) works in accordance with the Clinical and Care Governance Framework[1] as set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details 'Five Process Steps to Support Clinical and Care Governance'

1. Information on the safety and quality of care is received
2. Information is scrutinised to identify areas for action
3. Actions arising from scrutiny and review of information are documented
4. The impact of actions is monitored, measured and reported
5. Information on impact is reported against agreed priorities

WDHSCP CCG also takes cognisance of the seven core components of Clinical and Care Governance as set out by NHS Greater Glasgow & Clyde:

1. Client-centred services
2. Developing and applying the knowledge base for professional practice
3. Safe and reliable services
4. Enhancing clinical effectiveness
5. Quality assurance and accreditation
6. Supporting and developing practitioners
7. Information, communication and co-ordination

2.4 The Health and Social Care Standards published in 2018[2,] in response to the Public Service Reform (Scotland) Act 2010, set out what individuals can expect when using health, social work or social care services in Scotland. They aim to ensure better outcomes for everyone, that people are treated with respect and dignity, and that basic human rights are upheld. The Care Inspectorate, Health Improvement Scotland and other scrutiny bodies all take cognisance of these standards in relation to their work around inspection and registration of health and care services.

Clinical and Care Governance Arrangements
Figure 1 NHSGGC Corporate Level Clinical and Care Governance Arrangements.

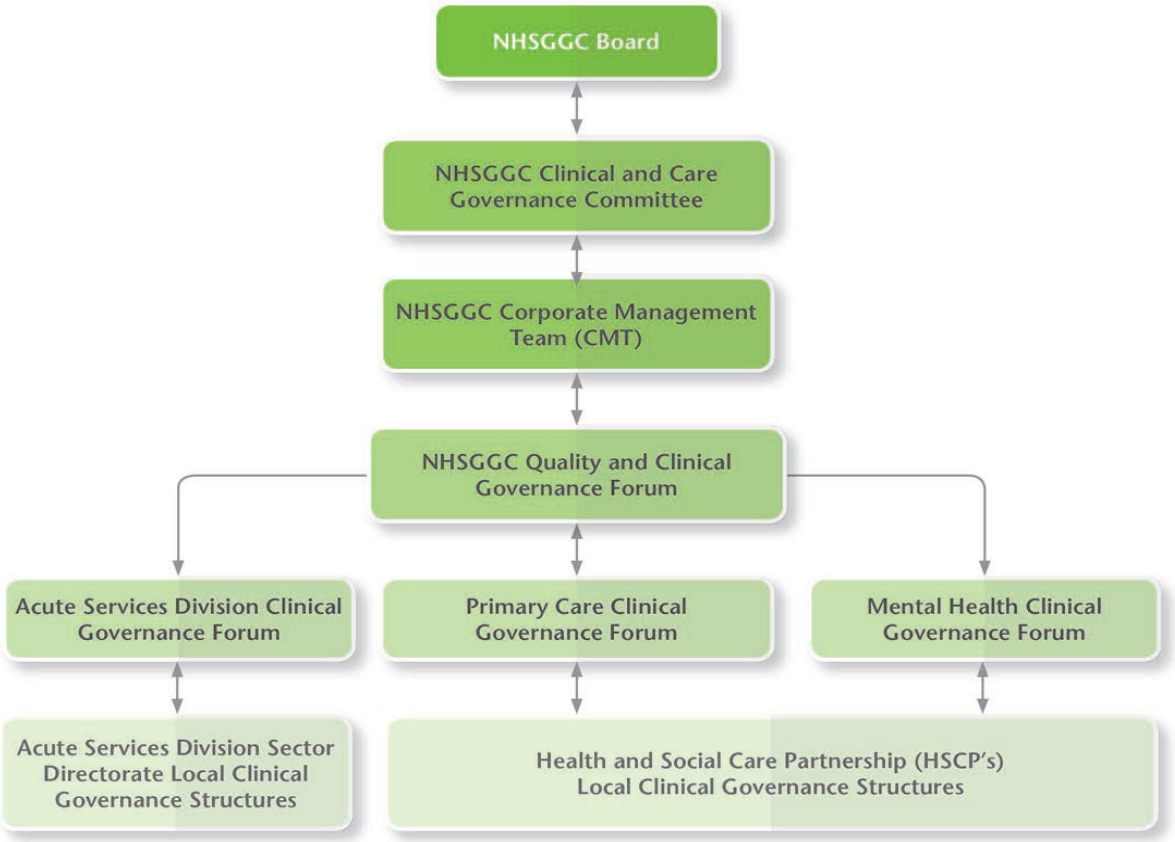
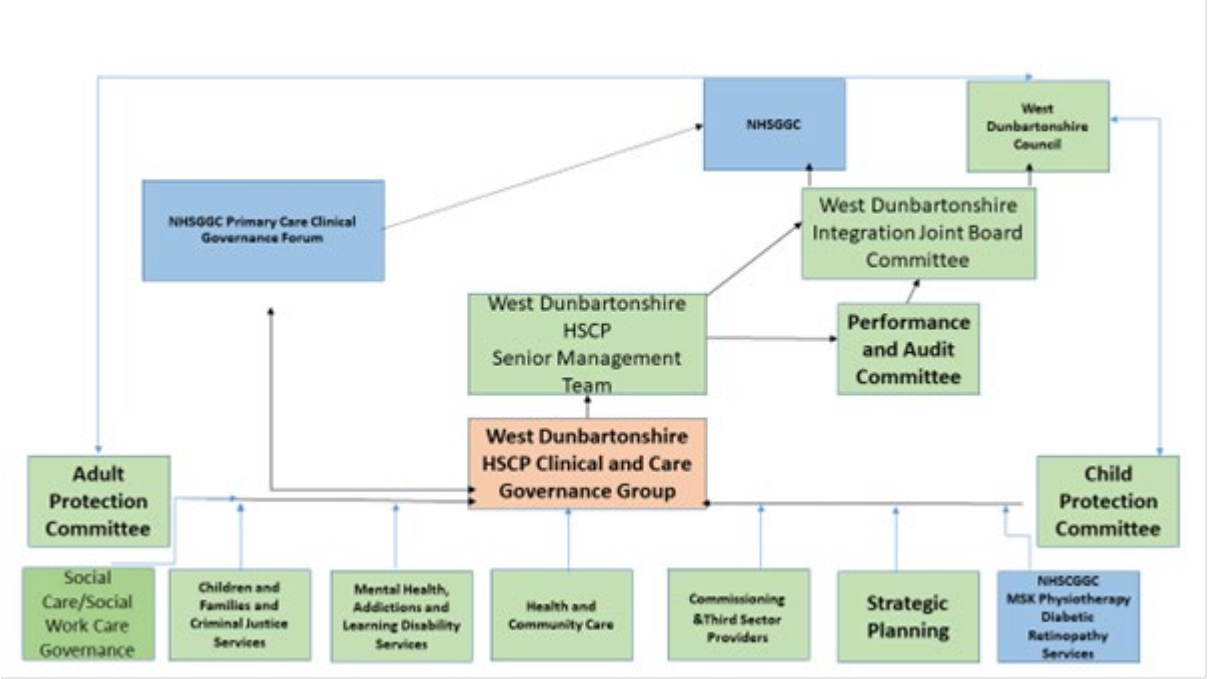


Figure 2: West Dunbartonshire HSCP Clinical and Care Governance Arrangements



The Role of West Dunbartonshire HSCP Clinical & Care Governance Group

2.5 Consider matters relating to strategic plan development, governance, risk management, service user feedback, complaints, standards, care assurance, education, professional registration, validation, learning, continuous improvement and inspection activity.

2.6 Provide assurance to the Health & Social Care Partnership Board, the Council and NHSGGC, via the Chief Officer, that the professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.

2.7 Review significant and adverse events and ensure learning is applied. Support staff in continuously improving the quality and safety of care. Ensure that service user / patient views on their health and care experiences are actively sought and listened to by services.

2.8 Create a culture of quality improvement and ensure that this is embedded in the organisation by facilitating improvement activity including self-evaluation and clinical governance actions. Provide oversight and assurance regarding the quality and safety of care including public protection, inspections and contract monitoring.

2.9 The Clinical Director chairs the HSCP CCG group and the Chief Social Work Officer is Co- Chair. The membership includes the, Chief Nurse, Lead Allied Health Professional, Pharmacy Lead, the Heads of Service from all HSCP services areas including hosted services and a representative form NHSGG&C Clinical Risk Department.

2.10 The Chief Social Work Officer has a core responsibility to provide professional oversight and leadership regarding the provision of social work services and to ensure that the social services workforce practices within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC). This complementary activity is captured within the Chief Social Work Officers Annual Report which is shared with the Clinical and Care Group to provide assurance on statutory social work functions.

2.11 The Clinical Director completes an exception report six times per year to submit to the Partnership Community Clinical and Care Governance Forum (PCCCGF). The exception report is shared with the HSCP Senior Management Team as per local governance arrangement's to ensure all pertinent matters are reported from respective services. HSCP Services also report to NHSGGC board wide Mental Health, Learning Disability, and Specialist Children's Services Clinical and Care Governance Systems.

2.12 The purpose of this report is to provide assurance that robust health and care governance systems are in place to support the HSCP in monitoring and improving the quality of health and care that it provides, including services that are provided jointly with partner organisations, or commissioned from external providers. The principle achievements, risks and challenges to care quality are reflected in the report framed around the three quality ambitions of safe, effective, person centred care. Selected examples from service areas have been used to illustrate the quality of service provision. These are not exhaustive, but demonstrate the range of activity to realise the quality ambitions of safe, effective, and person centred.

3. Safe Care

This section provides examples of key learning, improvements and good practice in relation to safe care.

Older Peoples Care Homes – Enhanced Assurance

3.1 Maintaining high quality care in Care Homes remains a key priority within the partnership. Care homes environments continue to be susceptible to the coronavirus with elderly residents at risk of poorer outcomes due to pre-existing conditions. During outbreaks in 2022 most residents experienced only mild common cold type symptoms reflecting the success of the vaccination booster programme. Covid booster immunisations were delivered to 100% of eligible care home residents who consented. The overall uptake was >95%.

3.2 Care home business continuity plans, recruitment campaigns, robust support and assurance arrangements, the provision of mutual aid and access to NHSGGC staff bank combined to ensure that safe staffing levels were maintained and risks to care quality were mitigated.

3.3 Care Home Assurance visits commenced across all NHSGGC partnerships in 2020 continued. These aim to provide additional clinical input, support and guidance to care homes aligned to the NHSGGC Executive Nurse directors responsibilities set out by Scottish Government to provide nursing leadership and professional oversight, to support implementation of infection prevention and control measures, use of personal protective equipment (PPE) and support delivery of high quality of care within care homes.

3.4 These arrangements have evolved in line with recent Scottish Government guidance for enhanced collaborative clinical and care support for care homes. This advocates that health and social care professionals continue to work together to identify ways to improve the health and wellbeing of people living in care homes, recognising the increasingly complex and pressurised environment care homes are operating in, and that their value and ongoing success is critical to the future sustainability of locally based health and social care provision.

3.5 The HSCP Care Home Oversight Team was renamed as the HSCP Collaborative Care Home Support Team. Work evolved in collaboration with care homes, to focus on improvement, sustainability and viability, taking into account the learning and experience of the pandemic and the strong, positive relationships built between local partners and care home staff, residents and families. This ensures that local assurance and support arrangements link effectively with, rather than duplicate, wider regulation activity by the Care Inspectorate.

3.6 Care assurance visits are one part of the supportive framework around care homes and sit alongside HSCP commissioning relationships with individual care homes and daily care home huddle reports via TURAS.

3.7 The emphasis of care assurance visits is on identifying what is working well and how to build on this in partnership with care home colleagues. The outcomes of the care assurance visits provide the opportunity to discuss with care homes areas of strength as well as key improvement priorities. Following visits liaison with NHGGC Care Home Collaborative (CHC) supports access to support for care homes to help them secure identified improvements in care equality.

3.8 Each care home received a minimum of two assurance visits during 2022. Visits focused on three areas. A summary of findings is provided below

Theme 1 - Infection Prevention Control; Environment, Cleaning, PPE, Handwashing Laundry and waste Management

3.9 Visualisation of the environment, observation of practice and discussion confirm whether National Infection Prevention and Control guidance has been implemented within the care home and that the home is able to keep the residents safe and minimise the risk of transmission of infection.

3.10 All homes have completed a significant amount of education and training around infection prevention and control (IPC). The majority of homes remained compliant with IPC mandatory training. All homes identified communication methods being used to ensure staff were kept up to date of latest guidance. This was evident in the high level of knowledge management and staff displayed around IPC practice.

3.11 All homes demonstrated a high level of compliance against the IPC criteria. Most homes were noted to be clean and odour free, where this was not the case immediate remedial steps were agreed. PPE supply was plentiful. Many but not all homes had IPC Champions in place.

3.12 A few areas in some of the homes visited required further support to achieve consistently high standards. These areas of improvement were included in the actions plans for individual homes. Some but not all homes were able to provide evidence of regular IPC audit others relied on random spot checks. Support to develop and embed quality assurance frameworks remains a priority.

Theme 2 – Resident Health Care Needs; Anticipatory Care Planning, Caring for People at end of life, Caring for People with Cognitive Impairment

3.13 This focusses on person centred and high quality nursing and social care being delivered across care homes. It does not involve a care plan audit rather the intention is to understand the process of care planning within the home and a selection of resident care plans are discussed to determine how staff are facilitating person centred care.

3.14 Positive and caring interactions were observed between staff and residents, and staff were observed to be kind and caring. Activities were observed to be in progress in some of the homes which residents were clearly enjoying and care plans were observed which articulated 1-1 interests and preferences.

3.15 Good assessment processes were noted in relation to pressure area care and all homes reported timely access to pressure relieving equipment.

3.16 Most care plans were person centred and up to date with evidence of robust processes to support regular review, a small minority were noted to be task oriented and required further development.

3.17 Most care homes were using or transferring to electronic recording systems which supported care planning and review. Where electronic systems were in place they were noted to provide clear and easily navigated care plans.

3.18 Some managers reported issues with regard to contacting General Practice services. Work progressed to address issues by facilitating meetings between the Care Home Managers Group and G.P. Practice Managers.

3.19 Some support services have been developed with a remit specifically for older people's care homes, facilitating equitable access to support for all care homes regardless of the client group they serve remains a priority.

Theme 3 – Workforce Leadership and Culture; Staffing resource and Staff Wellbeing

3.20 Stable and effective leadership and wider support from the organisation can be directly correlated with the care that the residents receive, how staff feel and the overall culture of the care home. Two of the Care Homes had new managers within the last six months and one had come under new ownership.

3.21 Managers and Staff reported that they felt supported by their management teams and were happy in their roles.

3.22 Recruitment and retention of staff remains a challenge for care homes as per the national picture.

Action Planning for Assurance and Continuous Improvement

3.23 All improvements are agreed with the visiting team and are captured within action plans. Actions are specific and measureable, and all have a named person in the care home as a lead and an agreed timescale for completion.

3.24 The Collaborative Care Home Support Team (CCHST) has begun facilitating implementation of the Healthcare Framework for Care Homes, with multidisciplinary support to care home residents and a quality management approach based on the Health and Social Care Standards. Alongside providers they have undertaken an initial self-assessment to identify actions that can be taken forward by all partners to support people in care homes.

3.25 A new post was created the Mental Health Physical Care Nurse. This has delivered an annual review for people on anti-psychotic medication within West Dunbartonshire Residential Care Homes

<u>Care Inspectorate Inspection Grades West Dunbartonshire Care Homes Care Homes</u>

3.26 The Care Inspectorate is responsible for inspecting standards of care in Scotland. They use a quality framework that sets out key elements to help answer key questions about the difference care is making to people, and the quality and effectiveness of the things that contribute to that. The primary purpose of a quality framework is to support services to self-evaluate their own performance. The same framework is then used by inspectors to provide independent assurance about the quality of care and support. The Care Inspectorate now use Key Questions rather than Quality Themes in their inspections. They still use the six point scale of 1 – Unsatisfactory, 2 – Weak, 3 – Adequate, 4- Good, 5- Very Good, to 6 – Excellent in grades awarded.

During the COVID-19 pandemic the Care Inspectorate amended the focus of their inspections. They focused only on how well Care Home residents were being supported during the COVID-19 pandemic rather than the full range of Key Questions. The Care Inspectorate resumed looking at the Key Questions during 2022 which now include elements from the Covid Key Question in their inspections.

Table 2: Care Homes care Inspectorate Inspection Grades

Key Questions

- KQ 1 How well do we support people's wellbeing
- KQ 2 How good is our leadership
- KQ3 How good is our staff team
- KQ 4 5How well is our care and support planned

Care Home	Date of Inspection	Inspection Grades						No. of Requirements	No of Areas for Improvement
		KQ 1	KQ 2	KQ 3	KQ 4	KQ 5	KQ 7		
Alderwood	15.02.2022	3	\	\	\	\	3	1	2
Alderwood	06.06.2022	\	\	\	\	\	4	0	0
Alderwood	13.03.2022	\	4	\	\	\	\	0	0
Balquidder	07.06.2022	3	3	5	\	\	\	0	5
Castleview	31.01.2023	3	4	3	4	4	\	0	11
Clyde Court	Last Inspection 2019	3	\	\	\	3	\		
Crosslet House	14.12.2022	5	5	\	\	\	\	0	0
Edinbarnet	Last Inspection 2020	\	\	\	\	\	4		
Hillview	01.03.2022	3	3	\	\	\	3	2	3
Kingsacre	Last Inspection 2021	4	4	4	4	4	\		
Kingsacre	31.05.2022	(inspection following complaint no grades awarded)						0	0
Queens Quay	Last Inspection 2021	5	4	5	6	5	5	0	0
Strathleven	16.09.2022	2	2	2	\	\	\	6	2
Strathleven	26.01.2022	3	3	3	\	\	\	0	0

Complaints Upheld by the Care Inspectorate - West Dunbartonshire Care Homes

3.27 Table 1: Complaints to Care Inspectorate – Care Homes

Care Home	No. of Complaint Upheld by CI	Date	Details	Outcome
Alderwood	1	Aug 2022	Communication with service users/ families, record keeping accuracy, review and monitor changing needs.	Requirement fully met 13.03.2023
Clyde Court	1	Jan 2023	Ensure staff have appropriate training to fulfil role	No requirement
Hillview	4	April 2022	Infection prevention Control	No requirement
		August 2022	Management ensure staff have access to most recent guidance food. Fluid and nutrition. Residents supported with personal care. Communication with families and residents	No requirement
		November 2022	Infection Prevention and Control. Safely support residents with mobility. Management ensure adequate staffing levels.	3 requirements – 2 completed by March 2023. IPC extended to August 2023
		November 2022	Activities, communication, privacy and dignity.	No requirement
Kingsacre	3	March 2022	Communication with families. Medication administration. Food and fluid intake recording. People have health needs identified and adequately assessed and met. Oral hygiene.	Two requirements fully met by May 2022
		March 2022	Staff to be aware of people's needs when moving them about the home. Staffing levels adequate to meet needs.	No requirements
		January 2023	People's personal choices should be identified and recorded. Oral health supported.	No requirements

Home Care Services

3.28 Home Care Services provide support to clients of all ages assisting them to live as independently as possible in their own home. Results of an unannounced inspection by the Care inspectorate in March 2023 are detailed below

- How well do we support peoples' wellbeing Grade 3 (adequate)
- how good is our leadership Grade 3
- How good is our staff team Grade 3
- How well is our care and support planned Grade 3

3. 29 People reported they were happy with how staff had engaged with them. However care plans were outdated and not reflective of their current health and wellbeing needs. People were not always aware that reviews of their care had been held. This meant that the review processes in place were not working to benefit the people supported. Staff training required improvement. Supervision for staff and team meetings were inconsistently and infrequently held. This meant staff did not receive the support they should. The service was noted to work well with other agencies to improve outcomes for people.

3.30 The service have been working through improvements related to a redesign of their current home delivery structure. The aim is to improve how support is provided to people.

3.31 Three requirements and eight areas for improvement were identified. An action plan has been developed. Developing a robust quality assurance framework and improved scrutiny of quality assurance will be key priorities to secure effective implementation.

Clinical and Care Risk Management System

Datix –Risk Reporting and Management

3.32 Datix is the NHS Greater Glasgow & Clyde incident risk management and patient safety system used to capture clinical incident activity within health services delivered by West Dunbartonshire HSCP including Board Wide Musculoskeletal (MSK) Physiotherapy and Diabetic Retinal Screening Services (DRSS). The system is used to systematically identify and measures risks faced by the organisation with the focus on learning so that we might reduce or eliminate future risk.

3.33 NHSGCC Incident Management Policy mandates 28 calendar days from the date of reporting an incident to final approval. Improvement activity in 2021 resulted in a significant decrease in the number of overdue incidents awaiting approval. This improvement has been sustained throughout 2022 with 89% of incidents in 2022 being approved in line with policy standards.

Number of Clinical Care Incidents

3.34 296 clinical incidents were reported during 2022. This is a 7% increase in reported incidents from 2021. There were 20 incidents relating to MSK Physiotherapy – none related to West Dunbartonshire. There were no incidents reported from Diabetic retinal Screening.

Category of Incidents

3.35 Clinical incidents were reported across nineteen categories. The composition of reported incidents is similar to last year. There have been reductions in the number of communication and laboratory incidents. Slips trips and falls continue to be the highest incident category reported, showing an upward trend in reporting, followed by pressure ulcer care which showed a marked increase in recorded incidents.

3.36 Pressure ulcer figures reflect enhanced awareness of the requirement to report brought about by improvement activity. There has been an increase in the number of pressure ulcers reported but no actual increase in the rate of pressure ulcers per 1000 caseload.

Severity Rating of Incidents

3.37 Table 3: Severity Rating of Incidents

Severity	Mental Health /Add/ LD Services	Health and Community Care	MSK	PPSU	Public Health	Specialist children's Services	Children and Families	Clyde Sector	Total
1.Negligible	28	35	3	7	1	1	1	7	83
2. Minor	68	37	3	0	0	2	1	7	118
3. Moderate	8	6	1	0	0	0	1	0	16
4. Major	4	0	0	0	0	0	0	0	4
5. Extreme	34	3	0	0	0	0	0	0	37
Awaiting severity	19	13	1	0	1	0	1	3	38
Total	161	94	8	7	2	3	4	17	296

3.38 All incidents are ascribed a severity score using NHSGGC risk matrix and severity impact assessment. Minor and negligible incidents may require to be investigated in addition to the review and approval process. This is at the discretion of the line manager who receives the report. If the severity is minor or low this does not mean that the incident can be ignored. These incidents represent small failures and vulnerabilities that may signal action to avoid repeat or escalation of a situation.

3.39 Moderate rated incidents are reviewed by the Local Management Teams and an action plan drawn up to eliminate or reduce the risk of recurrence. If the rating is a 4- Major, or 5- Extreme, there must be an investigation of causation. For all incidents severity graded 4 or 5 there is discussion and with the Clinical Risk Team, Clinical Director and General Manager to determine whether the severity of the incident is such that it merits formal classification as a 'Significant Incident' requiring a Significant Adverse Event review. This is not necessarily the case for all category 4/5 incidents. Most category 4/5 incidents occur in mental health and addiction services. Incidents are rarely due to a single act or omission. Usually an incident occurs because of a combination of actions, events and the surrounding circumstances.

Significant Adverse Event Reviews (SAER)

3.40 From the full range of clinical incidents reported there is a smaller set of instances where there is a risk of significant harm to patients. We ensure these incidents are appropriately investigated to minimise the risk of recurrence by applying lessons learned. This opportunity for learning exists at times without a significant adverse outcome for the patient, e.g. a near miss or a lower impact incident which exposes potential clinical system weaknesses that could lead to further significant harm. These events are referred to as Significant Adverse Events (SAE).

3.41 The purpose of the investigation is to determine whether there are learning points or improvements for the service and wider organisation. It is then our responsibility to implement those improvements that are identified as producing a greater level of clinical safety for our patients.

3.42 Table 4: The number of SAER commissioned across West Dunbartonshire between 2018 -2022.

	2018	2019	2020	2021	2022	Total
WDHSCP	5	3	6	5	2	21

3.43 No SAERs were commissioned by MSK Physiotherapy or Diabetic Retinal Screening during this time.

3.44 During 2022 two significant adverse event reviews were commissioned in relation to a suicide and a health care associated pressure ulcer.

3.45 Two Significant adverse events were concluded during 2022

- The review of an outpatient suicide. This case was noted to be an organisational duty of candour event.
- The other related to a patient from Mental Health Older Adult Services. Learning was identified to inform improvement activity and strengthen practice in relation to risk assessment and care planning. The review concluded that the issues identified did not contribute to the event. This was not considered a duty of candour event.

- The learning from the SAERs has prompted services to strengthen information sharing between health and social care staff and integrated governance arrangements. There has been an evident change in practice around communication and information sharing. There has also been significant work done to improve guidance and procedures

Duty of Candour

3.46 Duty of candour is the statutory duty to be open and honest with service users, or their families, when something goes wrong which appears to have caused, or had the potential to have caused, harm. The key procedural elements were met for both concluded SAERs.

SAER Timescales for Completion

3.47 NHSGGC Management of Significant Adverse Events Policy mandates SAE reviews be commissioned within ten working days of an incident taking place and concluded within three months of the incident date.

SAER Commissioning 2022			Timeframes Concluded SAERs 2022	
Commissioned	SAE		Investigation	SAE
I month	1		3 months	0
2 months	1		6 months	0
3 months	0		12 months	0
>3 months	0		>12 months	2
Total	2			2

3.48 The timeframes stipulated within the policy have proved challenging to achieve and this presents a risk. The SAERS concluded in 2022 had total timeline of 1244 and 796 days respectively from incident to conclusion. This gives an average of 1020 days under review. Six significant adverse event reviews were in progress at the end of December 2022. The longest having been open for 1118 days. Efforts have been deployed to address this risk by building capacity across the system to undertake SAERs, and NHSGGC have introduced Key Performance Indicators that all HSCPs will be scrutinised against regarding time scales for progressing and completion of SAERs.

Learning Reviews

3.49 National Lead Review Guidance was published by the Scottish Government in Sept 2021 for Child Protection Committees, and in May 2022 for the Adult Protection Committees, replacing Initial and Significant Case Review Guidance.

3.50 A Learning Review is multi-agency, bringing practitioners together with the review team in a structured process in order to reflect, increase understanding and identify key learning. They provide a means for public bodies and office holders with responsibilities relating to the protection of adults and children at risk of harm to learn lessons by

considering the circumstances where an adult or child at risk has died or been significantly harmed. They are carried out by the Adult / Child Protection Committees under their functions of keeping procedures and practices under review, giving information and advice to public bodies and helping or encouraging improvement.

3.51 During 2022 one child learning review was commissioned and one concluded. The informed improvement activity. Two adult reviews were commissioned

3.52 There was one child learning review in progress at the end of 2022 and one adult learning review in progress.

Public Protection

3.53 Through the wider Public Protection agenda, the Health and Social Care Partnership works to ensure that people, particularly those at risk, are kept safe from harm and risks to individuals and groups are identified and managed appropriately.

3.54 The Public Protection Chief Officers Group (PPCOG) holds responsibility for strategic leadership, scrutiny, and accountability in respect of public protection services. This incorporates a range of measures including multi agency strategic planning and operational services providing protections to children, young people and adults at risk. Management of high risk offenders through Multi Agency Public Protection arrangements (MAPPA), Alcohol and drugs Partnership, Violence Against Women Group, and Community Safety.

3.55 PPCOG commissioned a Strengthening Collaborative Leadership programme to develop relationships, ways of working, clarify the roles and contributions. As part of leadership development sessions PPCOG strengthened assurance and risk management processes. This included a review of the operational and strategic risk registers; the development of standard operating procedures; and quarterly operational risk review process. The PPCOG Performance and Assurance Reporting Framework was reviewed to provide a wider data set incorporating children and young people and will continue to be developed.

Child Protection

3.56 The Interim Report of the Joint Inspection of Children at risk of Significant Harm was published in May 2022. Through focused improvement activity including self-evaluation the Partnership has worked to refine priorities, develop a better understanding of the areas for improvement and strengths to build upon. The Improvement Plan focused on the delivery of outcomes, reflecting local priorities and learning from self-evaluation activity.

3.57 Over the last 12 months the Partnership have focused improvement activity on
- Key operational processes particularly Initial Referral Discussions;
- Assessment, plans and reviews;
- Participation and engagement with children and young people;
- Self-evaluation including use of data to support quality assurance, improvement, and service planning;
- Leadership

3.58 A review of the subgroup structure of the Child Protection Committee, reporting of actions, and frequency of meetings has taken place. Using a planned programme of leadership and development sessions we have strengthened collaborative approaches

and leadership. The Child Protection Committee (CPC) reports through an Annual Report and progress updates to PPCOG

Adult Support and Protection

3.59 Work has been ongoing to strengthen and provide assurance about the local partnership area's effective operations of adult support and protection key processes, and leadership for adult support and protection.

3.60 Guidance for Adult Protection Committees (APC) was revised in 2022. The terms of reference for the APC and sub committees were revisited to ensure the APC continues to meet their statutory duties.

- Reviewing adult protection procedure and practice;
- Providing information and advice and making proposals,
- Improving skills and knowledge; and improving cooperation and communication

3.61 The focus 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 data set (2023). A number of positive improvement actions have taken place over the period which included an Adult Support and Protection 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 Adult Protection Committee (APC) and a workshop took place to look at practice and processes. APC subgroups were introduced at the start of 2023 and provide a framework to support West Dunbartonshire APC driving forward key developments around policy and practice, data scrutiny, quality assurance and evaluation, learning and development, and, communication and engagement. 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 Data Set 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.

3.62 Both West Dunbartonshire Adult and Child Protection Committees have subgroups to support their work with the primary focus being to progress planned committee activities outlined in respective improvement action plans, in relation to quality assurance, self–evaluation, performance and improvement, learning and development.

3.63 The Adult and Child Protection Committees share an Independent Chair. Two additional posts have been established to focus on Learning and Development and Quality Assurance. The posts will work across Committees to maximise capacity, opportunities for learning, and practice development when recruitment is complete.

Alcohol and Drug Recovery Services

3.64 Reviews are undertaken of all drug and alcohol related deaths that occur within West Dunbartonshire.

3.65 The HSCP launched the Drug Harm Reduction Mobile Unit with the mission to take support into the heart of communities where losses have occurred. The introduction of the out of hours mobile unit will increase accessibility to treatment services and enhance local efforts to prevent drug related harms.

Professional Nursing Assurance Framework

3.66 The professional nursing assurance framework for West Dunbartonshire HSCP provides assurance that Practitioners are equipped, supervised and supported according to regulatory requirements.

3.67 A senior nurse is involved in recruitment for all nurses, and professional values and attitudes are assessed as part of the interview process. Regular appraisal and personal development planning is undertaken and practitioners have access to a professional supervisor. Quality standards for practice placement are assessed annually.

3.68 Dispersed professional leadership focuses on outcomes and promotes a culture of inter-agency parity and respect. Senior practitioners have access to leadership development. Protocols are in place to support delegation of duties. A senior nurse agrees staffing levels with operational managers informed by local and national tools where these exist. A senior nurse sits on disciplinary panels where professional conduct or competence is an issue.

3.69 There is clear accountability for standards and professionalism at each level through to NHS GGC Board. All nursing families have been made progress in developing their care assurance frameworks under the auspices of Excellence in Care. Included in these are measures to demonstrate evidence of professional caring behaviours.

Professional Governance Social Work and Social Care

3.70 Supervision is a critical component of Social Work practice within the organisation, and West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to ensuring that this is delivered in a cohesive and consistent manner. Inquiries into social work practice have highlighted the importance of effective supervision in terms of informing professional practice, supporting staff, and delivering high quality services.

3.71 Social Workers and Social Care professionals practice in accordance with the Scottish Social Service Council's (SSSC) Code of Practice for Social Service Workers and West Dunbartonshire HSCP is signed up to the SSSC Code of Practice for Social Service Employers. Both codes recognise the importance of staff supervision.

3.72 The HSCP supervision policy has been developed in order to reinforce the importance of supervision at all levels of the organisation. The provision of effective supervision is a key factor in supporting new and less experienced staff, it also affords an opportunity for all colleagues to reflect on their practice and explore different ways of working.

NHSGGC Musculoskeletal (MSK) Physiotherapy Service

3.73 Historically MSK physiotherapy patient records have been paper based. This meant records were difficult to transfer across sites; were labour intensive in regards to administrative tasks and were only accessible to MSK Physiotherapy staff. The lack of accessibility to other services resulted in an Ombudsman complaint being upheld.

3.74 The MSK Physiotherapy service has now successfully rolled out Active Clinical Notes (ACN) to all MSK Physiotherapy across Greater Glasgow and Clyde. The rollout of ACN was completed by December 2022. The implementation of ACN enable a reduction in clinical records being transferred between sites, provides greater accessibility of MSK Physiotherapy record to all Trak users (including Emergency Department and MSK Physiotherapy staff providing second opinions or support from different sites). It has

also helped with record standardisation, patient reported objectives measure reporting, financial savings (printing and notes storage costs) and provision of copies of records for Health Records Legal Department and a reduction in time delay and cost due to previously needing to recall records from storage.

General Practice (GP)

3.75 The 3 GP clusters have a regular agenda item of sharing Significant Events and discussing the learning from the events. The GP Forum also has a regular agenda item to share a significant event with cross party learning. Sustainability issues have impacted practices across West Dunbartonshire throughout 2022-23. Underlying issues relate to inability to recruit GPs into GP principal, salaried or locum posts, against a background of a number of retirements (8 principals retired from West Dunbartonshire in 2022-23), Doctors leaving permanent posts to move to other areas of medicine or leaving the profession altogether, and a number of maternity leaves. All practices are working at Level 1a of the GGC Escalation framework, most practices had worked at level 1b at some point during the year. One practice has had additional support from the HSCP during 2022-23. This reflects a national issue of sustainability concerns in primary care, and impacts on services that can be provided to patients.

4. Clinical and Care Effectiveness

This includes examples of key learning, improvements and good practice in relation to effective care. This can include examples of improving the quality of care (quality improvement, implementing national standards and guidance/ clinical guidelines, or responding to inspection reports or service reviews).

Excellence in Care

Excellence in Care

"Caring for our most vulnerable is only done properly if patients, families and staff work together as a team. Excellence in Care recognises the importance of this and is working towards true partnership between the three."

Michelle McGinty, Patient and Family Representative (EiC)

4.1 Excellence in Care is Scotland's national approach to assuring and improving nursing and midwifery care. The aim is to ensure people have confidence they will receive a consistent standard of high-quality of care no matter where they receive treatment or care. This Quality Management Approach ensures robust processes and systems for measuring, assuring, and reporting on the quality of care and practice. While routine audit activity was suspended during the pandemic as precedence was given to prioritising operational arrangements, during 2022 we made progress re-establishing audit schedules and worked to develop our quality management and assurance approach across our nursing teams.

4.2 The Excellence in Care framework is based on the premise that to achieve 'excellence in care' all the elements within the framework are interdependent, evidence-based and are of equal importance.

- person-centeredness
- compassion
- fundamentals of care and
- communication, both verbal and written, with patients, their families and between staff

4.3 Nursing families worked on developing and implementing their Care Assurance Tools throughout 2022. These will enable us to report in detail and provide robust oversight of care quality across our nursing teams reported against NHSGGC agreed board wide standards in 2023.

Health and Community Care- District Nursing

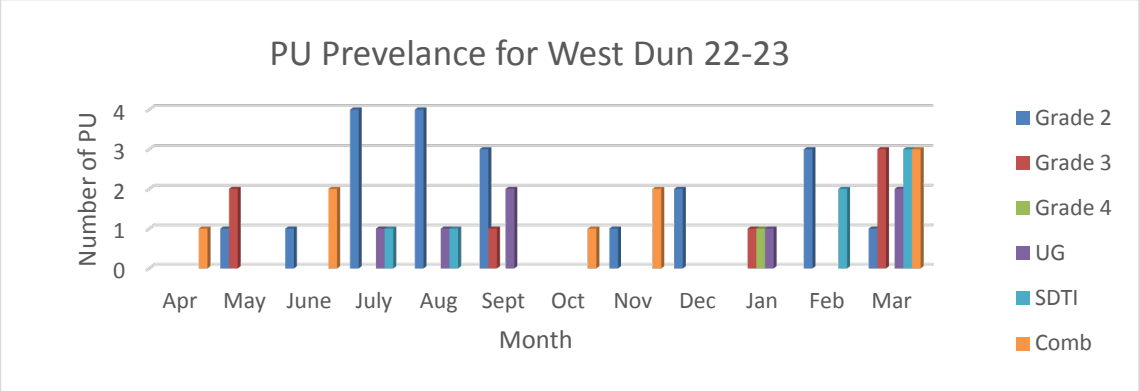
4.4 One of NHS Greater Glasgow and Clyde's (NHSGGC) quality ambitions is to strive for excellence in the prevention of avoidable pressure damage. West Dunbartonshire District Nurses attend NHSGGC pressure ulcer prevention group whose aim is to focus on reducing overall incidence of pressure ulcers across NHSGG&C. We ensure all health district nursing staff registered and unregistered have the appropriate knowledge and skills regards pressure ulcer prevention. Support and education has also been provided for care at home and care homes providers during staff induction period.

4.5 We closely monitor, investigate and report the prevalence of pressure ulcers in order to identify any themes which could be addressed to prevent/reduce occurrence of pressure ulcers.

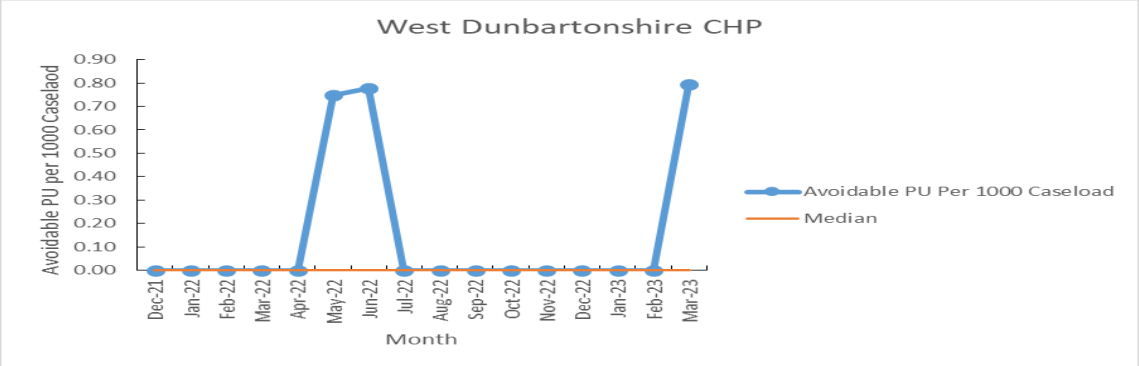
4.6 All caseload acquired pressure ulcers are referred to tissue viability / podiatry services and a Datix completed.

4.7 The District Nurse Service have implemented the new red day review tool when a pressure ulcer is acquired. Whether deemed avoidable or unavoidable the occurrence is critically examined to determine if any additional service input would have obtained a better outcome for the patient. 61 pressure ulcers were referred to TVN service for red day review. Of the 61 pressure ulcers 8 were not reviewed due to reasons such as patient admitted to hospital or end of life.

4.8 Figure 3: Pressure Ulcer Prevalence for West Dunbartonshire April 22-March 23 (Total Number and Grade)

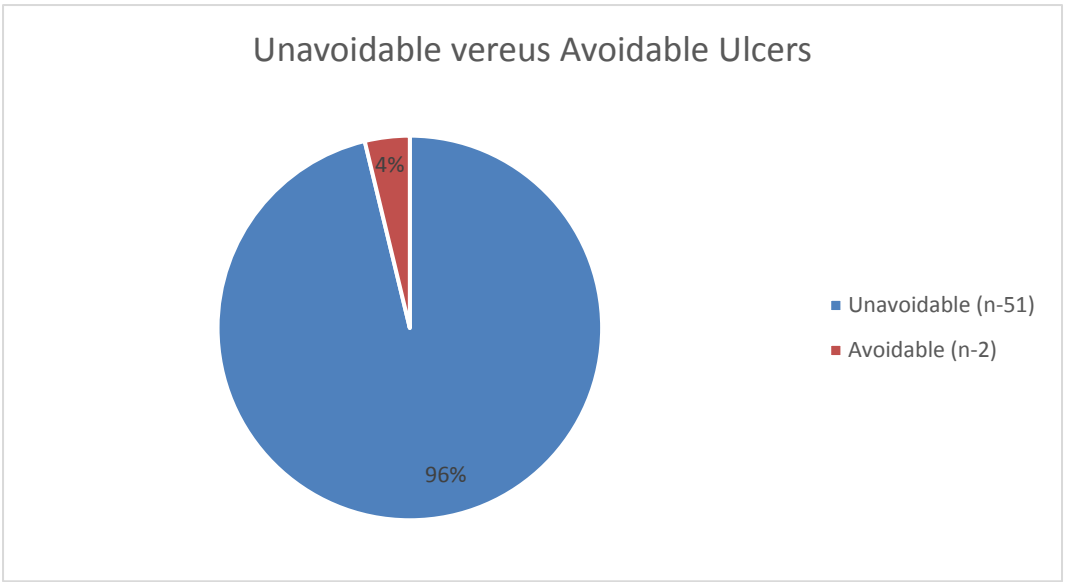


4.9 Figure 4: Avoidable pressure ulcers rates within West Dunbartonshire HSCP.



West Dunbartonshire median is below the NHSGGC median rate of avoidable PU for Dec 21-22 which is 0.34 per 1000.

4.10 Figure 5: The percentage of Unavoidable ulcers verses Avoidable ulcers



The ambition to have zero incidents of avoidable caseload acquired pressure damage grade 3 or 4.

Diabetic Retinopathy Screening Service

4.11 Care quality and effectiveness is monitored closely within the service.

- Specialised software supports inbuilt quality assurance (IQA). This IQA monitors a set number of grading completed by staff each day and pulls a section to be quality assured by a second screener.
- Regular Audits to detect where images have been incorrectly labelled by the screener reveal that from the 1st April 2022 to 31 March 2023 only two patient images were attributed to the wrong case file out of 45,154 screened (0.004%)

- The service also participates in and external quality assurance (EQA) process twice per year. Each grader grades 100 sets of images and their results are compared with their peers in NHSGGC and nationally. Both spring and autumn results recorded all Graders within the acceptable threshold for sensitivity and specificity.

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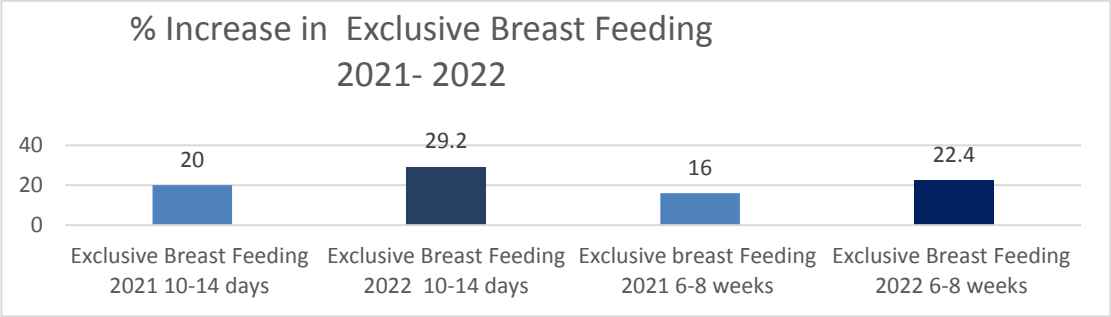
Children, Families and Criminal Justice Services

Health Visiting Service

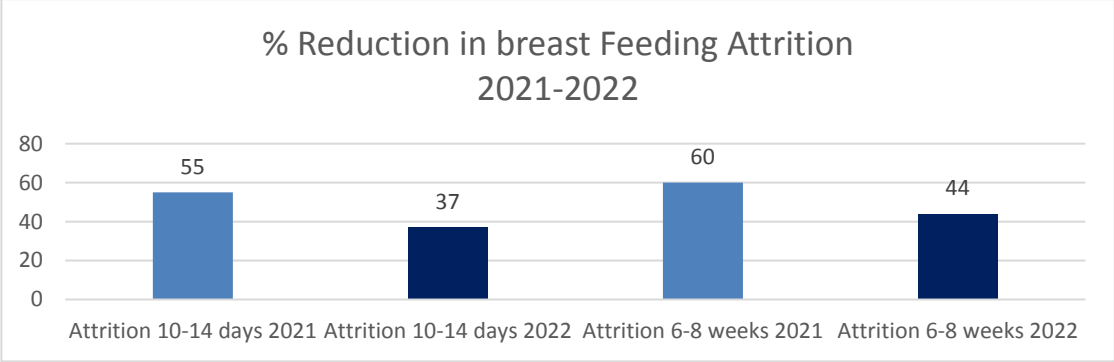
4.12 The Health Visiting Service achieved UNICEF Gold revalidation in 2022. UNICEF UK Baby Friendly Gold Award promotes safe effective person centred care to support parents with up-to-date evidence based practice regarding infant feeding, relationships and brain development. The impact of work to ensure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

Breast Feeding

4.13 Scottish Public Health Observatory Statistics reveal the progress being made in promoting and supporting breast feeding in West Dunbartonshire. Table 7 shows the increase in breast feeding at both 10-14 days and 6-8 weeks from 2021 to 2022.



4.14 Table 8 shows the decrease in breast feeding attrition from 2021 to 2022 at 10-14 days and 6-8 weeks of age.



4.15 Excellence in Care – Health Visiting – Developing a Combined Care Assurance Tool (CCAT). The first test cycle using the tool was undertaken in February 2023. This involved a review of assessment and care planning in 33% of all Health Visitor caseloads. Overall scores for West Dunbartonshire were encouraging with 85% compliance in record keeping standards against an average of 79 % for NHSGGC.

4.16 A requirement to improve the process of early and effective sharing of information in early pregnancy, in particular for the most vulnerable women within HSCP has been identified. To begin this process a Standard Operating Procedures has been refreshed and agreed with agencies in order to strengthen communication.

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

4.17 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.

4.18 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.

4.19 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.

Alcohol and Drug Recovery Service

4.20 Implementation of the quality assurance process to support the Alcohol and Drug Partnership (ADP) performance against the Partnership Delivery Framework and local delivery of priorities has progressed. The assessment process uses a combination of local self-assessment, ADP peer-to-peer assessment and external validation. An external agency will be commissioned to validate the assessment process. We will replace the current ADP Annual Report format with a self-assessment framework. Medication Assisted Treatment (MAT) Standards were launched by the Scottish Government in 2021. These new standards are underpinned by legislation and place a duty on all specialist alcohol and drug services to provide a minimum level of services for people accessing support.

4.21 The standards are being implemented locally, a steering group has been formed to ensure a whole system approach to the standards. These standards define what is needed to ensure consistent delivery of safe and accessible drug treatment and support. The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system.

4.22 West Dunbartonshire Alcohol and Drug Partnership was the first area in Scotland to take forward human rights based awareness training with 300 staff across partner agencies to support implementation of the standards.

4.23 Developments to support implementation of the standards to date include support for same day prescribing, support for people who require co-occurring drug and mental health support, psychosocial intervention support, a Rights Based Advocacy Service and development of an Assertive Outreach service. Performance on meeting these new standards will be published during 2023.

Learning Disability Service

4.25 Specialist learning disability services have an NHSGGC system-wide clinical governance structure which has representation at meetings from learning disability managers and senior clinicians from all of the six NHSGGC HSCP areas, specialist learning disability inpatient services, the LD Clinical Director and the Head of Service. Input from clinical effectiveness, clinical risk, academia, service users and carers is also included.

4.26 The Community Learning Disability Operational Processes and Standards Manual has been ratified. Teams can use this in order to benchmark themselves against the standards.

4.27 The community peer review process has been updated to ensure that reviews are integral to the Learning Disability Services. Peer Review gives clinicians an opportunity to discuss complex cases or issues of concern around an individual case to help with the clinical management of a case.

4.28 Guidance has been developed to support referrers to a learning disability team to decide whether a patient (or person they support) would benefit from accessing the team. It also gives some assistance around how to judge whether a person is likely to have a learning disability

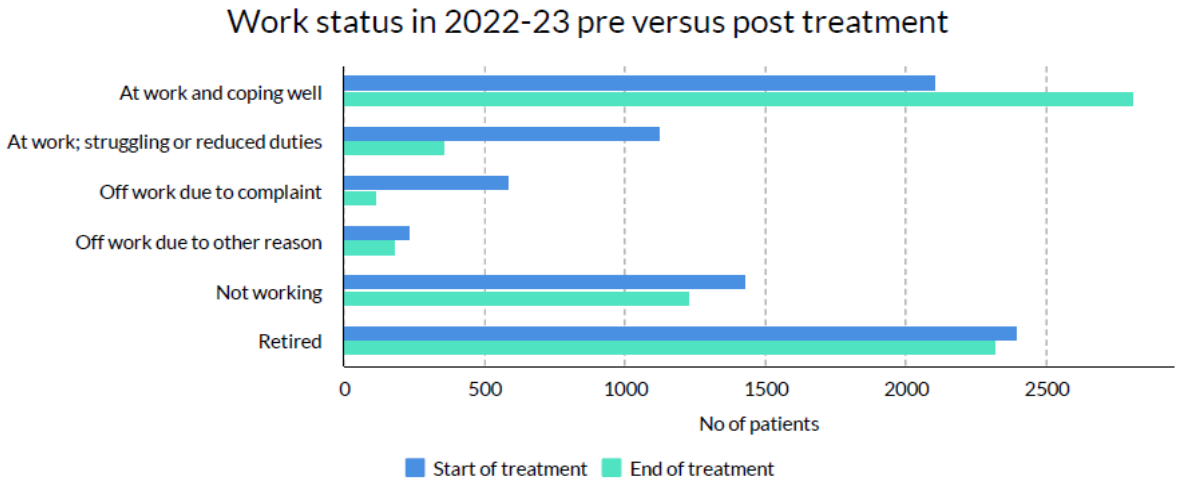
4.29 The Learning Disability Team have seen an increase in nursing and health care support worker workforce to support increasing demands and address waiting list times. Work has also focussed on establishing clinics within the LD service for anti-psychotic monitoring, and restarting clinics for weight management and dementia review that had previously been suspended due to Covid. Adult support and protection second worker training has been undertaken by health staff in response to an ASP audit and Learning Disability health staff now supporting WDHSCP ASP rota, as second worker, for LD clients.

4.30 The Scottish Government Coming Home Implementation Report (February 2022) describes creation of a new national register to improve monitoring of those at risk of hospital admission or inappropriate placements. The first action is to raise visibility, through improved monitoring and planning, for and with people with learning disabilities and complex care needs through the development and implementation of Dynamic Support Registers. The Dynamic Support Registers have been co-developed by a working group including people with lived experience. The Register is a tool to gather information on people that Integration Authorities already hold across various systems into one manageable place. Dynamic Support Registers must be embedded by all Integration Authorities by July 2023 to support reporting via a new national reporting mechanism delivered in partnership with Public Health Scotland (PHS).

NHS GGC Musculoskeletal Physiotherapy Service

4.31 Table 9 demonstrates service effectiveness at getting patients with musculoskeletal conditions back to work.

Table 9



4.32 The MSK service has embarked on improving care options for services users with hip or knee osteoarthritis. The options were designed using realistic medicine principles alongside international clinical guidelines.

4.33 Completed Patient related Outcome Measures (PROMS) show a consistent reduction in pain scores from the beginning to the end of patient treatment. They also show a consistent increase in function from the beginning to end of treatment.

General Practice

4.34 GP Clusters have worked on a number of Quality Improvement projects including : Anticipatory Care Planning and sharing information between Nursing Homes and GP practices; Improvement activity around the new Wellbeing Nurse service within practices; Termination of Pregnancy audit and provision of Long Acting Reversible contraception options; Remote Blood Pressure monitoring; Physical health monitoring in Mental Health patients; Diabetes care; Cancer screening; Accessing MacMillan services; Staff wellbeing projects; Review of Community Link Worker service; local Power of Attorney project. Clusters meet regularly and engage with local services to work together on these quality improvement activities.

4.35 Some highlights from these QIAs include : Development of protocols along with the Community Mental Health Teams regarding the physical healthcare monitoring of patients within the service, ensuring clinical safety in managing and sharing results; further work to develop local services for Long Acting Reversible contraception looking at training local GPs/Practice Nurses in coil fitting; the roll out of the Remote Blood pressure monitor scheme will allow for effective and safe diagnosis of high blood pressure and support for patient in the early days of treatment; development of Community Link Worker service to be able to see < 16 year olds and their families for support; Power of Attorney work looking to increase number of residents in West Dunbartonshire who have an appointed Power of Attorney which will have impacts on the future with regard to complex Adults With Incapacity situations where no POA has been appointed

5. Person Centred

This section provides examples of learning, improvements and good practice in relation to person-centred care. Examples are included on how we are improving care experience, in particular how we have responded to comments, complaints or feedback in our efforts to demonstrate learning and achieve improved outcomes.

Mental Health Services

5.1 The Mental Welfare Commission for Scotland undertook and announced visit to Fruin and Katrine Wards in the Vale of Leven Hospital, to follow up on a previous recommendation, and to hear how the service had developed and adapted as Covid-19 restrictions had reduced. They found where individuals suffered from stress or distress, Newcastle-type formulations were in place. This framework and process was developed to help nursing and care staff understand and improve their care for people who may present with behaviors that challenge. There were person-centred care plans outlining potential triggers, and management strategies for each individual. All documentation pertaining to the Mental Health Act and Adults with Incapacity (Scotland) Act (2000) (AWI), including certificates around capacity to consent to treatment, were in place in the files and these were up-to-date. The ward was clean and bright; there was dementia friendly signage throughout and The Commission made no recommendations. All service users and relatives spoken with were very positive about their experience of care, and complimentary about the staff team. Initial assessments were detailed and informative “getting to know me”, (GTKM) “what matters to me”, and daily routine notes were present for each patient. These contained detailed information, relevant to the each individual’s comfort and care. They provided information on an individual’s needs, likes and dislikes, personal preferences and background. This enabled staff to understand what was important to the individual, and how best to provide person-centred care whilst they were in hospital.

5.2 Wellbeing Mental Health Nurses have been introduced within GP practices that support early diagnosis for people with dementia. These new practitioners will support referral pathway to the Modifiable Risk Factors Hub.

5.3 The Dementia Strategy co-ordinator held carer conversations to identify experiences of current services. We learned that people are confused over the multitude of different services and agencies providing their care and support. This helped inform development of the Post Diagnostic Support processes. The West Dunbartonshire Dementia Strategy Group is developing the West Dunbartonshire Dementia Roadmap website to launch in late summer 2023. This resource will serve as an effective tool for advancing local dementia support. By providing a centralized hub for information and resources, the site helps raise public awareness about dementia and highlights ways for people to find assistance. This aim is to educate and inform the community through social media and other channels.

5.4 A Power of Attorney information page launched on West Dunbartonshire Council website and the HSCP website to raise awareness of the importance of Power of Attorney, and where to access support and information. This includes financial support for eligible applicants. Collaboration with West Dunbartonshire Carers and Citizens Advice Scotland aims to increase Power of Attorney uptake within West Dunbartonshire.

NHSGGC Musculoskeletal (MSK) Physiotherapy Service

Patient Related Outcome Measures (PROMS)

5.5. Patient Reported Outcome Measures (PROMS) provide information on the quality of patient care and clinical outcomes. The MSK service collects service user feedback on service user reported outcome measure across the four NHSGGC quadrant areas. This is to assure not only around quality of care in regards to patient feedback on clinical outcome but also provide some assurance around equity of clinical care across all four quadrants.

5.6 Efforts to increase reporting of PROMs in 2022-23 are beginning to yield success. This included local reminders at staff at quadrant meetings, encouraging MSK staff to complete PROMs, and completion of PROMs added to the MSK staff induction packs.

5.7 A staged roll out of electronic patient records (EPR) in MSK service will support staff to complete PROMS as this is embedded this is embedded in the EPR.

5.8 Introduction of Digital Patient Records/Active clinical notes has improved completion rate of PROMS (rising from 1117 in July 2022 prior to introduction to 4272 in March 2023). The quality of outcomes are consistent each year and are also consistent across all four quadrant areas.

5.9 The MSK service has embarked on improving care options for services users with hip or knee osteoarthritis. The options were designed using realistic medicine principles

Realistic Medicine

510 One of the main aims of Realistic Medicine is for people using healthcare services and their families to feel empowered to discuss their treatment fully with healthcare professionals, including the possibility that a suggested treatment might come with side effects – or even negative outcomes. Everyone should feel able to ask their healthcare professional why they've suggested a test, treatment or procedure, and all decisions about a person's care should be made jointly between the individual and their healthcare team.

Children, Families and Criminal Justice Services

5.11 The findings from the research commissioned by the HSCP from Glasgow University reported a need for increased support for parents and families as well as increased visibility of local supports and services for children, young people and their families. These themes align with the holistic family based developments arising from the Whole Family Wellbeing Fund work.

5.12 Work has been commissioned to design, build and maintain a website which will direct and inform local young people and families about supports and services for mental and emotional wellbeing. West Dunbartonshire Wellbeing website design has been inspired and co-produced with the local young people from West Dunbartonshire Youth Council. The working group will continue to link with youth organisations to build content and support the promotion of the resource. The time scale for initial launch is early April 2023.

5.13 There is strong commitment to ensuring that the voice of children and young people is at the centre of planning and care. The ongoing work of the Young Ambassadors group

and Champions Board, developing work on delivering The Promise, refresh of our approach to GIRFEC and work on integrated operational guidance, paperwork and training will support improved engagement. As part of the work to implement The Promise engagement and development sessions involving a range of over 250 stakeholders including young people were held to set priorities for action, with work now taking place to develop an implementation plan.

5.14 The Children and Young People's Involvement and Engagement Strategy provides a framework, tools and tips for services to engage young people in decision making and to undertake successful consultation and engagement activities.

5.15 A bespoke programme of support for parents and carers has been delivered throughout 2022-2023 to families where a child has a new diagnosis or are awaiting diagnosis of autism spectrum disorder and other complex needs. The training has been delivered by a neurodiversity trainer.

Health and Community Care

My Life Assessment

5.16 The way individuals with care and support needs are assessed and supported by social work and social care services was reviewed. The My Life Assessment refocused interventions away from 'need' and deficits and towards resources and 'strengths' identifying what is working well and what can be built on. Through a human learning systems approach we will build on the work of the My Life Assessment and the "Just Enough Support" programme by starting with what people want and working to connect them in ways which enable them to achieve that.

5.17 A human learning systems approach, understands the need for service provision to be more person centred to meet the multiple and complex needs of individuals and communities and recognises the value of adaptability and learning together**.**

5.18 The MLA was implemented on 1 April 2022. Improvement work has progressed with the use of the My Life Assessment (MLA) for service users providing a strengths based model which empowers staff to record good conversations with service users which are focused on personal outcomes and prevention. This outcome focused assessment tool has been recognised by Health and Social Care Scotland as an exemplar of good practice. It is fundamentally important that all service users, who are eligible for HSCP services, fully understand the principles of Self Directed Support in order to ensure that people are supported to identify and achieve personal outcomes, people experience choice and control over what happens to them, people feel heard and listened to about what's important to them. Staff are enabled and empowered to implement self-directed support, the principles and values of self-directed support are embedded in practice, and there is information, choice and flexibility for people when accessing services.

District Nursing (DN)

5.19 The DN service previously attempted to obtain feedback from service users via a paper questionnaire, yielding a return of 5%. West Dunbartonshire Palliative Care Group was established in October 2022, and includes membership of charitable organisations, who advised that telephone surveys achieved greater engagement. District Nursing Service moved forward introducing a telephone survey in March 23 for service users of palliative care following the death of a loved one. The telephone surveys increased engagement from service users' families to 30%.

5.20 The telephone surveys carried provided rich in qualitative data which has already resulted in change in practice within our District Nursing Service. Clients requested that the District Nursing Out of Hours Service offer any palliative patient/family/carer who calls for support a home visit from a member of the team so the service user can be assessed in person, (unless they request otherwise) rather than telephone advice. Long term the aspiration is to have a feedback level of 70% of DN service users who have supported a loved one to remain at home in palliative care.

NHSGGC Musculoskeletal Physiotherapy Service

5.21 The service seek service user feedback routinely, via their website on a continuous basis using weberpol electronic links, via e mail communication and through the use of QR codes on departmental posters. The service gather additional information related to specific service developments. All suggestions are valued and action taken in response to feedback.

5.22 Service users requested a self- referral option and an electronic self-referral mechanism is now available. The content of the new website is based on explicit feedback from service users asking for videos of specific exercises to direct efforts to help themselves.

Complaints

HSCP

5.23 Of the 36 complaints received regarding HSCP services that proceeded to stage 2, two were withdrawn, 18 were not upheld, 10 were partially upheld and four were fully upheld. Stage 2 complaints are those where frontline resolution has not been achieved and they have progressed to formal investigation they require a written response to be provided within twenty working days.

5.24 Thirty three percent of the 36 complaints received cited quality of service as a component or main reason for the complaint.

5.25 Seven of the ten partially upheld complaints related to care quality.

Complaints - General Practice

5.26 The total number of complaint received by General Practitioners was 166.

Table Complaints to General Practitioner

Stage 1	123
Upheld	46 (37%)
Partially Upheld	42 (34%)
Not upheld	35 (21%)
Stage 2	43
Upheld	7 (16%)
Not upheld	18 (42%)
Total	18 (42%)

Themes of complaints include Telephone system/access to practices, appointment availability, prescription issues, complaints arising from unrealistic expectations of patients, errors relating to secondary care, unsatisfactory interactions with team members. All complaints have been responded to and practices will have undertaken SEAs where appropriate. The main change made in past year has been an upgrade to

the phone systems in most practices which allows for call queueing system and better oversight of calls coming into practices - impact of this no currently evident

5.27 We require to focus our efforts on more effectively learning from complaints and using the learning to drive service improvement.

6. Conclusion

Adapting and adjusting how we deliver health and care is critical in order to respond appropriately to the current and future needs of the population, and ensure people are able to access services to drive prevention, early-intervention, reduce health inequalities and support improvement in health outcomes. As we respond to the evolving needs of our community in the context of the financial and demographic challenges we face, it is more important than ever that we are assured that services remain of a high quality.

This annual Clinical and Care Governance Report illustrates the progress made in re-establishing and developing our care assurance processes. It details how care governance arrangements have been strengthened across services, and describes ongoing developments to ensure we have the same level of maturity in terms of scrutiny, reporting capability, and robust quality control and assurance processes across all service areas including those services commissioned by the HSCP. Selected examples demonstrate the significant efforts deployed to achieve continuous improvement and support the delivery of value based health and social care services, focussed on achieving the best outcomes for our service users while using resources wisely.

References

1. Clinical and care governance framework: guidance - gov.scot (www.gov.scot)

2. Health and Social Care Standards: my support, my life - gov.scot (www.gov.scot)

3. Gold Award - A guide for services preparing for re-assessment (unicef.org.uk)

4. Excellence in Care (healthcareimprovementscotland.org)

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Helen Little, MSK Physiotherapy Manager

15 August 2023

Subject: MSK Physiotherapy Service Annual Report 2022/23

1. Purpose

To approve the Annual Report for MSK Physiotherapy service (Greater Glasgow and Clyde) 2022-23.

2. Recommendations

It is recommended that the Integrated Joint Board:

(i) Note the content of the report (including the additions to the report since presented at Audit and Performance Committee 20/6/23. These additions are performance against the Scottish Government 4 week AHP MSK Waiting times target and Appendix 2: MSK Waiting Times Trajectory Data 2023/24); and

(ii) Note the achievements of the MSK service in regards to performance; priority project work; patient feedback and involvement; use of data and work on digital enhancement within the MSK service.

3. Background

This paper presents the Annual Report for MSK Physiotherapy Service for 2022/23 which can be found at Appendix 1 of this report. The paper is not meant to be representative of all the work that was carried out within the service but represents the key performance areas and priority project work during the period when still remobilising following the Covid-19 pandemic.

4. Main Issues

4.1 The paper presents an overview of service performance data from 2022/23. This includes waiting times data; impact data (including patient reported outcome measures and patient experience and impact data from Advanced Practice Physiotherapists within GP practice). The priority projects presented reflect the service priorities for that period. The Scottish Government waiting times target for AHP MSK services is that 90% of patients should be seen within 4 weeks of referral.

For clarity some current MSK performance information is bulleted below:

- Since March 2022 the total number of patients waiting for an appointment has decreased from 17,151 patients to 13,540 patients (and for a routine appointment from 15,743 patients to 11,552 patients)

- Since March 2022 the maximum routine wait has decreased from 24 weeks to 12 weeks

- Since Mar 2022 the average waiting time (in days) has reduced from 76 days to 44 days

- At present the MSK service ensures that all urgent patients are seen within the four week target. Work continues to address the routine waiting list as until the routine waiting times are closer to the four week target the proportion seen within four weeks will not significantly change.

4.2 The paper provides an overview of the 6 priority objectives and associated priority project work within the service. The 6 priority objectives were waiting times; Recruitment and Retention; Staff wellbeing; Introduction of Electronic Patient Records/Active Clinical Notes; Streamlining MSK Pathways of Care and Training, Education and Staff Development. A brief overview is provided for each project. Hyperlinks are included to provide more detail on any particular project, including stakeholder feedback.

5. Options Appraisal

None required.

6. People Implications

No implications.

7. Financial and Procurement Implications

No implications.

8. Risk Analysis

Performance Management has been identified by the HSCP Board as a strategic risk. The presentation of this annual report mitigates against this risk by providing an opportunity for the Committee to review and scrutinise performance management information in relation to the MSK service.

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.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

N/A

11. Consultation

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

12. Strategic Assessment

On 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. 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

None required.

Person to Contact:	Dr Helen Little
Designation:	MSK Physiotherapy Manager, Greater Glasgow and Clyde
Date:	15 August 2023
Appendices:	Appendix 1: Annual Report for MSK Physiotherapy Service 2023/24
	Appendix 2 : MSK Waiting Times Trajectory Data 2023/24
Background Papers:	None

Introduction

Welcome to our Musculoskeletal (MSK) Physiotherapy annual report which covers the period from April 2022 to March 2023.

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

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

- Service performance: data on demand/activity and waiting times.
- Impact data: Patient reported outcomes measures and patient reported experience.
- Impact data: Success of Advanced Practice Physiotherapists within Primary Care.
- Brief summary of 6 key priority projects.
- MSK Digital strategy.

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

Section 1: A year in data.

MSK Service Performance: priority project work

There has been a huge focus on service performance over the period, in particular with a priority project to reduce both routine waiting times and the number of patients waiting for a routine New Patient (NP) appointment (both of which increased over 2021/22 due to redeployment of staff to support the pandemic effort). The data for 22/23 shows a downward trend in both maximum routine waiting times and number of patients waiting for a routine appointment in 2022/23 (see Table 1 and Graph 2 below). Between April 22 and March 23 the wait for a routine appointment halved, reducing by 12 weeks (from 24 weeks to 12 weeks). There were 3,611 less patients waiting for a routine appointment over the period (reducing from 17,151 in April 22 to 13,540 end of March 23).

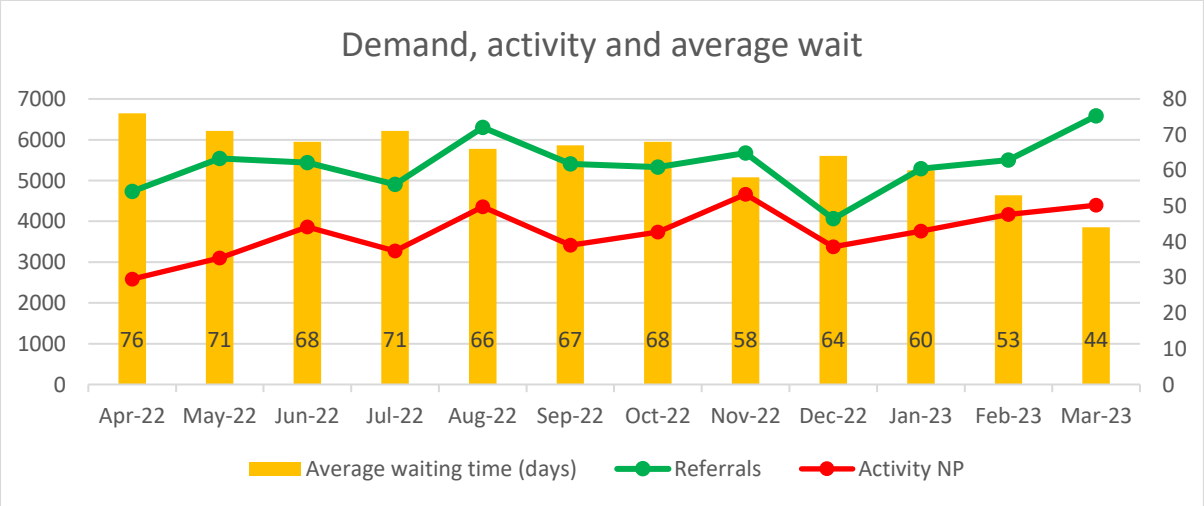
MSK performance data demonstrated within Section 1.1 of the report. Data collected from patients in regard to their treatment outcome and experience of the MSK service is presented within Section 1.2 and Section 1.3 provides data on the success of Advanced Practice Physiotherapists within GP practice.

1.1 Referral rate; activity and average waiting times.

1.1.1 Referrals and Demand

Demand for the MSK service has generally risen in 2022/23 compared to the two previous years when referral rates were extraordinarily low due to the pandemic. The service received 65,017 referrals in 2022/23 (c/f 61,877 referrals in 2021/22). The referral rate was consistently between 5 - 5.5 thousand referrals per month (other than the usual seasonal dip in December). In March 23 the referrals peaked at 6,584 for the month (see green line on Graph 1. below).

Graph 1: Demand, Activity and average waiting times



All referrals into the MSK service are clinically vetted into "urgent" and "routine" based on clinical need and then appointed into "urgent" and "routine" appointment types. The service trakcare templates are built in such a way that 40% of all New Patient appointments are maintained to prioritise "urgent" referrals and ensure that these patients are appointed within the 4 week AHP MSK waiting times target (see below). The service continues to be able to appoint all urgent referrals within this 4 week target. Although the service achieves the Scottish Government waiting times for all urgent referrals, the target states that 90% of patients should be seen within a 4 week period. In order to achieve this target the service's priority project work has focussed on reducing routine appointment waiting times (until the routine waiting times are closer to 4 weeks the percentage of patients seen within the target will not vary much- see further detail and Table 2 below).

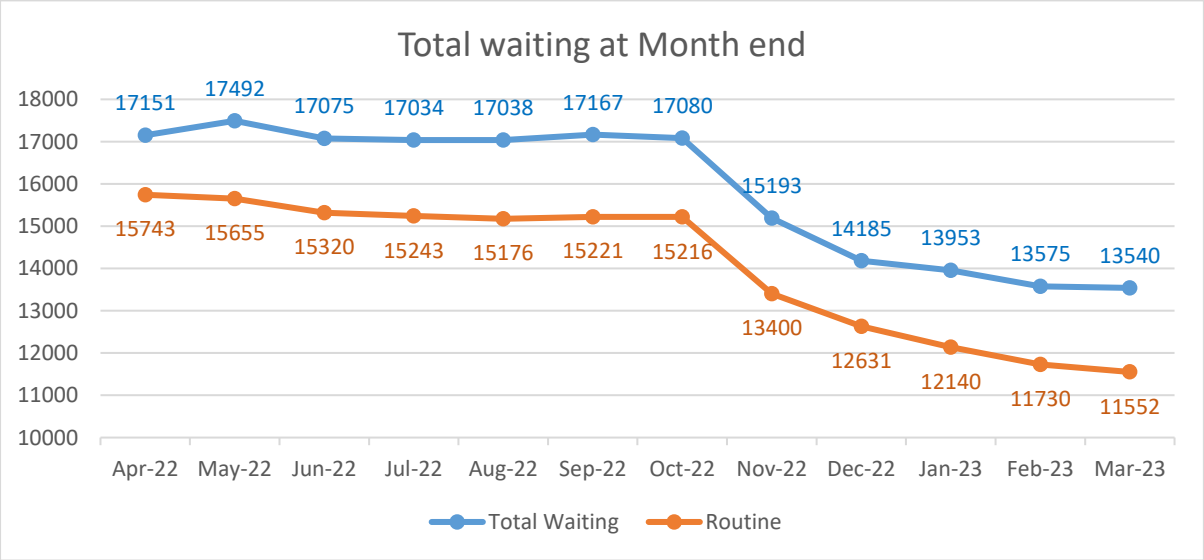
The above graph and Table 1 below show the success of the priority project work in achieving a downward trend in routine waiting times in 2022/23. The maximum wait for a routine appointment reduced from 24 weeks to 12 weeks.

Table 1: Demand, Activity and data showing reduction in max waiting times

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Referrals	4731	5544	5439	4906	6300	5404	5326	5671	4062	5288	5501	6584
Activity NP	2584	3104	3863	3272	4354	3417	3734	4662	3375	3763	4170	4395
Waiting time in w	24	22	20	20	20	20	20	16	17	17	16	12

There was also a downward trend in the number of patients waiting on an appointment over 2022/23. Graph 2 below illustrates the reduction in total number of patients waiting as well as the reduction over 2022/23 of those waiting for a routine appointment. The impact of the priority project work which commenced in Sep 22 can be clearly seen on the graph.

Graph 2: Monthly total number of patients waiting for an appointment



As previously stated, the Scottish Government AHP MSK waiting times target is that 90% patients should be seen within 4 weeks. Table 2 below shows the GGC performance data against this target. It can be seen that the % seen within 4 weeks does not vary much throughout 2022/23. This is due to the fact that this percentage relates to the proportion of total referrals which are categorised as "urgent". Until the routine waiting times are closer to the 4 week target this figure will not vary much (n.b. 40% of total NP appointments are held to ensure there is capacity for urgent referrals to be seen within 4 weeks. Any urgent appointment not utilised is converted to a routine appointment to address routine waiting times and the appointments are provided to those patients who have been waiting longest.

Table 2: Percentage seen within Scottish Govt AHP MSK waiting times of 90% patients seen within 4 weeks.

	Apr 22	May 22	Jun 22	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
% seen 4 wks	**43%**	**46%**	**35%**	**41%**	**36%**	**43%**	**35%**	**30%**	**34%**	**33%**	**41%**	**40%**

1.1.2 Service Capacity and Activity

New patient (NP) activity levels within 2022/23 demonstrate a general upward trend (see red line within Graph 1). There were 15,067 more new patient appointments in 2023/23 compared to the previous year (57,316 NPs in 2022/23 compared to 42,249 NPs in 2020/21). This is reflective of the ongoing focus on recruitment of MSK staff and ongoing remobilisation of service provision. Recruitment is a national problem for the profession and for MSK services within other national health boards. A priority project (see section 2.2 below) has improved vacancy levels within the service but recruitment of experienced MSK staff at Band 6 level still remains a challenge. This is primarily due to movement of staff into promoted posts as Advanced Practice Physiotherapists (APPs) within GP practice (see section 1.3 below for APP impact data). At end March 2023 there were 6 vacant MSK Band 6 posts across the Board area.

Sickness absence has also impacted on capacity throughout 2022/23. Prior to the pandemic sickness absence rates within MSK service were rarely over the 4% target. However during 2023 sickness absence rates between August 22- Mar 23 were

constantly over the 4% target (ranging from 4.04% in September to a high of 7.84% in Jan 23). The service employed agency staff to address waiting times but maximum benefit from agency staff was impacted due to the need to absorb caseloads of staff on long term sickness absence.

Accommodation challenges across several MSK sites have also impacted on service capacity and the ability to provide the best rehabilitation environment for our patients. This has primarily been due to other services utilising MSK space during the pandemic. There has been a delay in getting bespoke MSK rehabilitation space returned to the service. To date there is one site where MSK space remains compromised. This is due to ongoing Infection control requirements for respiratory patients within that site. The service continues to work with Acute colleagues to resolve this issue. An SBAR has been submitted to Board Capital Planning and an options appraisal process is underway to establish best use of the space.

1.1.3 Demand vs Capacity and impact on reduction of waiting times

The gap between the red and green lines on Graph 1 demonstrates that the referral rate (demand) continues to be higher than New Patient (NP) capacity. This, as well as the backlog of patients waiting for a routine appointment (following periods of staff redeployment during the pandemic) has meant that addressing waiting times has been an ongoing challenge. This resulted in the start of a priority project to reduce routine waiting times (see section 2.1).

The gap between demand and capacity is not as great as the data suggests as a variable proportion of patients referred routinely to the service do not 'opt in' at the time of appointment offer. However, there is still a challenge around demand continuing to exceed capacity, which limits ability to address the backlog of patients waiting for a routine appointment. Trajectory data for MSK Physiotherapy Waiting times is presented within Appendix 2. This data presents the scenario of a referral rate of 54k referrals. This figure is based on 2022/23 referral rate of 65k minus the average number of routine patients referred to the service who do not "opt in" at time of appointment offer. This trajectory shows that improvements will continue and will result in achieving Scottish Government waiting times target of 90% patients being seen within 4 weeks at end June 24 and is based on current staffing levels. Appendix 2 provides more detail on trajectory data.

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

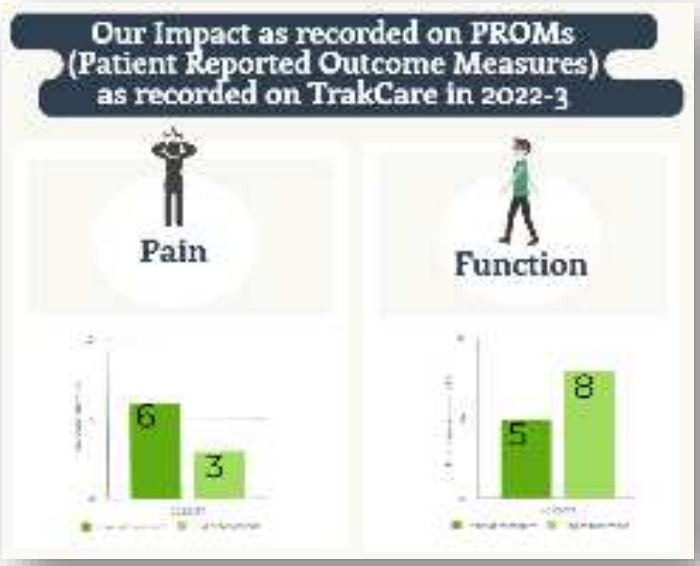
Patient Reported Outcome Measures (PROMS) using validated tools are gathered routinely after a course of treatment. The MSK service collects PROMS across the 4 quadrant areas. This is to demonstrate impact of care, quality of care and provide assurance around equity of clinical care across all areas. The results over the years have indicated real consistency within the MSK Physiotherapy service with very similar quantitative outcome data across the wide geographical area (see hyperlink below).

There have been historical challenges in completion rate of PROMs over the years. The main issues impacting completion has been staff turnover, staff remembering to ask the relevant questions and the covid pandemic (when the service was primarily delivered virtually). Despite these challenges, the service has continued to produce the same consistent paired scores in relation to reducing pain, increasing function and successful return to work status over several years.

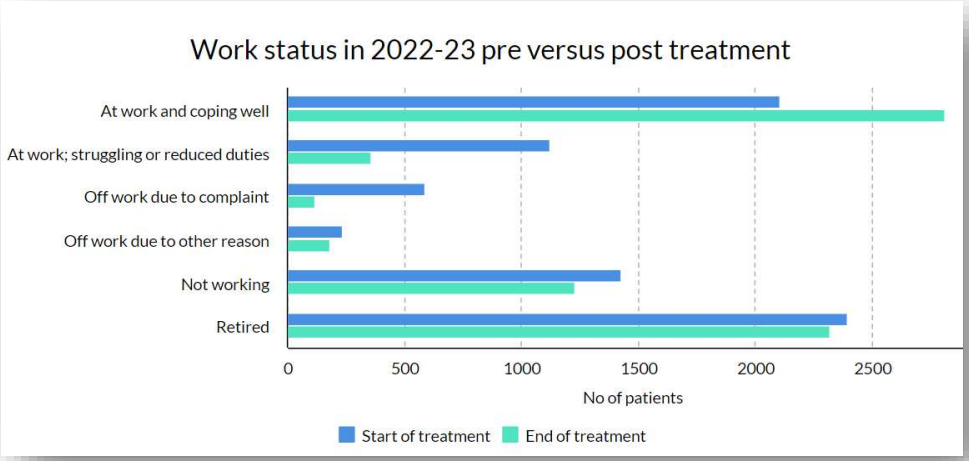
There has been a significant increase in the completion of PROMs in 2022/23. This is related to the MSK Physiotherapy service transitioning to Digital Clinical Records/Active Clinical Notes (ACN) and the embedding of the PROMs within the ACN (see graph within hyperlink). There was a sharp increase in completion rate between July and November 23 which correlated with the incremental roll out of ACN across the Board area. For full details please click on this hyperlink MSK physiotherapy PROMs.

A snapshot of 2022/23 data are presented in the infographics 1 and 2 below and demonstrate the reduction of pain (from a score of 6 to 3); improvement in function(from a score of 5 to 8) and successful return to work as a result of MSK service intervention (infographic 2).

Infographic 1: PROMs of pre and post physiotherapy, Pain and Function 2022/23



Infographic 2: Work status pre and post physiotherapy



Before the pandemic each staff member collected 25 Patient Reported Experience Measures (PREMS) using the CARE measure. This gave us over 3000 PREMS each year. We were unable to use this paper based method due to pandemic restrictions and a virtual method of gathering feedback was developed.

In the past year, all patients were invited to feed back on their 'experience' of the service through a webropol survey link (included in any email communication) and

through a QR code in departmental posters. On some sites admin staff supported patients with this.

Patients were asked about a range of aspects of care and their overall recommendation. In 2022/23, 119 patients responded. The feedback was very posiitve and a summary of their feedback is presented here.

Due to low numbers of patients providing feedback this is an area of improvement for 2023/24. The service has plans to increase the opportunities for patient feedback now that the pandemic is over and service provision is back to primarily face to face consultation.

Infographic 3: Patient Reported Experience of MSK Physiotherapy

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

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

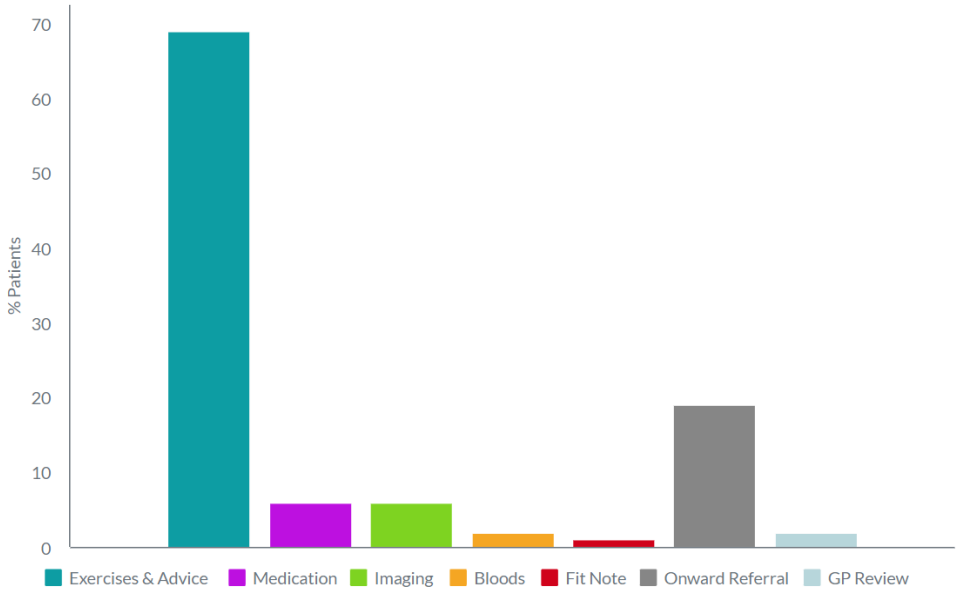
There are now almost 30wte APPs in GP practices across GGC (covering 44% of the GGC population). The resource was based on the recommended national model of one whole time equivalent APP per 16 -18,000 head of population. In 2022/23, APPs provided 58,582 new patient appointments across GGC (an increase of 8177 appointments on 2021/22). Impact data from the Board area can be accessed via this hyperlink https://create.piktochart.com/output/61132847-nhsggc-app-in-primary-care-activity-report-mar22-apr23

Impact data shows that:

63% of patients had not seen a GP prior to their APP appointment, demonstrating the release of GP time spent on MSK consultations. The remaining 37% of patients were directed to the APP via the GP.

Over 79% of patients attending an APP were supported to 'self manage' their MSK condition with exercises and advice. Please refer to the infographics below.

Infographic 4: What happened when patient attended GP APP?



2.0 Key Priority Objectives

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:

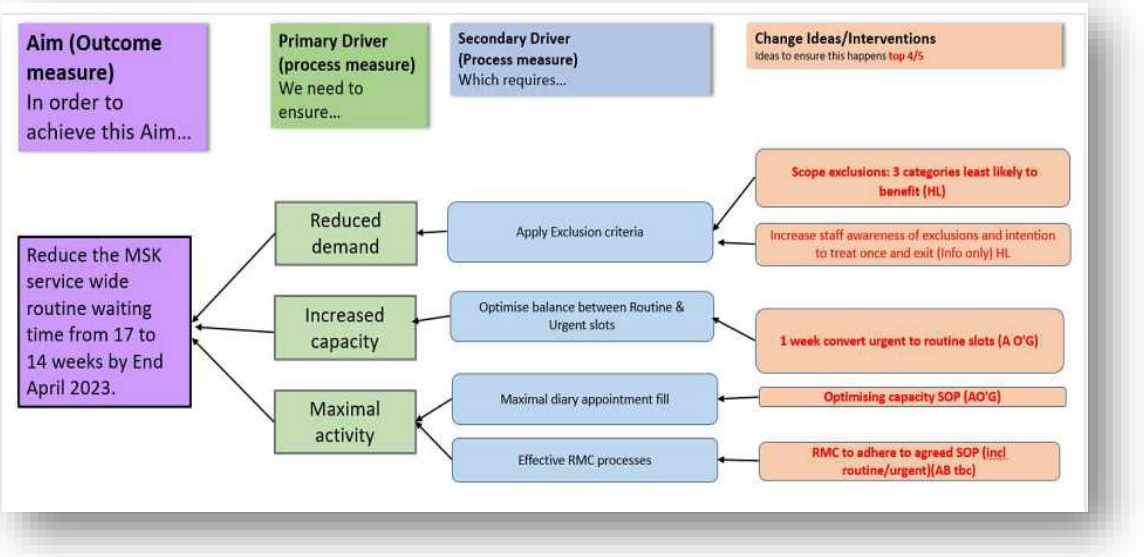
- Waiting times
- Recruitment and Retention
- Staff wellbeing
- Introduction of Electronic Patient Records/Active Clinical Notes.
- Streamlining MSK Pathways of Care and shared decision making for patients with OA of Hip/Knee.
- Training, education and staff development towards best patient care.

A short summary of each project is presented below.

2.1 Waiting times

The waiting times data has been presented within Section 1.1. This section presents the Priority Project work which went towards reduction in routine waiting times from a maximum wait of 24 weeks in April 2022 to 12 weeks by end of March 23. Quality Improvement methodology was used within the project work. The driver diagram for the project work is within Infographic 4 below.

Infographic 5: Driver diagram demonstrating Quality Improvement Approach to waiting times project.



The service over- achieved on the aim of reducing the waiting times by 2 weeks (achieved 12 week max wait rather than 14 weeks at end March 23). There were 2 key tests of change over the period (with another 2 planned for 2023/24). Firstly, over 2 separate weeks (end November and end Feb) the service converted all new urgent appointments to routine appointments to support those patients waiting longest. This successfully reduced the waiting times by 2 weeks (Nov) and 3 weeks (Feb) although it should be acknowledged that variation in waiting times are multifactorial. Secondly, the service introduced a Standard Operating Procedure to maximise efficiency. This involves local admin staff merging any two unutilised return slots in clinician's diaries and converting to new patient slots. The increase in new patient availability is being measured and this created an additional 179 New Patient (NP) appointments in Feb 23 and 273 NPs appointments in March. The service is scoping out 2 further service change ideas for 23/24. These will include further work to ensure that Referral Management Centre do not book urgent referrals into routine NP appointment slots (as this reduces routine availability and impacts on patients waiting longer for assessment). The service is also currently scoping out the number of patients on active caseloads where MSK service is unlikely to be of benefit according to the evidence base. This is with a view to focussing service provision on those patients with true MSK need and thereby likely to be helped by MSK input.

2.2 Staff recruitment and retention.

The aim of this priority project was to fill vacancies within our core MSK Service and thereby increase capacity. Recruitment is an issue for the profession nationally. Vacancies have arisen for a variety of reasons including the impact of Primary Care Improvement Programme (PCIP) and associated movement of staff into Advanced Practice Physiotherapy posts in GP practice. There is also a national shortage of graduates and historical natural movement and staff turnover within GGC MSK service.

Within the Musculoskeletal service we have seen over 30 wte GP Advanced Practice physiotherapists employed as part of PCIP (and similar promotional opportunities have been provided by other health boards). The large majority of these staff have moved internally within the MSK service. This left both a promotional opportunity staff at Band 6 level (for Band 5 staff), but also a lack of experienced Band 6 staff (see also section 2.6 below) and vacancies at Band 5 level. In order to attract staff into vacant posts a recruitment video https://youtu.be/Z2N8vQWlF_8 and website Careers in MSK Physiotherapy - NHSGGC were developed. The recruitment video was sent to all universities within UK and Ireland, targeting students/graduates, in particular to attract MSC graduates (on 2 year course). The service has subsequently been successful in recruiting to all band 5 vacant posts. Most applicants have been MSC graduates, with some recruits relocating from England to take up posts. The service will need to continue with targeted recruitment within HEIs yearly to support workforce planning.

2.3 Staff wellbeing

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

The annual half day wellbeing event was held in the Beardmore conference centre in December 2022 and attended by over 80 staff. The keynote presentations delivered by Helen Little (MSK Physiotherapy Service Manager) and James Docherty (Violence Reduction Unit) concerned the topic of Adverse Childhood Experiences (ACEs) and their impact. These was followed by physically active breakout sessions.

The Wellbeing session evaluated well**:**

- 98% rated the event "excellent" or "very good".
- 100% would recommend it to colleagues.
- All breakout sessions rated above 85%.
- New Taekwondo and Broadway Boogie breakout sessions rated over 95%.

In response to the topic of ACEs, the service is liaising with Consultant psychologist Dr Ross Turner on how to ensure that we are a 'Trauma informed workplace' and have included NES introductory material 'opening doors' in our regular service newsletter.

Each staff group has representation on the Wellbeing Steering group who meet 6 times a year. Wellbeing is a standing item on local agendas and all are encouraged to bring suggestions and act locally to enhance wellbeing. The regular service newsletter always contains up to date wellbeing resources and shares good practice related to the 5 steps to wellbeing that we use as a guide.

We seek regular weekly feedback from the extended management team (EMT) about the functioning of the meeting and more in-depth feedback about the overall functioning of the team. As a result we have commissioned the Kinharvie Institute to work with us on maximising the functioning of the EMT.

Staff wellbeing at all levels in our service is important and continues to be one of the service priorities.

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

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. This innovation 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). It has also helped with record standardisation, patient reported outcome measure reporting (see section 1.2 above), financial savings (printing and notes storage costs) and provision of copy of records for Health Records Legal Department (reduction in time delay and cost due to previously needing to recall records from storage).

The use of Digital Records is in keeping with our digital strategy (see section 3 below) and also meets previous Ombudsman requirements which recommended that MSK notes be accessible to other health care professionals within the organisation.

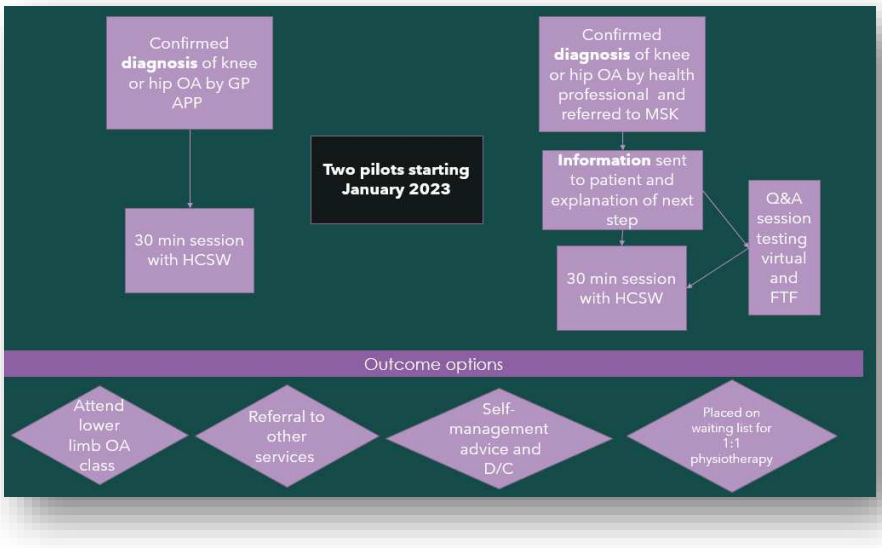
Work is ongoing to ensure best practice and reporting of data (in liaison with Business Intelligence colleagues).

2.5 Streamlining Pathways (<u>and shared decision making for patients with Hip or knee OA)</u>.

The MSK service is seeking to improve the care options for patients referred into the service with either hip or knee osteoarthritis. These new pathway options are underpinned with the principles of realistic medicine, shared decision making, right person right time and aligns with national and international clinical guidelines.

The project has two stages. The first stage was to ascertain how many patients would have their care options improved by the new pathways. Early audit suggests in the region of 13% of MSK patients would be impacted by this change.

The next stage is to design pathways to ensure sustainable effective and safe care whilst maximising the resources available. This led to the introduction of two pilots, detailed below.



These pilots are ongoing with evaluation including feedback from both patients and Health Care Support Workers. Initial results will be ready at end of June and any further adaptations made to the pathways prior to rolling out across GG&C.

A wider piece of work across primary care, MSK and orthopaedics is underway to design a 'decision support tool' for patients with Osteoarthritis. We have involved the

help of a PhD student to design this tool following input from both patients and healthcare professionals.

A further initiative is underway to modernise our pathways and improve efficiency for our patients by maximising the use of our Advanced practitioners. The service is currently conducting a 6-month pilot to evaluate direct referral from GP APP staff in Primary care to our low back pain Advanced Practice Physiotherapists within MSK.

2.6 Training, Education and staff development towards best patient care

The aims of this project were to establish an educational plan to meet the needs of clinicians and service now and in the future and to be able to define a core package of training resources for all staff with a focus on NES pillar of clinical practice.

A focused training plan was required to allow a greater understanding of the return on investment from staff training. Patients are presenting with more complex and multiple co-morbidities and the service needs to ensure that staff have the skills and knowledge to effectively assess and manage this patient group. This is especially required given the movement of experienced Band 6 staff into roles within Primary Care (see section 1.3)

A scoping exercise was carried out amongst staff to establish current skills and knowledge and identify gaps and training requirements. This was stratified against the banding and to the current profile of patient most commonly accessing the service. This has resulted in development of a framework that represents a sliding scale of recommended training for MSK physiotherapy staff which will be tested with a view to implementing in May 2023. The framework will be monitored to see how many times it is accessed by staff and the survey repeated in 2024 to establish any change in skills and knowledge amongst staff.

This will be a continuous process to ensure staff continue to have the right skills and knowledge to support our patients. Almost £40k was invested in staff training within 2022/23 from reserves budget.

3.0 MSK Digital Strategy

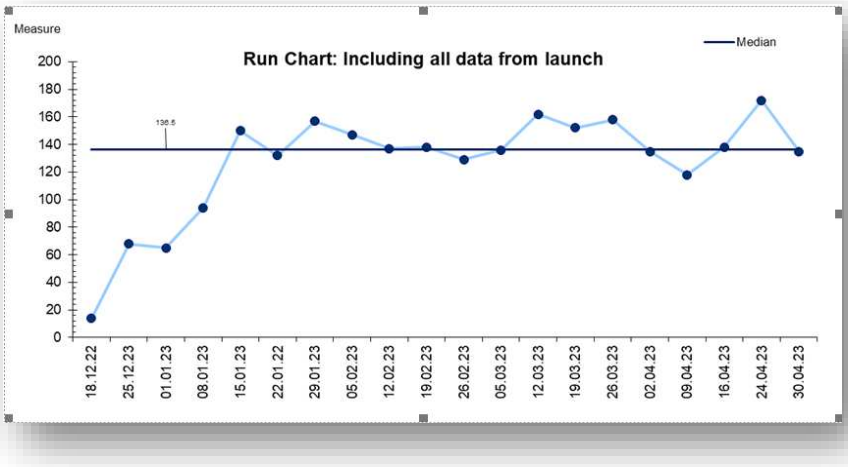
The use of Digital technology has become much more of a normal part of our service delivery in recent years and is a common thread running through the majority of work plans we have progressed through this period.

Our Digital Steering Group for our service oversee our digital projects and this is recorded within the MSK Digital Strategy. This gives an overview of our current digital projects, but is also a place to articulate our future digital ambitions.

The main digital based projects during 22-23 are as follows:

- Electronic Patient Records – see section 2.4 above.
- Virtual Patient Management (VPM) – The service has continued to look at ways to ensure we offer patients a choice of VPM where appropriate, to allow optimal patient choice and also improve diary management between face to face and VPM consultations. The service has moved towards template rebuilds that allow all return appointments to be offered as either a face to face or telephone appointment, with the option of video available also.
- Electronic Self-Referral – The lack of electronic self-referral has been a consistent theme within patient feedback for some time. In December we launched our electronic self-referral form which is accessed through our updated website with uptake / use over the last 6 months gradually increasing. A run chart showing number of electronic self referrals is shown in Graph 3 below.

Graph 3: run chart showing number of electronic self referrals received weekly since launch



- Electronic Referral – the service continues to work on the best process for other specialities within GG&C to refer to us electronically as a preferred route to current paper referrals. The main barrier is lack of electronic referral route back should we receive a referral that is inappropriate for our service, despite many conversations with eHealth. We hope to finalise and launch our process in 23-24. Between 40-50% of all referrals to the service are "self

referrals" (i.e. approx. 2-2.5k each month). It can be seen that paper based self referral still constitute the majority of self referrals to the service. The service will continue to promote electronic self referral as an additional mode of access to enhance patient choice.

- Website – Our public facing website continues to be updated to make sure all the information provided is current and evidence based making it a valuable self-management resource. A webinar was held in March to launch this to GP's to enable signposting to appropriate support self-management resource and with the option of electronic self-referral. Feedback received is that this is proving to be a valuable resource that other specialities are now using the MSK website to support their patients with MSK conditions.
- Netcall – An SBAR has been submitted to request that the service has use of Netcall to interact better with patients waiting on the routine waiting list. This would support patients to be fully informed and directed to appropriate self-management advice while they wait. Netcall also has potential to provide the service with more information from patients in the forms of PREMS and feedback. The service hopes this will progress in 23-24 but there has been some delay to date in this moving forward.
- Artificial Intelligence (AI) – The service is scoping out the possible use of AI to aid vetting of referrals and thereby free up clinical time currently spent in vetting. AI also has potential to direct patients through the best possible MSK Physiotherapy pathway. The service is currently working with the West of Scotland Centre for Innovation to progress the use of AI. The service continues to highlight to Scottish Government that a 'One for Scotland' approach would be preferred across all national MSK Physiotherapy services to provide a consistent point of access for patients with an MSK condition.

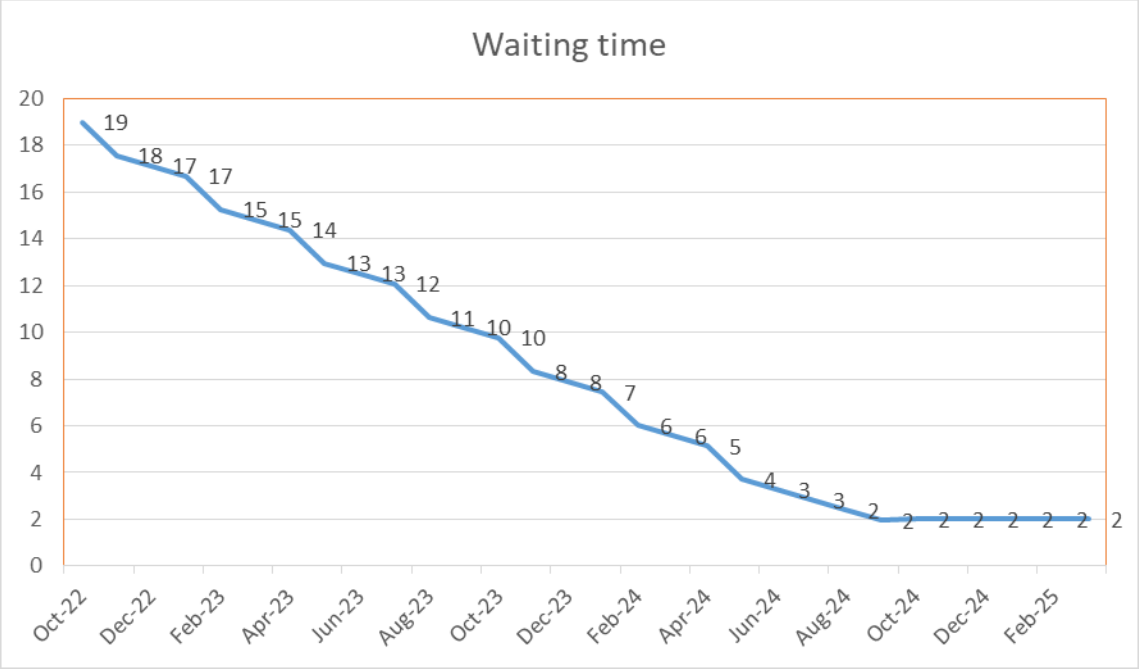
Conclusion

We believe that this summary report demonstrates the huge volume of quality work that has been carried out within the MSK service within the last year. We take pride in the amount of data that we collate and use towards best staff and patient care. The service continues to drive forward to ensure the best care for MSK patients.

Appendix 2: MSK waiting times trajectory

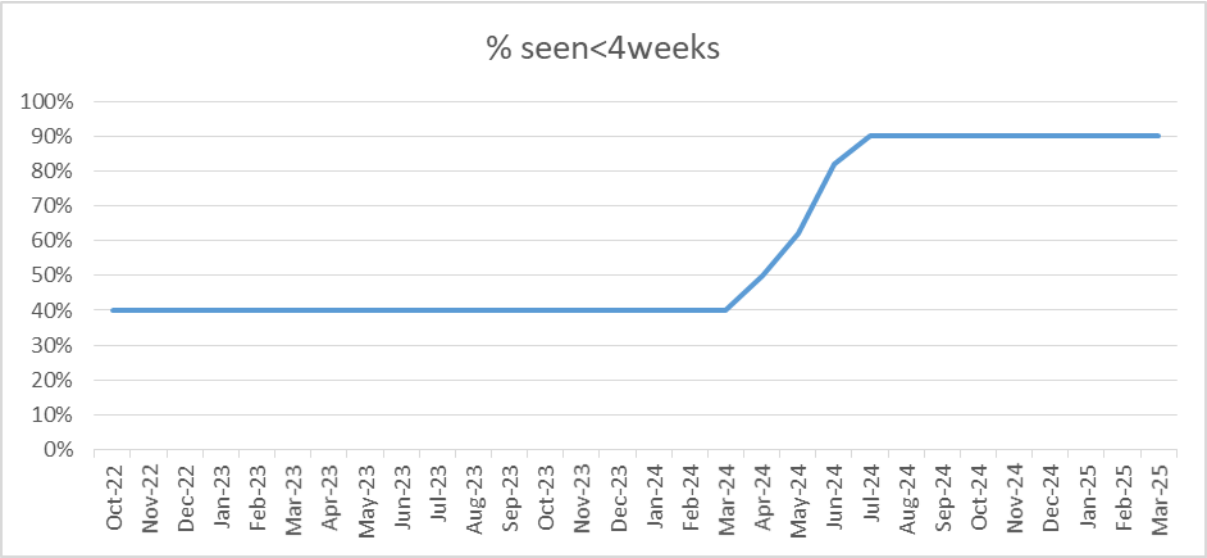
The Scottish Government AHP MSK waiting times target is that 90% of patients should be seen within 4 weeks (n.b. this target is for all referrals i.e. those categorised as "urgent" and "routine"). Graph 1 below shows trajectory data for MSK Physiotherapy service in regards to routine waiting times for 2023/24 and beyond. Based on this trajectory the msk service will achieve the waiting times target by June 24. Annual demand and capacity figures are multifactorial and therefore production of totally accurate trajectory data is challenging. Factors which will impact on trajectory are staffing levels/capacity and demand for/referral rate to service (see section on risks below). The trajectory presented is based on clinical staffing levels at time of producing the data (115 wte). Graph 1 below presents trajectory based on 54k referrals. Annual referral rate for 2022/23 was 65k referrals (and New Patient activity was 57k). The referral rate trajectory of 54k is based on the number of referrals minus the number of routine patients referred to the service who do not "opt in" at time of appointment offer. The percentage who do not opt in is variable and decreases as waiting times improve but the demand of 54k is based on 8% of patients not opting in at the time of appointment offer (based on referral rate in 2022/23 and 8% as average figure who do not opt in for New Patient appointment and 2022/23 routine waiting times). The 2022/23 NP activity data of 57k was not used to calculate trajectory data as this figure included use of Agency staff to address routine waiting times (7 agency staff, each with capacity to see 420 NPs per year). The cost of agency staff was covered from MSK reserves budget to address routine waiting times and their activity is not included in the trajectory calculation as reserves is a finite resource.

Graph 1: MSK waiting times trajectory for routine appointment based on referral rate of 54k.



Graph 2 below presents the trajectory in relation to the AHP MSK waiting times target of 90% being seen within 4 week period. The flat line at 40% seen within 4 weeks relates to the proportion of New Patient appointments held for urgent referrals. Any urgent appointments not utilised are converted to a routine appointment to address routine waiting times. Until the routine waiting times are closer to the four week target, the percentage of patients seen within four weeks will not vary much as it will constitute primarily the urgent referrals. It can be seen from the graph that the service is not likely to meet the AHP waiting times target until July 24.

Graph 2: MSK waiting times trajectory in relation to Scot Gov AHP MSK waiting times target of 90% patients being seen within 4 week period.



Risks to waiting times trajectory not being achieved.

Annual demand and capacity figures are multifactorial and therefore production of totally accurate trajectory data is challenging. Factors which will impact on trajectory are staffing levels/capacity and demand for/referral rate to service. Some of the risks to achievement of the trajectory are below:

Staffing levels/capacity

The trajectory presented is based on clinical staffing levels at time of producing the data (115 wte). Any variation in staffing levels will impact on trajectory data (n.b. impact could be positive or negative).

- Recruitment of physiotherapy staff is a national issue with a lack of available workforce. The MSK service has an ongoing focus on recruitment to try and ensure vacancies are filled. Trajectory may improve or worsen dependent on staffing levels and ability to fill vacant posts.

- Sickness absence and maternity leave will also adversely impact on capacity. The service continues to monitor sickness absence which has been improving but remains higher than pre pandemic.
- Reserves budget may be available for waiting list initiative work (including possible agency recruitment). This has potential to increase capacity and improve trajectory data.

Referrals/demand

Trajectory data is based on referral rates/demand within 2022/23. If demand increases then this will negatively impact on trajectory.

- Historically it has been recognised that as waiting times decrease then MSK demand tends to increase. This is probably due to the fact that GPs act as effective gatekeepers to the MSK service and tend to refer less patients if waiting times are high.
- As waiting times decrease the proprotion of patients who "do not opt in" for a routine appointment also decreases. The trajectory data was based on 8% patients not opting in for a routine appointment. This may prove to be an overestimate as waiting times improve.
- The service has recently introduced electronic self referral (via MSK website) to improve access for patients (as well as ease pressure on GP colleagues from MSK demand). This may increase demand and the service continues to monitor this on a weekly basis.
- Any increase in orthopaedic throughout (including elective surgery) will result in increased referrals to MSK. These referrals will predominately be urgent in nature. Any increase in urgent appointments will have a detrimental impact on routine waiting times.

- Demand may decrease as the MSK service has work underway to ensure that service provision is focussed on patients who can benefit from MSK physiotherapy input according to the evidence base. If demand decreased then there would be a positive impact on trajectory data.

West Dunbartonshire Health and Social Care Partnership Board

Report by Sylvia Chatfield Head of Service, Mental Health, Learning Disabilities and Addiction Services

15 August 2023

Subject: Alcohol and Drug Partnership update including Financial Framework, ADP 2022/23 Annual Survey Report and Waiting Times

1. Purpose

The aim of the report is to provide the Health and Social Care Partnership (HSCP) Board with an update on funding and spending plans to deliver Alcohol and Drug Services and to provide an overview of the Alcohol and Drugs Partnership (ADP) Annual Reporting Survey submitted in June 2023, and ADP waiting times.

2. Recommendations

The HSCP board are asked to:

(a) Note the content of the report;
(b) Consider the updated Financial Plan and approve spending proposals outlined in section 4;
(c) Approve the Alcohol and Drugs Partnership (ADP) Annual Reporting Survey; and
(d) Note that West Dunbartonshire Health and Social Care Partnership has met the required target in the most recently published data.

3. Background

3.1 The Alcohol and Drug Partnership is the framework where statutory and non-statutory service providers assess, plan and deliver services that are developed to prevent problem substance use and provide treatment services for people directly and indirectly affected by problematic substance use.

3.2 The Scottish Government provided a letter with details of funding allocations to Support the Delivery of Alcohol and Drug Services to each ADP, and Integration Authorities, in February 2023, (Appendix 1). The letter Item 7,

Scope of ADP Funding, highlights that Programme for Government, (PfG), and National Mission funding should be considered an Earmarked Recurring allocation which will be incorporated into Baseline recurring funding in future years.

3.3 The ADP survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission. The information submitted will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach; Group, the Public Health Surveillance Group, and the Residential Rehabilitation Development Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

3.4 The Local Delivery Plan Standard (formerly HEAT target) is that people should wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery, with a target of 90%.

4. Main Issues

4.1 Scottish Government Funding Allocation 2023/24

Due to the Scottish Government Emergency Budget Review, (EBR), final confirmation of additional ADP funding and treatment of Earmarked ADP Reserves was not confirmed until February 2023 which resulted in delays in the implementation of previously approved spending proposals. £0.611m was allocated in February 2023 which funded in year expenditure and preserved the Earmarked ADP Reserves balance, committed to fund future year developments. The allocation letter, (Appendix 1), outlines that PfG and National Mission funding should be considered Earmarked Recurring which has assisted the ADP in refreshing the Financial Plan to continue to align with supporting delivery of the National Mission, MAT Standards and Ministerial Priorities.

At the time of finalising the ADP update, a further funding allocation letter from Scottish Government, dated 4th August 2023, has been received which outlines 2023/24 funding and financial reporting processes and confirms the intention to baseline Programme for Government funding from 2024/25, (Appendix 5).

4.1.1 Following confirmation of recurring funding, the ADP Financial Plan first presented to the HSCP board on the 16th August 2022 has been updated and includes proposals to recruit a permanent ADP Strategy Officer, Harm Reduction Nurse, and convert the previously approved 2 x Fixed Term Addiction Workers posts to permanent posts. The financial plan also supports the commissioning of 2 x Peer Support Workers via Third Sector Partners and funding for local Assertive Outreach and Near Fatal Overdose pathways beyond current national contract extended term, (March 2024).

4.2 Current Reserves Position

IJB Earmarked Reserves for ADP, as at 1st April 2023, are £0.984m. These relate to previous year underspends against the additional ADP funding streams, and are built into the revised ADP Financial Plan, (Appendix 2).

4.3 ADP 2022/23 Annual Survey Report

West Dunbartonshire Alcohol and Drug Partnership Annual Reporting Survey was submitted this to Scottish Government in June 2023. A copy is appended in Appendix 3.

4.4 Official Waiting Times – Report published by Public Health Scotland 27th June 2023

4.4.1 Table 1 below shows that in each of the four quarters of 2022/23, West Dunbartonshire has been over the 90% threshold (for waits 21 days and below), and the percentages have been consistently higher than both NHSGGC and Scotland as a whole.

Table 1 – Percentage of waits 21 days and below

Area	Q1	Q2	Q3	Q4
West Dunbartonshire	95.7	97.5	93.7	96.4
NHSGGC	91.9	94.1	92.9	92.7
NHS Scotland	89.2	89.7	90.8	92.2

4.4.2 When comparing West Dunbartonshire ADP performance across NHSGGC, Table 2 below highlights, West Dunbartonshire was 3rd highest in Q1, 2nd highest in Q2, 4th in Q3, and 2nd again in Q4. East Renfrewshire had the highest percentage in each of the quarters, whilst Renfrewshire had the lowest percentage in the first 3 quarters with East Dunbartonshire having the lowest percentage in Q4.

Table 2 - NHSGGC ADP Waiting Time Comparison

Area	Q1	Q2	Q3	Q4
NHS Scotland	89.2	89.7	90.8	92.2
NHSGGC	91.9	94.1	92.9	92.7
East Dunbartonshire	92.0	87.6	85.5	81.1
West Dunbartonshire	95.7	97.5	93.7	96.4
City of Glasgow	92.6	95.4	94.8	94.1
Inverclyde	97.0	97.1	96.9	94.4
Renfrewshire	67.5	75.4	76.4	84.7
East Renfrewshire	97.9	98.1	100	96.6

4.4.3 Table 3 below shows the number of waits registered in West Dunbartonshire in each quarter ranged from 205 (in Q3) to a high of 239 (in Q2). On average across 2022/23 there were 225 waits per quarter compared to 2021/22 where the average was 231 waits per quarter. In 2021/22 there were 923 waits in total compared to 901 in 2022/23 which was a decrease of 2.4%.

Table 3 - Number of waits within West Dunbartonshire

Area	Q1	Q2	Q3	Q4
NHS Scotland	7,932	7,481	7,239	7,716
NHSGGC	2,143	2,073	2,093	2,208
East Dunbartonshire	88	97	69	74
West Dunbartonshire	233	239	205	224
City of Glasgow	1,522	1,437	1,437	1,425
Inverclyde	132	105	130	125
Renfrewshire	120	142	199	301
East Renfrewshire	48	53	53	59

4.4.4 Table 4 below shows the median wait in West Dunbartonshire was 7 days in Q1 and Q4, and 9 days in Q2 and Q3. This median wait rose in Q2/Q3 due to unfilled vacancies and improved by Q4 when posts were filled. Within the NHSGGC area, West Dunbartonshire had the 2nd lowest days waited in Q1, however had the highest number of days waited in Q2 and the 2nd highest in Q3, falling to the 3rd highest by Q4. Glasgow City had the lowest number of days waited in each of the quarters, with an average of 3 days. The waits in West Dunbartonshire in Q1/Q4 were the same as the NHS Scotland waits,

however in Q2/Q3 the waits were 2 days more than the Scotland average. West Dunbartonshire waits were also consistently longer than the NHSGGC waits (an average of 5 days compared to West Dunbartonshire average of 8 over the year).

Table 4 - Median wait times comparison

Area	Q1	Q2	Q3	Q4
NHS Scotland	7	7	7	7
NHSGGC	5	5	5	5
East Dunbartonshire	7	8	8	11
West Dunbartonshire	7	9	9	7
City of Glasgow	3	4	3	3
Inverclyde	8	8	8	7
Renfrewshire	12	7	11	8
East Renfrewshire	9	7	9	8

5. Options Appraisal

5.1 Not applicable

6. People Implications

6.1 The work to deliver on the work within the ADP is within existing staffing structures.

7. Financial and Procurement Implications

7.1 Financial plans will require ongoing monitoring to ensure compliance with Scottish Government funding criteria and to ensure that all plans remain affordable within the overall funding envelope. A commissioning group has been established to support the implementation and delivery of contractual arrangements where required.

8. Risk Analysis

8.1 Recruitment challenges are being experienced in all Health Boards and Integration Authorities across many staff groups and disciplines, and ADP/ADRS Services are no exception. This has the potential to impact on

delivery of priorities where additional staffing requirements have been identified. To mitigate this, some posts have been identified for permanent recruitment in areas where fixed term posts are particularly challenging to fill. This in turn presents a risk beyond the current guarantee of funding to 2026 which will need to be managed by the HSCP with appropriate planning and monitoring strategies and in continued communications with Scottish Government. However, the advice that Programme for Government and National Mission funding allocations should be considered Earmarked Recurring and that Scottish Government will look to baseline this funding in future years provides a degree of assurance.

8.2 Regular financial performance reports to the HSCP board will report on the overall progress of budget performance. All recurring costs will be factored into future budget plans with a funding source identified.

9. Equalities Impact Assessment (EIA)

9.1 There is no EIA required for this report.

10. Environmental Sustainability

10.1 Not applicable

11. Consultation

11.1 There is no consultation required for this report.

12. Strategic Assessment

12.1 This work demonstrates the WDADP and WDHSCP contribution to primary prevention actions in the following national strategies:

- Scotland's Public Health Priorities: Priority 4 - A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- Raising Scotland's tobacco-free generation: our tobacco control action plan 2018
- Alcohol Framework 2018: Preventing Harm
- Rights, Respect and Recovery action plan 2019 to 2021 (version 2)
- National Drug Mission and Outcome Framework
- The HSCP boards own Strategic Plan 2023-2026 Improving Lives Together: All 4 Strategic Priorities

12.2 ADP Ministerial Priorities 2021/22

This work also contributes to the delivery of the following:

- A whole family approach/family inclusive practice on alcohol and drugs
- Education, prevention and early intervention on alcohol and drugs
- A reduction in the attractiveness, affordability and availability of alcohol

13. Directions

13.1 The recommendation(s) within this report require the HSCP Board to issue a Direction to NHS Greater Glasgow and Clyde and West Dunbartonshire Council. This is included within Appendix 4.

Name: Sylvia Chatfield

Designation: Head of Mental Health, Learning Disabilities and Addiction Services

Date: 4 August 2023

Person to Contact: Chris Kelly

Email chris.kelly@ggc.scot.nhs.uk

Appendices:

Appendix 1 Scottish Government Funding Letter to ADP Chair/Integrated Authority Chief Officer (10th February 2023)

Appendix 2 Updated Financial Plan

Appendix 3 ADP Annual Reporting Survey

Appendix 4 Direct to the Board for Approval

Appendix 5 Scottish Government Funding Letter to ADP Chair/Integrated Authority Chief Officer (4th August 2023)

Population Health Directorate
Drug Policy Division & Health Improvement Division
E: Drugsmissiondeliveryteam@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

ADP Chair
Integration Authority Chief Officer

Copies to:
Integration Authority Chief Finance Officer
ADP Co-ordinators

10 February 2023

Dear ADP Chair and Integration Authority Chief Officer

SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2022-23 FUNDING ALLOCATION, PROGRAMME FOR GOVERNMENT FUNDING AND MINISTERIAL PRIORITIES – TRANCHE 2 ALLOCATION UPDATE

1. We are writing to follow up on our letter of 6 October and provide a further update on the second tranche of 2022-23 allocations for Alcohol and Drug Partnerships (ADPs) which will be issued in the next allocation run in early March.

Available Resources

2. As noted in the 6th October letter, the funding being made available to ADPs in 2022-23 is £106.8 million, inclusive of £56.5 million baseline contribution plus £50.3 million available for in year allocation.

3. Given the overall financial pressures across health and social care it is prudent and sensible to use existing reserves that have been built up over time before allocating new funding. On that basis, we previously communicated that Integration Authorities would be expected to draw down existing reserve balances in the first instance before accessing new funding, to avoid a build up being carried forward into future financial years.

4. The initial tranche of allocations issued in September 2022 totalled £12.3 million. This allocation was based on 70% of the £50.3 million available for in year allocation and took account of £29.4 million reserve balances at 31 March 2022 previously reported by CFOs.

Methodology for Tranche Two Allocation

5. Second tranche allocations were subject to supporting data and evidence regarding additional ADP funding required in 2022-23. We requested information confirming latest spend incurred, forecast spend and reserves balances, with returns due back by 28th October 2022 and 26th January 2023. This information informed tranche 2 allocations and final allocations (contained in Annex A) have been tapered to match forecast spend, taking into account any in-year slippage that is expected to arise and carry forward reserve balances earmarked for future commitments.

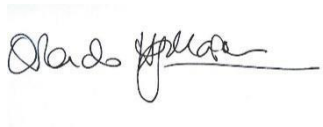
6. The quality of the data received has been variable therefore making tranche 2 allocation requirements challenging to confirm with accuracy. Everyone who requires a tranche 2 should be in receipt of one, however if you have any queries with your allocation do get in touch.

Scope of ADP funding

7. For 2022-23, ADP funding should continue to be used to deliver the priority services set out in the 23rd June letter. The funding must be delegated in its entirety to IAs. The funding for the PfG and National Mission uplift elements is considered an earmarked recurring allocation which we will look to baseline in future years. The specific programme funding is currently considered non-recurring while we continue to review the next steps on each of these programmes.

8. I look forward to working with you as we continue to drive forward on delivering the outcomes set out in the National Mission Outcomes Framework, to reduce deaths and improve lives.

Yours sincerely



Orlando Heijmer-Mason
Deputy Director, Drug Policy Division
Population Health Directorate

Annex A: ADP Tranche 2 Allocation by Board and Integration Authority

NHS Board Name	Integrated Authority Name	ADP Tranche 1 Allocation (IA)	ADP Tranche 1 Allocation (Board)	ADP Tranche 2 Allocation (IA)	ADP Tranche 2 Allocation (Board)
	TOTAL	**£12,293,795**	**£12,293,795**	**£14,162,100**	**£14,162,100**
Ayrshire & Arran	East Ayrshire HSCP	£0	**£443,243**	£535,000	**£1,734,100**
	North Ayrshire HSCP	£43,160		£533,000	
	South Ayrshire HSCP	£353,182		£646,000	
	NHS Ayrshire & Arran (programme management)	£46,900		£20,100	
Borders	Scottish Borders HSCP	£715,639	**£715,639**	£0	**£0**
Dumfries & Galloway	Dumfries and Galloway HSCP	£0	**£0**	£413,000	**£413,000**
Fife	Fife HSCP	£608,508	**£608,508**	£437,000	**£437,000**
Forth Valley	Clackmannanshire and Stirling HSCP	£604,934	**£1,150,833**	£257,000	**£378,000**
	Falkirk HSCP	£545,900		£121,000	
Grampian	Aberdeen City HSCP	£0	**£444,796**	£159,000	**£1,074,000**
	Aberdeenshire HSCP	£188,506		£493,000	
	Moray HSCP	£256,291		£422,000	
Greater Glasgow & Clyde	East Dunbartonshire HSCP	£0	**£1,733,677**	£798,000	**£3,268,600**
	East Renfrewshire HSCP	£32,360		£593,000	
	Glasgow City HSCP	£1,608,918		£626,000	
	Inverclyde HSCP	£0		£460,000	
	Renfrewshire HSCP	£0		£141,000	
	West Dunbartonshire HSCP	£0		£611,000	
	NHS Greater Glasgow & Clyde (programme management)	£92,400		£39,600	
Highland	Argyll and Bute HSCP	£442,253	**£2,006,325**	£261,000	**£914,000**
	Highland HSCP	£1,564,072		£653,000	
Lanarkshire	North Lanarkshire HSCP	£2,178,714	**£4,231,608**	£618,000	**£1,022,000**
	South Lanarkshire HSCP	£2,052,894		£404,000	
Lothian	East Lothian HSCP	£190,000	**£595,099**	£259,000	**£2,788,600**
	Edinburgh HSCP	£0		£1,821,000	
	Midlothian HSCP	£0		£227,000	
	West Lothian HSCP	£312,699		£442,000	
	NHS Lothian (Programme management)	£92,400		£39,600	
Orkney	Orkney Islands HSCP	£0	**£0**	£69,000	**£69,000**
Shetland	Shetland Islands HSCP	£0	**£0**	£67,000	**£67,000**
Tayside	Angus HSCP	£215,854	**£364,067**	£200,000	**£1,996,800**
	Dundee City HSCP	£102,013		£812,000	
	Perth and Kinross HSCP	£0		£965,000	
	NHS Tayside (programme management)	£46,200		£19,800	
Western Isles	Western Isles HSCP	£0	**£0**	£0	**£0**

West Dunbartonshire ADP Funding - Revised Financial Plan 2023/24 - 2025/26 - Appendix 2						
Current Commitments/Approved Expenditure against Earmarked Recurring Allocations confirmed - Programme for Gov't & National Mission						
	WTE	**Funding Stream**	**23/24 Forecast**		**FYE Cost**	
ADP Strategy Officer NHS B7 - fixed term	1.00	PFG	Vacant		£0	(See Proposals for review/approval below)
Data Analyst NHS B5 - fixed term	1.00	PFG Earmarked Reserves	£49,500		£49,500	
Addiction Worker WDC G7 - fixed term	2.00	PFG Earmarked Reserves	£100,000		£100,000	(See Proposals for review/approval below)
Advanced Prescribing Pharmacist NHS B8a - Permanent	1.00	PFG	£75,500		£81,600	
Medical Officer NHS MO - Permanent	0.60	PFG	£50,000		£55,000	
Addictions Nurse NHS B6 - fixed term	0.80	PFG Earmarked Reserves	£30,500		£0	Fixed term post ends mid year 23/24
Health Care Support Worker NHS B3 - fixed term	1.00	PFG Earmarked Reserves	£35,800		£35,800	
			£341,300		**£321,900**	
Senior Addiction Worker - Young People WDC G8 - Permanent	1.00	National Mission	£30,000		£60,000	Recruitment progressing
Harm Reduction Mobile Unit - lease costs		National Mission	£10,000		£10,000	
Staff costs for Harm Reduction Mobile Unit	TBC	National Mission	£30,000		£30,000	
Assertive Outreach/Near Fatal Overdose Pathways - Locally Commissioned Service required to replace current SG national set up (delivered by Turning Point Scotland - due to end Sept 2022, now extended to March 2024)		National Mission	£50,000		£110,000	(Supplemented by CORRA Grant Funding - max £500k match funding)
			£120,000		**£210,000**	
Updated Proposals for review/approval						
ADP Strategy Officer NHS B8a - Permanent	1.00	PFG	£37,750		£81,600	Proposal to replace previously approved, vacant fixed term Strategy Officer Band 7, with Permanent Band 8a Strategy Officer which is in line with Job Evaluation outcomes in other GG&C ADP's and confirmation of Earmarked Recurring funding allocations.
Addiction Worker WDC G7 - Permanent (costs captured under fixed term previously approved posts).	2.00	PFG	£0		£0	Proposal to make permanent the previously approved 2.0wte Fixed Term Addiction Worker posts in line with confirmation of Earmarked Recurring funding allocations. (no additional cost - proposal is regarding move from FT to Perm posts)
Harm Reduction Nurse	1.00	PFG	£30,400		£60,800	Proposal to recruit permanent Harm Reduction Nurse to enhance provision of Core Service and meet demands of the service.
Peer Support Workers	2.00	National Mission Earmarked Reserves	£10,000		£20,000	Proposal to commission 2 x Peer Support Workers via Third Sector Partners to enhance provision of Lived & Living Experience.
			£78,150		**£162,400**	
Specific Programme Funding - Non Recurring Allocations to be confirmed						

CBT Therapist NHS B7 - permanent	1.00	MAT Standards	£63,400		£71,200	In post
ANP NHS B7 - permanent	1.00	MAT Standards	£63,400		£71,200	In post
ANP (Mental Health) NHS B7 - permanent	1.00	MAT Standards	£31,700		£71,200	Recruitment underway
			£158,500		**£213,600**	
Navigator and Arrest Referral pilots		DDTF	£58,000		£58,000	Initial Projects complete. Future funding TBC - no commitments at this time. (Previous allocation circa £58k - use this for forecast funding and expenditure summary)
Residential Rehab beds (Safe as Houses, Phoenix & Jerricho)		Residential Rehab	£90,430		£90,430	Subject to availability of beds
Family Support Worker - Commissioned via Third Sector Partner	1.00	Whole Family Approach	£30,000		£30,000	In post - commissioned service
Lived and Living Experience - TBC		Lived and Living Experience	£9,043		£9,043	
			£345,973		**£401,073**	
Previously Approved Proposals not progressed/replaced within revised plans above	**WTE**	**Funding Stream**				
OT (Mental Health) NHS B6 - fixed term	0.50	PFG	£0		£0	Not progressed - removed from financial plan
Senior Social Worker WDC G9 Secondment - fixed term	1.00	PFG	£0		£0	Not progressed - removed from financial plan
Social Worker WDC G8 - fixed term backfill re above	1.00	PFG	£0		£0	Not progressed - removed from financial plan
ADP Independent Chair - TBC	0.40	TBC	£0		£0	Not progressed at this time
			£885,423		**£1,095,373**	

West Dunbartonshire ADP Funding - Revised Financial Plan 2023/24 - 2025/26 - Appendix 2												
Due to timing of initial additional funding allocations and recruitment and commissioning challenges, slippage has occurred which has been transferred to IA Earmarked Reserves for drawdown in future years for the specific priorities set out by Scottish Government. The revised plan below sets out the proposed allocation of funding, including Reserves, for current financial year 2023/24 and future years up to and including 2025/26.												
	2023/24				**2023/24 Forecast Expenditure**				**23/24 Consolidated Forecast Position**		**2 Year Annual Projections (2024/25 - 2025/26)**			
Description of Ring Fenced/Earmarked Funding	**Reserves £000**	**SG Allocations £000**	**Total £000**		**Expenditure funded from Reserves Drawdowns £000**	**23/24 Forecast Expenditure against SG Allocations £000**	**Total Forecast Expenditure £000**		**Forecast Closing Earmarked Reserves Balance 23/24 £000**		**Annual Indicative Allocation**	**Full Year Effect Forecast Expenditure**	**Annual Forecast Under/Overspend**	**Comments**
ADP Earmarked Reserves opening balance April 2023. (All funding streams).	984		984		226		226		758			105	-105	Commitments will require some realignment between funding streams, and incremental phasing of Earmarked Reserves. Assuming Funding is extended/baselined to cover ongoing costs of permanent/recurring costs, some fixed term and/or commissioned services would need to drop off or be funded from another source beyond 2026 if non recurring/Specific Programme funding streams are not continued. (See breakdown of Permanent/Fixed Term/Commissioned Services below).
Programme for Government (PfG) - Confirmed Earmarked Recurring		301	301			194	194		107		301	379	-78	
National Mission - Confirmed Earmarked Recurring		194	194			120	120		74		194	210	-16	
MAT Standards, Whole Family Approach, Lived & Living Experience, Taskforce Response Fund: Specific Programme Funding - basis TBC		374	374			346	346		28		374	401	-27	
Total	**984**	**869**	**1,853**		**226**	**660**	**885**		**968**		**869**	**1,095**	**-226**	**(Funded from Earmarked Reserves drawdown)**

(Confirmation of AFC and Medical Pay Award funding for Earmarked and Non Recurring SG Allocations TBC - assumed SG Allocations do not include pay award uplift). Allocation letter dated 4th August 2023 confirms AFC uplift funding for 22/23 and 23/24 at Health Board Level, however breakdown by HSCP not yet available.													-226	Application of Earmarked Reserves to fund forecast 24/25 expenditure shortfall against budget
													-226	Application of Earmarked Reserves to fund forecast 25/26 expenditure shortfall against budget
													306	Balance of Earmarked ADP Reserves available to smooth pressures including Long Acting Buprenorphine costs and Local Assertive Outreach/NFO Service Contract negotiations. (Subject to review of 2023/24 Bi-annual financial returns to SG and subsequent allocation of Tranche 2 funding).

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as Official Statistics on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?
[single option, drop-down menu]

West Dunbartonshire ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)
[multiple choice]

- ☐ Alcohol harms group
- ☐ Alcohol death audits (work being supported by AFS)
- ☒ Drug death review group
- ☒ Drug trend monitoring group/Early Warning System
- ☐ None
- ☐ Other (please specify):

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews? (select only one)
[single option]

☒ Yes
☐ No
☐ Don't know

Q3b) If no, please provide details on why this is not the case.
[open text – maximum 255 characters]

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)
[single option]

☒ Yes
☐ No
☐ Don't know

Q4b) If no, please provide details.
[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.
[open text, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	4.50 WTE
Total vacancies (whole-time equivalent)	1.00

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.
[open text – maximum 255 characters]

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)
[single option]
☒ Yes
☐ No (please specify who does):
☐ Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.
[open text, decimal]

Total current staff (whole-time equivalent)	1.00
Total vacancies (whole-time equivalent)	0

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)
[multiple choice]
☒ Coaching, supervision or reflective practice groups with a focus on staff wellbeing
☒ Flexible working arrangements
☒ Management of caseload demands
☒ Provision of support and well-being resources to staff
☒ Psychological support and wellbeing services
☐ Staff recognitions schemes
☐ None
☐ Other (please specify):

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)
[multiple choice]

☒ Feedback/complaints process
☒ Questionnaire/survey
☐ No
☐ Other (please specify):

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)
[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	☒	☒
Feedback used to inform service improvement	☒	☒
Feedback used in assessment and appraisal processes for staff	☐	☐
Feedback is presented at the ADP board level	☐	☐
Feedback is integrated into strategy	☐	☐
Other (please specify)	Lived/Living Experience Panel	Lived/Living Experience Panel

Q9a) How are **people with lived/living experience** involved <u>within the ADP structure</u>?
(select all that apply)
[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	☒	☒	☐	
Focus group	☒	☒	☐	
Lived experience panel/forum	☒	☒	☐	
Questionnaire/ surveys	☒	☒	☐	
Other (please specify)				

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
[matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP	☐	☐	☐	
Focus group	☒	☒	☐	
Lived experience panel/forum	☒	☒	☐	
Questionnaire/ surveys	☐	☐	☐	
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.
[open text – maximum 2000 characters]

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?
[open text – maximum 2000 characters]

People with lived/living experience involved in focus groups to support the planning and implementation of same dat access. Similarly, people with lived/living eperience supported the planning and implementation of mobile harm reduction unit.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)
[multiple choice]

☒ Advocacy
☒ Peer support
☒ Provision of technology/materials
☒ Training and development opportunities
☒ Travel expenses/compensation
☒ Wellbeing support
☐ None
☐ Other (please specify):

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)
[multiple choice]

- ☒ Community/recovery cafes
- ☒ Job skills support
- ☐ Naloxone distribution
- ☒ Peer support/mentoring
- ☐ Psychosocial counselling
- ☐ None
- ☐ Other (please specify):

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?
[open text – maximum 2000 characters]

Lack of childcare provision presents a significant barrier to both volunteering and employment opportunities. Several factors contribute to this issue. First, there is a stigma associated with individuals who have experienced addiction, which can hinder their prospects in these areas. In some cases those with lived/living experience have literacy difficluties. Consequently, individuals may lack the confidence needed to pursue volunteering or employment opportunities. The reliance on benefits, such as the top rate of PIP/Disability, creates another obstacle, as individuals are often hesitant to give up these financial supports in the face of rising living costs. Similarly, insufficient pay in certain sectors, such as the recovery sector, exacerbates the dilemma. This issue is further aggravated by funding cuts to welfare rights within local authorities, making it difficult for individuals to find the necessary support to progress. Additionally, employers tend to be reluctant to grant interviews or employment opportunities to those with lived or living experience of addiction, as addiction is not technically classified as a disability. This reluctance, combined with limited job prospects primarily within the recovery sector, contributes to the overarching challenge faced by individuals seeking to overcome these barriers.

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)
[multiple choice]

- ☒ MAT Implementation Support Team (MIST)
- ☒ Scottish Drugs Forum (SDF)
- ☒ Scottish Families Affected by Drugs and Alcohol (SFAD)
- ☒ Scottish Recovery Consortium (SRC)
- ☐ None
- ☐ Other (please specify):

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)
[single option]

☒ Yes (please specify which): ADP Strategy and Substance USe Prevention Strategy
☐ No
☐ Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.
[open text – maximum 2000 characters]

West Dunbartonshire is working with NHGGGC drug and alcohol team to develop work in this area in 2023/24

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply) [multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	☐	☐	☐	☐	
Leaflets/posters	☐	☐	☐	☐	
Online (e.g. websites, social media, apps, etc.)	☐	☐	☐	☐	
Other (please specify)					

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services	☐	☐	☐	☐	☐	☐	☐	
Information services	☐	☐	☐	☐	☐	☐	☒	
Physical health	☐	☐	☐	☐	☐	☐	☐	
Mental health	☐	☐	☐	☐	☐	☐	☐	
Naloxone	☐	☐	☐	☐	☐	☐	☒	
Overdose awareness and prevention	☐	☐	☐	☐	☐	☐	☒	
Parenting	☐	☐	☐	☐	☐	☐	☐	
Peer-led interventions	☐	☐	☐	☐	☐	☐	☐	
Personal and social skills	☐	☐	☐	☐	☐	☐	☐	
Planet Youth	☐	☐	☒	☐	☐	☐	☐	
Pre-natal/pregnancy	☐	☐	☐	☐	☐	☐	☐	
Reducing stigma	☐	☐	☐	☐	☐	☐	☐	
Seasonal campaigns	☐	☐	☐	☐	☐	☐	☐	
Sexual health	☐	☐	☐	☐	☐	☐	☐	
Teaching materials for schools	☐	☐	☒	☒	☐	☐	☐	
Wellbeing services	☐	☐	☐	☐	☐	☐	☐	
Youth activities (e.g. sports, art)	☐	☒	☒	☒	☐	☐	☐	
Youth worker materials/training	☐	☐	☐	☐	☐	☐	☐	
Other (please specify)								

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)
[multiple choice]

- ☐ Accident & Emergency departments
- ☒ Community pharmacies
- ☒ Drug services (NHS, third sector, council)
- ☒ Family support services
- ☒ General practices
- ☒ Homelessness services
- ☒ Justice services
- ☒ Mental health services
- ☒ Mobile/outreach services
- ☒ Peer-led initiatives
- ☒ Women support services
- ☐ None
- ☐ Other (please specify):

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)
[multiple choice]

- ☒ Accident & Emergency departments
- ☒ Community pharmacies
- ☒ Drug services (NHS, third sector, council)
- ☒ Family support services
- ☒ General practices
- ☒ Homelessness services
- ☒ Justice services
- ☒ Mental health services
- ☒ Mobile/outreach services
- ☒ Peer-led initiatives
- ☐ Women support services
- ☐ None
- ☐ Other (please specify):

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)
[multiple choice]

- ☐ Accident & Emergency departments
- ☒ Community pharmacies
- ☒ Drug services (NHS, third sector, council)
- ☐ Family support services
- ☒ General practices
- ☐ Homelessness services
- ☐ Justice services
- ☐ Mental health services
- ☒ Mobile/outreach services
- ☐ Peer-led initiatives
- ☐ Women support services
- ☐ None
- ☐ Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)
[multiple choice]

- ☐ Accident & Emergency departments
- ☐ Community pharmacies
- ☒ Drug services (NHS, third sector, council)
- ☐ Family support services
- ☒ General practices
- ☐ Homelessness services
- ☐ Justice services
- ☐ Mental health services
- ☒ Mobile/outreach services
- ☐ Peer-led initiatives
- ☐ Women support services
- ☐ None
- ☐ Other (please specify):

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)
[single option]

- ☐ Yes
- ☐ No
- ☒ No prison in ADP area

Q19b) If no, please provide details.
[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)
[single option]

☒ Yes
☐ No
☐ Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)
[single option]

☒ Yes
☐ No
☐ Don't know

Q20c) If no, when do you intend to have this in place?
[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)
[multiple choice]

☐ Contributed towards justice strategic plans (e.g. diversion from justice)
☐ Coordinating activities
☒ Information sharing
☐ Joint funding of activities
☒ Justice partners presented on the ADP
☒ Prisons represented on the ADP (if applicable)
☒ Providing advice/guidance
☐ None
☐ Other (please specify):

Q22a) Do you have a prison in your ADP area? (select only one)
[single option]

☐ Yes
☒ No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	☐	☒	☐	☐	☒	☒
Alcohol interventions	☐	☒	☐	☐	☒	☒
Alcohol screening	☐	☒	☐	☐	☒	☒
Buvidal provision	☐	☐	☐	☐	☒	☒
Detoxification	☐	☐	☐	☐	☒	☐
Drugs screening	☐	☐	☐	☐	☒	☒
Psychological screening	☐	☐	☐	☐	☒	☒
Harm reduction	☐	☒	☐	☐	☒	☒
Health education	☐	☐	☐	☐	☒	☐
"Life skills" support or training (e.g. personal/social skills, employability)	☐	☐	☐	☐	☐	☐
Opioid Substitution Therapy (excluding Buvidal)	☐	☐	☐	☐	☐	☐
Peer-to-peer naloxone	☐	☐	☐	☐	☐	☐
Recovery cafe	☐	☐	☐	☐	☒	☒
Recovery community	☐	☒	☐	☐	☐	☐
Recovery wing	☐	☐	☐	☐	☐	☐
Referrals to alcohol treatment services	☐	☒	☐	☐	☒	☒
Referrals to drug treatment services	☐	☐	☐	☐	☒	☒
Staff training	☐	☐	☐	☐	☒	☒
Other (please specify)						

Q23a) How many recovery communities are you aware of in your ADP area?
[open text, integer]

2

Q23b) How many recovery communities are you actively engaging with or providing support to?
[open text, integer]

2

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)
[multiple choice]

- ☒ Funding
- ☒ Networking with other services
- ☒ Training
- ☐ None
- ☐ Other (please specify):

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)
[multiple choice]

- ☐ Advisory role
- ☒ Consultation
- ☒ Informal feedback
- ☒ Representation on the ADP board
- ☐ Recovery communities are not involved within the ADP
- ☐ Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)
[multiple choice]
☒ Access to alcohol medication (Antabuse, Acamprase, etc.)
☒ Alcohol hospital liaison
☒ Alcohol related cognitive testing (e.g. for alcohol related brain damage)
☒ Arrangements for the delivery of alcohol brief interventions in all priority settings
☒ Arrangement of the delivery of alcohol brief interventions in non-priority settings
☒ Community alcohol detox
☒ In-patient alcohol detox
☒ Fibro scanning
☒ Psychosocial counselling
☐ None
☐ Other (please specify):

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)
[multiple choice]
☐ Current models are not working
☐ Difficulty identifying all those who will benefit
☐ Further workforce training required
☒ Insufficient funds
☒ Lack of specialist providers
☒ Scope to further improve/refine your own pathways
☐ None
☐ Other (please specify):

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)
[single option]
☐ No revisions or updates made in 2022/23
☒ Revised or updated in 2022/23 and this has been published
☐ Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)
[multiple choice]
☐ Difficulty identifying all those who will benefit
☐ Further workforce training is needed
☒ Insufficient funds
☒ Scope to further improve/refine your own pathways
☐ None
☐ Other (please specify):

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	☐	☐
Diversionary activities	☒	☒
Employability support	☐	☐
Family support services	☒	☒
Information services	☐	☐
Justice services	☐	☐
Mental health services	☐	☐
Outreach/mobile	☐	☐
Recovery communities	☐	☐
School outreach	☐	☐
Support/discussion groups	☐	☐
Other (please specify)		

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years)** and **5-12 (primary)** affected by **alcohol**.
[open text – maximum 2000 characters]

No specific service currently available

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionary activities	☒	☒
Employability support	☐	☐
Family support services	☐	☐
Information services	☐	☐
Justice services	☐	☐
Mental health services	☐	☐
Opioid Substitution Therapy	☐	☐
Outreach/mobile	☐	☐
Recovery communities	☐	☐
School outreach	☐	☐
Support/discussion groups	☐	☐
Other (please specify)		

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years)** and **5-12 (primary)** affected by **drugs**.
[open text – maximum 2000 characters]

No service currently available

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	☒	☐
People from minority ethnic groups	☐	☐
People from religious groups	☐	☐
People who are experiencing homelessness	☐	☐
People who are LGBTQI+	☐	☐
People who are pregnant or peri-natal	☐	☐
People who engage in transactional sex	☐	☐
People with hearing impairments	☐	☐
People with learning disabilities and literacy difficulties	☐	☐
People with visual impairments	☐	☐
Veterans	☐	☐
Women	☒	☐
Other (please specify)		

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one)
[single choice]
☒ Yes (please provide link here or attach file to email when submitting response):
☐ No

Q32b) If no, please provide details.
[open text – maximum 255 characters]

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**?
[open text – maximum 2000 characters]

There is access to Consultant Psychatrist and through nurse led Mental Health Assessment with addiction services

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?
[open text – maximum 2000 characters]

ADP membership inlcudes individuals from a variety of including housing, education, employability, financial inclusion. Additionally, there is an employability sub group of the ROSC.

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)
[multiple choice]

- ☐ Engaging with people with lived/living experience
- ☐ Engaging with third sector/community partners
- ☐ Recruiting staff
- ☒ Training existing workforce
- ☐ Working group
- ☐ None
- ☐ Other (please specify):

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent's or carer's substance use**? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	☐	☐	☐	☐
Diversionary activities	☐	☐	☒	☒
Employability support	☐	☐	☐	☐
Family support services	☐	☐	☒	☒
Information services	☐	☐	☐	☐
Mental health services	☐	☐	☐	☐
Outreach/mobile services	☐	☐	☐	☐
Recovery communities	☐	☐	☐	☐
School outreach	☐	☐	☐	☐
Support/discussion groups	☐	☐	☐	☐
Other (please specify)				

Q37a) Do you contribute toward the integrated children's service plan? (select only one)
[single option]

☒ Yes
☐ No
☐ Don't know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)
[multiple choice]

☒ Advocacy
☐ Commissioned services
☐ Counselling
☐ One to one support
☐ Mental health support
☐ Naloxone training
☐ Support groups
☐ Training
☐ None
☐ Other (please specify):

Q39a]: Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (select only one)
[single option]

☐ Yes
☒ No
☐ Don't know

Q39b) Please provide details.
[open text – maximum 255 characters]

The ADP are hoping to develop this further in 2023/24

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)
[multiple choice]

	Family member in treatment	Family member **not in treatment**
Advice	☒	☐
Advocacy	☐	☐
Mentoring	☐	☐
Peer support	☐	☐
Personal development	☐	☐
Social activities	☐	☐
Support for victims of gender based violence	☐	☐
Other (please specify)		recovery support programme for friends, relatives, clients and internal staff who have suffered through bereavement and or a profound sense of loss due to the effects of someone else's substance us

Appendix 4: Direction from Health and Social Care Partnership Board

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

From: Chief Officer, HSCP
To: Chief Executive(s) WDC and/or NHSGGC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: Direction(s) from HSCP Board 15th August 2023 FOR ACTION
Attachment: *attach relevant HSCP Board report*

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000045JS15082023
2	Date direction issued by Integration Joint Board	15th August 2023
3	Report Author	Sylvia Chatfield, Head of Mental Health, Addictions & Learning Disability
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes (Direction Number HSCPB000029SC160822, Alcohol and Drug Partnership Update, 16th August 2022)
6	Functions covered by direction	Delivery of Alcohol and Drug Services: 2023/24 Scottish Government Funding Allocation
7	Full text and detail of direction	The Scottish Government has provided ring-fenced funding for Alcohol and Drug Partnerships (ADP) to support the delivery of the National Mission to reduce drug related deaths and harms; Rights, Respect and Recovery to improve access to alcohol treatment; and the Alcohol Framework 2018: Preventing Harm. The funding will support the recruitment of a number of new posts across health and social care as well as funding to our 3rd sector partners. Both NHSGGC and WDC will support recruitment, commissioning and procurement of services. Refer to Appendix 2a and 2b of the full report for details of funding and recruitment and commissioning plans.

8	Specification of those impacted by the change	The funding will support people with problem substance use, through treatment and support. There is a strong focus on prevention and a whole family approach.	
9	Budget allocated by Integration Joint Board to carry out direction	There is a current earmarked reserve for the ADP brought forward from previous year underspends of £0.984m. This will be supplemented by the Scottish Government's 2023/24 funding allocation of up to £0.884m – see Appendix 2a and 2b of the full report.	
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities of the HSCP Board, ADP and the National Mission to reduce drug related deaths and harms.	
11	Strategic Milestones	Reduce drug deaths – annual national reports	Ongoing
		Increase access to treatment – commissioning of rehabilitation beds	Reporting to Scottish Government on a quarterly basis
		Support Prevention and Early Intervention	Ongoing
12	Overall Delivery timescales	The National Mission extends until 2026.	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.	
14	Date direction will be reviewed	March 2024	

Population Health Directorate
Drug Policy Division & Health Improvement Division
E: Drugsmissiondeliveryteam@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

ADP Chair
Integration Authority Chief Officer

Copies to:
NHS Board Chief Executive
Local Authority Chief Executive
NHS Director of Finance
Integration Authority Chief Finance Officer
ADP Co-ordinators

4th August 2023

Dear ADP Chair and Integration Authority Chief Officer

SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2023-24 FUNDING ALLOCATION, PROGRAMME FOR GOVERNMENT FUNDING AND MINISTERIAL PRIORITIES

1. We are writing to provide detail about the funding arrangements, Ministerial priorities and planning and reporting arrangements for Alcohol and Drug Partnership (ADP) work for 2023-24. These arrangements will support the delivery of services to reduce harms and deaths associated with alcohol and drugs.

2. The First Minister is committed to addressing both alcohol and drug harms and to reflect the need to link the efforts being made to address both of these public health priorities. His appointment of a Minister for both Alcohol and Drugs Policy reflects this need for greater integration. The majority of funding outlined in this letter is for the delivery of both drug and alcohol services and we need to ensure the momentum on tackling the rise in drug deaths and harms is being replicated in our work to address alcohol specific deaths and harms.

Funding Allocations

3. The funding arrangements are summarised in the following table and explained in more detail below.

Table: ADP funding arrangements (local breakdowns can be found in appendices 2 and 3)

Funding stream	**National 2023/24 budget**
NHS Board Baseline contribution*	£57,619,801
Additional PfG uplift	£17,000,000
Additional National Mission uplift	£11,000,000
Specific programme funding	
MAT Standards	£10,313,775
Residential Rehab	£5,000,000
Whole family Approach framework	£3,500,000
Lived and Living Experience	£500,000

Stabilisation – Placements	£3,000,000
Sub Total	**£107,933,576**
Agenda for Change	
Agenda for Change programme uplift on in-year allocations**	£5,019,000
Total	**£112,952,576**

* Includes 2% uplift on 2022-23 baselined figure.
**Agenda for Change uplift for staffing costs for financial years 22-23 and 23-24

4. Collectively this funding represents a national investment of approximately £113 million for ADPs. Full details of this breakdown by ADP and Healthboard are available in the appendices (**appendix 2 and 3**).

5. To improve monitoring and evaluation, and increase transparency, we also expect ADPs to return a bi-annual financial report. These will be collected at the end of October 2023 and April 2024, and will contribute to the annual report.

Note on Allocation Timing and Reserves

6. In 2023-24 we are issuing the £17 million PfG uplift as a recurring allocation and moving it into Board baselines for 2024-25.

7. As with 2022-23 we will issue the remainder in two tranches based on a 70%/30% split. Tranche one is being issued in July along with the PfG allocation. Please see **appendix 4** for PfG uplift and tranche one allocations by Health Board and Integrated Authority (IA). Tranche two will be allocated around December 2023 and will reflect the forecast spend for the remainder of the year.

8. We previously highlighted the significant accumulation of reserves held by IAs on behalf of ADPs. In 2022-23, financial returns were commissioned to minimise reserve balances being carried forward to 2023-24, other than where we agreed to particular circumstances where there is a funding requirement for a non-recurring commitment. We intend to continue this process for financial year 2023-24 and monitor reserves on a bi-annual basis through financial returns. Tranche two allocations will therefore also take into account confirmed levels of reserves that are available to contribute towards the 2023-24 funding requirement, as well as any in-year slippage that may arise, in order to ensure we continue to allocate funding based on need and avoid a build up being carried forward into future financial years.

9. SG are unable to roll forward any underspends from 2022-23 therefore the funding set out in the table above and associated appendices is the maximum allocated in-year and will be available in full where forecasts reasonably demonstrate that funding can be spent.

10. Any reserves held in 2024-25 as a result of underspend, that have not been flagged to the SG as legally committed, will need to be spent before new allocations are drawn down in 2024-25. It is therefore not advisable to hold back spending this year in the expectation that it will be available next year.

11. As per the process in 2022-23, as part of the financial returns we will capture and consider any specific requests demonstrating the requirement to carry reserves for non-recurring commitments into 2024-25.

NHS Board Baseline contribution

12. The Scottish Government's direct funding to support ADP projects in 2023-24 has been transferred to NHS Boards via their baseline allocations for onward delegation to IAs to be invested, in their entirety, through ADPs. Where there is more than one IA, the level of funding should be agreed jointly by the IAs within the Health Board area, however we have provided details of what the ADP allocation of this funding would be using the NRAC formula as an indication of funding at the ADP level. The value in the table above is based on the baselined figure per the 2022-23 letter plus the agreed baseline uplift of 2%.

NHS Agenda for Change uplift

13. The funding available includes an uplift for Agenda for Change (AfC) both for 2022-23 and 2023-24 rates.The uplift has been calculated based on the returns submitted by Health Boards via the Corporate Finance Network and reflects anticipated costs for the full year. The returns showed varying proportions of staffing costs within total funding due to different delivery models being in place across each Health Board. We recognise these delivery models may change and will collect further information when considering future year impact of the AfC. Please see **appendix 3** detailing the AfC uplift by Health Board.

Additional Programme for Government Uplift - £17million Nationally

14. Since 2018-19 additional funding of £17 million per year has been delegated to IAs for onward use by ADPs as part of the Programme for Government to support improvement and innovation in the way alcohol and drug services are developed and delivered as part of the Rights, Respect and Recovery strategy and the Alcohol Framework 2018 Preventing Harm. This funding has been allocated via NRAC and the same amount is available for 2023-24. As noted above this allocation will be issued on a recurring basis and moved into Board baselines for 2024-25. A further adjustment will be made in the 2024-25 baseline budget to reflect the portion of the Agenda for Change uplift that is associated with the baselined PfG funding.

15. Aside from AfC considerations, this means we will increase the proportion of funding to be baselined in 2024-25 by 34% to a total of c.£75m allowing greater security and flexibility to local areas. Going forward we will be exploring the potential of further baseline funding to ensure sustainability of the National Mission beyond 2026.

National Mission Uplift - £11 million

16. This funding has been allocated via NRAC and the same amount is available for 2023-24 as in 2022-23. It is expected that this funding will be directed towards programmes of work which deliver the outcomes set out in the National Mission Outcomes Framework (**appendix 1**). This funding stream combines three funding streams which were separate in the first year of the national mission (2021-22) - the general uplift stream (£5m) and specific funding for non-fatal overdose pathways (£3m) and outreach (£3m) - to provide more flexibility at the local level. It is expected that both outreach and nonfatal overdose remain priorities as core parts of the national mission and MAT standards delivery.

Specific programme funding

Medication-Assisted Treatment Standards - £10.3 million

17. The MAT standards funding remains the same as 2022-23. Funding agreed with local services in each IA area for the implementation of the MAT Standards followed detailed, local discussion on additional resources required to implement the MAT standards by recruiting staff, service improvements and sustaining these through the national mission and beyond. Implementing, improving and sustaining the MAT Standards is a key priority for Ministers and delivery of these standards must also be key priority for Chief Officers and other leaders in IAs.

18. Allocation of funding has been based on priority needs – taking into account what each area has already got in place and what each area requires. This has meant that allocation decisions have not been based only on NRAC. Full details of the MAT funding allocation is detailed in **appendix 2**.

19. Public Health Scotland, through the MAT Implementation Support Team (MIST) will continue to help local areas monitor their progress in implementing the standards over the year and performance against standards will be captured in ADP annual reporting cycles and Scottish Government Implementation Plan Progress Reporting.

Residential Rehabilitation - £5 million

20. Ministers have committed to increase the number of publicly funded placements by over 300%, so that in 2026 at least 1,000 people are funded for their residential rehabilitation. This is an ambitious target and to meet it we require the full support of the sector. This is the third year of this funding uplift to support residential treatment and services associated with preparation or aftercare.

21. While monitoring data from 2022-23 indicates a substantial increase in the number of people accessing treatmet via public funding, more work needs to be done to deliver on this ambition.

22. We expect all ADPs to have at least a provisional pathway in place and to continue to see an increase in the number of people being referred to residential rehab.

23. Healthcare Improvement Scotland have established regional improvement hubs that will bring together groups of Alcohol and Drug Partnerships and other key parts of the local system to design and improve pathways into, through and from rehab.

24. Public Health Scotland will continue the regular monitoring of referrals and spend on residential rehab and ADPs are asked for their continued support of this data collection. Public Health Scotland are developing a comprehensive evaluation framework to support the residential rehabilitation programme and further details of this work will be shared in due course.

Whole Family Approach/Family Inclusive Practice: £3.5 million

25. £3.5 million is committed to support the implementation of *'Drug and alcohol services – improving holistic family support: A framework for holistic whole family approaches and family inclusive practice[1]'* also known as the Whole Family Approach Framework. This was published in December 2021 and sets our expectations for local areas to put in place accessible, consistent, sustained and inclusive support for families.

26. Chapter 11 of the Framework sets out our expectations for implementation for ADPs. In summary, we ask ADPs to;

- Audit existing family provision in terms of quantity, quality and reach
- Work collaboratively to strengthen and expand service provision in their area
- Ensure that the expertise, views and needs of families are included from the outset.

27. It is the expectation of Ministers that this £3.5 million investment is used to implement and strengthen holistic whole family approaches and family inclusive practice, in accordance with the Framework. Working collaboratively with local partners, and in particular Children's Service Planning Partnerships (CSPPs) will be vital to improving family support. In particular, we encourage ADPs and CSPPs to view this investment and the additional investment allocated to CSPPs through the Whole Family Wellbeing Fund as part of a programme of investment in families. ADPs and CSPPs should plan accordingly and pool resources to achieve the maximum impact for families.

28. At a minimum, we expect ADPs to be able to demonstrate that they are working towards embedding holistic whole family approaches and have:

- Undertaken an audit of family provision, including the quantity, quality and reach, taking account of support delivered by paid workers, volunteers and peers, including mutual aid/fellowships.
- Utilised this funding to improve and expand the service provision for families in their area in partnership with relevant bodies.
- Included the expertise, views and needs of families in this work from the outset and have established meaningful feedback loops that seek the views and experiences of families and use them to improve serice provision.

29. ADPs recently provided a baseline report of their progress on a whole family approach to date. Scottish Government, in partnership with the Whole Family Approach Implementation Working Group, are developing an offer of support to accellarate progress. We will ask ADPs to repeat a similar survey at a later date to measure progress against those expectations set out at paragraph 21.

Lived and Living Experience Participation

30. Ensuring the voices- and the rights-of people with lived and living experience are acted upon is a cross cutting priority for the National Mission. It builds on the rights-based approach laid out in Rights, Respect, Recovery (2018) and is being driven forward at a national level through the National Collaborative.

[1] Supporting documents - Drug and alcohol services - improving holistic family support - gov.scot (www.gov.scot)

31. Participation and empowerment are key principles of a human rights based approach. Everybody has the right to participate in decisions affecting them and to influence outcomes. This is relevant to decisions about their care (or the care of somebody they support) as well as national and local decision making processes.

32. £0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services.

    The intended outcome of this funding provision is to improve services by ensuring they better meet the needs of the people using them.

33. This work can be actioned through the development of lived and living experience panels (LEPs) and/or other forms of meaningful involvement. Non-exhaustive examples of this are:a panel or reference group made up of people who have experience of substance use, and people who are affected by substance use, such as family members;LLE representation within the ADP Board;funding and involving independent groups of people with lived and living experience.

34. Some guiding principles for the development of a panel or other forms of involvement are that it is:

    - Meaningful: people should understand their role, and how their contributions and expertise will make a difference and influence services.
    - Accesible: the approach should build on existing community assets and information should be shared in a way that is easy to understand.
    - Inclusive: specific efforts should be made to involve people that have been marginalised or who are affected by intersectional inequalities and to overcome barriers for involvement.

35. We recognise that ADPs are at different stages of developing their approach to involving people with lived and living experience. Some ADPs have established mechanisms, and some may only be beginning to consider how best to involve people – we encourage you to build on your involvement work, whichever stage you are. We intend to share examples of what is working well through the National Collaborative and to support ADPs to work some of the shared challenges for example on remuneration, support and training.

36. Progress will be monitored through the ADP Annual Survey Report. We would like to take this opportunity to congratulate ADPs on their progress on involvement of LLE, as well as the innovative practices and outcomes achieved over the last 12 months.

    <u>New Stabilisation fund</u>

37. Ministers have ringfenced £3 million for a new Stabilisation fund. This funding replaces the taskforce allocation and taskforce response fund for ADPs of £3 million in the years 2020-21 to 2022-23. The funding is allocated to ADPs to develop and implement stabilisation services and work towards aligning crisis, stabilisation, detox and rehabilitation. A mapping exercise has started which will provide an indication of the provision of current services across Scotland, ADPs will be contacted to engage in this work.

38. An additional fund of £2 million for Stabilisation will be made available through a rapid capacity fund to allow stabilisation and crisis services to scale up and improve their facilities, further information about how that fund can be accessed will be made available later in the year.

Context for Delivery

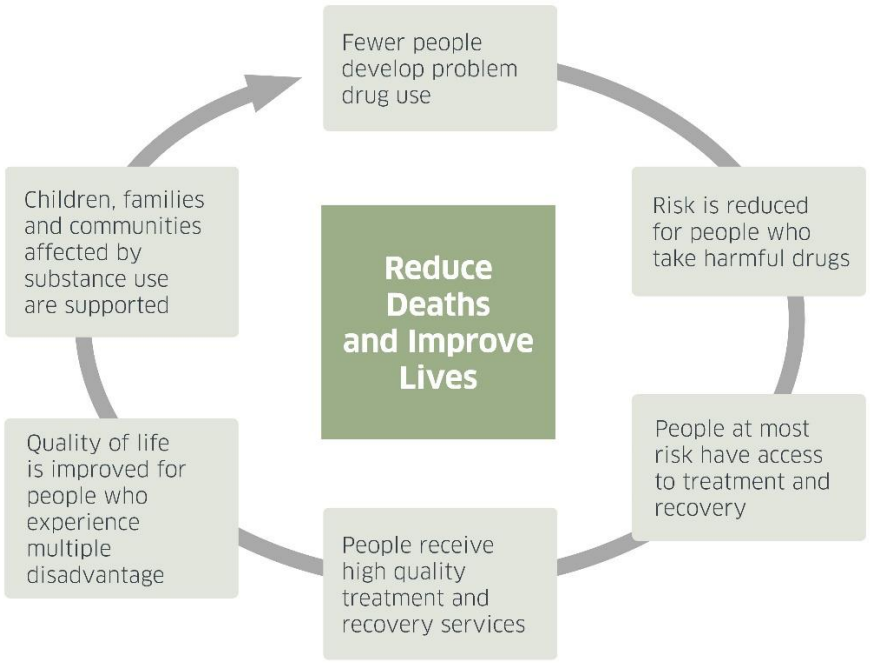
Alcohol and Drug service delivery

39. Baseline funding and PfG funding is expected to cover both alcohol and drugs. In addition people will alcohol dependence can be supported to residendital rehab via the dedicated funding.

National Mission to Reduce Drug Related Deaths and Improve Lives

40. This is the third year of the National Mission announced by the former First Minister in January 2021 and supported by an additional £50 million funding per year for the lifetime of the parliament.

41. The aim of the national mission is reduce deaths and improves lives. To underpin this work, Scottish Government have developed an outcomes framework (**appendix 1**) and summarised below) which sets out the key outcomes required to achieve this aim.



42. This outcomes framework incorporates and builds on the priorities set out in Rights, Respect and Recovery and the Alcohol Framework which are still relevant. These cover both alcohol and drugs, with the exception of priority 5 which refers to alcohol only:

- A recovery orientated approach which reduces harms and prevents deaths
- A whole family approach
- A public health approach to justice

- Prevention, education and early intervention
- A reduction in the affordability, availability and attractiveness of alcohol

DAISy

43. DAISy has been live in all NHS Board areas since 1 April 2021. The system was built and is maintained by Public Health Scotland and it primarily functions as a national database which gathers key demographic and outcome data on people who engage in alcohol/drug treatment services. This information contributes to strategic planning.

44. It is imperative and expected that local areas input data into DAISy as it measures the performance against Local Delivery Plan standards and is an invaluable source of data for monitoring and evaluating drug and alcohol services across Scotland and informing policy development. The Scottish Government are working closely with Public Health Scotland on issues of data compliance and are considering the remedies and actions that will be taken to improve compliance.

45. Much of our ability to understand the impact of funding and progress towards our objectives is reliant on having quality and complete data within the Drug and Alcohol Information System (DAISy). We ask that ADPs work with service providers to ensure that completion of DAISy is a condition of grant.

46. PHS have commenced a review of DAISy, initially engaging with SG to develop an approach and project plan, and establish how best to engage wider partners in identifying key areas of improvement. As part of the review, PHS will move to engage with ADPs and other delivery partners in further consultative and collaborative development work.

Treatment Target

47. As communicated in a letter on 16 March 2022, we have introduced a Substance Use Treatment Target. The expectation is that by 2024 there will be at least 32,000 people with problem opioid drug use in community based Opioid Substitution Therapy (OST) treatment in Scotland which equates to an increase of approximately 9%. The intention is that by 2024 the target will be expanded to cover treatment for all drugs and also include alcohol treatment.

48. There is no specific ring-fencing of funding for the treatment target at this stage however it is a fundamental element of the National Mission. We will go to local areas for feedback on the outcomes of Stage 1 which will help inform our approach to Stage 2.

Drug and Alcohol Waiting Times

49. The Local Delivery Plan (LDP) standard supports sustained performance in fast access to services and requires that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

50. Nobody will wait longer than 6 weeks to receive appropriate treatment. 100% compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland

51. Performance against the Standard will continue to be measured via the Drug and Alcohol Information System (DAISy) with national reports being published on a quarterly basis via Public Health ScotlandWe will use this report to monitor areas who do not meet the target and consider necessary next steps to improve performance in each area and how we can support ADPs at a national level.

Planning and Reporting Arrangements

52. ADPs are our primary partner in the delivery of the National Mission and the Alcohol framework and key to their success. Therefore a clear commitment to monitoring and evaluation at the local level is vital.

53. We are stepping up our commitment to monitoring and evaluation not only to improve accountability but also to support the sharing of what works in different areas and with different communities. We have begun work with Public Health Scotland and analysts within Scottish Government to develop a monitoring and evaluation framework which will be published later this year. It is important that ADPs are involved in developing a monitoring and evaluation process and further information about how to engage with this process will be shared in due course.

54. The annual progress report of the national mission will be published in October 2023. This report will draw on data provided by ADPs and other sources and will set out plans for evaluation going forward. It is therefore important that accurate data recording and reporting is prioritised by ADPs and the services they fund.

55. If you have any queries on the content of this letter, please contact: Drugsmissiondeliveryteam@gov.scot.

Yours sincerely

Orlando Heijmer-Mason
Deputy Director, Drug Policy Division
Population Health Directorate

APPENDIX 1: National Mission Outcomes frameworkppendix 1: National Mission on Drugs Outcomes framework

Cross-Cutting Priorities	Reduce Deaths and Improve Lives					
Lived Experience at the Heart	**01** Fewer people develop problem drug use	**02** Risk is reduced for people who take harmful drugs	**03** People at most risk have access to treatment and recovery	**04** People receive high quality treatment and recovery services	**05** Quality of life is improved by addressing multiple disadvantage	**06** Children, families and communities affected by substance use are supported
Equalities and Human Rights	**a)** Young people receive evidence based, effective holistic interventions to prevent problem drug use	**a)** Overdoses are prevented from becoming fatal	**a)** People at high risk are proactively identified and offered support	**a)** People are supported to make informed decisions about treatment options	**a)** All needs are addressed through joined up, person centred services	**a)** Family members are empowered to support their loved one's recovery
Tackle Stigma	**b)** People have early access to support for emerging problem drug use	**b)** All people are offered evidence based harm reduction and advice	**b)** Effective pathways between justice and community services are established	**b)** Residential rehabilitation is available for all those who will benefit	**b)** Wider health and social care needs are addressed through informed, compassionate services	**b)** Family members are supported to achieve their own recovery
Surveillance and Data Informed	**c)** Supply of harmful drugs is reduced		**c)** Effective Near-Fatal Overdose Pathways are established across Scotland	**c)** People are supported to remain in treatment for as long as requested	**c)** Advocacy is available to empower individuals	**c)** Communities are resilient and supportive
Resilient and Skilled Workforce				**d)** People have the option to start medication- assisted treatment from the same day of presentation		
Psychologically Informed				**e)** People have access to high standard, evidence based, compassionate and quality assured treatment options		

APPENDIX 2: In-Year Funding breakdown by ADP (excludes pay uplift)

Funding stream		MAT Standards	Stabilisation Fund	IA NRAC Share 23/24	Additional PfG uplift	Additional National Mission uplift	Residential Rehab	Whole family Approach framework	Lived and Living Experience	Total
Distribution Formula			Drug prevalence		NRAC	NRAC	NRAC	NRAC	NRAC	
NHS Board	**National 2023/24 allocation**	**£10,313,775**	**£3,000,000**		**£17,000,000**	**£11,000,000**	**£5,000,000**	**£3,500,000**	**£500,000**	**£50,313,775**
Ayrshire & Arran	East Ayrshire HSCP	£215,080	£83,698	2.37%	£403,378	£261,009	£118,641	£83,048	£11,864	**£1,176,718**
	North Ayrshire HSCP	£250,360	£83,698	2.69%	£456,925	£295,657	£134,390	£94,073	£13,439	**£1,328,541**
	South Ayrshire HSCP	£340,000	£49,173	2.25%	£381,694	£246,979	£112,263	£78,584	£11,226	**£1,219,920**
	NHS Ayrshire & Arran (programme management)	£67,000								**£67,000**
Borders	Scottish Borders HSCP	£200,154	£26,679	2.15%	£365,964	£236,800	£107,636	£75,346	£10,764	**£1,023,343**
Dumfries & Galloway	Dumfries and Galloway HSCP	£269,206	£57,542	2.96%	£503,953	£326,087	£148,221	£103,755	£14,822	**£1,423,586**
Fife	Fife HSCP	£613,148	£146,471	6.85%	£1,164,898	£753,757	£342,617	£239,832	£34,262	**£3,294,984**
Forth Valley	Clackmannanshire and Stirling HSCP	£230,899	£85,221	2.56%	£435,979	£282,104	£128,229	£89,760	£12,823	**£1,265,015**
	Falkirk HSCP	£259,191	£62,773	2.90%	£493,218	£319,141	£145,064	£101,545	£14,506	**£1,395,438**
Grampian	Aberdeen City HSCP	£462,000	£125,547	3.78%	£642,505	£415,738	£188,972	£132,280	£18,897	**£1,985,940**
	Aberdeenshire HSCP	£436,600	£62,773	4.23%	£719,796	£465,750	£211,705	£148,193	£21,170	**£2,065,988**
	Moray HSCP	£154,319	£14,124	1.72%	£293,099	£189,652	£86,206	£60,344	£8,621	**£806,365**
Greater Glasgow & Clyde	East Dunbartonshire HSCP	£166,874	£37,141	1.85%	£315,140	£203,914	£92,688	£64,882	£9,269	**£889,909**
	East Renfrewshire HSCP	£172,622	£41,850	1.58%	£268,274	£173,589	£78,904	£55,233	£7,890	**£798,363**
	Glasgow City HSCP	£1,066,000	£622,504	11.95%	£2,031,943	£1,314,786	£597,630	£418,341	£59,763	**£6,110,968**
	Inverclyde HSCP	£212,767	£78,467	1.60%	£272,838	£176,542	£80,246	£56,173	£8,025	**£885,058**
	Renfrewshire HSCP	£305,726	£141,240	3.38%	£575,048	£372,090	£169,132	£118,392	£16,913	**£1,698,540**
	West Dunbartonshire HSCP	£158,000	£57,542	1.77%	£300,638	£194,531	£88,423	£61,896	£8,842	**£869,873**
	NHS Greater Glasgow & Clyde (programme management)	£132,000								**£132,000**
Highland	Argyll and Bute HSCP	£171,171	£29,294	1.88%	£319,487	£206,727	£93,967	£65,777	£9,397	**£895,819**

	Highland HSCP	£422,129	£73,236	4.71%	£800,886	£518,220	£235,555	£164,888	£23,555	**£2,238,469**
Lanarkshire	North Lanarkshire HSCP	£570,866	£188,320	6.37%	£1,083,675	£701,201	£318,728	£223,109	£31,873	**£3,117,772**
	South Lanarkshire HSCP	£532,991	£209,244	5.94%	£1,009,432	£653,162	£296,892	£207,824	£29,689	**£2,939,233**
Lothian	East Lothian HSCP	£402,230	£48,126	1.89%	£321,509	£208,035	£94,561	£66,193	£9,456	**£1,150,110**
	Edinburgh HSCP	£753,003	£313,867	8.40%	£1,427,171	£923,464	£419,756	£293,829	£41,976	**£4,173,065**
	Midlothian HSCP	Included in East Lothian	£39,757	1.64%	£279,379	£180,775	£82,170	£57,519	£8,217	**£647,817**
	West Lothian HSCP	£250,000	£68,004	3.14%	£533,079	£344,933	£156,788	£109,752	£15,679	**£1,478,234**
	NHS Lothian (Programme management)	£132,000								**£132,000**
Orkney	Orkney Islands HSCP	£45,119	£1,569	0.50%	£85,105	£55,068	£25,031	£17,522	£2,503	**£231,917**
Shetland	Shetland Islands HSCP	£43,960	£8,893	0.48%	£81,386	£52,661	£23,937	£16,756	£2,394	**£229,986**
Tayside	Angus HSCP	£194,443	£41,849	2.16%	£367,068	£237,515	£107,961	£75,573	£10,796	**£1,035,205**
	Dundee City HSCP	£710,034	£120,316	2.82%	£480,233	£310,739	£141,245	£98,872	£14,125	**£1,875,564**
	Perth and Kinross HSCP	£247,718	£78,467	2.79%	£473,820	£306,590	£139,359	£97,551	£13,936	**£1,357,441**
	NHS Tayside (programme management)	£66,000								**£66,000**
Western Isles	Western Isles HSCP	£60,165	2615	0.66%	£112,482	£72,783	£33,083	£23,158	£3,308	**£307,594**

Notes
All funding is distributed by NRAC with the exception of MAT Standards (Adjusted NRAC) and Stabilisation Fund (based on prevalence of problem drug use)
MAT standards funding excludes £397k which is distributed direct to Health Boards for Board level project management in Ayrshire and Arran, Greater Glasgow and Clyde, Lothian and Tayside.

APPENDIX 3: Total Funding breakdown by Health Board

Funding stream	NHS Board Baseline Contribution	Agenda for Change uplift on in-year allocations	MAT Standards	Stabilisation Fund	NRAC Share 23/24	Additional PfG uplift	Additional National Mission uplift	Residential Rehab	Whole family Approach framework	Lived and Living Experience	Total
Distribution formula	**Amount Baselined plus 2% uplift for 23/24**	**Per Health Board returns**		**Drug Prevalence**		**NRAC**	**NRAC**	**NRAC**	**NRAC**	**NRAC**	
National 2023/24 allocation	**£57,619,801**	**£5,019,000**	**£10,313,775**	**£3,000,000**		**£17,000,000**	**£11,000,000**	**£5,000,000**	**£3,500,000**	**£500,000**	**£112,952,576**
Ayrshire & Arran	£3,789,617	£257,000	£872,440	£216,569	7.31%	£1,241,997	£803,645	£365,293	£255,705	£36,529	**£7,838,796**
Borders	£1,124,102	£134,000	£200,154	£26,679	2.15%	£365,964	£236,800	£107,636	£75,346	£10,764	**£2,281,445**
Dumfries & Galloway	£1,640,586	£116,000	£269,206	£57,542	2.96%	£503,953	£326,087	£148,221	£103,755	£14,822	**£3,180,173**
Fife	£3,531,931	£301,000	£613,148	£146,471	6.85%	£1,164,898	£753,757	£342,617	£239,832	£34,262	**£7,127,915**
Forth Valley	£2,841,957	£283,000	£490,090	£147,994	5.47%	£929,197	£601,245	£273,293	£191,305	£27,329	**£5,785,410**
Grampian	£4,831,740	£779,000	£1,052,919	£202,444	9.74%	£1,655,400	£1,071,141	£486,882	£340,818	£48,688	**£10,469,033**
Greater Glasgow & Clyde	£15,507,311	£1,218,000	£2,213,989	£978,744	22.14%	£3,763,882	£2,435,453	£1,107,024	£774,917	£110,702	**£28,110,021**
Highland	£3,049,625	£100,000	£593,300	£102,530	6.59%	£1,120,372	£724,947	£329,521	£230,665	£32,952	**£6,283,912**
Lanarkshire	£5,810,158	£107,000	£1,103,857	£397,564	12.31%	£2,093,106	£1,354,363	£615,619	£430,934	£61,562	**£11,974,163**
Lothian	£9,518,120	£999,000	£1,537,233	£469,754	15.07%	£2,561,137	£1,657,206	£753,276	£527,293	£75,328	**£18,089,346**
Orkney	£457,364	£10,000	£45,119	£1,569	0.50%	£85,105	£55,068	£25,031	£17,522	£2,503	**£699,281**
Shetland	£495,017	£82,000	£43,960	£8,893	0.48%	£81,386	£52,661	£23,937	£16,756	£2,394	**£807,004**
Tayside	£4,453,918	£615,000	£1,218,195	£240,632	7.77%	£1,321,122	£854,844	£388,565	£271,996	£38,857	**£9,403,128**
Western Isles	£568,350	£18,000	£60,165	£2,615	0.66%	£112,482	£72,783	£33,083	£23,158	£3,308	**£893,944**

Notes
All funding is distributed by NRAC with the exception of MAT Standards (Adjusted NRAC) and Stabilisation fund (based on prevalence of problem drug use)

APPENDIX 4: July 2023 Board Allocation by Integration Authority and Health Board

Funding stream		Total Funding Available	Of Which: PfG Allocation	Of Which: Tranche 1 Allocation*	IA Total Allocation	Agenda for Change	Health Board Total Allocation
NHS Board Name	**National 2023/24 allocation**	**£50,313,775**	**£17,000,000**	**£23,319,643**	**£40,319,643**	**£5,019,000**	**£45,338,643**
Ayrshire & Arran	East Ayrshire HSCP	**£1,176,718**	£403,378	£541,338	£944,716	£257,000	£3,284,124
	North Ayrshire HSCP	**£1,328,541**	£456,925	£610,132	£1,067,056		
	South Ayrshire HSCP	**£1,219,920**	£381,694	£586,758	£968,452		
	NHS Ayrshire & Arran (programme management)	**£67,000**	£0	£46,900	£46,900		
Borders	Scottish Borders HSCP	**£1,023,343**	£365,964	£460,165	£826,129	£134,000	£960,129
Dumfries & Galloway	Dumfries and Galloway HSCP	**£1,423,586**	£503,953	£643,744	£1,147,696	£116,000	£1,263,696
Fife	Fife HSCP	**£3,294,984**	£1,164,898	£1,491,061	£2,655,958	£301,000	£2,956,958
Forth Valley	Clackmannanshire and Stirling HSCP	**£1,265,015**	£435,979	£580,326	£1,016,305	£283,000	£2,424,076
	Falkirk HSCP	**£1,395,438**	£493,218	£631,554	£1,124,772		
Grampian	Aberdeen City HSCP	**£1,985,940**	£642,505	£940,405	£1,582,909	£779,000	£4,676,425
	Aberdeenshire HSCP	**£2,065,988**	£719,796	£942,334	£1,662,131		
	Moray HSCP	**£806,365**	£293,099	£359,286	£652,385		
Greater Glasgow & Clyde	East Dunbartonshire HSCP	**£889,909**	£315,140	£402,338	£717,478	£1,218,000	£10,316,462
	East Renfrewshire HSCP	**£798,363**	£268,274	£371,062	£639,336		
	Glasgow City HSCP	**£6,110,968**	£2,031,943	£2,855,317	£4,887,260		
	Inverclyde HSCP	**£885,058**	£272,838	£428,554	£701,392		
	Renfrewshire HSCP	**£1,698,540**	£575,048	£786,445	£1,361,492		
	West Dunbartonshire HSCP	**£869,873**	£300,638	£398,464	£699,103		
	NHS Greater Glasgow & Clyde (programme management)	**£132,000**	£0	£92,400	£92,400		
Highland	Argyll and Bute HSCP	**£895,819**	£319,487	£403,432	£722,919	£100,000	£2,630,113
	Highland HSCP	**£2,238,469**	£800,886	£1,006,308	£1,807,194		
Lanarkshire	North Lanarkshire HSCP	**£3,117,772**	£1,083,675	£1,423,868	£2,507,543	£107,000	£4,974,836
	South Lanarkshire HSCP	**£2,939,233**	£1,009,432	£1,350,861	£2,360,293		
Lothian	East Lothian HSCP	**£1,150,110**	£321,509	£580,021	£901,529	£999,000	£7,074,199
	Edinburgh HSCP	**£4,173,065**	£1,427,171	£1,922,126	£3,349,297		

	Midlothian HSCP	**£647,817**	£279,379	£257,907	£537,285		
	West Lothian HSCP	**£1,478,234**	£533,079	£661,609	£1,194,688		
	NHS Lothian (Programme management)	**£132,000**	£0	£92,400	£92,400		
Orkney	Orkney Islands HSCP	**£231,917**	£85,105	£102,768	£187,874	£10,000	£197,874
Shetland	Shetland Islands HSCP	**£229,986**	£81,386	£104,021	£185,406	£82,000	£267,406
Tayside	Angus HSCP	**£1,035,205**	£367,068	£467,696	£834,764	£615,000	£4,045,283
	Dundee City HSCP	**£1,875,564**	£480,233	£976,731	£1,456,965		
	Perth and Kinross HSCP	**£1,357,441**	£473,820	£618,535	£1,092,355		
	NHS Tayside (programme management)	**£66,000**	£0	£46,200	£46,200		
Western Isles	Western Isles HSCP	**£307,594**	£112,482	£136,578	£249,060	£18,000	£267,060

*Tranche 1 Allocation based on 70% of the available in year funding (£50.3m) less PfG (£17m) which is being issued in full. (i.e. 70% x £33.3m).

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

15 August 2023

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 HSCP Board:

2.1 Homologate the decision of the HSCP Audit and Performance Committee (20 June 2023) which was, to agree, subject to minor changes to the format, 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.

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.

3.8 On the 20 June 2023 the HSCP Audit and Performance Committee agreed the following (extract from draft minute): Committee agreed:

1. that the West Dunbartonshire HSCP Annual Performance Report 2022/23 and the Annual Complaints Report 2022/23 be approved for publication, following the agreed changes being made in line with the legislative timescales; and

2. to note that the decision will be homologated by the HSCP Board on 15 August 2023.

3.9 The Committee asked for a small number of changes to the format of the report, the following have therefore been incorporated into the version appended to this report:

1. On pages 15 and 16 of the original version there were tables showing the Core Integration and Local Government Benchmarking Framework indicators. Although these indicators are explained in full in the appendices the committee felt the report would benefit from a clearer explanation of the indicators in this section.

2. The Committee wished to understand more fully the link between performance, budget and HR. It is accepted that this is an area for greater improvement and will be considered more fully in the 2023/24 reporting procedures.

3. With regard to the annual complaints section, the Committee wished to see the explanation of stage one and stage two reports shown earlier in the report and further analysis of the upheld complaints to show service area and thematic. The report has been enhanced to meet this requirement.

4. Main Issues

4.1 The main issues pertaining to the year 2022/23 are contained within the Annual Performance Report (Appendix I). As has been the custom in previous years, it is accompanied by a complaints management overview for the corresponding period (Appendix II).

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.

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Designation: Head of Strategy and Transformation
Date: 21 June 2023

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Appendices: West Dunbartonshire HSCP Annual Performance Report 2022/23 (Appendix 1)
Annual Complaints Report 2022/23 (Appendix 2)

West Dunbartonshire
Health & Social Care Partnership

Annual Performance Report 2022/2023

www.wdhscp.org.uk

Contents

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.

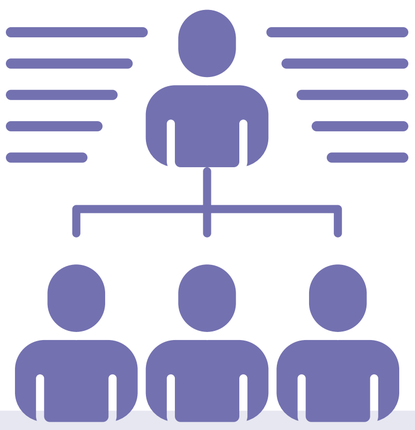
Priority 4: Assets

- 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

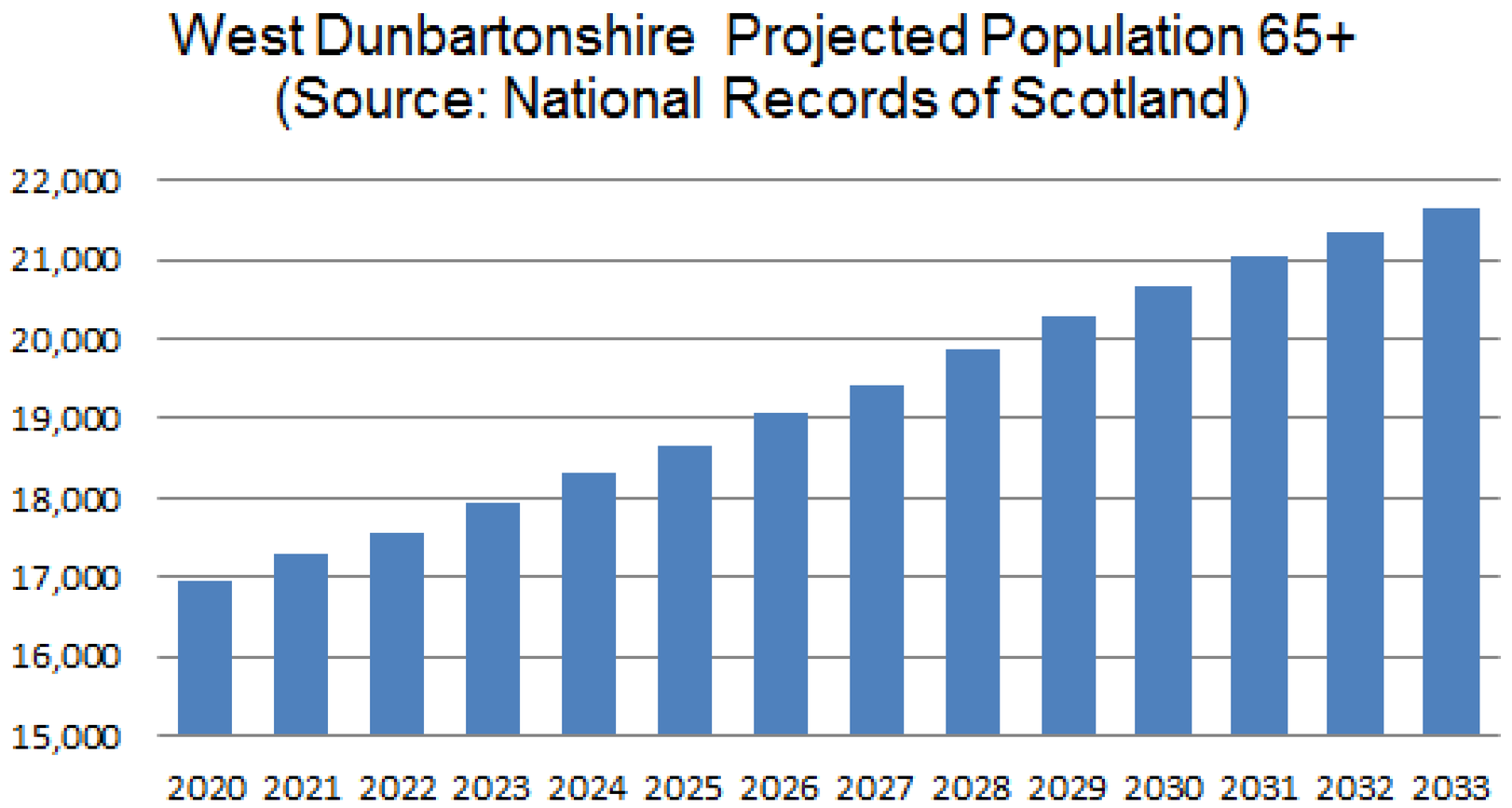
Employing 2,298 health and social care staff across Adult, Children's and Criminal Justice services (1,842 FTE)

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 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. West Dunbartonshire has a dedicated hospital discharge team, which comprises of 22.9 whole time equivalent posts with currently 2.5 whole time equivalent social worker vacant posts Hospital dischange sits within Health and Community Care which had a total budget of £53,857m in 2022/23 which equates tp 23% of the HSCP's overall budget.
- 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 as well as recruitment issues and absence levels. At the end of March 2023 there were 6 vacant MSK Band 6 posts across Greater Glasgow and Clyde and sickness absence rates between August 2022 and March 2023 were constantly over the 4% target: ranging from 4.04% in September to a high of 7.84% in January 2023. The cost of this team is £7.394m which equates to 3.2% of the HSCP's overall budget.

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.

West Dunbartonshire Health and Social Care Partnership

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

People are able to look after and improve their own health and wellbeing and live in good health for longer

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Early intervention

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 wellbeing

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

Access

People who use health and social care services have positive experiences of those services, and have their dignity respected

People using health and social care services are safe from harm

Resilience

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

Assets

Resources are used effectively and efficiently in the provision of health and social care services

Health and social care services contribute to reducing health inequalities

Inequalities

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

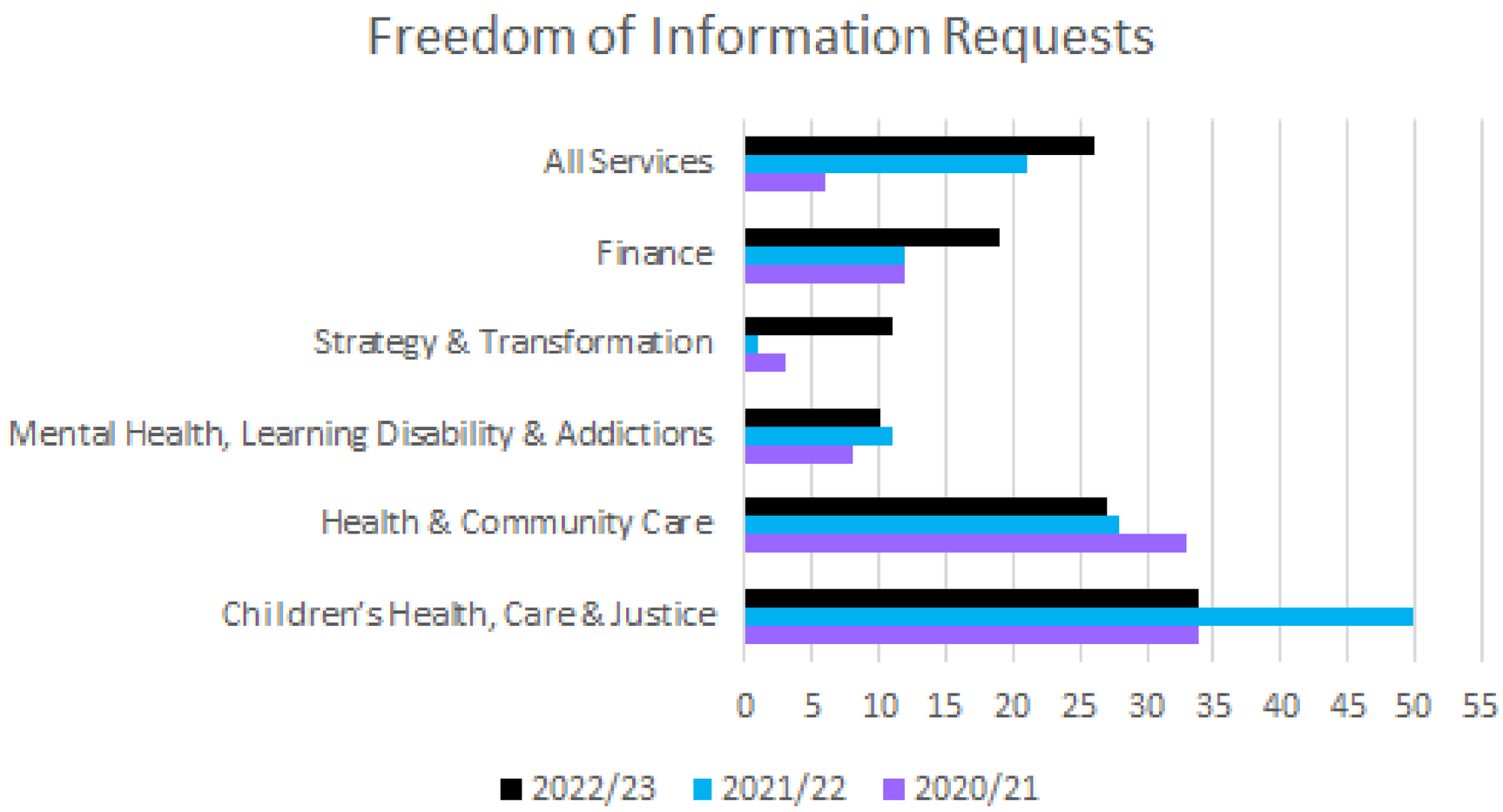
West Dunbartonshire Council and NHS Greater Glasgow and Clyde as public authorities have a legal requirement to provide requested information in line with the Freedom of Information (Scotland) Act 2002 and the UK General Data Protection Regulation (UK GDPR), tailored by the Data Protection Act 2018.

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.



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.

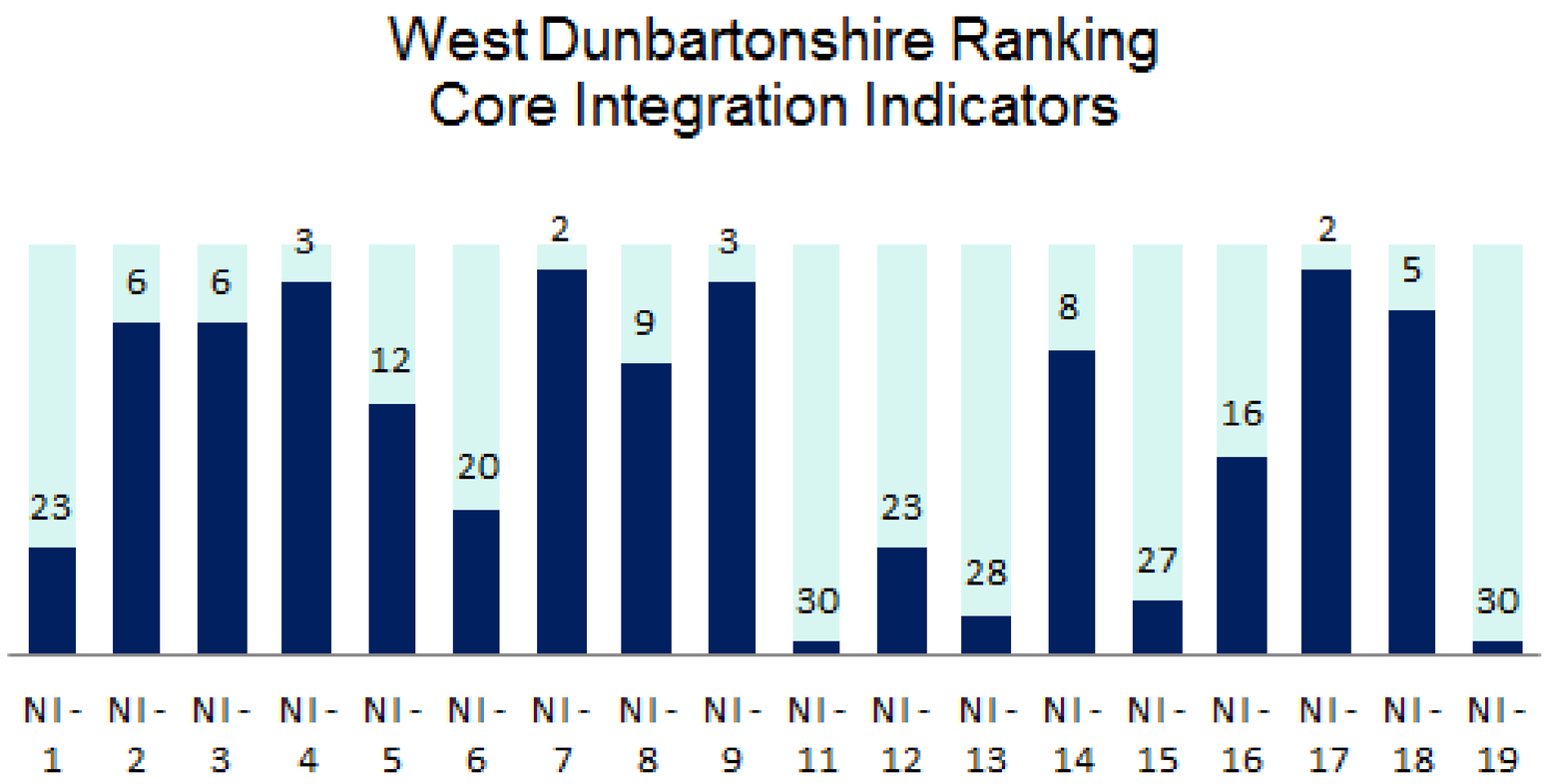
National Performance Measurement

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.

Code	Performance Indicator
NI-1	Percentage of adults able to look after their health very well or quite well
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good
NI-6	Percentage of people with positive experience of the care provided by their GP practice
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
NI-8	% of carers who feel supported to continue in their caring role
NI-9	Percentage of adults supported at home who agree that they felt safe
NI-11	Premature mortality rate per 100,000 persons
NI-12	Rate of emergency admissions per 100,000 population for adults
NI-13	Rate of emergency bed days per 100,000 population for adults
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges
NI-15	Proportion of last 6 months of life spent at home or in a community setting
NI-16	Falls rate per 1,000 population aged 65+
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home
NI-19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

The chart overleaf shows West Dunbartonshire's position in comparison with the other 30 HSCPs in Scotland. The numbering on the chart denotes where West Dunbartonshire ranked in Scotland with 1 being best performing and 31 worst performing. 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.



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.

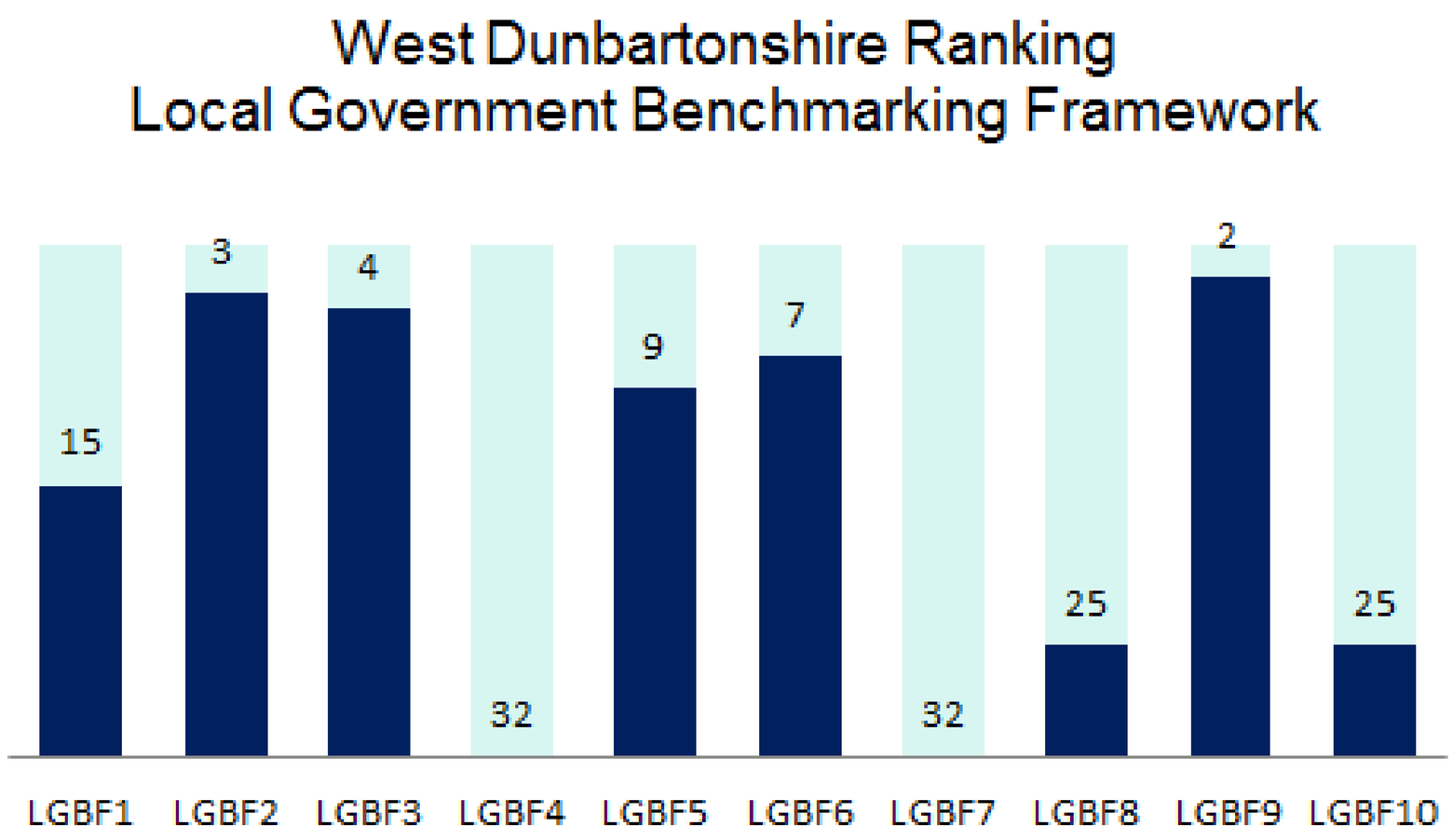
Delivering support to people at home continues to be a strongly performing area for the HSCP. In 2022 the percentage of adults with intensive needs being supported at home was the 5th highest in Scotland at just over 71%: the Scotland figure was 63.5%.

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.

Code	Performance Indicator
LGBF1	Balance of Care for looked after children: % of children being looked after in the Community
LGBF2	The gross cost of "children looked after" in residential based services per child per week £
LGBF3	The gross cost of "children looked after" in a community setting per child per week £
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
LGBF5	% Child Protection Re-Registrations within 18 months
LGBF6	% Looked After Children with more than one placement within the last year
LGBF7	Self directed support spend for people aged over 18 as a % of total social work spend on adults
LGBF8	Home care costs for people aged 65 or over per hour £
LGBF9	% of people aged 65 and over with long-term care needs who receiving personal care at home
LGBF10	Net Residential Costs Per Capita per Week for Older Adults (65+)

The chart below shows West Dunbartonshire's position in 2021/22 in comparison with the other 31 Local Authorities in Scotland for those indicators for which the HSCP has responsibility. The numbering in the chart denotes West Dunbartonshire's ranking from 1 best performing in Scotland to 32 worst performing.



Appendix 2 provides the detail behind these rankings as well as comparison with the national figure.

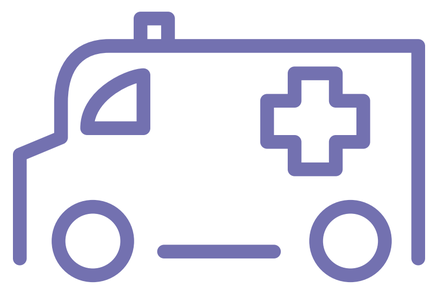
During 2019/20 new indicators were added to the existing LGBF suite which have been pulled directly from the Core Integration Indicators. To avoid duplication these are not included in this section or in Appendix 2.

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.

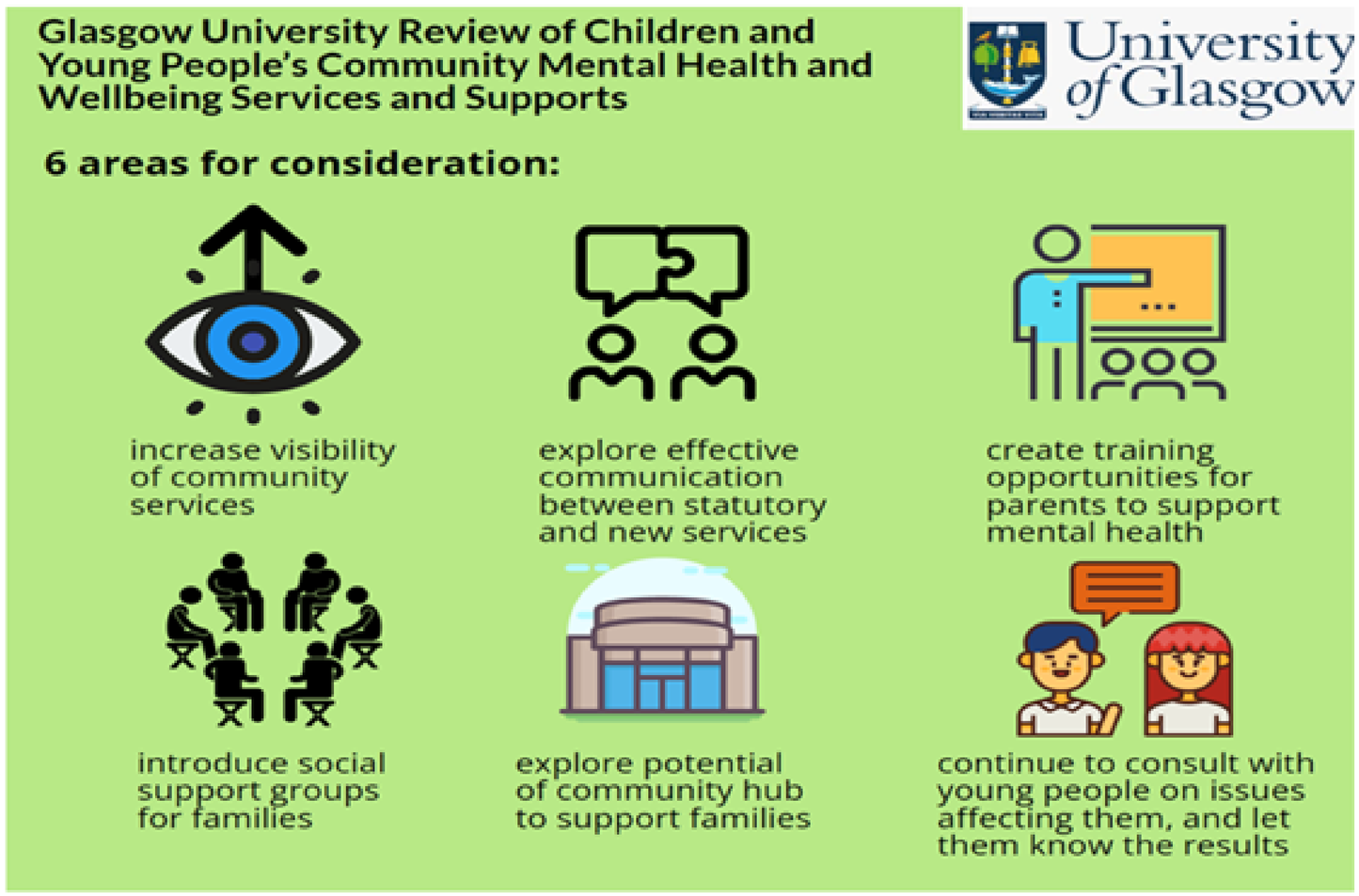
The whole system approach is defined by Public Health Scotland as an 'ongoing and flexible approach by a broad range of stakeholders to identify and understand current and emerging public health issues, whereby working together, we can deliver sustainable change and better lives for the people of Scotland'. 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.



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.

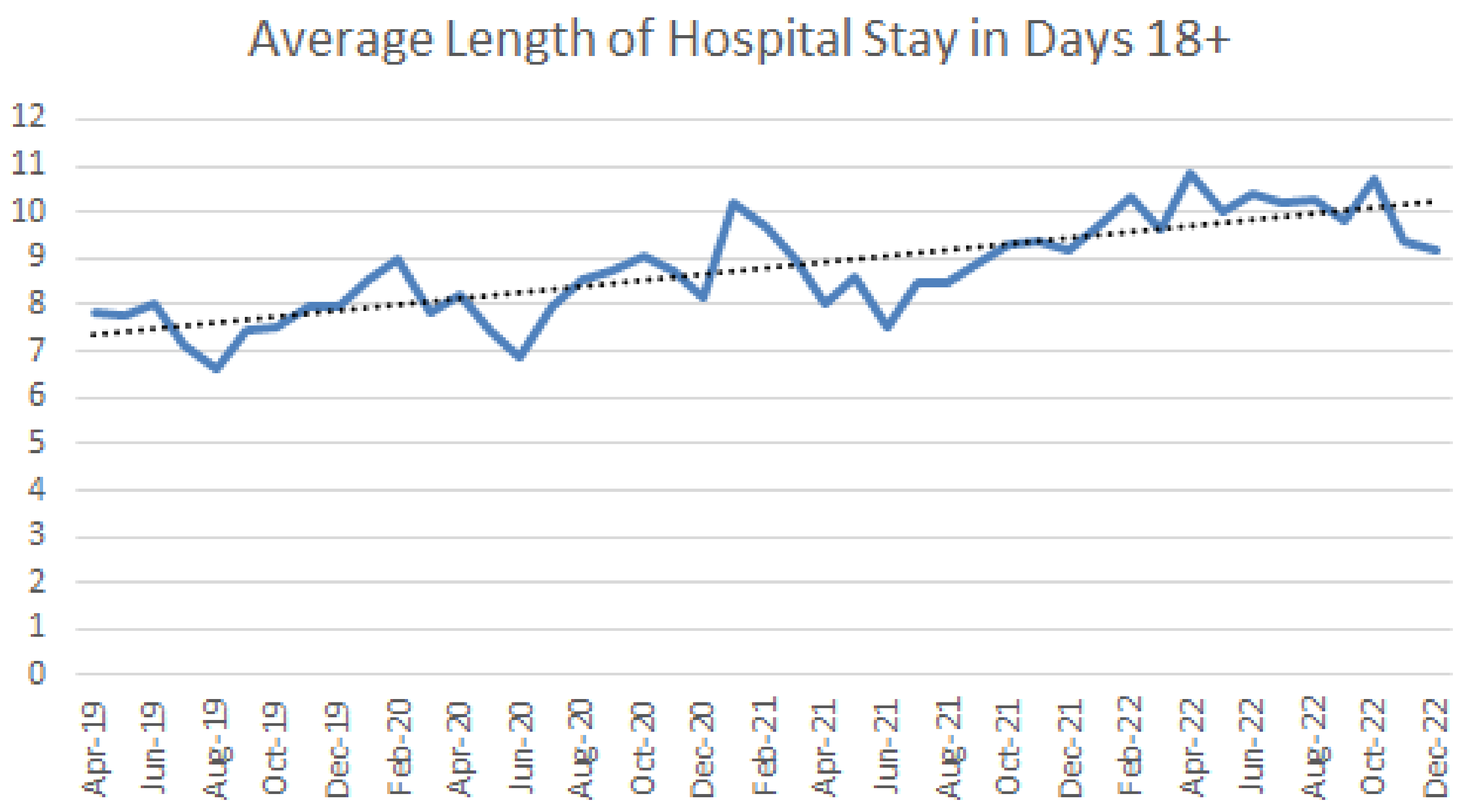
Unscheduled Care

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.



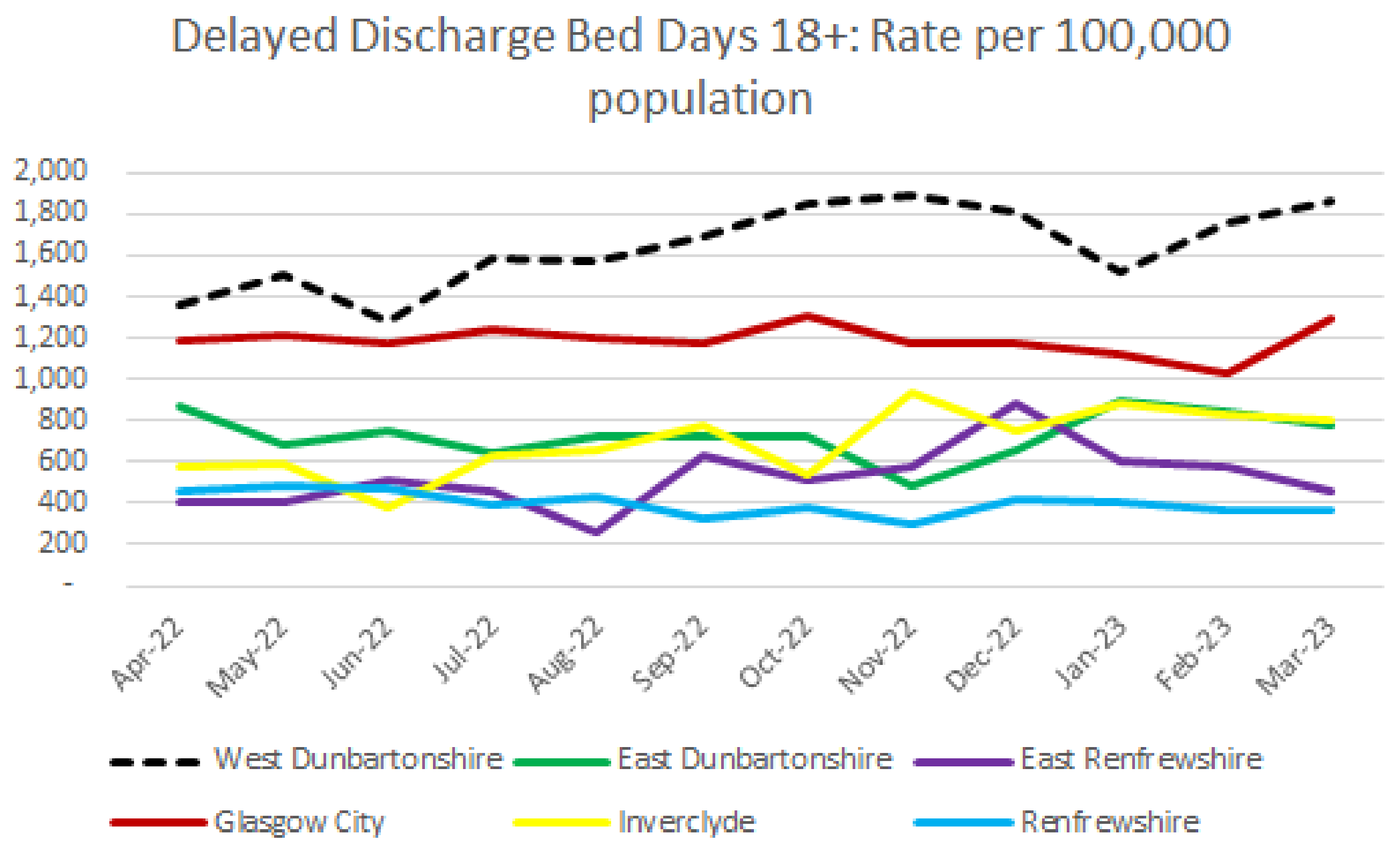
The concern is that this increase in average length of stay is reflecting a trend in people being more ill on admission to hospital due to the impact of pandemic lockdowns or later access to services or diagnosis.

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.

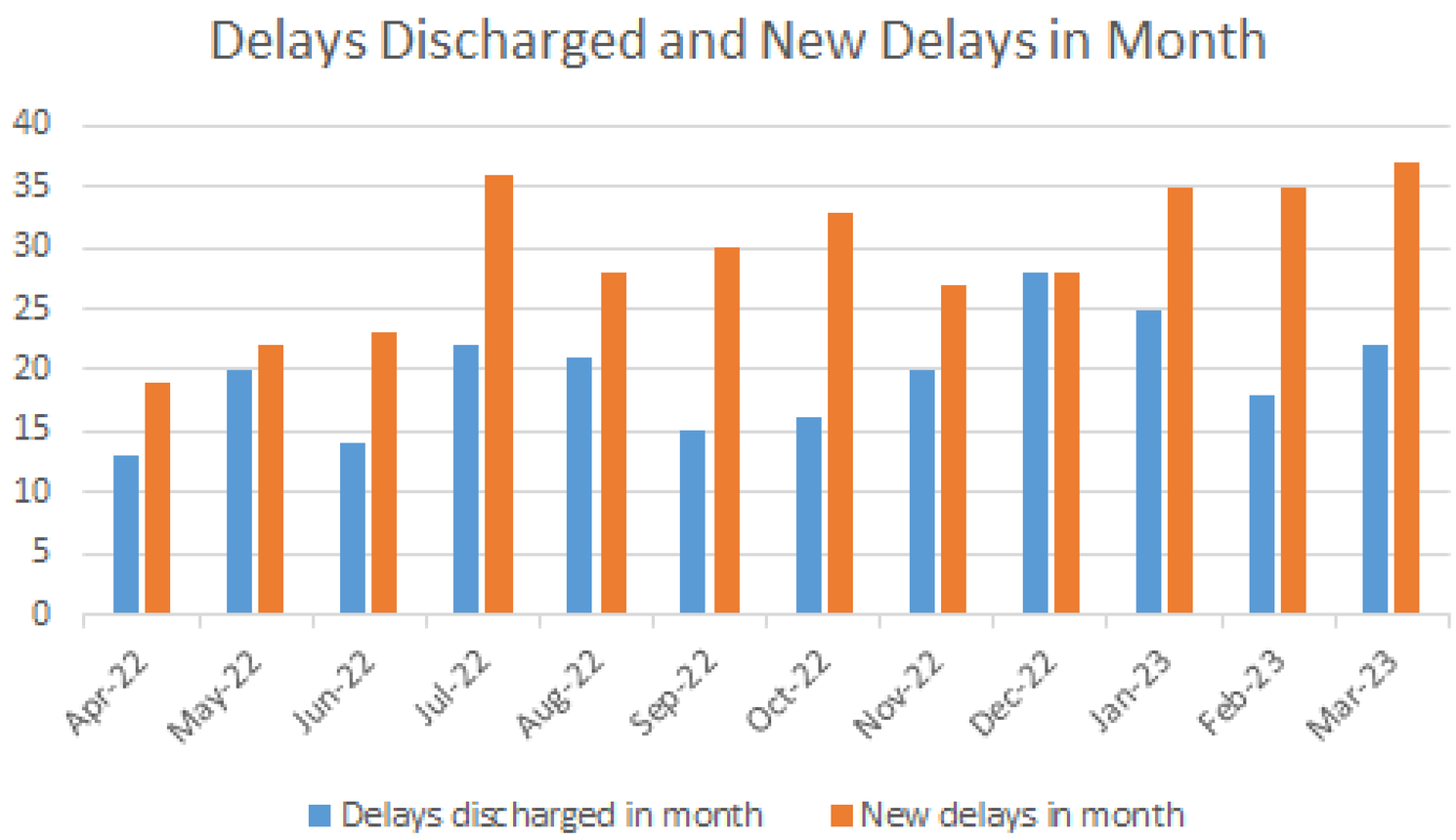


A whole system review of the multifactorial issues that can impact on delays was completed and the resultant quality improvement action planning was implemented across a wide range of themes. Examples include daily scrutiny of each person fit for discharge but delayed in hospital by the Head of Service 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.



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

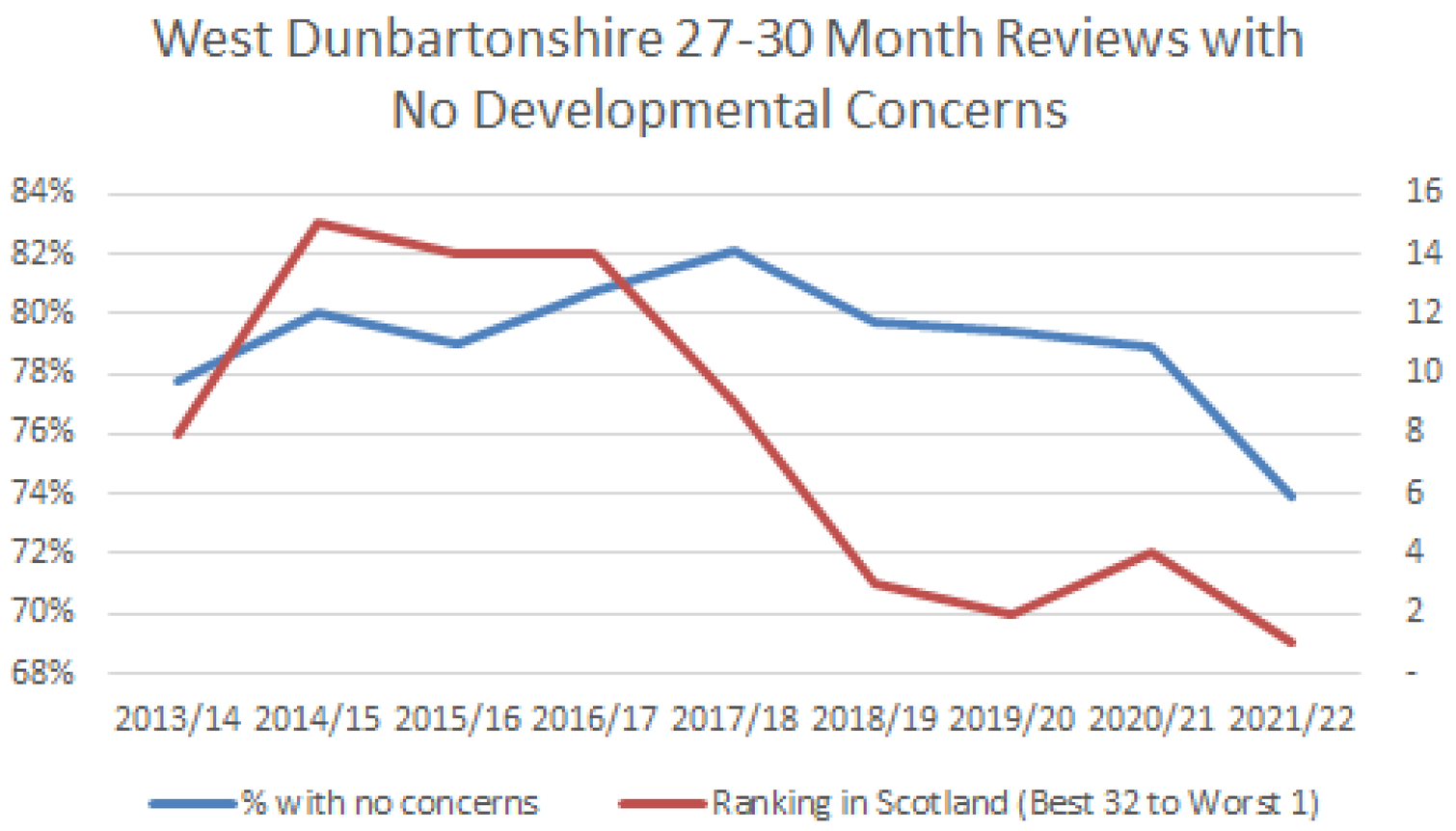
The HSCP is committed to improving outcomes and supporting the wellbeing of our children and young people, aiming to give every child the best possible start in life. Early years have a profound impact on an individual's future experience of health and wellbeing.

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%.

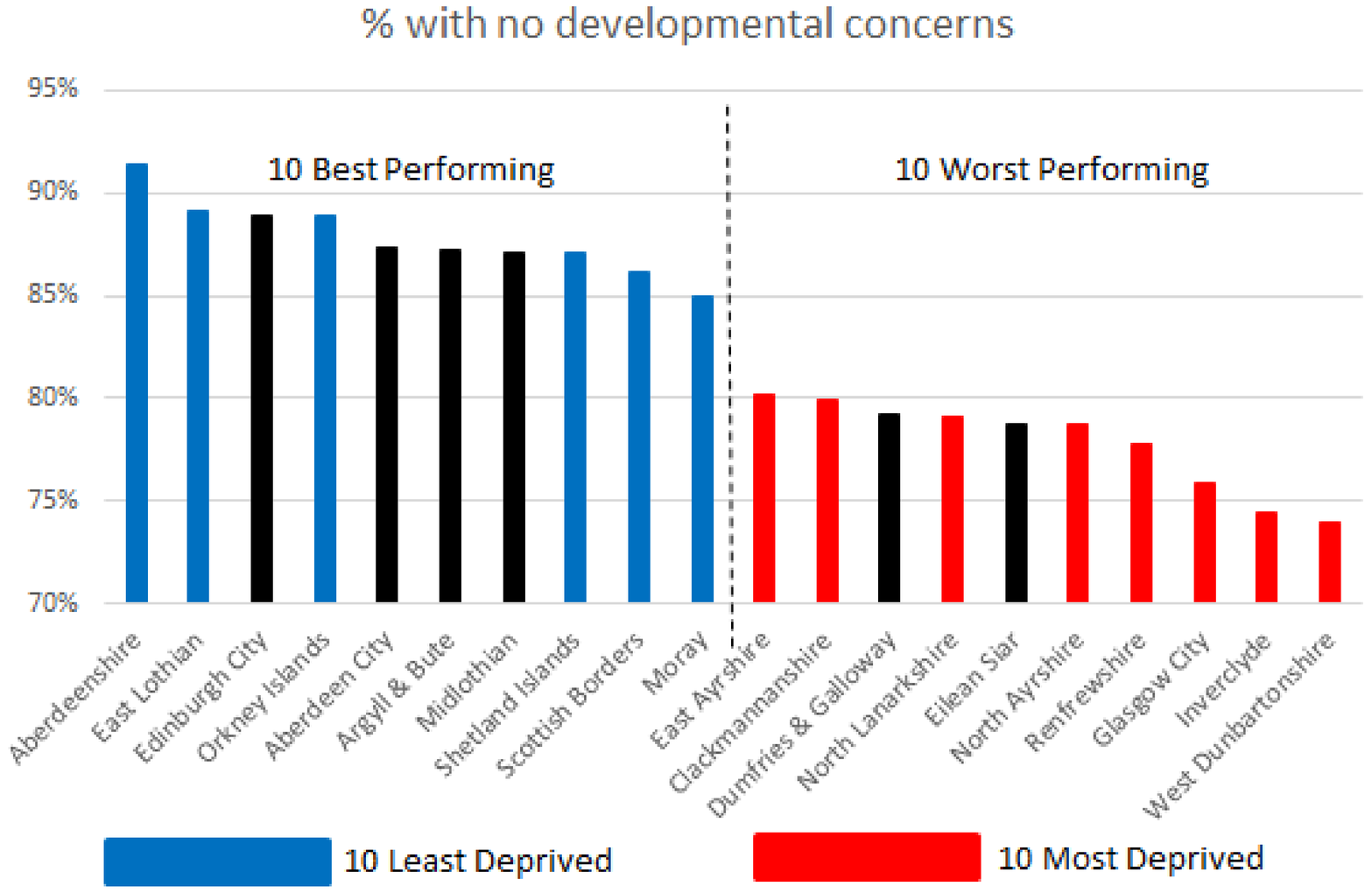


Such a rise in developmental concerns among the very youngest in our community is deeply worrying. While studies are already looking at the impact of the pandemic on child development, health inequalities and deprivation have a significant part to play and will also have increased the pandemic's impact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

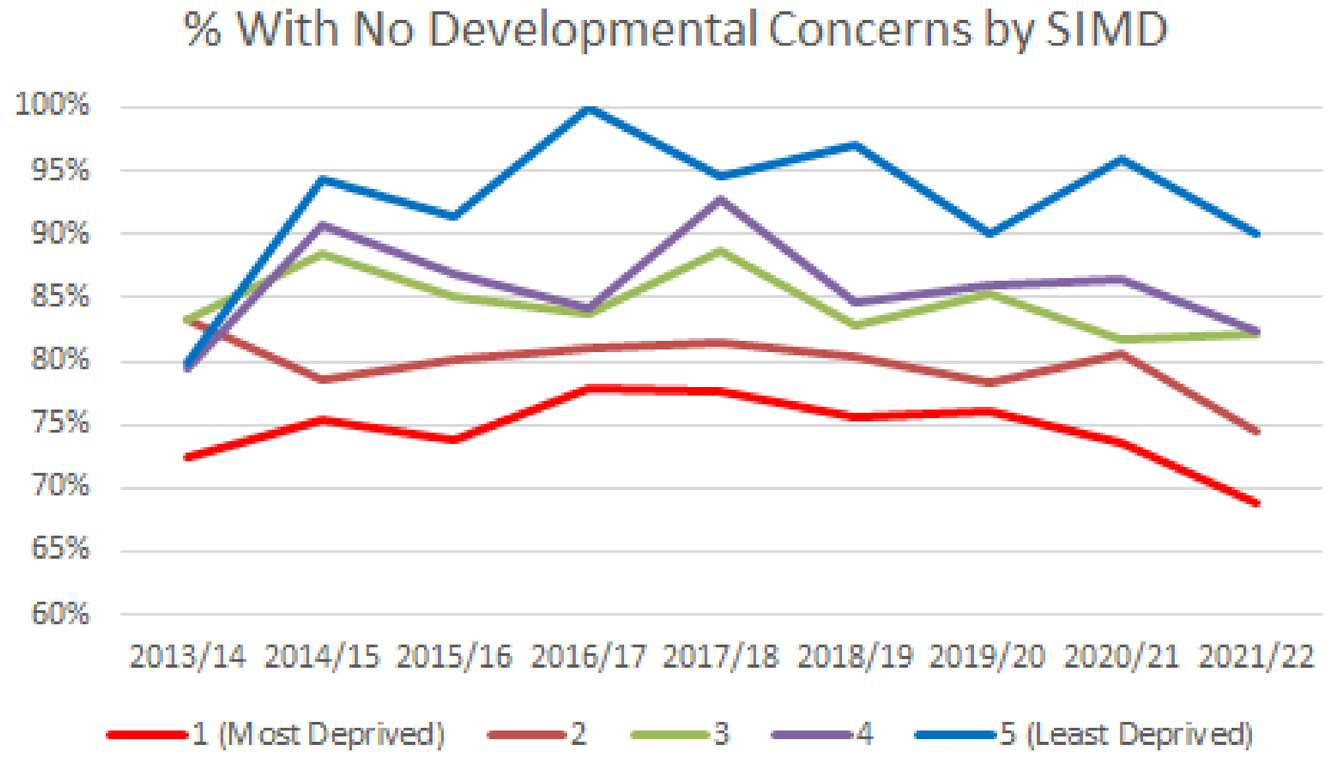
West Dunbartonshire has the 4th highest proportion of datazone areas in the most deprived 20% of Scotland compared to other councils. The Scottish Index of Multiple Deprivation identifies 5 quintiles ranging from SIMD1 most deprived to SIMD5 least deprived. Within West Dunbartonshire 66% of the population 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		
	WDHSCP	NHS GGC	Scotland
6-in-1	97.2%	97.1%	96.6%
MMR1	94.4%	94.2%	93.9%
Hib/Men C	94.9%	93.7%	93.7%
PCVB	94.7%	93.8%	93.4%
Men B Booster	94.1%	93.0%	93.2%

	5 years		
	WDHSCP	NHS GGC	Scotland
6-in-1	97.2%	96.9%	96.5%
MMR1	95.2%	95.7%	95.2%
Hib/Men C	95.7%	94.8%	94.5%
4-in-1	93.0%	92.0%	91.1%
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.

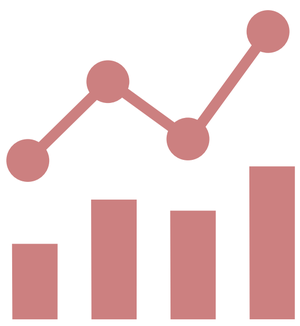
The assessment tool therefore provides a structure within which adult services practitioners will review areas of strength or potential vulnerability in respect of the provision of care to children and young people by adult caregivers seeking support, in the context of a relationship which addresses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

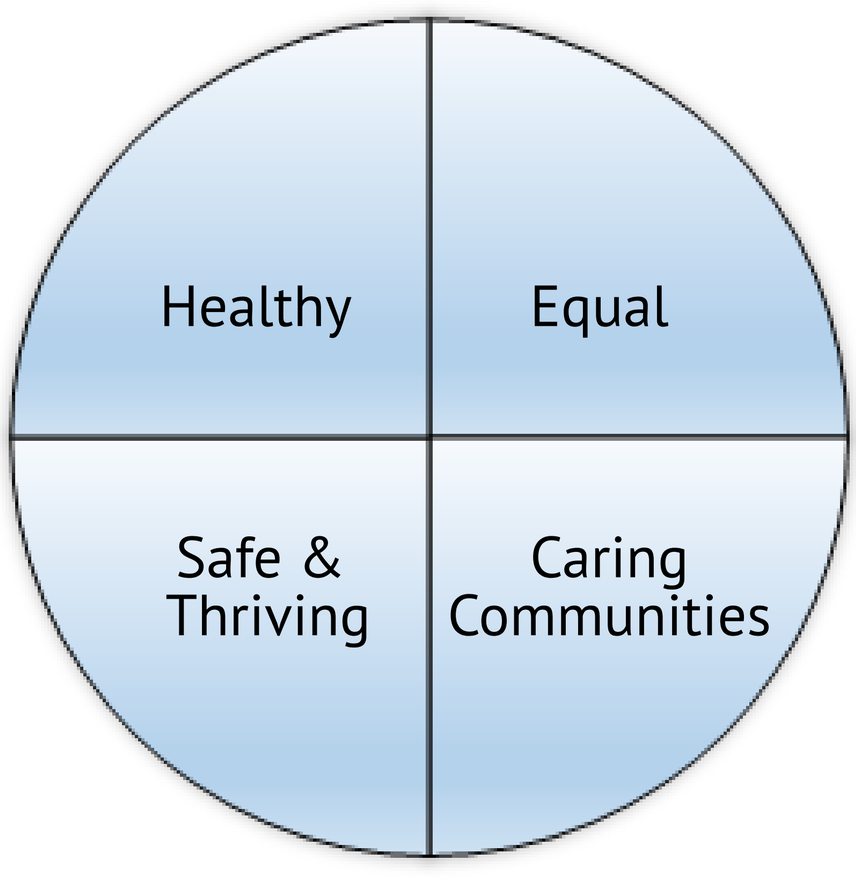
In the development of the plan the HSCP undertook three rounds of consultation. The first round involved sharing our Strategic Needs Assessment with over 60 stakeholders via numerous workshops. Among other things, the Strategic Needs Assessment provided local demographic data, morbidity and mortality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

Carers of West Dunbartonshire
"the place for every carer to turn to"

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"

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 being 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:

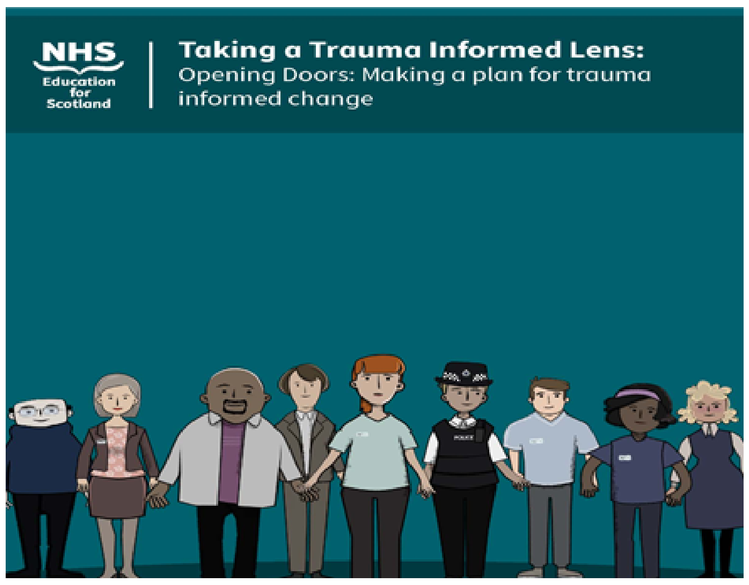
- The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector. This means we are only able to enter into short-term contractual arrangements, which creates difficulties in both the recruitment and 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:

- **P**layful - to allow us to attune and match young people's mood and emotions
- **A**ppreciative - of the young person's point of view and what they are telling us about how they feel
- **C**urious - to wonder why a young person feels the way they do, or wonder what their behaviour is really telling us
- **E**mpathetic - 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

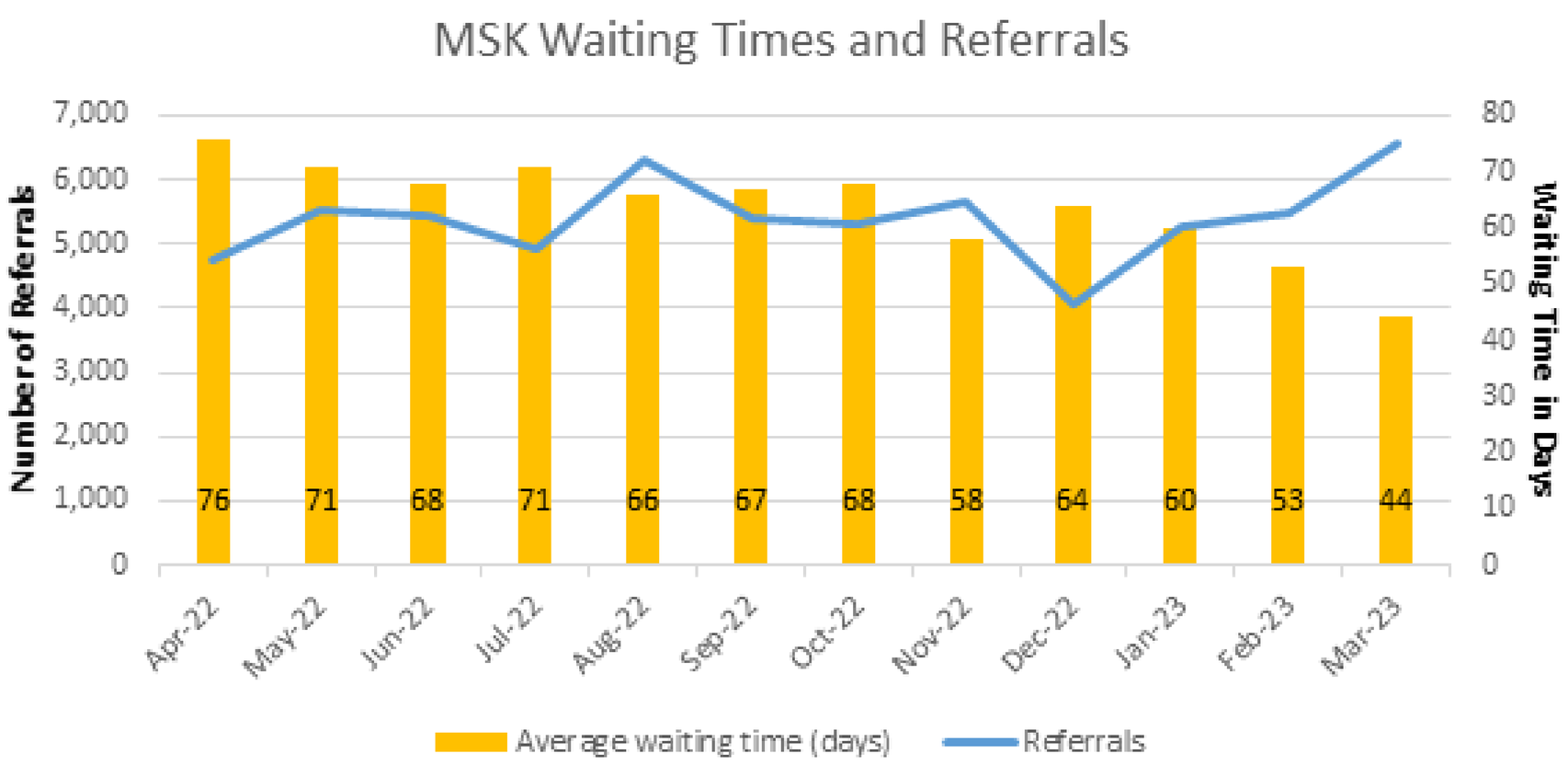
MSK Physiotherapy

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.

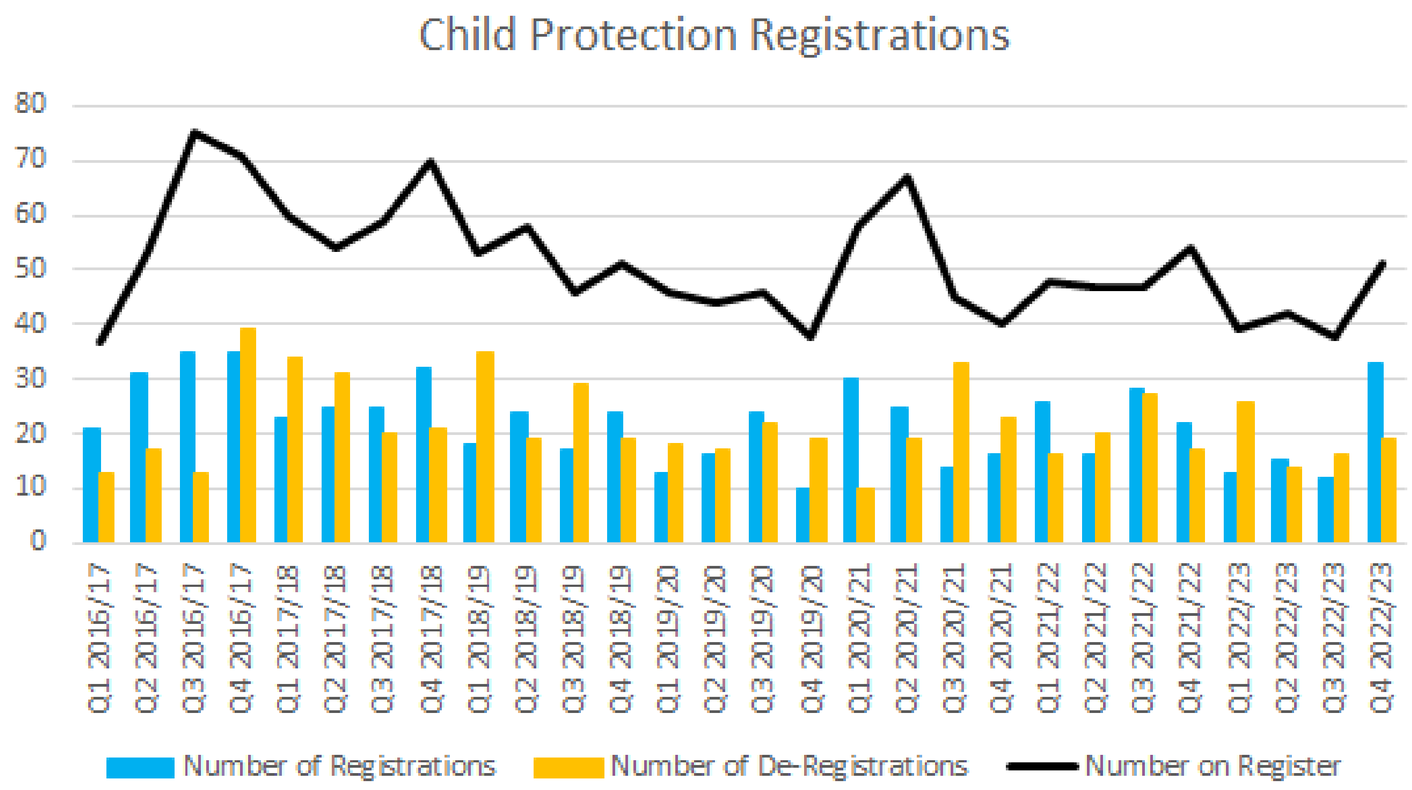
Our workforce are our greatest asset. We take great pride in celebrating the achievements of our staff throughout the year, culminating in the annual awards across West Dunbartonshire Council and NHS Greater Glasgow and Clyde. A huge effort has been made to ensure staff have the right skills, knowledge, 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.

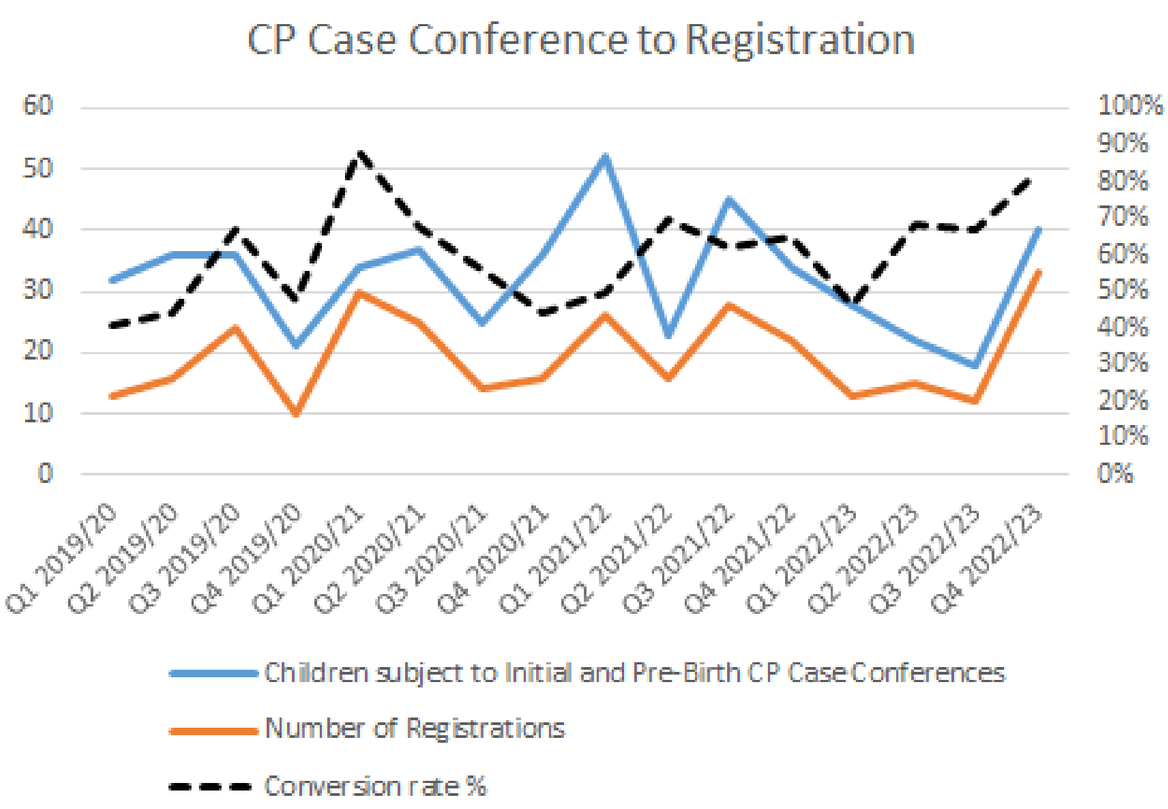
Child Protection

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.

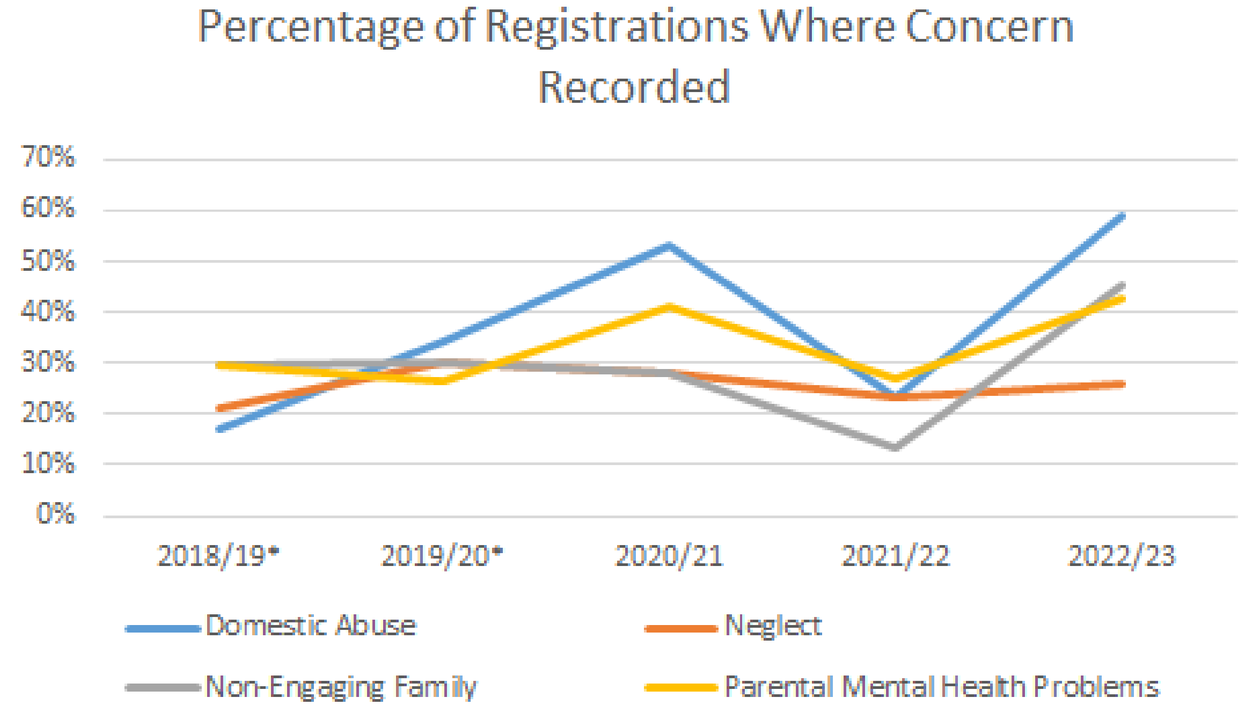


The Minimum Dataset monitors the proportion of children where the decision is taken to add the child to the CP register after an Initial or Pre-Birth Case Conference. This is known as the Conversion Rate and monitors the effectiveness of our processes and decision-making. As can be seen in the the chart 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.

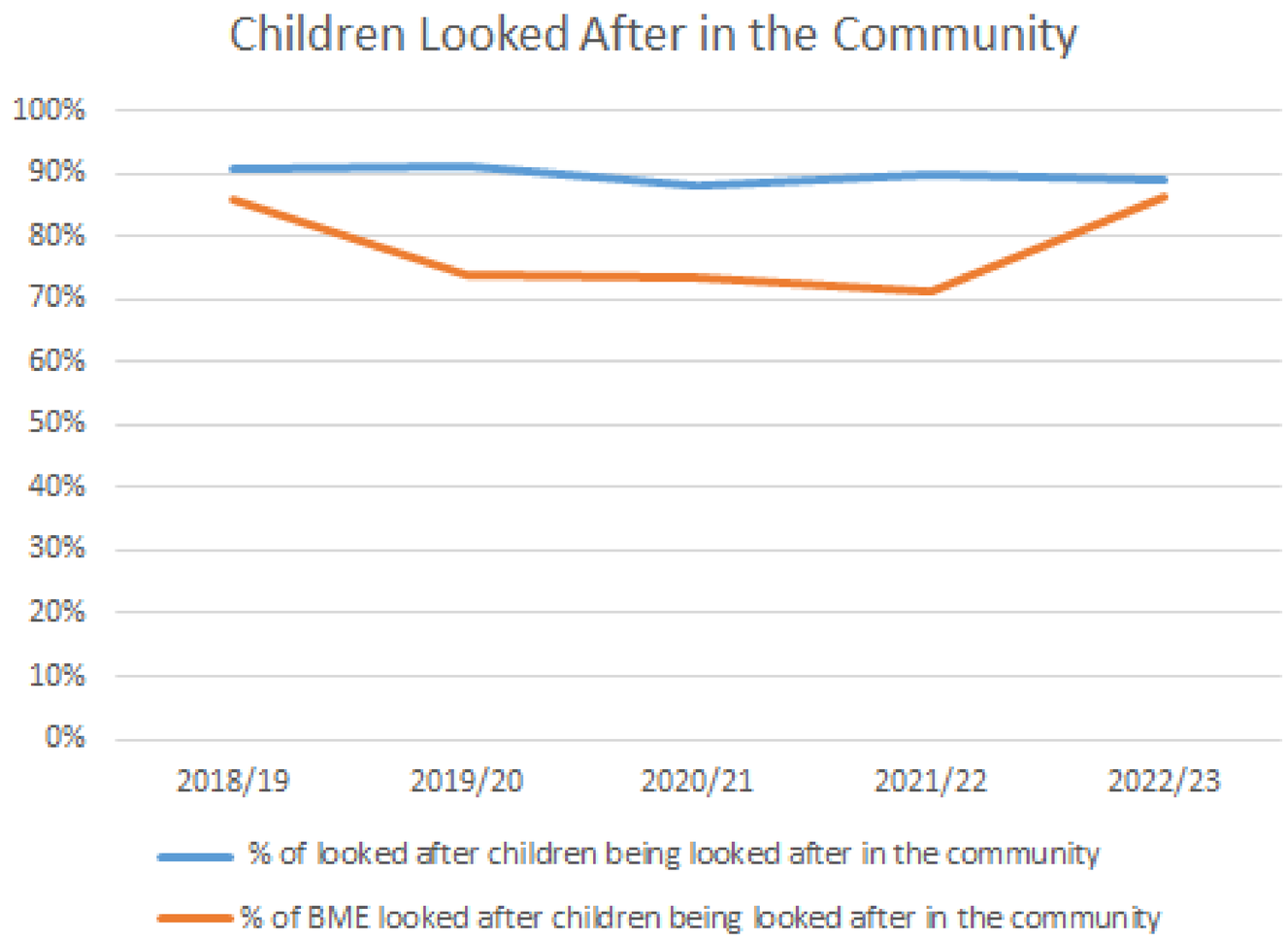
Children's Activity Bags have also begun to be used within our Children and Families Teams to help gather infant, children and young people's views. These are backpacks filled with activities and toys to engage infants, children and young people during time together. The goal is to support relationship 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.

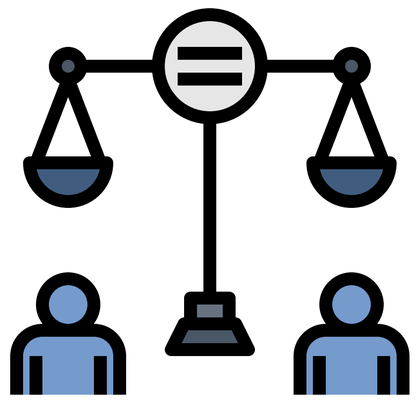
Service Development: Unaccompanied Asylum Seeking Children

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.

Along with consideration of the Strategic Needs Assessment, workshop sessions were carried out as part of the consultation for the new Strategic Plan. Outputs of these sessions included identifying the need to more effectively target inequalities in health outcomes and to better understand and respond to women's health needs. A broad ranging consultation included communication with the assortment of third sector community groups associated with West Dunbartonshire Equalities Forum as well as the range of third sector organisations registered with West Dunbartonshire CVS, our third sector interface, with the result that the theme of addressing Equality has become one of the four strategic outcomes of the forthcoming Strategic Plan.

During 2022/23 the HSCP Equalities Group continued to refine their Improvement Action Plan and hosted a face-to-face development session attended by 26 participants comprising of existing members of the HSCP Equalities Group, officers from NHS Greater Glasgow and Clyde and West Dunbartonshire Council who work with equalities alongside a number of colleagues who had responded to an open invitation to all HSCP staff.

The development day was held to continue to:

- Understand the current position of equalities, work and existing good practice across a wider audience.
- Understand what was needed to refresh the Improvement Plan, contribute to the development of the HSCP Strategic Plan 2023-2026 and to develop new equality outcomes by 2024.
- Increase the opportunities for HSCP staff and wider colleagues/agencies to be involved and engaged in this work.

Key themes from the day are captured below.

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.

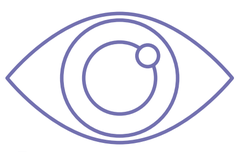
Some examples of work carried out in 2022/23 across the five themes include:

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.

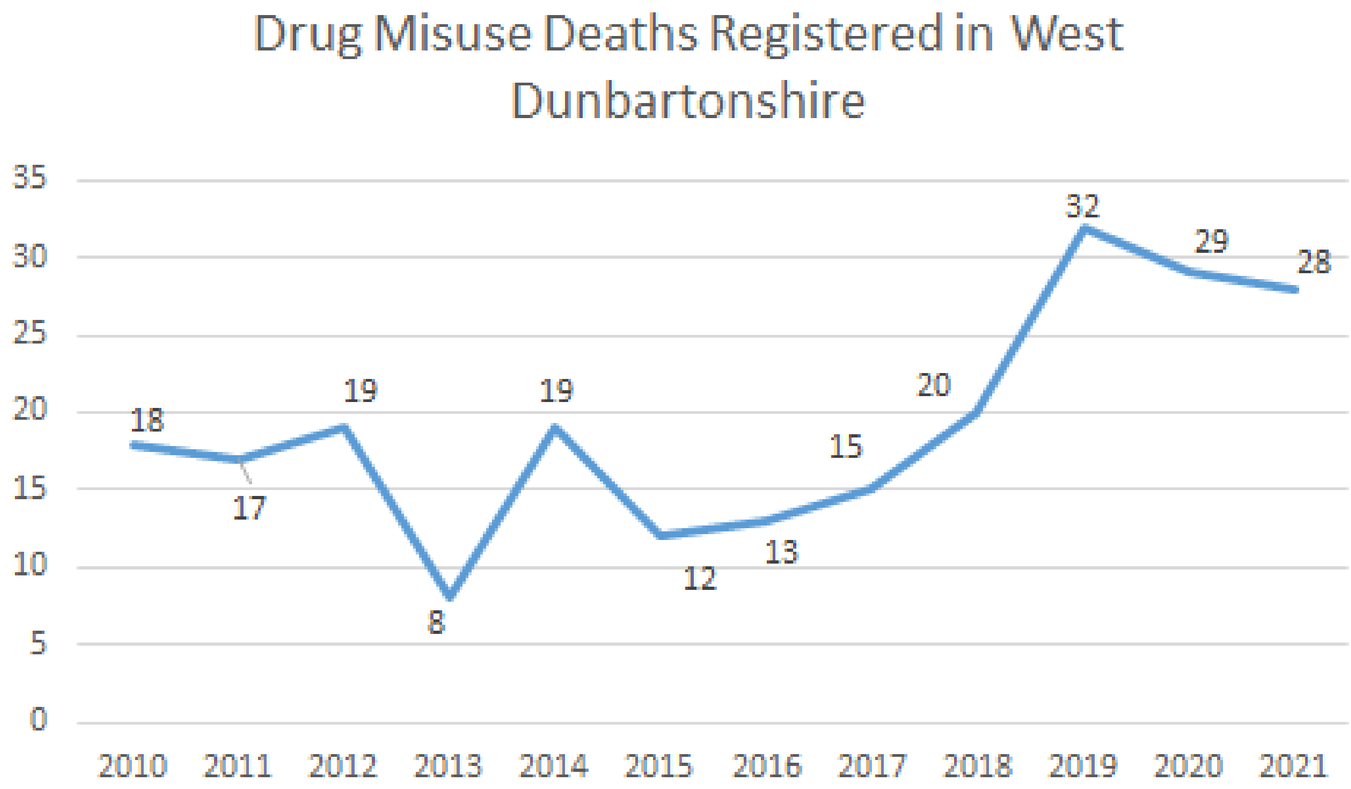
Best Practice

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.

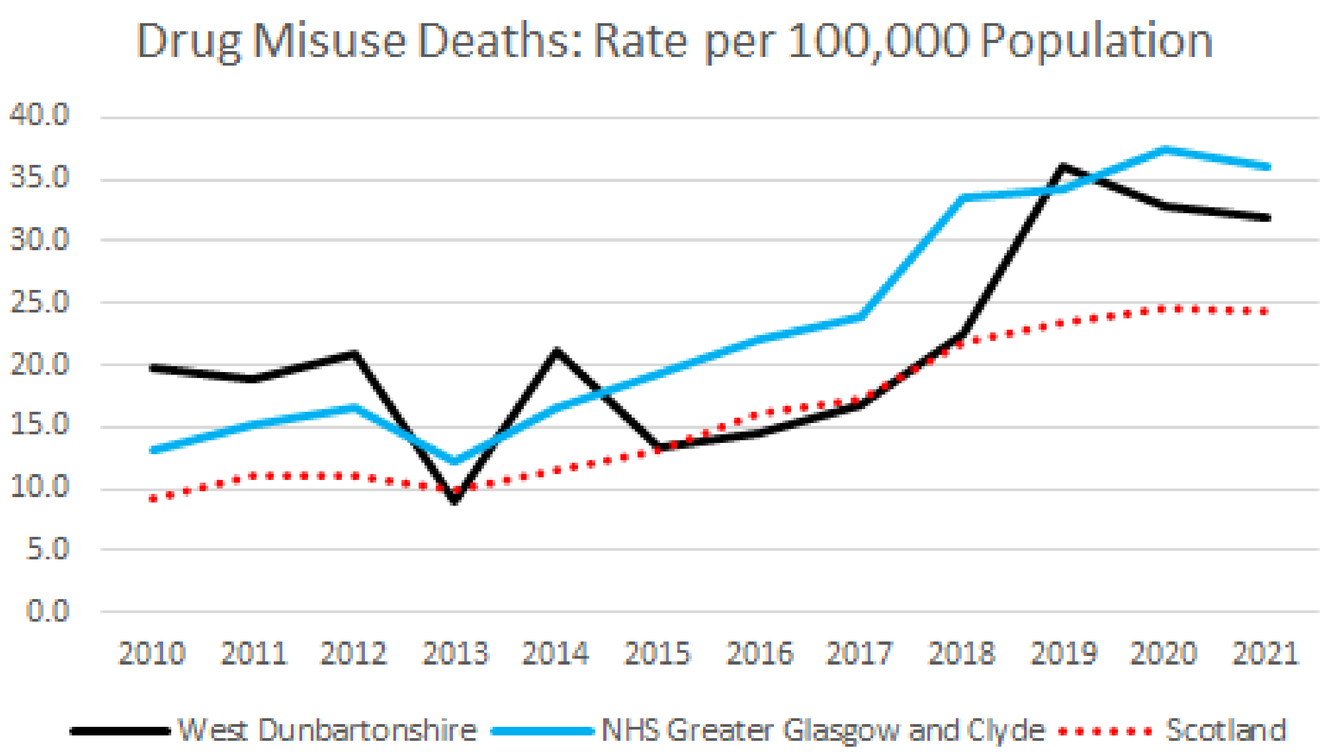
Medication Assisted Treatment Standards

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.



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.



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 Buvidal 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.

• Commissioning of a Non-Fatal Overdose service. This team provides an Out of Hours 7 day 12 hour service provided by a third sector partner.

• Commissioning of a Harm Reduction Mobile Unit. This team provides an Out of Hours provision in the areas where drug related deaths and harms are occurring and is provided by specialist trained Harm Reduction Nurses.

• Additional funding secured locally for the recruitment of: two Advanced Nurse Practitioners, one to support wider physical health needs of individuals accessing Addiction Services and another to support the interface between Mental Health and Addictions Services (MAT Standard 9); and a Cognitive Behavioural Therapist to support the delivery of MAT Standards 6 and 10.

• Additional funding provided to a third sector partner to support in the delivery of a family support service.

• Development of 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 people of the community.

• Recruitment of 2 dedicated advocacy workers for Addiction Services.

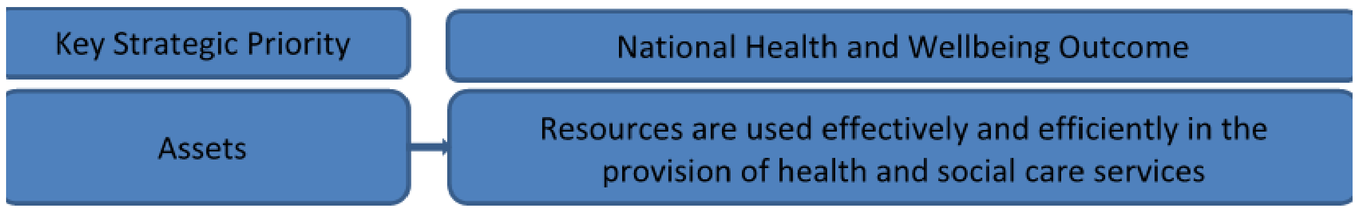
• West Dunbartonshire is one of 5 pilot sites for Planet Youth (formerly Icelandic Prevention Model). the Scottish Government, via the Drugs Death Taskforce, recently announced £1.5m funding to support the programme over the next 2 years. The local allocation has yet to be decided.

What do Recovery-Oriented Systems of Care mean to you?

Thoughts of HSCP and third sector staff, partner organisations and people with lived experience across West Dunbartonshire Alcohol and Drugs Partnership

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
154,341	**162,022**	**172,423**	**178,232**	**Cost of Services Directly Managed by West Dunbartonshire HSCP**	**185,541**	**193,926**	**-8,385**
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
189,601	**198,272**	**214,154**	**219,475**	**Total Cost of Services to West Dunbartonshire HSCP**	**232,417**	**240,802**	**-8,385**

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 Adaptations 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:

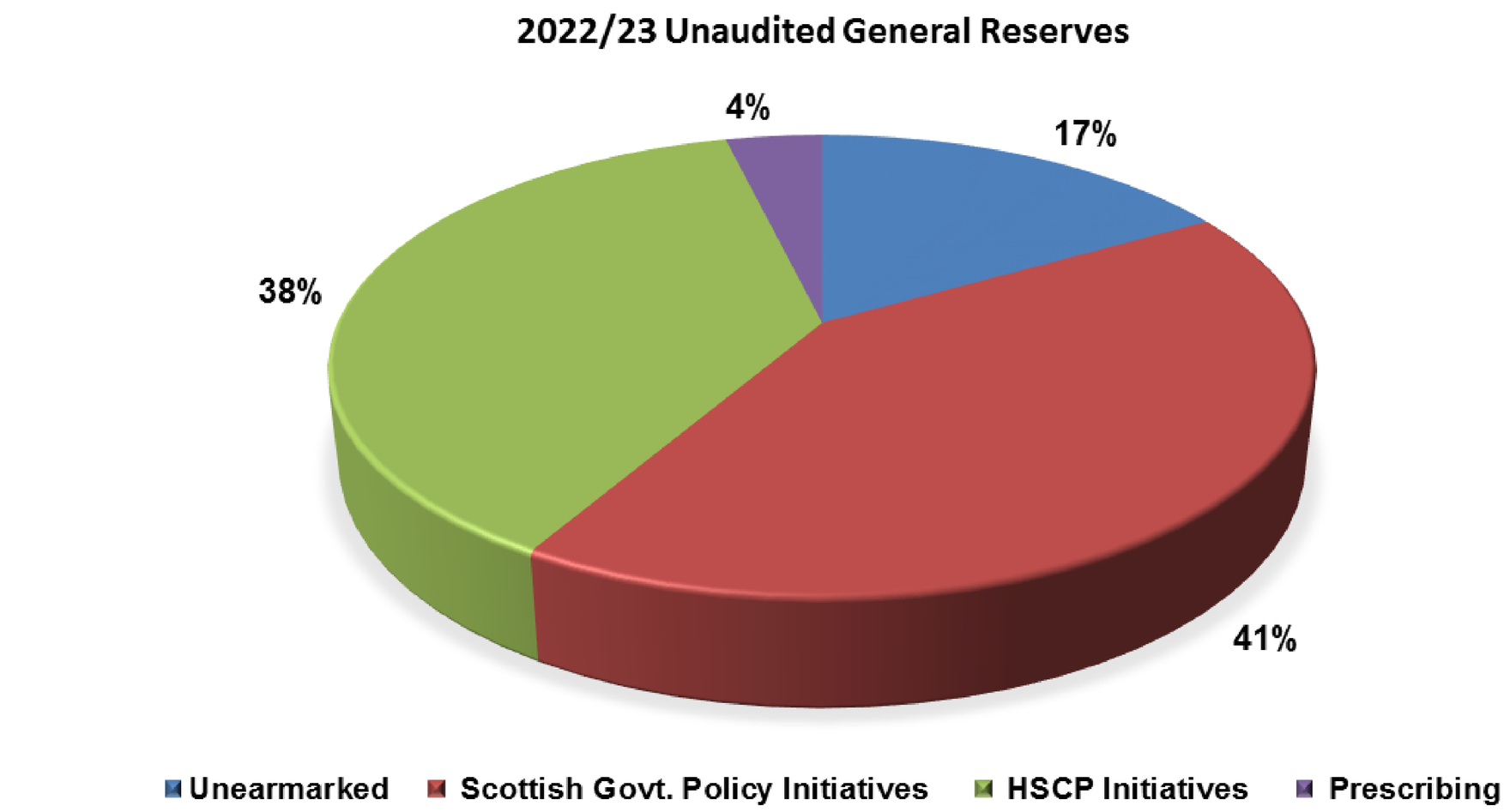
- Earmarked Reserves – separately identified for a specific project or ring fenced funding stream e.g. Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drug Partnership, Covid Recovery and Service Redesign and Transformation; or

- 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
Total Spend	**2,863**
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
Total Income	**-2,865**
Closing Earmarked Reserve	**-2**

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 (£m)	2024/25 (£m)	2025/26 (£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.

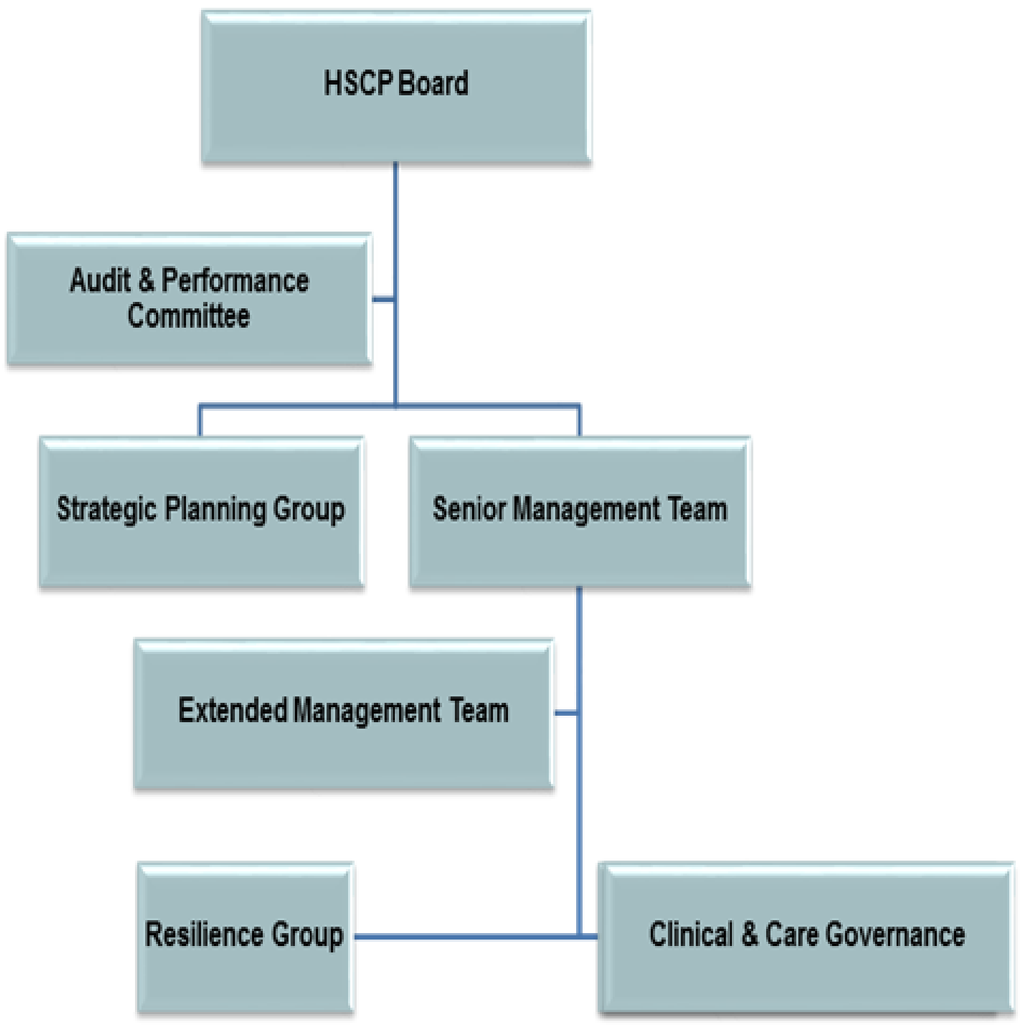
The HSCP Board is scheduled to meet six times per year and all agendas and meeting papers are available on the HSCP Board website.

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.

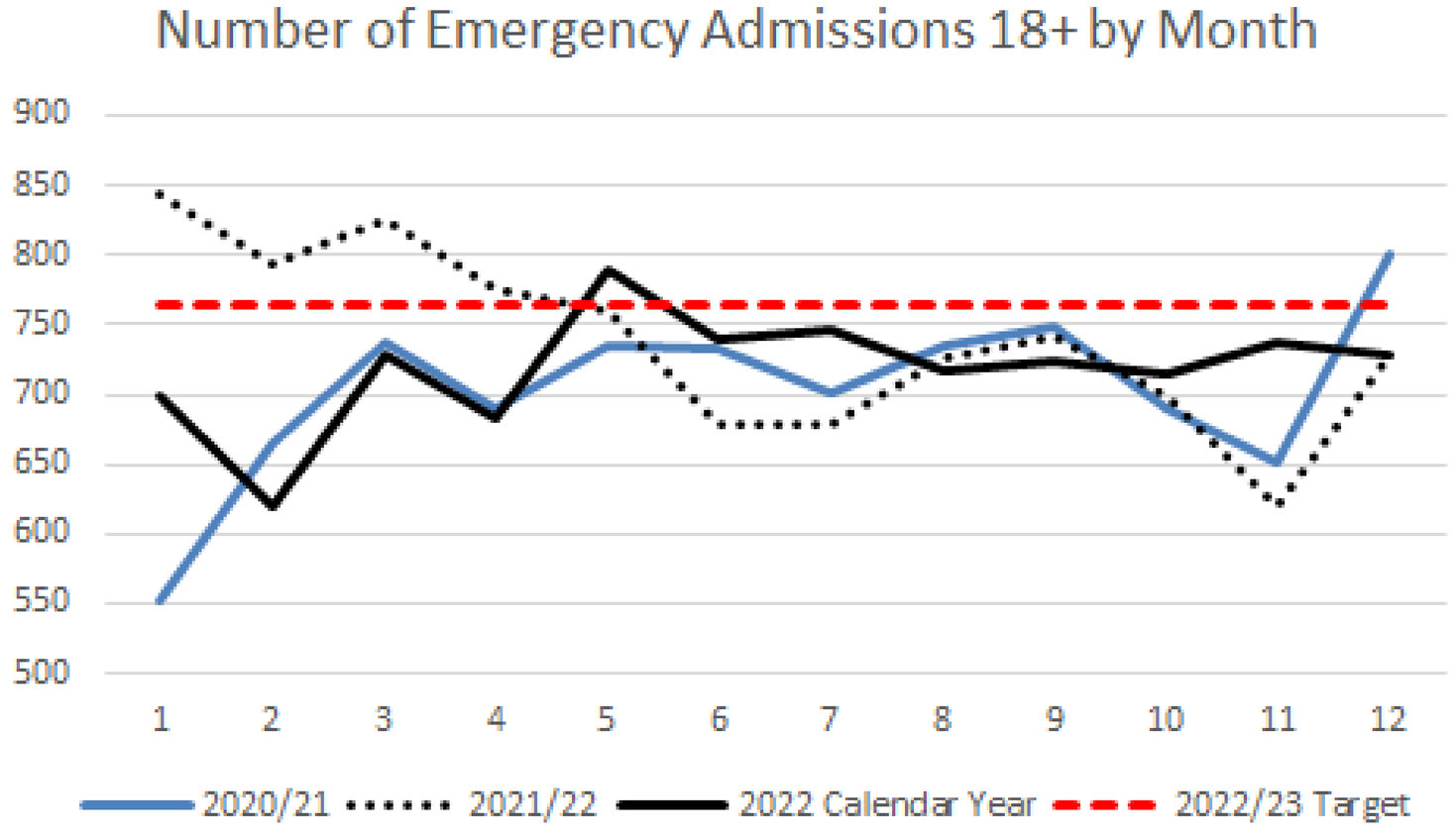
Appendix 1: Core Integration Indicators

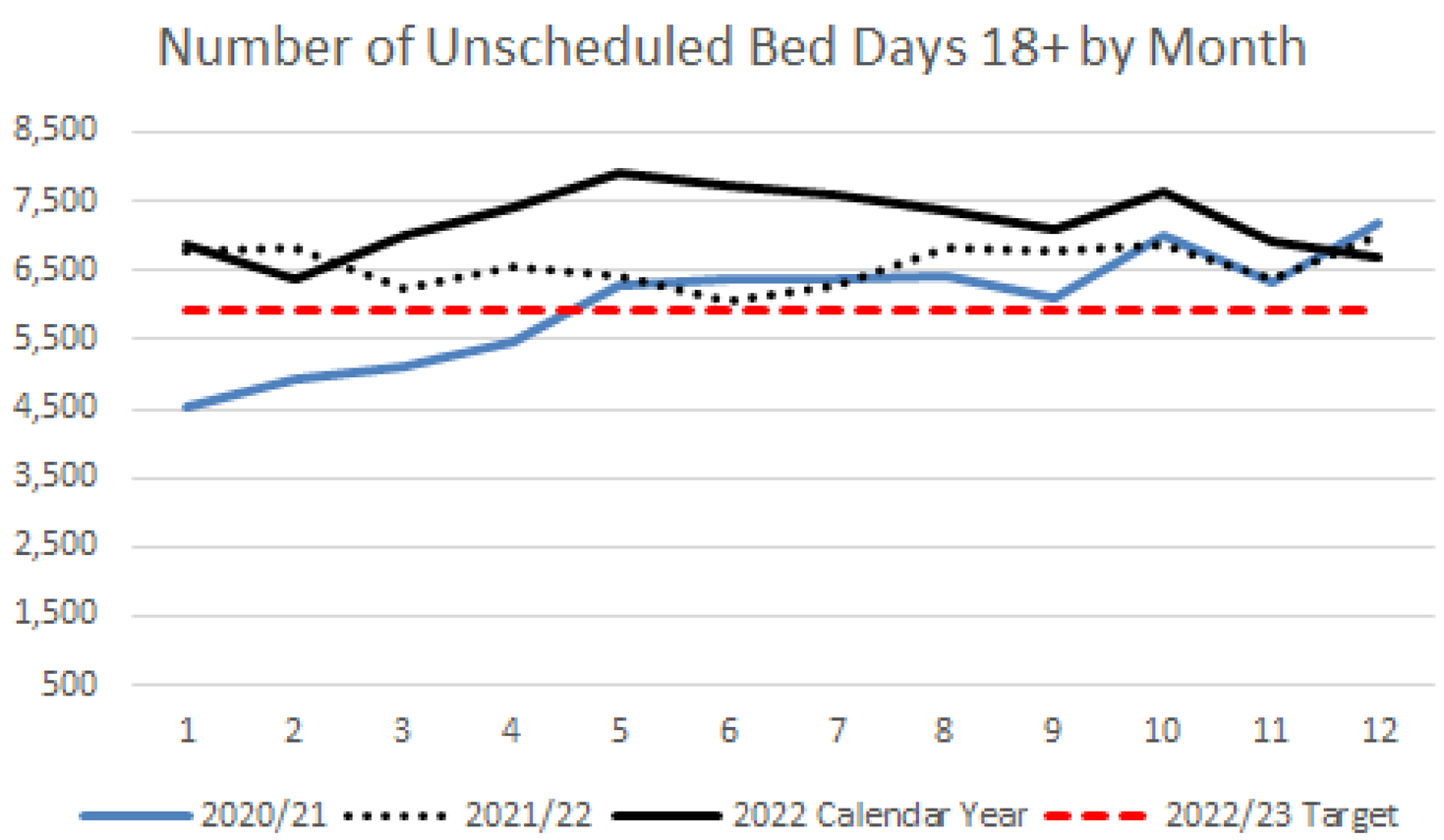
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2021/22	89.90%	90.90%	23	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible	2021/22	83.20%	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	

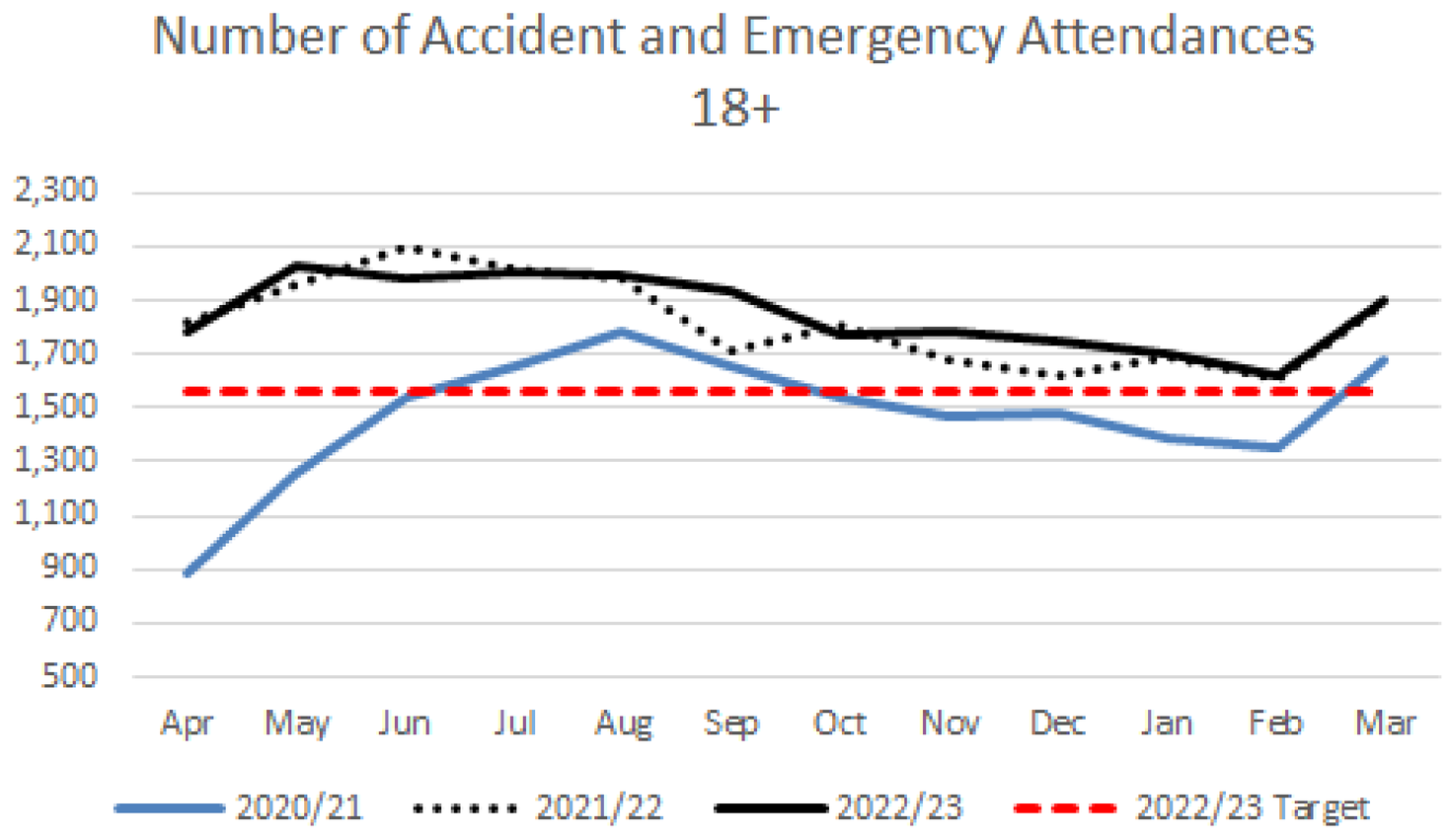
Appendix 2: Local Government Benchmarking Framework

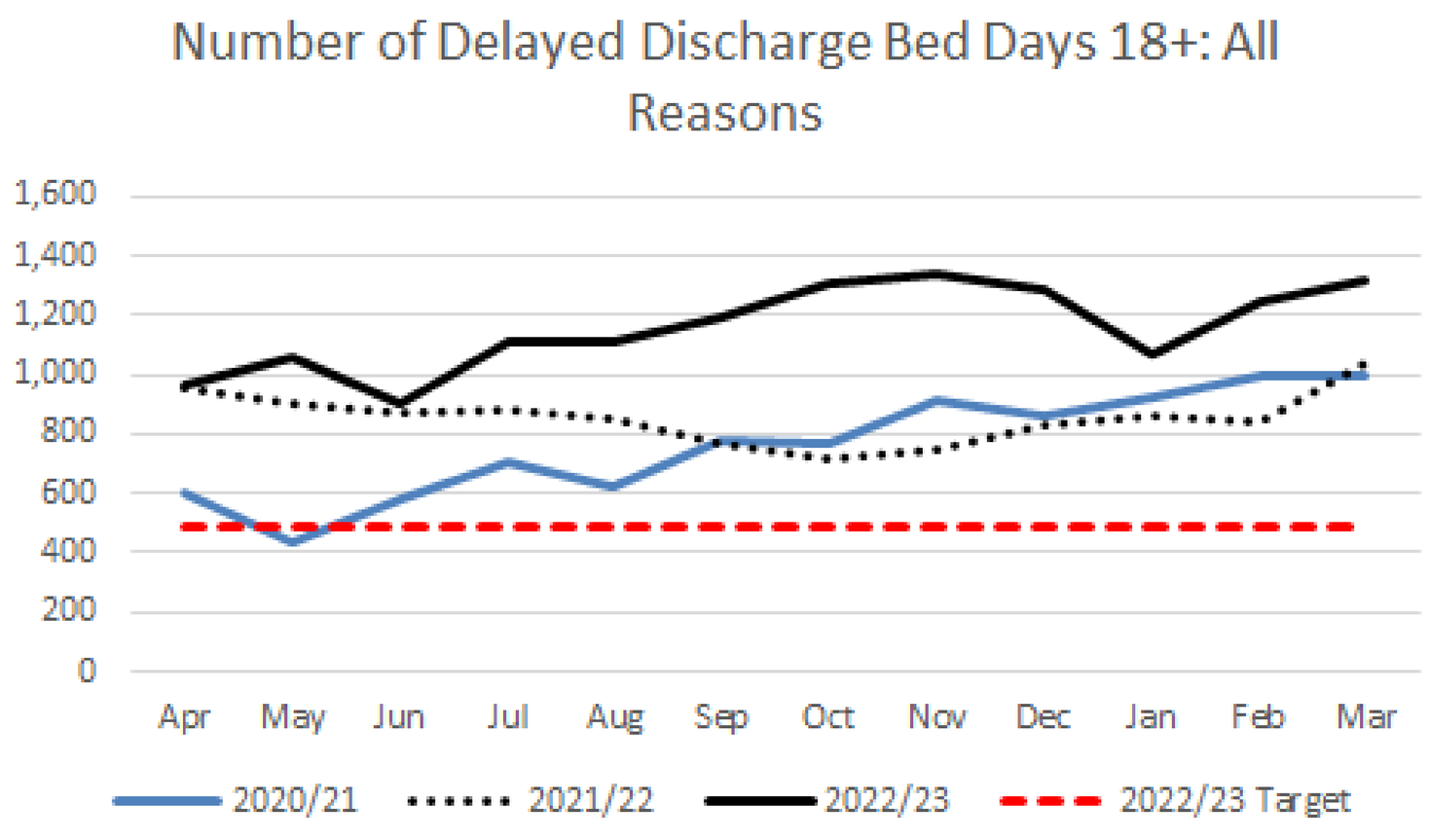
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
LGBF1	Balance of Care for looked after children: % of children being looked after in the Community	2021/22	89.60%	89.80%	15	
LGBF2	The gross cost of "children looked after" in residential based services per child per week £	2021/22	£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	

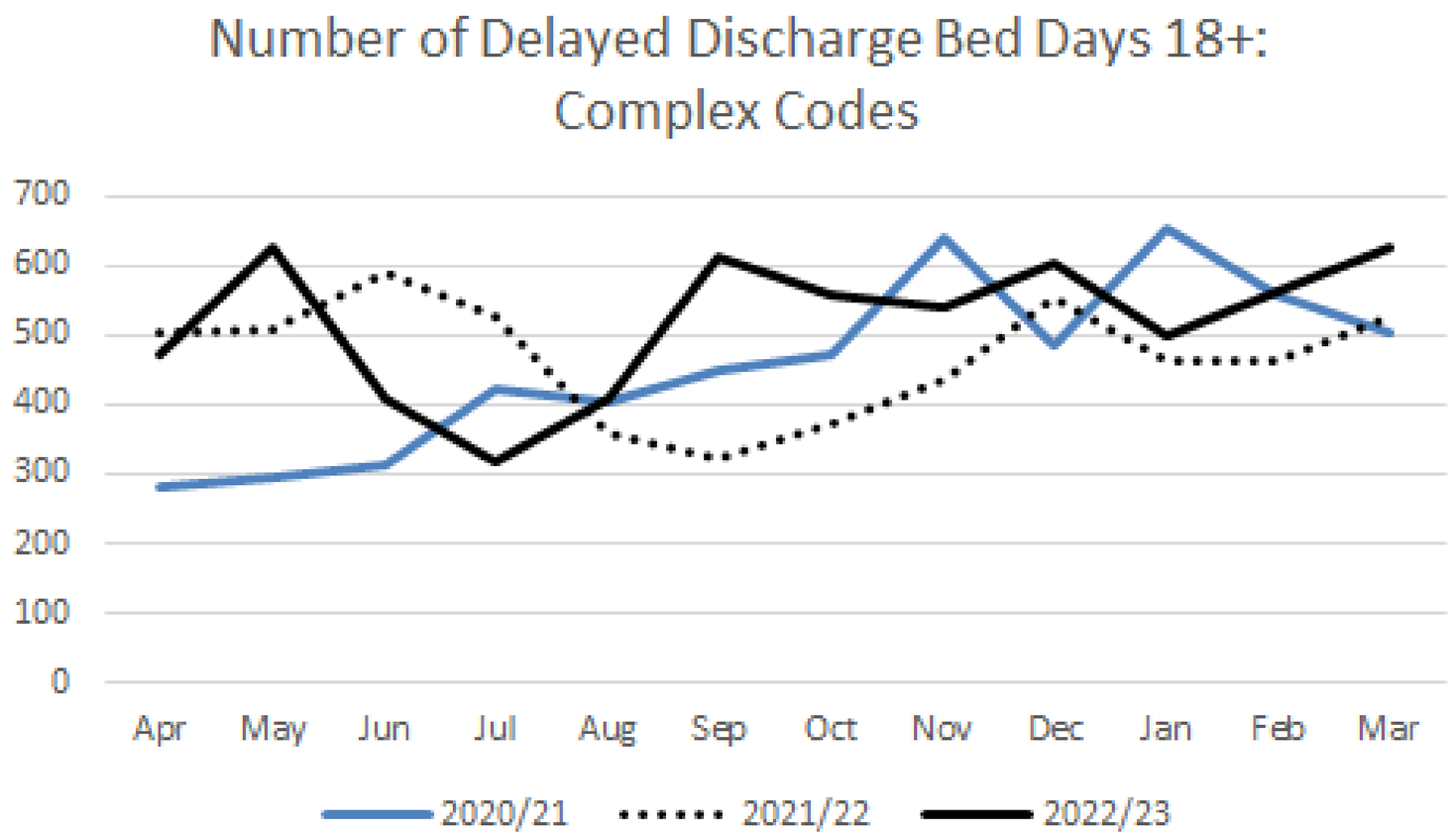
Appendix 3: Ministerial Steering Group Performance






Number of Accident and Emergency Attendances
18+
2,300
2,100
1,900
1,700
1,500
1,300
1,100
900
700
500
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2020/21
2021/22
2022/23
2022/23 Target


Number of Delayed Discharge Bed Days 18+: All Reasons
1,600
1,400
1,200
1,000
800
600
400
200
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2020/21
2021/22
2022/23
2022/23 Target


Number of Delayed Discharge Bed Days 18+: Complex Codes
700
600
500
400
300
200
100
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2020/21
2021/22
2022/23

Appendix 4: HSCP Strategic Plan Key Performance Indicators

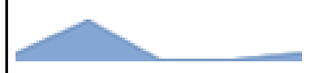
Target achieved
Target narrowly missed
Target missed by 15% or more
Data only - no target set

* 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			5 Year Trend
	Value	Value	Target	Status	
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			5 Year Trend
	Value	Value	Target	Status	
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 2 N/A N/A 3	30-Nov-22 ↑	2 3 5 N/A 3	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? 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 2 N/A N/A 3	30-Nov-22 ↑	2 3 5 N/A 3	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? 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 5 5 4 6	11-Aug-22 ↑	6 N/A N/A N/A N/A	How well do we support children and young people's rights and wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is our care and support planned?
	Requirements: 0				
Burnside Children's House	28-Feb-20	5 N/A N/A N/A 4	24-Mar-23 —	5 N/A N/A N/A N/A	How well do we support children and young people's rights and wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is our care and support planned?
	Requirements: 0				
Craigellachie Children's House	15-Nov-19	4 N/A N/A N/A 4	29-Sep-22 —	4 N/A N/A N/A N/A	How well do we support children and young people's rights and wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is our care and support planned?
	Requirements: 0				
West Dunbartonshire Council Home Care	26-Sep-19	N/A 4 4 N/A 4	27-Mar-23 ↓	3 3 3 N/A 3	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? 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 N/A N/A N/A 4	14-Dec-22 ↑	5 5 N/A N/A N/A	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? 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

Contents

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.

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.

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.

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.

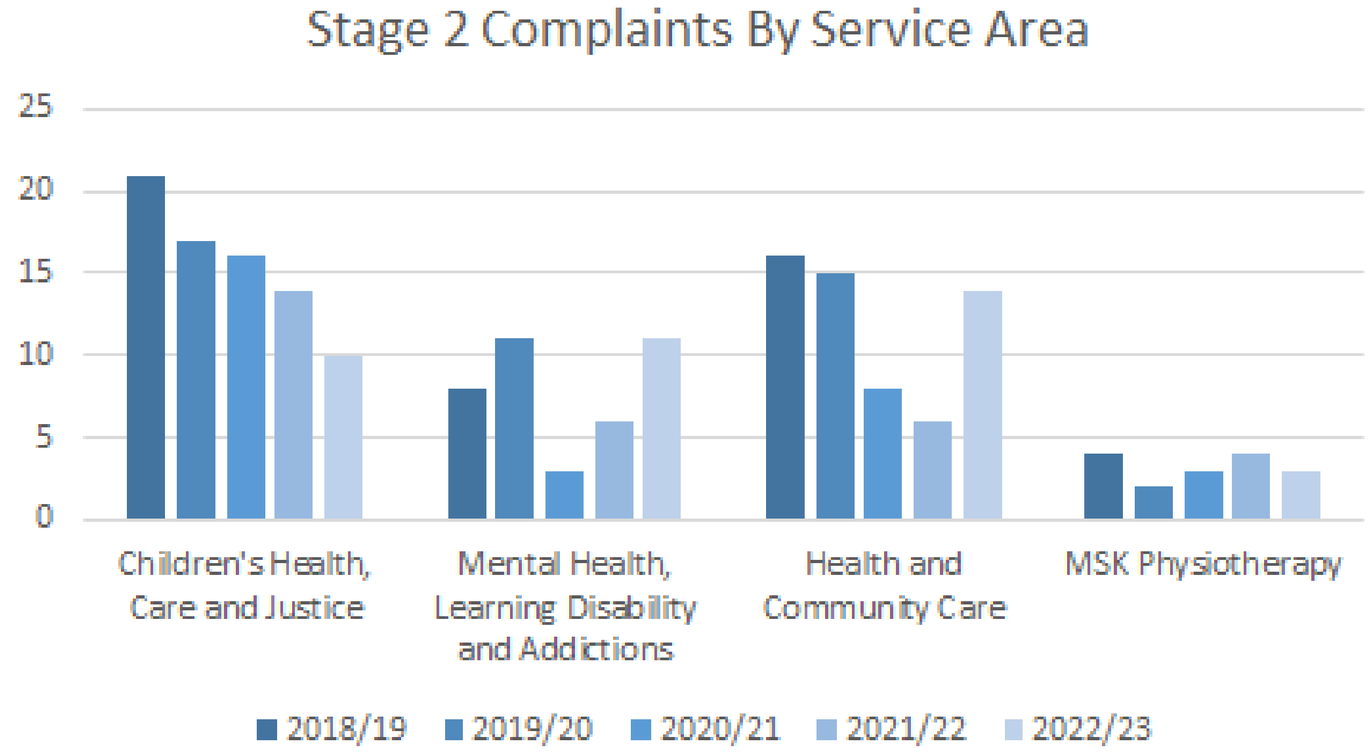
	Stage 2		Escalated to Stage 2	
Outcome	Number	%	Number	%
Upheld	4	11%	0	0%
Partially Upheld	12	33%	0	0%
Not Upheld	18	50%	0	0%
Unsubstantiated	0	0%	0	0%
Ongoing	2	6%	0	0%
Total	36		0	

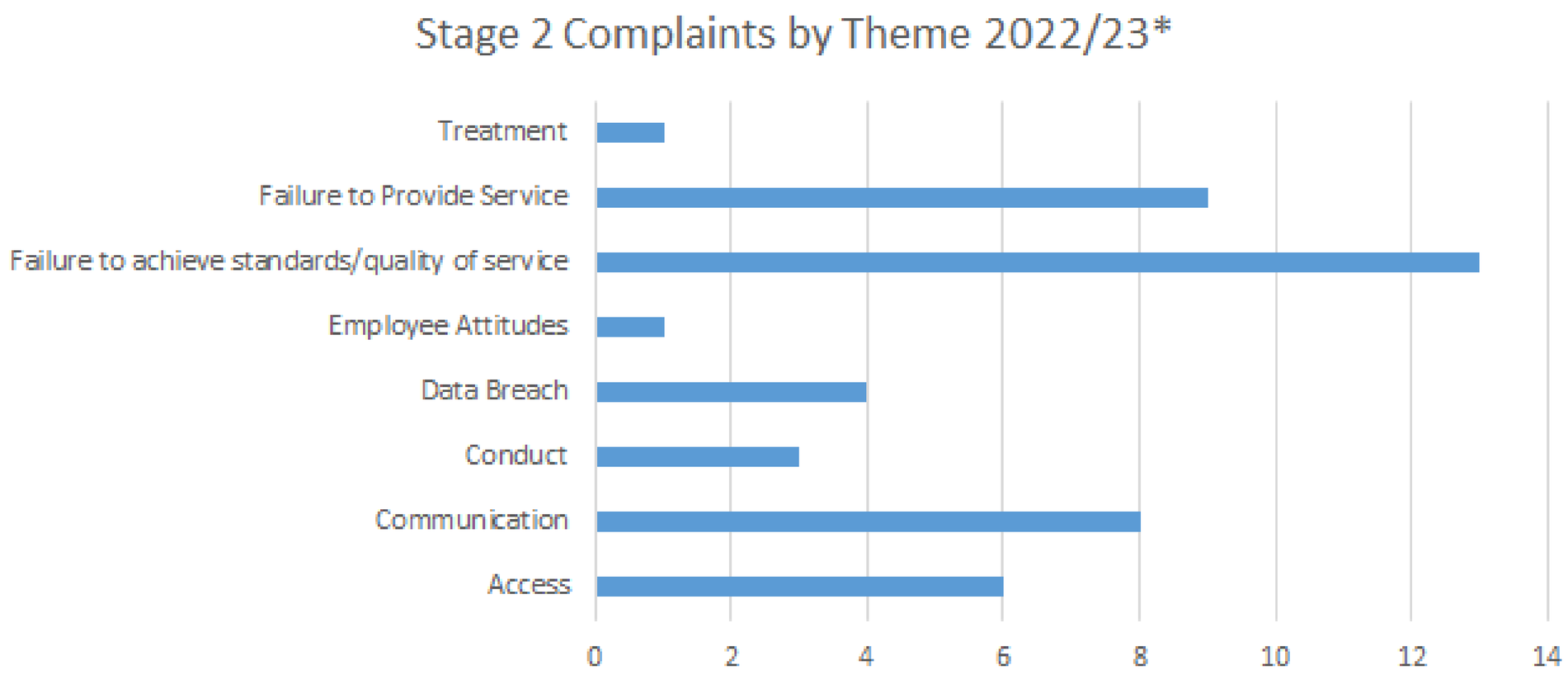
There are a further 3 indicators which are not required to be reported on but are recommended by the SPSO. These relate to raising awareness of complaints handling, lessons learned and identifying any barriers to making a complaint; staff training in frontline resolution, complaints handling and investigations;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

Upheld Complaints

Service Area	Themes	Upheld	Partially Upheld
Children's Health, Care & Criminal Justice	Access	1	
	Failure to achieve standards/quality of service/ Data Breach	1	
	Failure to achieve standards/quality of service/ Failure to Provide Service	2	
Community Health and Care Services	Communication	2	
	Communication/Failure to Provide Service		1
	Failure to achieve standards/quality of service	4	
Mental Health, Learning Disability & Addictions	Access		2
	Access/Treatment	1	
	Data Breach		1
MSK Physiotherapy	Conduct	1	
Total		12	4

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

15 August 2023

Subject: 2023/24 Financial Performance Report as at Period 3 (30 June 2023)

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 3 to 30 June 2023 and a projected outturn position to the 31 March 2024.

2. Recommendations

2.1 The HSCP Board is recommended to:

a) **Note** the updated position in relation to budget movements on the 2023/24 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and **approve** the direction for 2023/24 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
b) **Note** the reported revenue position for the period 1 April 2023 to 30 June 2023 is reporting an adverse (overspend) position of £0.741m (1.59%);
c) **Note** the projected outturn position of £2.983m overspend (1.50%) for 2022/23 including all planned transfers to/from earmarked reserves;
d) **Note** that a recovery plan will require to be put in place to address the projected overspend;
e) **Note** the update on the monitoring of savings agreed for 2023/24;
f) **Note** the bad debt write off for quarter one;
g) **Note** the current reserves balances;
h) **Note** the update on the capital position and projected completion timelines; and
i) **Note** the impact of a number of ongoing and potential burdens on the reported position for 2023/24 and the previously reported budget gaps for 2024/25 and 2025/26.

3. Background

3.1 At the meeting of the HSCP Board on 15 March 2023 members agreed the 2023/24 revenue estimates. A total indicative net revenue budget of £191.016m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval.

3.2 Since the March HSCP Board report there have been a number of budget adjustments. A total net budget of £198.210m is now being monitored as detailed within Appendix 1.

4. Main Issues

Summary Position

4.1 The current year to date position as at 30 June is an overspend of £0.741m (1.59%) with an annual projected outturn position being a potential overspend of £2,983m (1.50%). The consolidated summary position is presented in greater detail within Appendix 3, with the individual Health Care and Social Care reports detailed in Appendix 4.

4.2 The summary position is reported within Tables 1 and 2 below which identifies the projected 2023/24 budget overspend of £2.983m (1.50% of the budget). This will be subject to change as the year progresses and the approved recovery plan is implemented.

Table 1 – Summary Financial Information as at 30 June 2023

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Forecast Variance	Variance %
	£000	£000	£000	£000	£000	£000	£000	£000	
Health Care	118,263	27,238	27,178	60	118,647	(384)	(619)	235	0.20%
Social Care	117,157	23,016	23,710	(694)	120,958	(3,801)	(1,019)	(2,782)	-2.37%
Expenditure	**235,420**	**50,254**	**50,888**	**(634)**	**239,605**	**(4,185)**	**(1,638)**	**(2,547)**	-1.08%
Health Care	(4,721)	(1,184)	(1,184)	0	(4,721)	0	0	0	0.00%
Social Care	(32,489)	(2,607)	(2,500)	(107)	(30,273)	(2,216)	(1,780)	(436)	1.34%
Income	**(37,210)**	**(3,791)**	**(3,684)**	**(107)**	**(34,994)**	**(2,216)**	**(1,780)**	**(436)**	1.17%
Health Care	113,542	26,054	25,994	60	113,926	(384)	(619)	235	0.21%
Social Care	84,668	20,409	21,210	(801)	90,685	(6,017)	(2,799)	(3,218)	-3.80%
Net Expenditure	**198,210**	**46,463**	**47,204**	**(741)**	**204,611**	**(6,401)**	**(3,418)**	**(2,983)**	**-1.50%**

Table 2 – Financial Information as at 30 June 2023 by Head of Service

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Forecast Variance	Variance %
	£000	£000	£000	£000	£000	£000	£000	£000	
Children's Health, Care & Justice	29,476	6,762	7,272	(510)	31,758	(2,282)	(247)	(2,035)	-7.07%
Health and Community Care	51,222	13,578	13,880	(302)	52,499	(1,277)	(67)	(1,210)	-2.36%
Mental Health, Learning Disability & Addictions	29,910	8,327	8,355	(28)	30,657	(747)	(634)	(113)	-0.38%
Strategy & Transformation	2,084	463	409	54	1,866	218	0	218	10.46%
Family Health Services	31,260	7,546	7,546	0	31,260	0	0	0	0.00%
GP Prescribing	21,166	5,204	5,204	0	21,166	0	0	0	0.00%
Hosted Services	8,410	2,205	2,192	13	8,922	(512)	(562)	50	0.59%
Other	24,682	2,378	2,346	32	26,483	(1,801)	(1,908)	107	0.43%
Net Expenditure	**198,210**	**46,463**	**47,204**	**(741)**	**204,611**	**(6,401)**	**(3,418)**	**(2,983)**	**-1.50%**

4.3 Members should note that the projected overspend takes into account the progress on agreed savings programmes and £3.418m of expenditure to be drawn down from earmarked reserves. Further detail on progress of savings is detailed in Appendix 2 with a summary position shown in Table 3 below.

4.4 The progress of savings is tracked by the SMT and a RAG (Red, Amber, and Green) status applied to inform further actions. In this first quarter approximately 51% of savings have been achieved or are on track to be achieved, with the remainder requiring further action. Summary detail on the anticipated level of reserves, including those approved by the HSCP Board in March to underwrite the savings challenge, is provided within Appendix 6 with further detail contained in sections 4.24 – 4.25 below.

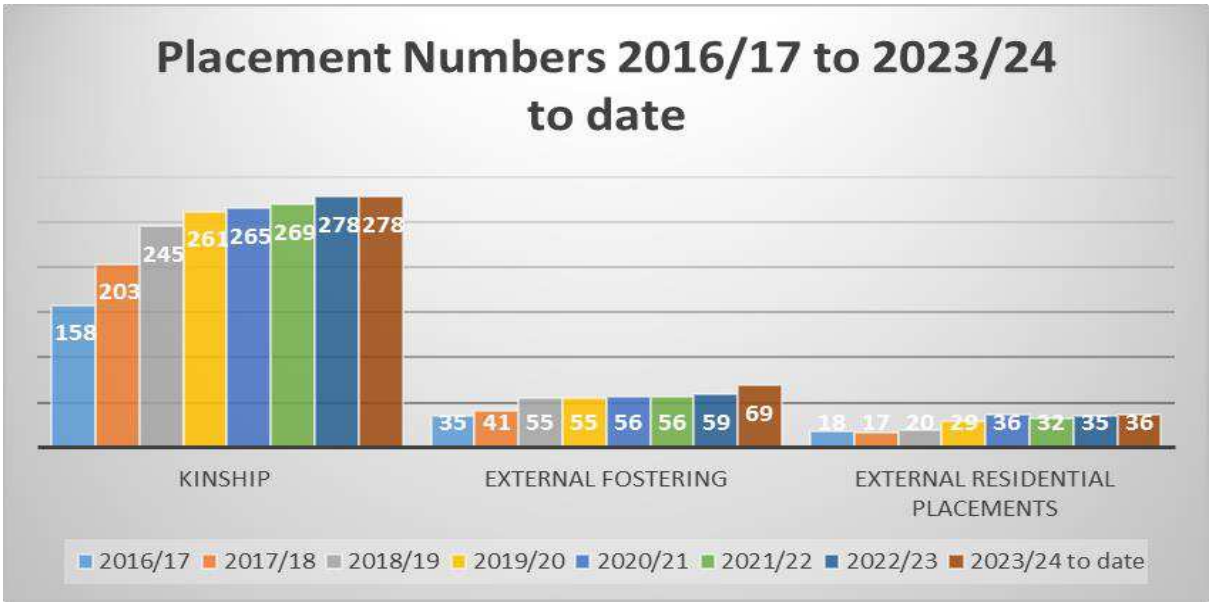
Table 3 – Monitoring of Savings and Efficiencies

Efficiency Detail	Saving to be Monitored	Savings Completed or Anticipated to be Achieved as Planned	Savings at Medium Risk of not being achieved as planned and subject to Recovery Planning	Savings at High Risk of not being achieved as planned and subject to Recovery Planning
	£000	£000	£000	£000
Total	7,862	4,601	1,625	1,636
Health Care	1,243	1,243	0	0
Social Care	6,619	3,358	1,625	1,636

4.5 Analysis on the projected annual variances in excess of £0.050m are contained within Appendix 5. These include the impact of continued significant demand for children and families residential and community placements (shown in graph 1 below), external older people's residential placements and increased volumes partially offset by ongoing recruitment and retention challenges.

4.6 Previous financial performance and budget setting reports have provided information on the scale of the financial challenge supporting vulnerable children and families. Graph 1 below highlights that Kinship Placements have increased by 76%, External Fostering by 97% and Residential by 100% since 2016/17. While additional budget resource has been incorporated into annual estimates, the levels of inflationary increases agreed through Scotland Excel Framework Agreements have exceeded demographic burdens applied. The Head of Service for Children's Health, Care and Justice will bring forward a report to a future meeting which explores the key themes behind the trends and how future support will be designed, including any financial support required by our partners to deliver statutory services.

Graph 1 – Children and Families Community Placement and Residential Numbers 2016/17 to 2023/24 to Date



Update on Pay Awards

4.7 Unlike previous years the Scottish Government has not published a Public Sector Pay Policy but rather a Pay Strategy which reflects the Scottish Government's funding position as set out in the 2023/24 Scottish Budget. It also takes account of the impact that high inflation has had on households and governments whilst balancing the need for sustainable public services. The key features of the 2023-24 Public Sector Pay Strategy are:

- The implementation of the real Living Wage rate of £10.90 per hour, including it being applied for internships and Modern Apprentices;
- A suggested cash underpin of £1,500 for public sector workers who earn £25,000 or less;
- Pay uplift for Chief Executives is capped at the same cash amount as the lowest paid;
- Setting a pay award floor of 2%; and
- Recommending a central metric of 3.5% and setting both an award ceiling and pay envelope maximum of 5% on business efficiencies and/or pay bill savings.

Local Authority Pay Award

4.8 The currently reported annual budget for Social Care services includes an estimation of the impact of the 2023/24 pay uplift for Social Care HSCP staff currently assumed at 4% at a cost of circa £2m. This will be subject to change as pay negotiations continue to progress.

4.9 An offer to cover the period April 2023 to 31 March 2024 was made on 3 April 2023 which was made of two parts being:

- A 5% uplift on all Spinal Column Points (SCP) effective from 1 April 2023; and

- A further percentage uplift effective from 1 January 2024 with details below:

    - An additional £0.45 on SCP2 to SCP18 and the underpinning Scottish Local Government Living Wage (SLGLW) rate. This will raise the SLGLW by £0.99 over the course of the financial year.
    - An additional 2.5% on SCP19 to SCP43, with smoothing consisting of slightly higher uplifts applied to SCP19, 20, and 21 to avoid "leapfrogging" of pay rates.
    - An additional 1.5% up on SCP44 to SCP64.
    - An additional 1% on SCP 65 and above.

4.10 Various consultative ballots took place in April which saw significant numbers of Local Authority staff voting to reject the pay deal and being in favour of taking action, up to and including strike action.

4.11 At the time of writing COSLA have not improved the April pay offer and have advised they will not approach the Scottish Government for additional funding with the result being:

- Industrial action ballots for Unison members will be issued in two waves for select group of members, and

- GMB Scotland members in cleaning, janitorial, catering and pupil support in 10 councils across the country have backed industrial action.

4.12 Board members will be aware that the 2023/24 funding offer from West Dunbartonshire Council of £84.668m was accepted with the caveat of an expectation of a share of additional Scottish Government funding, anticipated to be £155m to Local Authorities. An initial £100m contribution for non-teaching pay was confirmed within Finance Circular No. 3/2023 with the distribution methodology for the funding to be discussed and agreed with COSLA through the formal financial governance process which at the time of writing remains outstanding.

4.13 The Circular also confirmed that "Local authorities are reminded that the funding to support local government pay, provided by the Scottish Government is intended to support all staff directly employed by local government, including those currently delegated to Integrated Joint Boards (IJBs)".

4.14 Forecast outturn figures do not include the impact of any pay award over the 4% budgeted for at present, however the financial impact of the average 6% pay offer of circa £1m is detailed in Table 5 within section 4.27 to 4.29.

Health Care Pay Award

4.15 In February Healthcare staff across Scotland were offered a 2023/24 pay offer at a total cost of £568m affecting 160,000 NHS Agenda for Change staff (including nurses, midwives, paramedics, allied health professionals, porters and others). The pay offer included:

- An average uplift of at least 6.5% for all staff at grade 8a and below;
- A one-off pro rata payment of between £387 and £939 depending on banding;
- A reaffirmation of previous commitments to work to reduce the working week, protect learning time and review band 5 job nursing profiles;
- The commitment to deliver the most progressive package of terms and conditions reform in decades; and
- The commitment to modernising Agenda for Change, which was introduced nearly 20 years ago, to support workforce recruitment, sustainability and retention.

The pay offer was accepted by trade unions in March to allow pay uplifts to be finalised in advance of the new financial year.

4.16 Health Boards have historically received additional funding towards pay negotiations, when the agreed pay uplift exceeds the annual inflationary uplift (in this case 2%), with appropriate share passed over to HSCP's. While the forecast cost of the agreed pay award is estimated at £1.415m, with the assumption that this will be fully funded resulting in a nil financial impact for the HSCP in 2023/24, Board members should note that the non-recurring funding uplift for 2022/23 pay awards has not yet been allocated to HSCP's on a recurring basis in the current financial year and has been included as a manual adjustment at this time.

Update on Prescribing 2022/23

4.17 New scanning system for prescribing, parallel running, staffing issues, late submission of contractor claims, increased volume of contractor claims (claims now exceeding 10m per month nationally compared to the previous average of circa 9m) and PHS validation of information have all contributed to reporting delays with the result being that Period 3 figures contain significant estimates. Reported figures to end of June 2023 suggest that the year to date position for WDHSCP is breakeven with the projected annual position mirroring this at this time.

4.18 There is a risk that based on the trends in volume and price experienced in 2022/23, the 5% uplift built into the 2023/24 budget will be insufficient to cover actual costs requiring the use of the prescribing earmarked reserve, however this position will be closely monitored as the year progresses with the potential financial impact included within Table 5 below.

Bad Debt Write-Off

4.19 As agreed by WDC and the HSCP Board in March 2022, the Board are responsible for accounting for bad debt arising from charges levied for HSCP delegated services.

4.20 While WDC retain the legal power to both set and levy charges with the collection of those charges being governed by the Council's Corporate Debt Policy any requests to write off HSCP debt now come to the HSCP Chief Financial Officer and HSCP Board for approval depending on the value of the write off request. The policy recognises that where a debt is irrecoverable, prompt and regular write off of such debts is appropriate in terms of good accounting practice and while the Council and HSCP will seek to minimise the cost of write-offs by taking all necessary action to recover what is due, where it has not been possible to collect a debt, authorisation to write these debts off will be requested to:

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

4.21 Analysis of outstanding debt for the Quarter One (period 1 April to 30 June) has taken place by the Corporate Debt Team and 341 cases of outstanding debt totalling £42,494 have been submitted to the HSCP Chief Financial Officer for write off. The reasons for write off are detailed in Table 4 below.

Table 4 – Debt Write off Summary for April to June 2023

Debt Write off Summary for April to June 2023	Value of Debt Write Off	Number of Cases
Prescribed under £5k	15,408	227
Uneconomical under £5k	0	0
Unreasonable under £5k	13	3
Deceased under £5k	27,073	111
Small balance under £5k	0	0
Deceased over £5k	0	0
Prescribed over £5k	0	0
Unreasonable over £5k	0	0
Totals	**42,494**	**341**

Recovery Plan

4.22 As reported above the annual projected outturn position reported at Period 3 is a potential overspend of £2,983m (1.50%). The Integration Scheme, a key document within the financial governance framework, states that a recovery plan must be put in place (with the agreement of partners) to mitigate any projected overspend. Extract below:

11.4 The Chief Officer will deliver the Outcomes within the total delegated resources (paid and Set Aside) and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. If the recovery plan is not successful the Parties will consider making interim funds available based on the agreed percentage contribution for joint responsibilities, as outlined above, with repayment in future years on the basis of a revised recovery plan agreed by the Parties and Integration Joint Board. If the revised plan cannot be agreed by the Parties or is not approved by the Integration Joint Board, the dispute resolution mechanism in herein, will be followed.

4.23 The Chief Officer and Chief Financial Officer have had initial meetings with Heads of Service and operational managers to set-out the scale of the challenge and what is required from a recovery plan. The plan will have to mitigate the in-year pressure and be sufficiently robust to minimise the impact on future year budget setting (see Table 5 below). The Board will be updated on progress of the plan at the meeting on 19 September 2023.

Update on Reserves

4.24 The recovery plan is likely to include a recommendation in relation to the further application of earmarked reserves with all efforts made to minimise the impact on un-earmarked reserves. The unaudited balance brought forward from 2022/23 is £4.301m which is just slightly in excess of the 2% target of net expenditure of £4.025m contained within the Reserves Policy. The Policy is clear that a sufficient level of un-earmarked reserves should be held to "cushion the impact of unexpected events or emergencies" in any given financial year.

4.25 Analysis of reserves is detailed in Appendix 6 and identifies that at this time it is anticipated that £3.218m will be drawn down from earmarked reserves to fund expenditure in 2023/24 which includes £1.812m applied in March 2023 to balance the 2023/24 budget.

Budget Gap Analysis 2023/24 – 2025/26

4.26 Officers have undertaken a review of all potential burdens that may impact on the currently reported position for 2023/24 and the previously reported budget gaps for 2024/25 and 2025/26 at the 15 March meeting.

4.27 Table 5 details the potential financial impact of a number of burdens ranging from pay uplifts and prescribing risk.

Table 5 – Budget Gap Analysis

Consolidated Budget Gap Analysis	2023/24	2024/25	2025/26
	£000's	£000's	£000's
Budget Gap Reported March 2023	0	6,438	9,939
Forecast Deficit @ June 2023	2,983		
Budget Pressures not Reported			
Social Care Pay Inflation increased to 6%	1,000	1,040	1,082
Prescribing uplift to 10% (potential to use earmarked reserve in 2023/24	0	1,048	1,100
Revised Budget Gap @ June 2023	**3,983**	**8,526**	**12,121**

4.28 Table 5 highlights the widening of the financial gap if all potential burdens were to be realised in 2023/24 and if any recovery plan did not deliver recurring actions to mitigate pressure in future years. The current forecast overspend of £2.983m is also subject to risk as the local authority pay award remains outstanding and could add a further £1m of pressure based on sections 4.8 – 4.14 above. In addition the impact on 2024/25 and 2025/26 could be an increased budget gap of £8.526m and £12.121m.

4.29 The future year budget gaps are mainly driven by the assumption that the HSCP Board will continue to receive flat-cash allocations for delegated social care services while delegated health services will have some inflationary uplift, including additional pay award funding. The 2023/24 budget setting paper clearly set-out the scale of the financial challenge flat-cash settlements bring and require all inflation and demographic pressure to be balanced through savings programmes and management actions.

Housing Aids and Adaptations and Care of Gardens

4.30 The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services delegated to the HSCP Board and should be considered as an addition to the HSCP's 2022/23 budget allocation of £84.668m from the council.

4.31 These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.

4.32 The summary projected position for the period to 30 June 2023 is included in Table 6 below and will be reported as part of WDC's financial update position.

Table 6 - Financial Performance projected 30 June 2023

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Forecast Full Year	Forecast Variance
	£000	£000	£000
Care of Gardens	229	229	0
Aids & Adaptations	250	250	0
Net Expenditure	**479**	**479**	**0**

2023/24 Capital Expenditure

4.33 The capital updates for Health Care and Social Care are contained within Appendix 7 and details the actual and forecast progress on a number of capital projects being:

- Minor Health Capital Works;
- Special Needs - Aids & Adaptations for HSCP clients;
- Community Alarm upgrade; and
- HSCP ICT Modernisation

5. Options Appraisal

5.1 None required for this report however any recovery plan may require options appraisals to be undertaken.

6. People Implications

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

7. Financial and Procurement Implications

7.1 Other than the financial position noted above, there are no other financial implications known at this time. The regular financial performance reports to the HSCP Board will update on any material changes to current costs and projections.

8. Risk Analysis

8.1 The main financial risks to the 2023/24 projected outturn position relate to anticipated increases in demand for some key services, such as mental health, complex care packages and prescribing costs, and the uncertainty around pay award negotiations for Local Authority staff.

8.2 While inflation has fallen to 7.9% it is unclear at this time what impact this will have on the future of the UK Economy for the remainder of this financial year which may have a detrimental impact on public sector funding. Now that the

HSCP is in the recovery phase of the Covid-19 pandemic the wider impact of the Britain's exit from the European Union are beginning to reveal themselves.

8.3 The Minister for Social Care, Mental Wellbeing and Sport, announced in July that the proposed model for a National Care Service would be based a shared accountability with Scottish Ministers, Local Government and NHS Boards. This effectively removes any probability of direct allocations to Integration Authorities and retains the current model of negotiating annual financial allocations with partners, who also face significant financial challenges and risks to financial sustainability.

9. Equalities Impact Assessment (EIA)

9.1 None required for this report however any recovery plan may require equality impact assessments to be undertaken.

10. Environmental Sustainability

10.1 None required.

11. Consultation

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

12. Strategic Assessment

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

12.2 Strategic enablers being workforce, finance, technology, partnerships and infrastructure will support delivery of our strategic outcomes as below:

- Caring Communities;
- Safe and Thriving Communities;
- Equal Communities and
- Healthy Communities

13. Directions

13.1 The recurring and non-recurring budget adjustments up to 30 June 2023 (as detailed within Appendix 2) will require the issuing of a direction, see Appendix 8.

Julie Slavin – Chief Financial Officer
Date: 7 August 2023

Person to Contact:	Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Dumbarton G82 1QL Telephone: 07773 934 377 E-mail: julie.slavin@ggc.scot.nhs.uk
Appendices:	Appendix 1 – Budget Reconciliation Appendix 2 – Monitoring of Savings Appendix 3 – Revenue Budgetary Control 2022/23 (Overall Summary) Appendix 4 – Revenue Budgetary Control 2022/23 (Health Care and Social Care Summary) Appendix 5 – Variance Analysis over £50k Appendix 6 – Reserves Appendix 7 – Capital Update Appendix 8 – Directions
Background Papers:	2023/24 Annual Budget Setting Report – 15 March HSCP Board
Localities Affected:	All

West Dunbartonshire Health & Social Care Partnership **Appendix 1**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023

2023/24 Budget Reconciliation	**Health Care £000**	**Social Care £000**	**Total £000**
Budget Approved at Board Meeting on 15 March 2023	**104,536**	**86,480**	**191,016**
Health Rollover Budget Adjustments			
Realignment of Specialist Children Services	1,564		1,564
Realignment of Specialist Children Services	(1,374)		(1,374)
FHS GMS - Recurring Adjustment to Rollover Budget	807		807
Recurring Transfer of Funding to NHSGGC Corporate Facilities re Clydebank Health Centre	(161)		(161)
Period 1 to 3 Adjustments			
COPD Pulmonary Rehabilitation MSK Recurring Funding	23		23
Specialist Child Services Baseline Pay Award Uplift 2022/23 Recurring Transfer	(30)		(30)
Apremilast Acute February 2023 Actual WD Non Recurring Funding	13		13
Apremilast Acute March 2023 Actual WD Non Recurring Funding	11		11
WDHSCP Health Visiting Central Training Non Recurring Funding	40		40
Outstanding Health Funding Assumptions			
2022/23 Pay Award Uplift	(1,511)		(1,511)
Additional 2023/24 Pay Award Uplift Funding	1,415		1,415
Scottish Government Ring Fenced Funding			
PCIP Funding	3,280		3,280
Winter Planning (1000 HCSW and MDT Funding)	1,368		1,368
District Nursing Funding	271		271
School Nursing Funding	211		211
ADP Funding	973		973
Action 15 Funding	638		638
Post Diagnostic Support Dementia Funding	63		63
Revised Budget 2023/24	**113,648**	**86,480**	**200,128**
Drawdown from Reserves	**(106)**	**(1,812)**	**(1,918)**
Budget Funded from Partner Organisations	**113,542**	**84,668**	**198,210**

West Dunbartonshire Health & Social Care Partnership **Appendix 2**
Monitoring of Efficiencies and Management Adjustments 2023/24

Ref	Head of Service	Partner	Efficiency Detail	Comment	Total
					£000
Savings at High Risk of not being achieved as planned and subject to Recovery Planning					
HQ01	TBC	Social Care	Admin Saving	Admin Review has not yet commenced and the full saving is unlikely to be achieved. However the weekly Vacancy Panel is challenging all requests for vacancy, secondment and other cover and only approve when a service risk is identified and all options to mitigate risk have been taken.	238
CP01	L James	Social Care	Review of foster carer strategy	The full service redesign has still to commence. External fostering placements are under pressure due to the number of clients and Scotland Excel contract uplifts with the result that this saving is at high risk and is unlikely to be achieved.	215
C&F01	L James	Social Care	Review of Residential School Placements as part of redesign*	Service redesign has still to commence. Residential school placements are under significant pressure due to the number of clients and Scotland Excel contract uplifts with the result that this saving is at high risk and is unlikely to be achieved.	198
C&F05	L James	Social Care	Review of external fostering placements as part of redesign*	The full service redesign has still to commence. External fostering placements are under pressure due to the number of clients and Scotland Excel contract uplifts with the result that this saving is at high risk and is unlikely to be achieved.	91
RSCH01	L James	Social Care	Restrict Continuing Care Spend	There are 3 more young people being supported than budgeted. There are ongoing discussions with WDC Housing and a currently commissioned social care provider on establishing a local provision to reduce rental costs incurred under the current contract.	294
CAH01	F Taylor	Social Care	Reduction in Care at Home overtime and agency spend	The service is experiencing challenges in staffing levels due to absences and vacancies impacting on overtime and agency spend. Monitoring of spend is taking place with authorisation processes now in place, however until the service redesign is implemented this remains a risk area.	600

West Dunbartonshire Health & Social Care Partnership **Appendix 2**
Monitoring of Efficiencies and Management Adjustments 2023/24

Ref	Head of Service	Partner	Efficiency Detail	Comment	Total
					£000
Savings at Medium Risk of not being achieved as planned and subject to Recovery Planning					
S&T04	MJ Cardno	Social Care	New Transport Policy will reduce requirement for taxis and some internal transport across social care services	The process required to achieve this saving is ongoing. Meetings with all relevant Heads of Service have taken place and a meeting has taken place with transport to further understand the charges and the formulae which are applied to determine charges. Interrogation of the actual transport charge versus the actual usage has resulted in stark contrasts and work ongoing to understand, if there is a further reduction in use, howthis will affect the uplift the transport service apply. At this time there is a medium risk that this saving may not be achieved as planned.	100
C&F02	L James	Social Care	Review of Kinship placements as part of redesign*	Service redesign has still to commence. While Kinship placements are under pressure at this time it is anticipated that this saving is likely to be partially achieved due to the current financial projection.	18
CAH03	F Taylor	Social Care	Removal of care at home overnight support as provided by District Nurses	The consultation phase is ongoing with the actions required to make this saving being challenged by joint trade unions with a potential grievance being raised. At this time there is a medium risk that this saving will not be achieved as planned.	140
CH01	F Taylor	Social Care	Pause in expansion of opening 14 beds across our care homes	The consultation phase is ongoing with the actions required to make this saving being challenged by joint trade unions with a potential grievance being raised. At this time there is a medium risk that this saving will not be achieved as planned.	305
HQ04	J Slavin	Social Care	Reduce cost of 2022/23 unfunded pay gap to reflect turnover across services (one year only)	While financial projections have been updated to remove these budgets as this saving is reflected across all social care service areas there is a medium risk that this will not be achieved based on the current employee adverse projection for social care.	361

West Dunbartonshire Health & Social Care Partnership **Appendix 2**
Monitoring of Efficiencies and Management Adjustments 2023/24

Ref	Head of Service	Partner	Efficiency Detail	Comment	Total
					£000
HQ05	J Slavin	Social Care	Revise the estimated cost of the additional day's annual leave for front line staff only	While financial projections have been updated to remove these budgets as this saving is reflected across front line social care service areas there is a medium risk that this will not be achieved based on the current employee adverse projection for front line social care services.	204
CH01	F Taylor	Social Care	Revision of income targets in QQ based on 22/23 trends of more Self-funders and full charge to LAs outwith area	This saving is at medium risk of not being achieved due to changing profile of self funders versus fully funded clients	128
CH04	F Taylor	Social Care	Maintain externally purchased care home beds at current 2022/23 budgeted level, in recognition of additional internal capacity	This saving is at medium risk of not being achieved based on early reports suggesting projected overspend. The multi disciplinary team ARG is in place to ensure that all community based options are exhausted ahead of decision to allocate care home place. There is a risk that the population care needs with increasing incidence of dementia requires more funding than is available.	369
			Total **Health Care** **Social Care**		**3,261** **0** **3,261**

West Dunbartonshire Health & Social Care Partnership **Appendix 3**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Older People Residential, Health and Community Care	34,003	8,924	9,081	(157)	34,700	(697)	(67)	(630)	-1.85%	↓
Care at Home	13,935	3,697	3,880	(183)	14,667	(732)	0	(732)	-5.25%	↓
Physical Disability	2,492	759	733	26	2,388	104	0	104	4.17%	↑
Childrens Residential Care and Community Services	29,475	6,636	7,092	(456)	31,583	(2,108)	(279)	(1,829)	-6.21%	↓
Strategy, Planning and Health Improvement	2,084	463	408	55	1,866	218	0	218	10.46%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	12,143	3,348	3,350	(2)	12,406	(263)	(256)	(7)	-0.06%	↓
Addictions	3,928	1,023	1,055	(32)	4,270	(342)	(213)	(129)	-3.28%	↓
Learning Disabilities - Residential and Community Services	13,838	3,955	3,949	6	13,981	(143)	(165)	22	0.16%	↑
Family Health Services (FHS)	31,260	7,546	7,546	0	31,260	0	0	0	0.00%	→
GP Prescribing	21,166	5,204	5,204	0	21,166	0	0	0	0.00%	→
Hosted Services	8,410	2,205	2,192	13	8,922	(512)	(562)	50	0.59%	↑
Criminal Justice (Including Transitions)	0	128	179	(51)	175	(175)	32	(207)	0.00%	↓
Resource Transfer	17,626	3,019	3,019	0	17,627	(1)	0	(1)	-0.01%	↓
Covid-19	0	0	0	0	0	0	0	0	0.00%	→
HSCP Corporate and Other Services	7,850	(444)	(484)	40	9,600	(1,750)	(1,908)	158	2.01%	↑
Net Expenditure	**198,210**	**46,463**	**47,204**	**(741)**	**204,611**	**(6,401)**	**(3,418)**	**(2,983)**	**-1.50%**	↓

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Employee	89,221	20,800	20,889	(89)	91,022	(1,801)	(1,416)	(385)	-0.43%	↓
Property	1,229	196	211	(15)	1,351	(122)	(62)	(60)	-4.88%	↓
Transport and Plant	1,340	90	93	(3)	1,348	(8)	0	(8)	-0.60%	→
Supplies, Services and Admin	6,474	639	657	(18)	6,361	113	184	(71)	-1.10%	↑
Payments to Other Bodies	81,339	14,877	15,397	(520)	83,759	(2,420)	(344)	(2,076)	-2.55%	↓
Family Health Services	32,034	7,752	7,752	0	32,034	0	0	0	0.00%	→
GP Prescribing	21,167	5,204	5,204	0	21,167	0	0	0	0.00%	→
Other	2,617	698	684	14	2,561	56	0	56	2.14%	→
Gross Expenditure	**235,421**	**50,256**	**50,887**	**(631)**	**239,603**	**(4,182)**	**(1,638)**	**(2,544)**	**-1.08%**	↓
Income	(37,211)	(3,793)	(3,683)	(110)	(34,992)	(2,219)	(1,780)	(439)	1.18%	↓
Net Expenditure	**198,210**	**46,463**	**47,204**	**(741)**	**204,611**	**(6,401)**	**(3,418)**	**(2,983)**	**-1.50%**	↓

West Dunbartonshire Health & Social Care Partnership **Appendix 4**

Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023

Health Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Planning & Health Improvements	820	190	144	46	636	184	0	184	22.44%	↑
Childrens Services - Community	4,126	975	975	0	4,126	0	0	0	0.00%	→
Adult Community Services	11,376	2,686	2,685	1	11,386	(10)	(10)	0	0.00%	→
Community Learning Disabilities	735	219	219	0	735	0	0	0	0.00%	→
Addictions	2,994	628	629	(1)	2,994	0	0	0	0.00%	→
Mental Health - Adult Community	4,893	1,060	1,060	0	5,048	(155)	(156)	1	0.02%	↑
Mental Health - Elderly Inpatients	3,660	956	956	0	3,760	(100)	(100)	0	0.00%	→
Family Health Services (FHS)	31,260	7,546	7,546	0	31,260	0	0	0	0.00%	→
GP Prescribing	21,166	5,204	5,204	0	21,166	0	0	0	0.00%	→
Other Services	6,476	1,366	1,365	1	6,266	210	209	1	0.02%	↑
Resource Transfer	17,626	3,019	3,019	0	17,627	(1)	0	(1)	-0.01%	↓
Hosted Services	8,410	2,205	2,192	13	8,922	(512)	(562)	50	0.59%	↑
Net Expenditure	**113,542**	**26,054**	**25,994**	**60**	**113,926**	**(384)**	**(619)**	**235**	**0.21%**	↑

West Dunbartonshire Health & Social Care Partnership **Appendix 4**

Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023

Social Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Strategy Planning and Health Improvement	1,264	273	265	8	1,230	34	0	34	2.69%	↑
Residential Accommodation for Young People	3,062	681	679	2	3,052	10	0	10	0.33%	↑
Children's Community Placements	6,628	1,667	1,780	(113)	7,079	(451)	0	(451)	-6.80%	↓
Children's Residential Schools	6,178	1,490	1,893	(403)	7,787	(1,609)	0	(1,609)	-26.04%	↓
Childcare Operations	5,157	968	933	35	5,236	(79)	(218)	139	2.70%	↑
Other Services - Young People	4,325	853	833	20	4,303	22	(61)	83	1.92%	↑
Residential Accommodation for Older People	7,407	1,852	1,929	(77)	7,712	(305)	0	(305)	-4.12%	↓
External Residential Accommodation for Elderly	9,104	3,608	3,731	(123)	9,655	(551)	(57)	(494)	-5.43%	↓
Sheltered Housing	1,492	435	423	12	1,443	49	0	49	3.28%	↑
Day Centres Older People	1,317	67	39	28	1,205	112	0	112	8.50%	↑
Meals on Wheels	31	(21)	(20)	(1)	35	(4)	0	(4)	-12.90%	↓
Community Alarms	(11)	(444)	(449)	5	(34)	23	0	23	-209.09%	↑
Community Health Operations	3,287	740	742	(2)	3,297	(10)	0	(10)	-0.30%	↓
Residential - Learning Disability	10,942	3,313	3,335	(22)	11,194	(252)	(165)	(87)	-0.80%	↓
Physical Disability	2,227	685	659	26	2,123	104	0	104	4.67%	↑
Day Centres - Learning Disabilty	2,161	423	395	28	2,052	109	0	109	5.04%	↑
Criminal Justice (Including Transitions)	0	128	179	(51)	175	(175)	32	(207)	0.00%	↓
Mental Health	3,591	1,333	1,334	(1)	3,598	(7)	0	(7)	-0.19%	↓
Care at Home	13,935	3,697	3,880	(183)	14,667	(732)	0	(732)	-5.25%	↓
Addictions Services	934	395	427	(32)	1,276	(342)	(213)	(129)	-13.81%	↓
Equipu	265	74	74	0	265	0	0	0	0.00%	→
Frailty	80	12	0	12	33	47	0	47	58.75%	↑
Carers	1,564	399	399	0	1,765	(201)	(200)	(1)	-0.06%	↓
Integrated Change Fund	0	0	0	0	0	0	0	0	0.00%	→
HSCP - Corporate	(272)	(2,219)	(2,250)	31	1,537	(1,809)	(1,917)	108	-39.71%	↑
Net Expenditure	**84,668**	**20,409**	**21,210**	**(801)**	**90,685**	**(6,017)**	**(2,799)**	**(3,218)**	**-3.80%**	↓

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Health Care Variances					
Planning & Health Improvements	820	636	184	22%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The projected favourable variance is due to delays in implementation of new staffing structures and vacancies in the Health Improvement Team.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Hosted Services	8,409	8,360	50	1%	↑
Service Description	Hosted Services				
Main Issues / Reason for Variance	The projected favourable variance is due to underspends within Hosted Integrated Eye Service and Retinal Screening supplies budgets and staff turnover.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Social Care Variances					
Children's Community Placements	6,628	7,079	(451)	-7%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to approved savings of £0.306m relating to a review of foster carers and external foster strategy not being achieved and accommodating an additional 5 children more than budgeted for.				
Mitigating Action	The service area will require to progress the review of the external foster strategy with a view to reducing the reliance on external foster care.				
Anticipated Outcome	An overspend is anticipated at this time unless the review of external foster care progresses and the reliance on external foster care is addressed.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Children's Residential Schools and External Accomodation	6,177	7,786	(1,609)	-26%	↓
Service Description	This service area provides residential education for children and includes the costs of secure placements				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to the combined impact of overspends within residential schools and housing support of £0.507m and £0.476m respectively and incurring costs for unbudgeted secure placements of £0.705m, partially offset by an increase in anticipated asylum seeker income. The £0.507m overspend projected within residential schools is represented by approved savings of £0.198m related to service redesign not being achieved and an paying for four more clients than budgeted, due to two delays in moving clients on and two new placements at a projected additonal cost of £0.309m. The housing support overspend is due to paying for 3 clients more than budgeted for. Secure placement costs are unbudgeted, however at present three clients are in situ and due to the nature of the support provided the average cost of these placements can be between 30% and 50% higher than residential care placements depending on the provider.				
Mitigating Action	The service area will require to review all client packages with a view to reducing the reliance on external residential care and exploring alternative ways to support clients.				
Anticipated Outcome	A significant overspend is anticipated at this time unless the service area radically take steps to address both the number and value of client packages across all areas of residential schools				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Childcare Operations	5,157	5,017	140	3%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to a number of vacant posts resulting in an anticipated saving of £0.378m which have been assumed will be filled by September 2023. While it is assumed that agency cover will continue to the end of the year at cost of £0.275m the number of vacant posts far exceed the number of agency social workers being used.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
Other Services - Young People	4,325	4,242	83	2%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to a number of vacant posts.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential Accommodation for Older People	7,406	7,712	(305)	-4%	↓
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to an increase in staffing costs arising from a delay in the 1st quarter progressing the approved saving to close a house at Crosslet and cap at 70 beds. This has now been achieved. In addition there are high levels of sickness absence and staffing issues requiring the use of agency cover. Finally there is the financial impact of utilising some beds as respite beds which does not attract any income.				
Mitigating Action	The service area will require to consider the use of beds for non income generating activity and look to address the staffing issues thus reducing the reliance on agency cover.				
Anticipated Outcome	An overspend is anticipated at this time unless the service area reviews the use of beds and takes steps to address staffing issues				
External Residential Accommodation for Elderly	9,104	9,598	(494)	-5%	↓
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to the number of external residential placements being used being 10 more than budgeted for with a change in the profile of clients from residential to nursing at a cost of £0.312m. In addition the uplift agreed for free personal (and nursing) care at 9.5% is in excess of that budgeted by approximately £0.070m and there has been increased costs for some client packages.				
Mitigating Action	All referrals for residential and nursing care are robustly challenged at weekly MDT meetings. An earmarked reserve was created in 2021 to underwrite any unbudgeted increases in numbers, however this will not be utilised until all other mitigating actions have been explored.				
Anticipated Outcome	The current overspend projected at this time coould be covered by earmarked reserves unless other actions are taken to limit occupancy and support people in their own				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Day Centres Older People	1,317	1,205	112	9%	↑
Service Description	Queens Quay, Crosslet House Daycare, Lunch clubs and daycare SDS/Direct payments.				
Main Issues / Reason for Variance	The projected underspend is due to vacant posts arising from delays in reemploying staff since Covid-19 restrictions have ceased, the current assumption is that these posts will be filled by the end of the calendar year. While the service are having to use agency staff to keep numbers at a safe level for clients due to sickness and holiday absence due to client waiting lists the overall impact remains a project favourable variance at this time.				
Mitigating Action	The service area will require to review staffing levels, however once vacancies are approved, advertised and filled both staffing costs and income are likely to increase which may reduce the projected favourable variance.				
Anticipated Outcome	An underspend is anticipated at this time, however if staffing levels increase along with a reduced client waiting list then this may be impacted.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential - Learning Disability	10,942	11,028	(86)	-1%	↓
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to an overspend within housing support of £0.026m and taxi services of £0.030m based on 2022/23 outturn levels. In addition void rent costs at St Andrews and Buchanan Street of £0.030m are forecast due to clients not being place in St Andrews and tenancy/occupation agreement to be put in place for in Buchanan Street.				
Mitigating Action	The service area will require to review taxi services and seek to review client packages in general with a view to placing clients in St Andrews and progressing the outstanding tenancy agreement for Buchanan Street.				
Anticipated Outcome	An overspend is anticipated at this time unless taxi spend and outstanding issues with regard to St Andrews and Buchanan Street are addressed.				
Physical Disability	2,227	2,123	104	5%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to an underspend in residential packages arising from reduction in client numbers.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Day Centres - Learning Disability	2,161	2,052	109	5%	↑
Service Description	This service provides day serviices for learning disability clients				
Main Issues / Reason for Variance	The projected favourable variance is mainly due staffing vacancies at the Dumbarton Centre				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
Justice Services	0	208	(208)	0%	↓
Service Description	This service provides support and rehabilitation for offenders				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to the cumulative impact of unfunded pay awards since 2021/22 totalling £0.195m and the unfunded element of an intensive support package totalling £0.015m.				
Mitigating Action	The service will require to manage turnover levels to try to mitigate the financial impact of the unfunded pay awards.				
Anticipated Outcome	An overspend is anticipated at this time. While management of staff turnover may offset some of this overspend this is unlikely to be fully mitigated.				
Care at Home	13,935	14,668	(733)	-5%	↓
Service Description	This service provides care at home which includes personal care and minor domestic tasks				
Main Issues / Reason for Variance	The projected overspend is mainly due to an increase in overtime and agency usage in relation to sickness, staff training and holiday cover. At present staff contracts do not reflect the demands of the service creating inefficiencies and lead to additional costs. The ongoing care at home service review should address this issue with revised contracts put in place to better reflect service demand along with improved scheduling of clients on the CM2000 system.				
Mitigating Action	The service area will require to fully embrace the recommendations within the service redesign with a view to reducing inefficiencies within the system and addressing levels of sickness.				
Anticipated Outcome	An overspend is anticipated at this time. While the service review should address the inefficiences within the system it is unclear at this time how quickly this can be progressed.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Addictions Services	934	1,063	(129)	-14%	↓
Service Description	This budget contains the cost of working with Clients dealing with Drug and Alcohol Addictions				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to the number of clients in residential placements having increased beyond what is budgeted with attempts to move some clients back into the community being unsuccessful.				
Mitigating Action	The service area will require to review all client packages with a view to commissioning alternative placements where possible. However within addictions the service has traditionally always had some higher cost placements which may be challenging to address. The Charging Policy should be applied as appropriate with financial assessments undertaken to assess if client contributions could reduce costs to the service.				
Anticipated Outcome	An overspend is anticipated at this time unless a review of all client packages is undertaken and consider alternative lower cost placements where appropriate.				
HSCP - Corporate	(270)	(380)	110	-41%	↑
Service Description	This budget contains Corporate spend and income pending allocation to services				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to a delay in staff recruitment.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023 **Appendix 6**

Analysis of Reserves 2023/24

Analysis of Reserves	Actual Opening Balance as at 1 April 2023	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2024	Notes
	£000	£000	£000	
Unearmarked Reserves				
Unearmarked Reserves	4,301	(2,983)	1,318	
Total Unearmarked Reserves	**4,301**	**(2,983)**	**1,318**	
Earmarked Reserves				
Scottish Govt. Policy Initiatives	**9,529**	**(679)**	**8,850**	
Community Justice	192	32	224	Addition relates to anticipated underspend on transitions funding
Carers Funding	1,363	(200)	1,163	Drawdown relates to funding for the short breaks pilot and the cost of a social care agency worker within learning disabilities to undertake carers assessments
Child and Adult Disability Payments	132	(132)	0	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Informed trauma	100	0	100	
Additional Social worker capacity	364	(81)	283	Agency workers
GIFREC NHS	57	0	57	
Mental Health Action 15	26	0	26	
Mental Health Recovery and Renewal Fund	885	0	885	
New Dementia Funding	63	0	63	
Scottish Government Alcohol and Drug Partnership (including various National Drugs Priorities)	984	(165)	819	Drawdown relates to costs for addictions workers, family support grants, lived experience, MAT standards and rehabilitation placements.
Primary Care Boardwide MDT	27	0	27	
Community Living Change Fund	393	0	393	
Children's Mental Health and Wellbeing	240	0	240	
PCIF	65	0	65	
GP Premises (incl. PCIF)	244	0	244	
SG District Nursing Funding	74	0	74	
TEC and Analogue to Digital Project	85	0	85	
PEF Funding – Speech & Language Therapy Projects	26	0	26	
Winter Planning Funding - MDT	548	78	626	Addition relates to anticipated underspend on Social Care MDT funding
Winter Planning Funding - 1000 Healthcare Workers	367	0	367	

Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023 **Appendix 6**

Analysis of Reserves 2023/24

Analysis of Reserves	Actual Opening Balance as at 1 April 2023	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2024	Notes
	£000	£000	£000	
Workforce Wellbeing	70	(36)	34	Drawdown relates to GP Practice initial consultancy work
Winter Planning Funding - Interim Care	985	(175)	810	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Winter Planning Funding - Enhance Care at Home	2,240	0	2,240	
HSCP Initiatives	**4,593**	**(1,622)**	**2,971**	
Service Redesign and Transformation	**1,341**	**(669)**	**672**	
Fixed term development post to progress work on Older People's Mental Health, Adult Mental Health and Learning Disabilities Strategies.	176	(90)	86	Fixed Term Development Post (MH, LD & Addictions AFC Band 8B)
Children at risk of harm inspection action	714	(218)	496	Additional posts agreed by the HSCP Board in 2022.
Fixed term posts with the integrated HSCP Finance team	90	0	90	
Additional six social workers in children and families on a non recurring basis. Approved by the Board at 25 March 2021 meeting.	361	(361)	0	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Unscheduled Care Services	692	(295)	397	Applied within 2023/24 Annual Budget Setting Report to balance the budget
COVID-19 Recovery (HSCP Funded)	**438**	**(66)**	**372**	
Support to women and children in recovery from Domestic abuse and support redevelopment of the service as a trauma responsive service and Violence against Women coordination to support the development of the Violence against Women Partnership.	234	0	234	
Children's Mental Health and Wellbeing and recruitment of a fixed term 2 year Clinical psychologist.	138	0	138	
Fixed term Physio, Admin Support and Social Work Assistant to support clinical staff in addressing backlog of care resulting from pandemic restrictions within Mental Health Services.	66	(66)	0	Fixed Term Business Admin Mgr. and Medical Secretary
Unachievement of Savings	724	(62)	662	Delay in the transition of LD and Addiction Services from 118 Dumbarton Road. This will be complete by October 2023.
Recruitment Campaign for Internal Foster Carers	30	0	30	
Promise Keeper Fixed Term Recruitment	71	(61)	10	Fixed Term post
Public Protection Officers	244	0	244	
Participatory Budgeting	300	(150)	150	Applied within 2023/24 Annual Budget Setting Report to balance the budget

Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023 **Appendix 6**

Analysis of Reserves 2023/24

Analysis of Reserves	Actual Opening Balance as at 1 April 2023	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2024	Notes
	£000	£000	£000	
Digital Transformation	282	(55)	227	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Training and Development	327	(120)	207	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Change and Transformation	144	(144)	0	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Covid-19- Scottish Government Funded	**2**	**0**	**2**	
COVID-19 Pressures	2	0	2	Carers PPE
Health Care	**4,768**	**(767)**	**4,001**	
DWP Conditions Management	153	(105)	48	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Physio Waiting Times Initiative	829	(462)	367	Msk Physiotherapy Additional Staffing and Equipment re Waiting Times and EPR transition
Retinal Screening Waiting List Grading Initiative	234	(100)	134	Retinal Screening Additional Clinics re waiting times and Equipment costs
Prescribing Reserve	972	0	972	Potential drawdown required
NHS Board Adult Social Care	88	0	88	
CAMHS	120	0	120	Will transfer to EDHSCP
Planning and Health Improvement	145	0	145	
West Dunbartonshire Mental Health Services Transitional Fund	1,454	(100)	1,354	Fixed Term Medical Post
Children's Community Health Services	302	0	302	
Property Strategy	453	0	453	HSCP Property Strategy Group will consider plans
Workforce Wellbeing	18	0	18	
Social Care	**2,982**	**(350)**	**2,632**	
Complex Care Packages/Supporting delay discharges	2,882	(350)	2,532	Applied within 2023/24 Annual Budget Setting to balance the budget. An element may be drawndown to mitigate the projected overspend within external care home placements for older people.
Asylum Seeker increasing placements	100	0	100	
Total Earmarked Reserves	**21,874**	**(3,418)**	**18,456**	
Total Reserves	**26,175**	**(6,401)**	**19,774**	

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023

Month End Date	**30 June 2023**
Period	**3**

Budget Details	**Project Life Financials**					
	Budget	**Spend to Date**		**Forecast Spend**	**Variance**	
	£000	**£000**	**%**	**£000**	**£000**	**%**
Health Care Capital						
Minor Capital Works						
Project Life Financials	41	0	0%	41	0	0%
Current Year Financials	41	0	0%	41	0	0%
Project Description	Minor Capital Works					
Project Manager	Julie Slavin					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date		31-Mar-24	Forecast End Date		31-Mar-24
Main Issues / Reason for Variance						
Work is ongoing to develop spend plans, however full spend is anticipated at this time.						
Mitigating Action						
None Required at this time						
Anticipated Outcome						
Development of property strategy						

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023

Month End Date	**30 June 2023**
Period	**3**

Budget Details	**Project Life Financials**					
	Budget	**Spend to Date**		**Forecast Spend**	**Variance**	
	£000	**£000**	**%**	**£000**	**£000**	**%**
Social Care Capital						
Special Needs - Aids & Adaptations for HSCP clients						
Project Life Financials	845	1	0%	845	0	0%
Current Year Financials	845	1	0%	845	0	0%
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients.					
Project Manager	Julie Slavin					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date	31-Mar-24		Forecast End Date	31-Mar-24	
Main Issues / Reason for Variance						
No issues are anticipated at this time						
Mitigating Action						
None required at this time						
Anticipated Outcome						
Aids and Adaptations for HSCP Clients						

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023

Month End Date	**30 June 2023**
Period	**3**

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Variance	
	£000	£000	%	£000	£000	%
Community Alarm upgrade						
Project Life Financials	924	0	0%	924	0	0%
Current Year Financials	154	0	0%	77	(77)	-50%
Project Description	To upgrade Community Alarm					
Project Manager	Margaret Jane Cardno					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date		31-Mar-24	Forecast End Date		31-Mar-24

Main Issues / Reason for Variance

Unfortunately there has been very little progress on the project to date, however the phone providers are progressing at speed with the Analogue to Digital transition, the award for the National digital platform should be complete next month and the process to formalise arrangements with East Dunbartonshire Council for the ARC cover for the calls is ongoing. The National Digital office have indicated that West Dunbartonshire should be transitioned to the new digital platform during early 2024. Once details of the successful provider for the National platform have been provided procurement of the most compatible alarm system can commence. The Project Manager's post has also now been advertised.

Mitigating Action

None available at this time

Anticipated Outcome

Community Alarm Upgrade

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2023/24 Period 3 covering 1 April 2023 to 30 June 2023

Month End Date	**30 June 2023**
Period	**3**

Budget Details	**Project Life Financials**					
	Budget	**Spend to Date**		**Forecast Spend**	**Variance**	
	£000	**£000**	**%**	**£000**	**£000**	**%**
ICT Modernisation						
Project Life Financials	125	3	2%	125	0	0%
Current Year Financials	125	3	2%	25	(100)	-80%
Project Description	ICT Modernisation Upgrades					
Project Manager	Margaret Jane Cardno					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date		31-Mar-24	Forecast End Date		31-Mar-24
Main Issues / Reason for Variance						
Work is ongoing to develop spend plans, however delays in recruitment of the Digital manager has impacted on this to date.						
Mitigating Action						
None available at this time						
Anticipated Outcome						
ICT Modernisation						

Direction from Health and Social Care Partnership Board. **Appendix 8**

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

From: Chief Office HSCP
To: Chief Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 15 August 2023

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

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD			
1	Reference number	HSCPB000044JS15082023	
2	Date direction issued by Integration Joint Board	15 August 2023	
3	Report Author	Julie Slavin, Chief Financial Officer	
4	Direction to	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No	
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme	
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated net budget of £84.668m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £113.542m in line with the Strategic Plan and the budget outlined within this report West Dunbartonshire is instructed to write off £42,494 of outstanding debt as detailed within this report.	
8	Specification of those impacted by the change	2022/23 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.	
9	Budget allocated by Integration Joint Board to carry out direction	The total 2023/24 budget aligned to the HSCP Board is £232.502m. Allocated as follows: West Dunbartonshire Council - £84.668m NHS Greater Glasgow and Clyde - £113.542m Set Aside - £34.292m	
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities	
11	Strategic Milestones	Maintaining financial balance in 2023/24	30 June 2024
12	Overall Delivery timescales	30 June 2024	
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's.	
14	Date direction will be reviewed	The next scheduled HSCP Board - 19 September 2023	

West Dunbartonshire Health and Social Care Partnership Board

Report by Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction

15 August 2023

Subject: MAT Standards Implementation

1. Purpose

The aim of the report is to provide the Health and Social Care Partnership Board with an update in the implementation of the Medication Assisted Treatment (MAT) Standards.

2. Recommendations

2.1 Note the content and risks identified in section 4 of this report.

3. Background

3.1 The national policy landscape continues to change to take into delivery of the National Mission of reducing drug deaths in Scotland. These changes will result in additional scrutiny improving outcomes for communities affected by problematic substance use.

3.2 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 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 them effectively.

3.2.1 Summary of the 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.

3.3 The 2021/22 MAT Standards Benchmarking report recommended the full implementation of Mat standards 1 -5 and partial implementation of standards 6 10 in the community by April 2023. Full implementation of MAT standards 6 – 10 is due by April 2024.

4. Main Issues

4.1 MAT Standards Implementation

4.1.1 The 29 Alcohol and Drug Partnership (ADP) areas were assessed against the 10 MAT standards using three streams of evidence: process, numerical and experiential. This means that 290 individual assessments were carried out, 145 for MAT standards 1–5 and 145 for standard 6–10. The evidence required to demonstrate implementation of each MAT standard was based on the criteria and indicators in the MAT standards document.

4.1.2 The evidence submitted for each standard was analysed and scored by MAT Implementation Support Team (MIST) on the extent to which it complied with the agreed criteria and thresholds for each evidence stream:

• Score 0 = no compliance demonstrated or no evidence.

• Score 1 = compliance demonstrated at some settings/services.

• Score 2 = compliance demonstrated at all settings/services.

4.1.3 The scores for the evidence streams (three for MAT standards 1–5, two for 6–10) were combined and then all 29 ADPs were jointly reviewed and repeatedly cross checked by the MIST clinical and analytic leads to interpret the information and allocate the final evidence-based RAGB. West Dunbartonshire's score is noted below in figure 1.

Figure 1 – West Dunbartonshire MAT Benchmarking Status

Public Health Scotland

MIST Benchmarking 2023

Scoring Tracker

ADP	MAT	Predicted RAGB	Final RAGB 10.05.23
West Dunbartonshire	MAT 1	Provisional Green	Provisional Green
	MAT 2	Provisional Green	Provisional Green
	MAT 3	Provisional Green	Amber
	MAT 4	Provisional Green	Green
	MAT 5	Provisional Green	Amber
	MAT 6	Provisional Amber	Provisional Amber
	MAT 7	Amber	Amber
	MAT 8	Provisional Amber	Amber
	MAT 9	Provisional Amber	Provisional Amber
	MAT 10	Provisional Amber	Provisional Amber

4.2 Implementation of Medication Treatment (MAT) Standards 1 to 5

4.2.1 All feedback from Public Health Scotland (MIST) has been very positive. The ADP will continue to work closely with all partners to ensure continued implementation of the standards.

4.2.2 Challenges identified with standard 3 and 5 have been highlighted with issues around the numerical data collection. Work is underway locally to overcome this and MIST are reassured this will be provisional green on the next reporting cycle.

4.3 Implementation of Medication Treatment (MAT) Standards 6 to 10

4.3.1 There are key actions that are required to deliver on aspects relating to MAT Standard 6 for Tier 1, Tier 2 services, and Justice Settings. There remain key challenges delivering on MAT Standard 7 ensuring individuals access Medication Assisted Treatment within primary care. Although discussions continue at a national level to overcome these.

4.3.2 West Dunbartonshire ADP have worked in partnership with Lomond Argyll Advocacy Service to develop a substance use rights-based advocacy service to support the delivery of the MAT Standards. There are currently 2 dedicated Addictions Advocacy workers who have been employed to provide the service.

4.3.3 A multi-agency group has been developed to support implementation of MAT Standard 9. This group continues to take forward a co-production approach, including lived experience community in accordance with the MAT Standards.

4.3.4 Public Health Scotland have agreed to facilitate a workshop in 2023 to support the ADP to fully adopt a co-production approach in accordance with the MAT Standards.

A system-wide approach has been suggested in the implementation of MAT Standard 10. Collectively all partner agencies are fully aware of this and are implementing the approach at a local level. MAT Standard 1 - 5 Benchmarking across ADPs.

4.3.5 MAT standard 1: Same-day access

Figure 2 - Number of days from engagement to prescription for 50% of people by ADP area. Scotland 2023

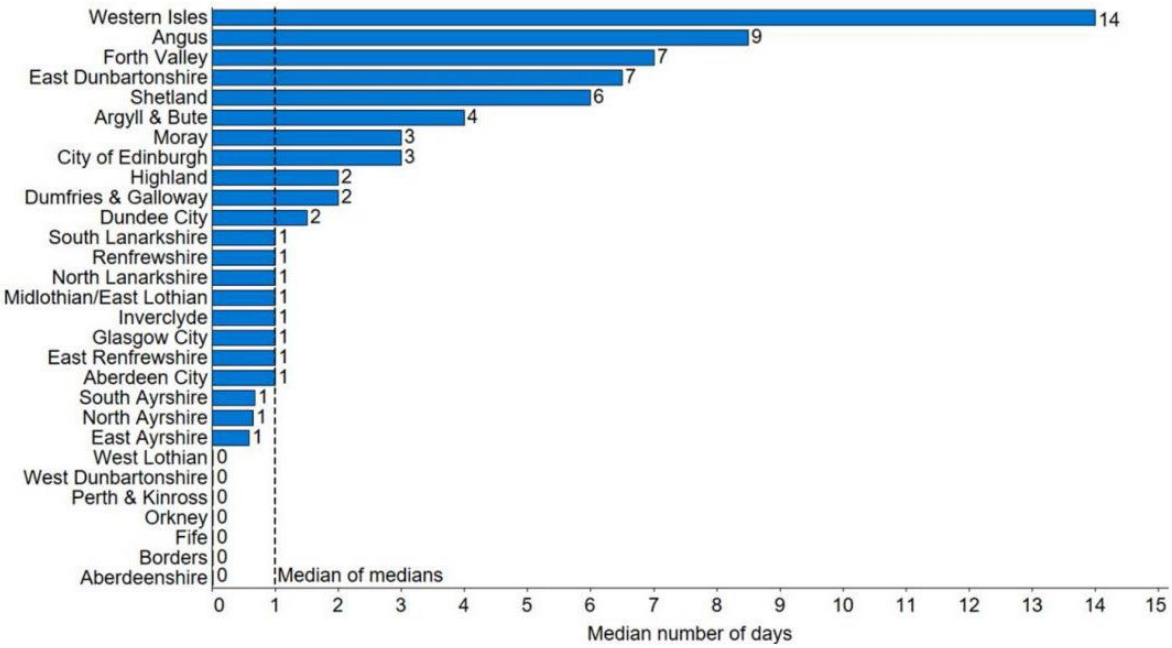


Figure 2 above shows from January 2023 to March 2023, seven ADP areas report a median of receiving a prescription on the same day, including West Dunbartonshire, while one ADP area reports a median of 14 days. Eleven ADP areas have a median of one day. Within West Dunbartonshire, a pathway for rapid access to MAT was also established for people identified as being at very high risk of drug harm. The improvement work includes the development of information leaflets and welcome packs advising people how to access services and what to expect.

4.3.6 MAT standard 2: Choice

All 14 Health Boards across Scotland now have methadone, short-acting oral buprenorphine and long-acting injectable buprenorphine on their prescribing formularies. Long-acting injectable buprenorphine requires a UK Home Office licence to allow storage and administration on site and nearly all ADPs now have this licence or are using a named patient standard operating procedure that provides a written means to instruct employees on how to administer long-acting injectable buprenorphine. Due to licencing and product restrictions, this treatment option is rarely available for those receiving care in general practice.

Figure 3 - Percentage of caseload prescribed long-acting injectable buprenorphine by ADP area. Scotland 2023

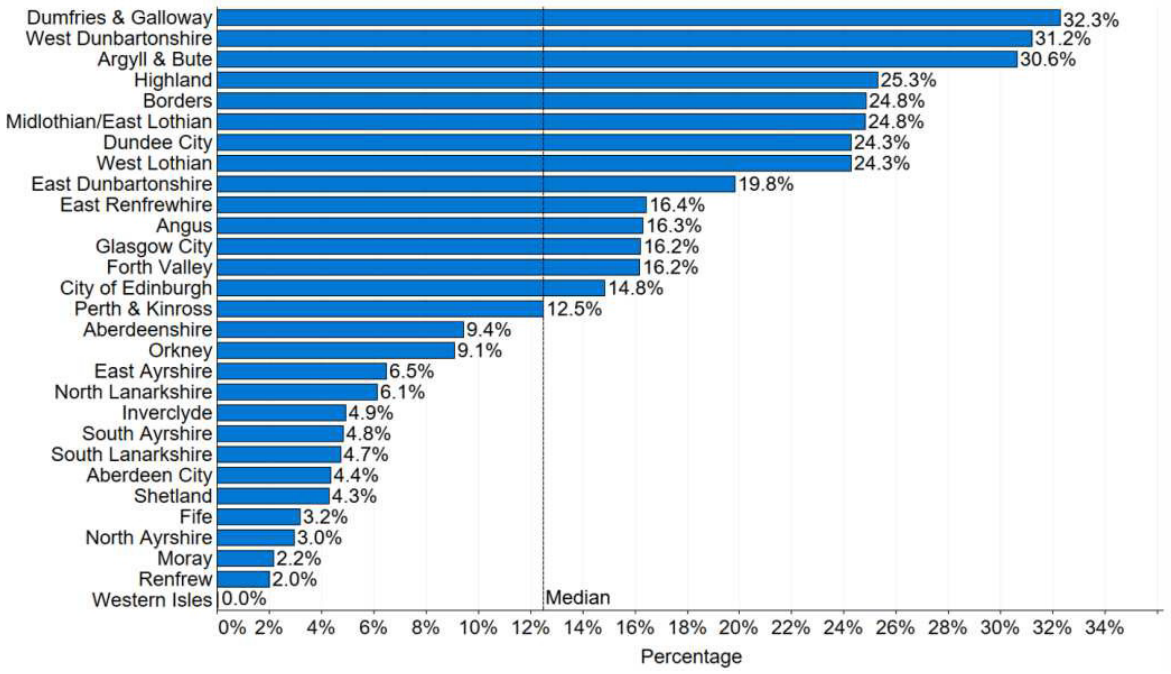


Figure 3 above shows that West Dunbartonshire has the second highest proportion (31.2%) of caseload prescribed long-acting injectable buprenorphine by ADP area.

4.3.7 MAT standard 3: Assertive outreach and anticipatory care.

This standard aims to ensure all people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.

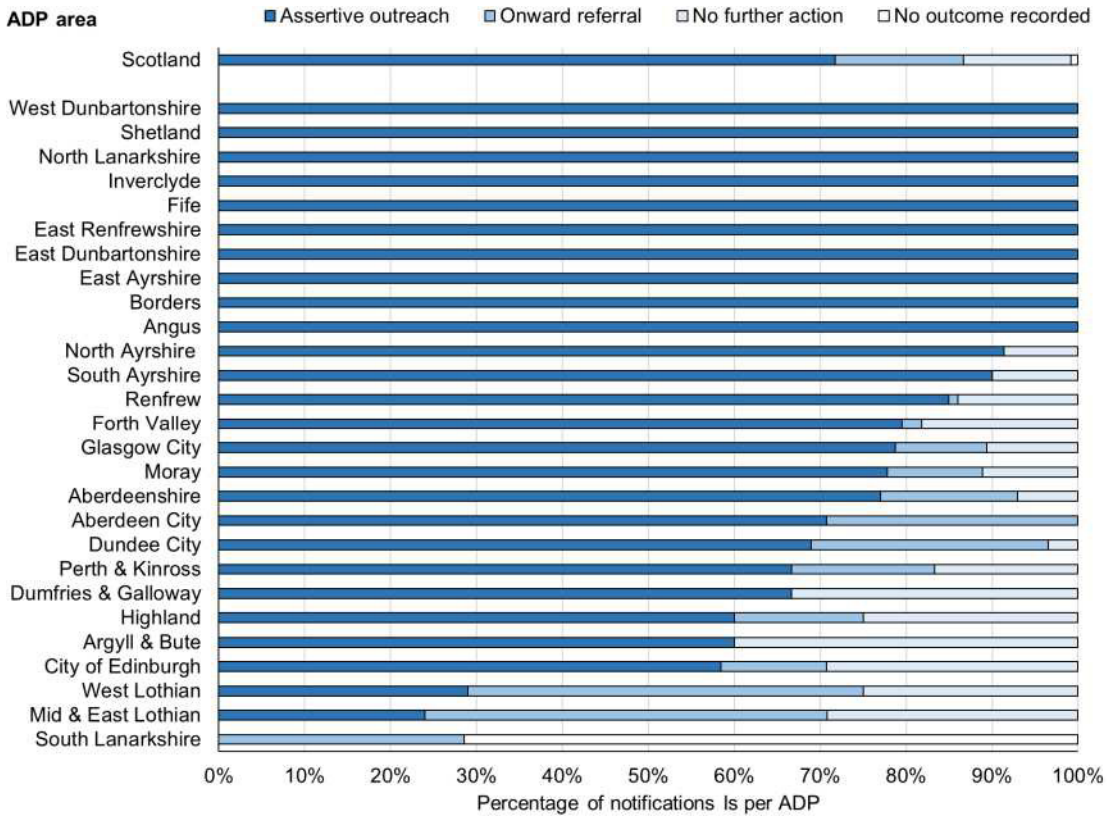


Figure 4 - Percentage of high-risk notifications by screening outcome by ADP area. Scotland 2023

Figure 5 above shows 1,236 high-risk events notified were screened and allocated to either assertive outreach, onward referral, no further action or no outcome recorded categories during the reporting period between November 2022 and February 2023.

Ten ADP areas allocated 100% of high-risk events to assertive outreach, including West Dunbartonshire. In 13 ADP areas 60% of people identified at high risk were offered assertive outreach.

4.3.8 MAT standard 4: Harm reduction

This standard states that while a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone.

They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.

All areas have developed standard operating procedures and training plans to ensure new and existing staff offering MAT and opioid substitution therapy can provide core harm reduction at the same time and place as the appointment. West Dunbartonshire has successfully implemented a Harm Reduction Mobile unit offers an out of hours provision to the areas where drug related deaths and harms are taken place. The aim of the unit is to provide a service in the heart of the community where these incidents are occurring. The unit became operational in August 2022 and supports approx. 20 individuals who are not in contact with any treatment or support service on average per week.

4.3.9 MAT standard 5: Retention as long as needed

MAT standard 5 states a person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People

are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment, they can discuss this with the service, and the service will provide support to ensure people leave treatment safely.

Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them.

Figure 6 - Percentage of caseload retained in treatment for six months or more by ADP area. Scotland 2023

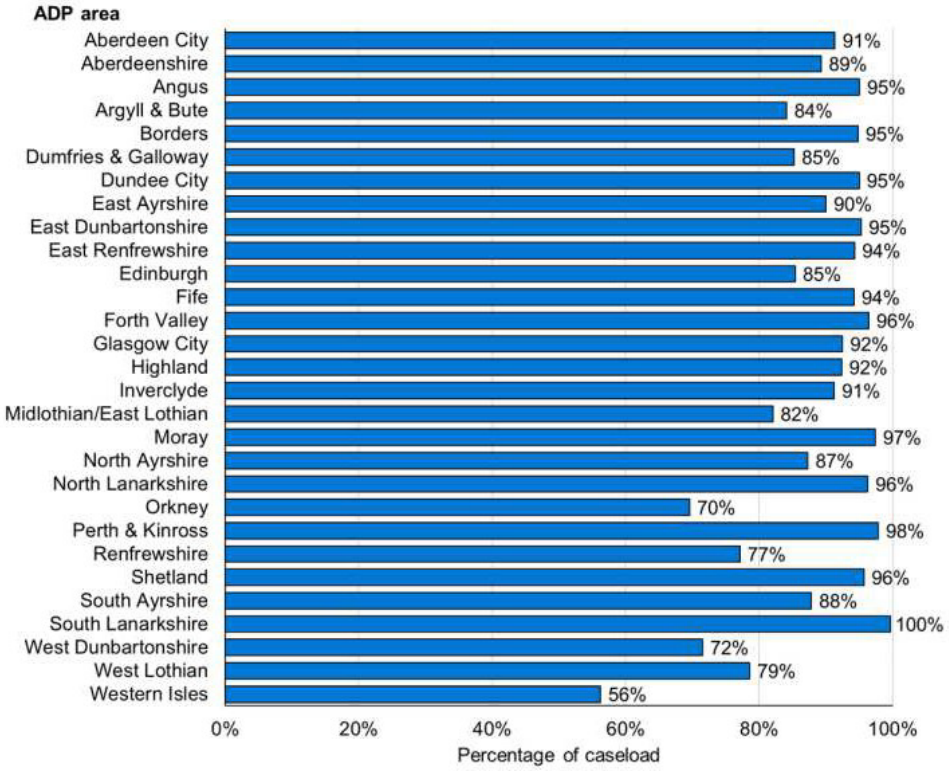


Figure 6 above shows the total reported MAT opioid substitution therapy caseload was 22,078 with 91% (n = 20,114) retained in treatment for at least six months at the point of the reporting snapshot date. 26 ADP areas had 75% or more of their current caseload retained in treatment for at least six months, with one ADP area reporting 100% (n = 934).

Three ADP areas had less than 75% of their current caseload retained in treatment for at least six months, including West Dunbartonshire.

Discussions have taken place with Public Health Scotland in relation to the way this data was reported. Some of the data did not reflect the continuation of treatment where individuals were supported to third sector or GP shared care. This will continue to be monitored by the management team however it is also important individuals have an element of choice in where they receive treatment and support.

4.4 MAT Implementation Risks/Challenges

4.4.1 Although significant progress has been made to date, challenges remain to ensure full implementation of the MAT Standards.

4.4.2 National support from Scottish Government is required to support the implementation of MAT Standard 7 (All people have the option of MAT shared with Primary Care). Currently local provision is 'patchy' with 11 GP practices in Dumbarton area providing support with only 1 practice within Clydebank area.

4.4.3 Information governance is an issue in providing a 7 day per week service for near fatal overdoses. Currently, Scottish Ambulance Service are unwilling to provide details to the local third sector provider. This results in high-risk individuals being referred by SAS over a weekend not being actioned until the Monday morning when the ADRS service resumes. Work is underway with SAS to resolve this issue.

4.4.4 Funding continues to be a challenge with small 'ring-fenced' budgets creating difficulties in implementing the MAT Standards. For example, West Dunbartonshire has been allocated £90k per year to deliver Residential Rehabilitation. However, this would only support 1.3 individuals at the high tariff services, with costs of £70k per individual per stay. Additionally, a number of programmes are currently funded nationally by the Scottish Government, including the prescribing of injectable buprenorphine. West Dunbartonshire are currently the 2nd highest prescribing ADP with 31% of individuals receiving this treatment at a cost of £188,000. With the aim of increasing the proportion of individuals receiving this form of treatment the costs are going to significantly increase, with the Scottish Government indicating there will be an expectation that the future costs will be met locally through current ADP funding. This could impact on the choice available to people or funds being re-directed from other ADP funding streams to make up the shortfall.

5. Options Appraisal

5.1 Not applicable

6. People Implications

6.1 The work to deliver on the work within the ADP is within existing staffing structures.

7. Financial and Procurement Implications

7.1 Not applicable

8. Risk Analysis

8.1 As outlined in section 4 there are identified risks attached in the local system to not fully implement and embed the MAT Standards.

9. Equalities Impact Assessment (EIA)

9.1 There is no EIA required for this report.

10. Environmental Sustainability

10.1 Not applicable

11. Consultation

11.1 There is no consultation required for this report.

12. Strategic Assessment

12.1 This work demonstrates the WDADP and WDHSCP contribution to primary prevention actions in the following national strategies:

- Scotland's Public Health Priorities: Priority 4 - A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- Raising Scotland's tobacco-free generation: our tobacco control action plan 2018
- Alcohol Framework 2018: Preventing Harm
- Rights, Respect and Recovery action plan 2019 to 2021 (version 2)
- National Drug Mission and Outcome Framework

12.2 ADP Ministerial Priorities 2021/22

This work also contributes to the delivery of the following:

- A whole family approach/family inclusive practice on alcohol and drugs
- Education, prevention and early intervention on alcohol and drugs
- A reduction in the attractiveness, affordability and availability of alcohol

13. Directions

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

Person to Contact:	Sylvia Chatfield
Designation:	Head of Mental Health, Learning Disabilities and Addiction
Date:	13 July 2023
Appendices:	None
Background Papers:	None

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

15 August 2023

Subject: West Dunbartonshire HSCP Property and Asset Management Strategy 2023 - 2026

1. Purpose

1.1 The purpose of this report is to seek the HSCP Boards approval for the approach taken to strategic planning and utilisation of the property estate available to the Integration Joint Board (IJB) and the West Dunbartonshire HSCP, to support the aims of integration and the delivery of effective, efficient health and social care services in West Dunbartonshire.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Approve the Property and Asset Management Strategy (Appendix I) in order that officers have a clear framework from which to undertake further work in respect of the planning and utilisation of the property estate available to the IJB and the HSCP, to support the aims of integration and the delivery of effective, efficient health and social care services in West Dunbartonshire.

2.2 Note that, should these principles be agreed, further work will be undertaken to develop a comprehensive implementation plan. This will be reported back to the Board for approval and updates provided on an annual basis.

3. Background

3.1 On the 15 March 2023 the West Dunbartonshire Health and Social Care Partnership (HSCP) Board approved its Strategic Plan 2023 – 2026 "Improving Lives Together".

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

3.3 The effective planning and delivery of health and social care services requires the alignment of the Strategic Plan, the Medium Term Financial

Plan, the Integrated Workforce Plan and a Property and Asset Management Strategy.

4. Main Issues

4.1 Integral to the success of the Property and Asset Management Strategy is the HSCP's ability to work closely with partners. There are clear interdependencies with other key strategies across the community planning landscape, for example the Strategic Housing Improvement Plan, NHS capital planning for primary and acute health services, local authority capital planning processes, commissioning of care home capacity from the Independent Sector and community capacity across local third sector and community organisations.

4.2 These plans support the development of a positive regional context, recognising the importance of equitable access to health and social care services in the delivery of place and wellbeing outcomes.

4.3 The Scottish Governments Finance Guidance Health and Social Care Integration provides a helpful framework for capital and asset management planning and section 6.1 states that:

"The Chief Officer of the Integration Joint Board is recommended to consult with the Local Authority and Health Board partners to make best use of existing resources and develop capital programmes. The Integration Joint Board should identify the asset requirements to support the Strategic Plan.

4.4 This will enable the Chief Officer to identify capital investment projects, or business cases to submit to the Health Board and Local Authority for consideration as part of the capital planning processes, recognising that partnership discussion would be required at an early stage if a project was jointly funded.

4.5 In developing the Strategic Plan the Chief Officer is advised to consider the CIPFA Guidance on place based asset management. The CIPFA guidance explains the main concepts of the approach and aims to help senior decision-makers in local public services to understand the drivers for collaboration on public property assets, evaluate benefits and implement a "one public estate" model of delivery."

4.6 West Dunbartonshire Council and NHS Greater Glasgow and Clyde collectively own, lease or otherwise utilise a significant amount of property across West Dunbartonshire where health and social care functions are delivered.

4.7 In 2023 the West Dunbartonshire HSCP established an officer led Property

Strategy Group involving representatives from the HSCP, NHS Greater Glasgow and Clyde and West Dunbartonshire Council. This proves a forum to review the approach taken to strategic planning and the utilisation of the estate available to the HSCP to support the aims of integration and the delivery of effective and efficient health and social care systems, whilst also supporting our delivery partners to achieve their sustainability ambitions and estate management goals.

4.8 Separately HSCP officers contribute to West Dunbartonshire Councils Strategic Asset Management Group and NHS Greater Glasgow and Clyde's capital planning process.

4.9 The HSCP Property Strategy Group is in its infancy and recognises the need, should the HSCP Board be minded to approve the strategic approach to property and asset management, to develop an effective delivery plan in order that this strategy can be implemented.

4.10 Key work streams which need to be addressed via an implementation plan include: the medium and long term future of Dumbarton Health Centre; suitable accommodation for the delivery of drug treatment and testing orders; the development of trauma informed contact space for children and families; the development of appropriate housing models for example a review of children's houses and a housing model which supports children leaving care and, given the instability of the independent sector, further planning in respect of residential and nursing care home provision.

4.11 Work has already started in some of these areas, for example NHS Greater Glasgow and Clyde have recently approved a business case for £919k to be added to their capital planning programme 2023 – 2025 for the delivery of improvements to Dumbarton Health Centre. This will enable the extended delivery of primary care services.

4.12 Work is also well advanced in respect of the disposal of 118 Dumbarton Road, Clydebank and the relocation of addiction and mental health services to Clydebank Health Centre and Goldenhill Resource Centre.

5. Options Appraisal

5.1 The recommendations within this report do not require an options appraisal. It is acknowledged that discrete projects which will be developed as part of the implementation plan may require options appraisals to be undertaken and this will be addressed at an appropriate time.

6. People Implications

6.1 There are no people implications arising as a result of the recommendations within this report. It is acknowledged that discrete projects which will be developed as part of the implementation plan may

have people implications and staff engagement will be undertaken in line with agreed policies at an appropriate time.

7. Financial and Procurement Implications

7.1 There are no financial and procurement implications arising as a result of the recommendations within this report. It is acknowledged that discrete projects which will be developed as part of the implementation plan will have financial implications and this will be managed via the appropriate governance arrangements.

8. Risk Analysis

8.1 The main focus of this strategy is on physical assets. The risks associated with a failure to operate in line with an agreed property and asset management strategy and therefore to optimally manage the assets available to the HSCP include: (1) a lack of understanding in respect of the property and assets available to the HSCP leading to poor decision making; (2) potential over or under investment in both property maintance and development, leading to inefficiency and the creation of spaces which are not fit for purpose; and (3) improper operation and suboptimal asset management systems.

9. Equalities Impact Assessment (EIA)

9.1 An Equalities Impact Assessment has been undertaken and can be found at Appendix II of this report.

10. Environmental Sustainability

10.1 The recommendations within this report do not require a Strategic Environmental Assessment (SEA). It is acknowledged that individual projects arising from an implementation plan may require their own SEAs and these will be undertaken in accordance with policy at an appropriate time.

11. Consultation

11.1 The HSCP Senior Management Team, Chief Financial Officer, Monitoring Solicitor, Head of HR, members of the HSCP Property Strategy Group and asset management colleagues in both the local authority and NHS Greater Glasgow and Clyde have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 The HSCP Board Strategic Plan 2023 – 2026 “Improving Lives Together” highlights a number of enabling priorities, infrastructure being one. The development of this strategy and the subsequent implementation plan addresses the following action in the Improvement Lives Together delivery plan: “Develop and implement a property strategy for West Dunbartonshire which considers improved planning on the location of services in order to improve access, influence capital planning processes

and develop 20 minute neighbourhoods."

13. Directions

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

Margaret –Jane Cardno
Head of Strategy and Transformation
17 July 2023

Person to Contact: Margaret-Jane Cardno
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G82 1QL
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Appendices: Appendix 1: West Dunbartonshire HSCP Property and Asset Management Strategy
Appendix 2: Equality Impact Assessment
Appendix 3: Direction HSCPB000043MJC15082023

West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership

PROPERTY AND ASSET MANAGEMENT STRATEGY 2023 - 2026

Policy version Number:	DRAFT v1.0	**Owner:**	Head of Strategy and Transformation
Date Effective:	TBC	**Review Date:**	TBC

West Dunbartonshire Health & Social Care Partnership

Document Management Details

Document Management Category	Details
Policy Title	**West Dunbartonshire HSCP Property Strategy 2023 - 2026**
Writer of Policy	**Head of Strategy and Transformation**
Approved By	**HSCP Board**
Date Approved	**TBC**
Date Effective	**TBC**
Review Date	**TBC**
Version Number	**DRAFT v1**
Version Number & Date of superseded version (if applicable)	
Rationale for Introduction/driver for Change	**The planning and delivery of Health and Social Care services requires alignment of Strategic Planning, Financial Planning, Workforce Planning and a Property and Asset Management Strategy.**
Summary of Substantive Changes (if applicable)	
Summary of Technical changes (if applicable)	
Lead Officer	**Head of Strategy and Transformation**
Consultation and Approval Process	**TBC**
Financial consultation (if applicable)	**TBC**
Legal consultation(if applicable)	**TBC**
Audit and Fraud consultation(if applicable)	**TBC**
Trades Union consultation (if applicable)	**TBC**
Date of approval at HSCP Board	**TBC**
Date when the Equalities Impact Assessment was approved	**TBC**

West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Contents

1. Background/Introduction

1.1. On the 15 March 2023 the West Dunbartonshire Health and Social Care Partnership (HSCP) Board approved its Strategic Plan 2023 – 2026 "Improving Lives Together".

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

1.3. The effective planning and delivery of health and social care services requires the alignment of the Strategic Plan, the Medium Term Financial Plan, the Integrated Workforce Plan and a Property and Asset Management Strategy.

1.4. Integral to the success of the Property and Asset Management Strategy is the HSCP's ability to work closely with partners. There are clear interdependencies with other key strategies across the community planning landscape, for example the Strategic Housing Improvement Plan, NHS capital planning for primary and acute health services, local authority capital planning processes, commissioning of care home capacity from the Independent Sector and community capacity across local third sector and community organisations.

1.5. These plans support the development of a positive regional context, recognising the importance of equitable access to health and social care services in the delivery of place and wellbeing outcomes.

1.6. The Scottish Governments Finance Guidance Health and Social Care Integration provides a helpful framework for capital and asset management planning and section 6.1 states that:

"The Chief Officer of the Integration Joint Board is recommended to consult with the Local Authority and Health Board partners to make best use of existing resources and develop capital programmes. The Integration Joint Board should identify the asset requirements to support the Strategic Plan.

This will enable the Chief Officer to identify capital investment projects, or business cases to submit to the Health Board and Local Authority for consideration as part of the capital planning processes, recognising that

partnership discussion would be required at an early stage if a project was jointly funded.

In developing the Strategic Plan the Chief Officer is advised to consider the CIPFA Guidance on place based asset management. The CIPFA guidance explains the main concepts of the approach and aims to help senior decision-makers in local public services to understand the drivers for collaboration on public property assets, evaluate benefits and implement a "one public estate" model of delivery."

1.7. West Dunbartonshire Council and NHS Greater Glasgow and Clyde collectively own, lease or otherwise utilise a significant amount of property across West Dunbartonshire where health and social care functions are delivered.

1.8. In 2023 the West Dunbartonshire HSCP established an officer led Property Strategy Group involving representatives from the HSCP, NHS Greater Glasgow and Clyde and West Dunbartonshire Council. This proves a forum to review the approach taken to strategic planning and the utilisation of the estate available to the HSCP to support the aims of integration and the delivery of effective and efficient health and social care systems, whilst also supporting our delivery partners to achieve their sustainability ambitions and estate management goals.

1.9. Separately HSCP officers contribute to West Dunbartonshire Councils Strategic Asset Management Group and NHS Greater Glasgow and Clyde's capital planning process.

2. Strategy Aims and Purpose

2.1. The aim of the HSCP Property and Asset Management Strategy is, through the principle of one public estate, to support the delivery of Improving Lives Together.

2.2. The purpose of the HSCP Property and Asset Management Strategy is to provide a framework for well managed solutions to meet the needs of service users, by:

a) Achieving Best Value by ensuring the HSCP get as much use as possible from the existing operational estate. Supporting our delivery partners to rationalise their estate in order to reinvest savings into frontline services.

b) Achieving the highest possible levels of occupancy, improving service user satisfaction and reducing the environmental impact of service delivery.

c) Putting our services at the heart of the community, whilst ensuring that health and social care services are provided in and from fit for-purpose, modern trauma informed buildings which promote wellbeing.

d) Innovative management of spaces and contracts, using the estate to maximise opportunities to work with other services, agencies and communities to support optimum delivery models to meet service needs.

e) Ensuring properties have the capability to embrace digital innovation.

f) Further developing environmentally sustainable practices and procurement.

g) Ensuring that capital spending is aligned to the HSCPs strategic priorities, whilst taking cognisance of the strategic priorities of its partner bodies.

h) Make recommendations on the prioritisation of spending to maximise the impact on those strategic priorities including recommendations which will seek to influence the development of the capital programmes of both NHS Greater Glasgow and Clyde and West Dunbartonshire Council.

i) Promoting a trauma informed approach to design, recognising that the physical environment affects identity, worth and dignity and promotes empowerment.

j) Promoting The Local Living and 20 minute neighbourhood concepts which aim to create places where people can meet the majority of their daily needs within a reasonable distance of their home, by walking, wheeling or cycling.

k) Contributing to meeting net-zero emissions, adapting to climate change, improving nature and using less resources.

3. Strategic Context

3.1. Improving Lives Together states:

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

3.2. In addition, the National Health and Wellbeing Outcomes which the HSCP is required by statute to work towards includes:

Outcome 9 - "Resources are used effectively and efficiently in the provision of health and social care services."

3.3. It is within the context of both of these provisions that the Property and Asset Management Strategy has been developed, and within which decisions relating to use of property and assets will be taken.

3.4. This strategy does not sit in isolation, and is linked closely to NHS Greater Glasgow and Clydes' Moving Forward Together Strategy and West Dunbartonshire Councils' Corporate Asset Management Strategy and Property Management Plan.

3.5. Additionally the strategy also takes cognisance of the Strategic Housing Investment Plan (SHIP) 2023 – 2028 which sets out the funding priorities for affordable housing for the next five years and indicates how the priorities in the Local Housing Strategy will be delivered.

3.6. Out with this plan the property and asset management decisions of partners in the third and independent sectors also make an essential contribution to wellbeing across West Dunbartonshire. The fragility in respect of the viability of elements within these sectors are acknowledged.

4. Equalities

4.1. A full equalities impact assessment has been undertaken in respect of this strategy this can be found at {insert link}.

5. Implementation Procedures

5.1. The following principles will be adopted in the implementation of the Property and Asset Management Strategy:

- We will design and deliver services to meet the needs of individuals, carers and communities, ensuring that decisions regarding the utilisation of property support the delivery of Improving Lives Together.

- The Scottish Government Trauma Informed Practice Toolkit will, amongst other things, influence the physical environment to ensure that our services are delivered from fit-for-purpose trauma informed premises.

- The Scottish Approach to Service Design (SAtSD) framework and principles will be utilised to ensure a person centred approach to service design.

- We will be transparent and demonstrate fairness when allocating resources, with significant decisions in relation to resource allocation being taken in the appropriate public forum - through either the Integration Joint Board, West Dunbartonshire Council or NHS Greater Glasgow and Clyde Health Board decision making structures. Decision will be subject to a clear strategic or operational business case being articulated. This will include a focus on our localities and the specific needs of communities of geography and of interest, as per the requirements of the Equality Act 2010 and the Fairer Scotland Duty.

- We will deliver services to people in their local communities. A fundamental aim of the Public Bodies (Joint Working) (Scotland) Act 2014 is to increase the amount of health and social care services delivered in people's own homes and communities as opposed to institutional or residential settings. We will ensure that our use of property is focussed on achieving that aim, in support of the HSCP Vision that "Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, they receive care and support that prioritises independence, control, choice and recovery."

- We will optimise the use and value of existing resources or assets by increasing the efficiency of underutilised assets and facilities before investing in new ones, and through proactive engagement in the estate and asset management plans of West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Through innovation and agile work practices we will maximise the use of our assets and rationalise our estate where appropriate.

6. Review of Strategy

6.1. This strategy will be reviewed every three years in line with the development of the HSCP Strategic Plan, or sooner should any key strategic changes within NHS Greater Glasgow and Clyde or West Dunbartonshire Council necessitate this.

7. Background Papers, Appendices and references

7.1. This strategy seeks to establish a set of agreed principles. If these are agreed an implementation plan will be developed and this section of the document updated accordingly.

8. Best Value

8.1. The duty of Best Value applies to all public bodies in Scotland and this strategy recognises the IJBs duty in that regard. Best Value is about ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public. This is the underpinning ambition of this strategy which seeks to strengthen arrangements for joint planning, management and property sharing.

AssessmentNo	761	**Owner**	mjcardno	
Resource	HSCP		**Service/Establishment**	Joint
	First Name	Surname	**Job title**	
Head Officer	Margaret-Jane	Cardno	Head of Strategy and Transformation	
	(include job titles/organisation)			
Members	West Dunbartonshire HSCP Senior Management Team			
	***(Please note: the word 'policy' is used as shorthand for stategy policy function or financial decision*)**			
Policy Title	HSCP Property and Asset Management Strategy			
	The aim, objective,purpose and intended out come of policy			
	The aim of the HSCP Property and Asset Management Strategy is, through the principle of one public estate, to support the delivery of Improving Lives Together.			
	Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.			
	Asset Management colleagues from NHS Greater Glasgow and Clyde and West Dunbartonshire Council.			

Does the proposals involve the procurement of any goods or services?	**Yes**
If yes please confirm that you have contacted our procurement services to discuss your requirements.	**No**
SCREENING	
You must indicate if there is any relevance to the four areas	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	**Yes**
Relevance to Human Rights (HR)	**Yes**
Relevance to Health Impacts (H)	**Yes**
Relevance to Social Economic Impacts (SE)	**Yes**

Who will be affected by this policy?

All citizens of West Dunbartonshire will be affected by this policy.

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

West Dunbartonshire Senior Management Team.

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

	Needs	Evidence	Impact
Age	West Dunbartonshire has a decreasing and aging population.	The principles outlined in this Strategy are likely to improve the health and social care outcomes of citizens of all ages. All change activity will involve carrying out EQIAs to measure impact and identify	Positive

		actions required to mitigate any negative impacts identified. This will lead to services that are responsive to the needs of stakeholders, patients, and staff of all ages. Through effective equality impact assessments the HSCP will promote the development and delivery of services that are accessible and responsive to the needs of citizens of all ages. It is probable that Older People will be positively impacted by increased accessibility to services. An integrated place based approach will benefit those who would otherwise need to attend separate venues to have their needs met.		
Cross Cutting				
Disability	In 2019 29% of West Dunbartonshire adults had a limiting long-term physical or mental health condition. Learning disability rates are above the Scottish average. Individuals with learning disabilities have some of the poorest health outcomes of any group in Scotland.	All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. This will lead to services that are responsive to the needs of stakeholders, patients and staff with disabilities. Through effective equality impact assessment the HSCP will promote	Positive	

		elimination of such discrimination in service development and delivery for people with disabilities and ensure a person's disability is not a barrier to accessing services. It is probable that people with disabilities will be positively impacted by and benefit from increased accessibility to services. For example co-located health and social care facilities will benefit those who would otherwise need to attend separate venues to have their needs met.	
Social & Economic Impact	The longstanding impacts of poverty, poor employment and multiple deprivation have led to a less healthy population in West Dunbartonshire.	The activity outlined in this strategy is likely to benefit the health and social care outcomes of all citizens. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. Through effective equality impact assessment the HSCP will promote equality of access to services amongst all groups.	Positive
Sex	Life expectancy is lower than the Scottish average for both men and women.	The activity outlined in this strategy is likely to benefit the health and social care outcomes of all citizens. All change activity will involve	Positive

		carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. Through effective equality impact assessment the HSCP will promote equality of access to services amongst all groups.	
Gender Reassign	LGBT+ identities are associated with poorer health and wellbeing and LGBT+ individuals have been disproportionately affected by the pandemic.	The activity outlined in this strategy is likely to benefit the health and social care outcomes of all citizens, irrespective of gender status. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate anynegative impacts identified. Through effective equality impact assessment the HSCP will promote equality of access to services amongst all groups.	Positive
Health	The longstanding impacts of poverty, poor employment and multiple deprivation have led to a less healthy population in West Dunbartonshire.	The activity outlined in this strategy is likely to benefit the health and social care outcomes of all citizens. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. Through effective equality impact assessment the HSCP will promote equality of access to services amongst all groups.	Positive
Human Rights		The HSCP seeks to	Positive

		take a human rights based approach to service design and delivery ensuring that people's rights are put at the very centre of policies and practices.	
Marriage & Civil Partnership		The activity outlined in this strategy is likely to benefit the health and social care outcomes of all citizens, irrespective of marital status. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate anynegative impacts identified. Through effective equality impact assessment the HSCP will promote equality of access to services amongst all groups.	Positive
Pregnancy & Maternity		The activity outlined in this strategy is likely to benefit the health and social care outcomes of all citizens. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. Through effective equality impact assessment the HSCP will promote equality of access to services amongst all groups.	Positive
Race	BME populations have been disproportionately impacted by the pandemic.	The activity outlined in this strategy is likely to benefit the health and social care outcomes of all	Positive

	Gypsy/Travellers are reported to be worse off than any other community in Scotland. West Dunbartonshire has one Gypsy/Traveller site.	citizens, irrespective of race. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate anynegative impacts identified. Through effective equality impact assessment the HSCP will promote equality of access to services amongst all groups.	
Religion and Belief		The activity outlined in this strategy is likely to benefit the health and social care outcomes of all citizens. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. Through effective equality impact assessment the HSCP will promote equality of access to services amongst all groups.	Positive
Sexual Orientation	LGBT+ identities are associated with poorer health and wellbeing and LGBT+ individuals have been disproportionately affected by the pandemic.	The activity outlined in this strategy is likely to benefit the health and social care outcomes of all citizens. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. Through effective equality impact assessment the HSCP will promote equality of access to services amongst all groups.	Positive

Actions
Policy has a negative impact on an equality group,but is still to be implemented, please provide justification for this.
In very general terms it is acknowledged people with protected characteristics can be negatively impacted by changes to services. There is no information as yet in relation to specific negative impacts as a result of any of the principles contained within this strategy. However, its implementation will involve a series of actions each of which will be subject to their own equalities impact assessment.
Will the impact of the policy be monitored and reported on an ongoing bases?
Operationally the implementation of this strategy and an assessment of its effectiveness will be monitored via the HSCP Property Strategy Group. Strategically its governance will be managed via the IJB and, where appropriate, its Audit and Performance Committee.
Q7 What is you recommendation for this policy?
Intoduce
Please provide a meaningful summary of how you have reached the recommendation
This strategy seeks to promote the design and delivery of services to meet the needs of individuals, carers and communities across West Dunbartonshire , ensuring that decisions regarding the utilisation of property support the delivery of Improving Lives Together, that our services are person centred and delivered from fit-for-purpose trauma informed premises.

Appendix III: Direction from Health and Social Care Partnership Board

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

From: Chief Officer, HSCP
To: Chief Executives WDC and NHSGGC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: Direction from HSCP Board 15 August 2023 FOR ACTION
Attachment: *attach relevant HSCP Board report*
Following the recent HSCP Board meeting, the direction below has been issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014. Attached is a copy of the original HSCP Board report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000043MJC15082023
2	Date direction issued by Integration Joint Board	15 August 2023
3	Report Author	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	The Scottish Governments Finance Guidance Health and Social Care Integration provides a helpful framework for capital and asset management planning and section 6.1 states that: "The Chief Officer of the Integration Joint Board is recommended to consult with the Local Authority and Health Board partners to make best use of existing resources and develop capital programmes. The Integration Joint Board should identify the asset requirements to support the Strategic Plan.

		This will enable the Chief Officer to identify capital investment projects, or business cases to submit to the Health Board and Local Authority for consideration as part of the capital planning processes, recognising that partnership discussion would be required at an early stage if a project was jointly funded. In developing the Strategic Plan the Chief Officer is advised to consider the CIPFA Guidance on place based asset management. The CIPFA guidance explains the main concepts of the approach and aims to help senior decision-makers in local public services to understand the drivers for collaboration on public property assets, evaluate benefits and implement a "one public estate" model of delivery."	
7	Full text and detail of direction	The HSCP Board is Directing the Chief Executives of NHS GGC and WDC to implement the HSCP Property and Asset Management Strategy as agreed by the Board on the 15 August 2023.	
8	Specification of those impacted by the change	Implementation the Property and Asset Management Strategy ensures that officers have a clear framework from which to undertake further work in respect of the planning and utilisation of the property estate available to the IJB and the HSCP, to support the aims of integration and the delivery of effective, efficient health and social care services in West Dunbartonshire.	
9	Budget allocated by Integration Joint Board to carry out direction	There are no financial and procurement implications arising from this Direction. It is acknowledged that discrete projects which will be developed as part of the implementation plan will have financial implications and this will be managed via the appropriate governance arrangements.	
10	Desired outcomes detail of what the direction is intended to achieve	The intended outcome of this Direction is to embed the approach taken to strategic planning and utilisation of the property estate available to the Integration Joint Board (IJB) and the West Dunbartonshire HSCP, to support the aims of integration and the delivery of effective, efficient health and social care services in West Dunbartonshire.	
11	Strategic Milestones	Creation of Implementation Plan 2023 - 2026	31 December 2023
12	Overall Delivery timescales	Delivery timescales are 2023 – 2026 in line with "Improving Lives Together"	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.	

14	Date direction will be reviewed	20 February 2023

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

15 August 2023

Subject: Review of HSCP Board Standing Orders

1. Purpose

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

2. Recommendations

It is recommended that the HSCP Board:

2.1 Approve the revised Standing Orders for immediate implementation.

3. Background

3.1 It is a recommendation within West Dunbartonshire Integration Joint Board (IJB) 2020/21 Annual Audit Report that the IJB should undertake a review of its standing orders, once the revised Integration Scheme has been approved by the Health Board and the Scottish Government.

3.2 Standing orders are in place to regulate the procedures and business of the Joint Board. Audit Scotland noted in their 2020/21 Annual Audit Plan that the current standing orders were last reviewed and updated in 2015. An update to the Standing Orders was planned, after the revised Integration Scheme (together with the other five Glasgow Integration Joint Boards (IJBs)) was presented to Scottish Ministers for approval.

3.3 A review of the Integration Scheme has taken place between the six Greater Glasgow and Clyde IJBs, albeit this was delayed as a result of the global pandemic. Since the publication of the 2020/21 Annual Audit Report there have been a number of significant changes and it is anticipated that the draft Integration Scheme will have to be approved not only by the Health Board but also returned to West Dunbartonshire Council for its approval. At this time there is no clear timeframe for how and when the revised Integration Schemes will be presented to the six respective Local Authorities and NHS Greater Glasgow and Clyde Board.

3.4 As such, and given the original deadline for the completion of this audit action (31 March 2022) has already been revised, it is deemed prudent

that the Standing Orders be revised prior to the agreed deadline of 30 September 2023 in order that the HSCP Board can be confident that robust governance arrangements are in place.

3.5 Officers are confident that the revised Standing Orders are in line with the Integration Scheme, but a further light touch review of Standing Orders is proposed once the Integration Scheme has been presented to Scottish Ministers for approval.

3.6 The HSCP Board considered a previous version of this report on the 16 May 2023 and asked that officers consider comments in respect of sections 3.12; 4.10 and section 16. Appendix I of this report has been updated to reflect these changes.

4. Main Issues

4.1 There are a number of changes to the original Standing Orders which were approved in 2015. A link to the 2015 Standing Orders are attached as background papers for reference.

4.2 Membership: The 2015 Standing Orders are silent on the tenure of non-voting members. The proposed Standing Orders includes a form of words to ensure non-voting members continue to have a mandate in respect of those they represent. This section has also been updated in order that the IJB may pay reasonable travel and other expenses of Members where incurred by them in connection with their Membership of the IJB. This suggested addition promotes good practice and helps remove barriers for volunteers on low incomes or with little disposable income.

4.3 Chair and Vice Chair: The 2015 Standing Orders state that the Chair and Vice Chair are appointed and alternated every three years. The proposed Standing Orders recommend this is reduced to every two years. This is in line with the proposals under development in respect of the Scheme of Integration and brings all six IJBs across the Greater Glasgow and Clyde Area into alignment.

4.4 Chair and Vice Chair: This section has also been updated to empower the Chair to allow any Member to participate and vote in a Meeting although not actually present at the location where the Meeting is being held. This suggested amendment is intended to modernize the Standing Orders and reflects online and hybrid meeting arrangements.

4.5 Meetings: The 2015 Standing Orders are silent on the cancellation of meetings. This section has been strengthened to provide clarity in terms of meeting cancellations and empowers the Chair to cancel or reschedule any meeting because of a lack of business or in exceptional circumstances.

4.6 Meetings: In line with the comments in paragraph 4.4 this section has also been moderinised in order that a member who is unable to be present for a meeting at the venue identified in the notice calling the meeting shall be able to take part remotely in any way which allows their participation. It is recognised that further guidance on the management of remote meetings may be required and Officers will give this further consideration should these revisions be accepted.

4.7 Notice of Meetings: This section has been enhanced in to provide clarity in respect of how urgent items of business can be raised and how they will be subsequently managed.

4.8 Codes of Conduct and Conflicts of Interest: This section has been altered to demonstrate a legislative change in respect of the Declarations of Interest. The change treats disclosure as a personal matter, whereas the 2015 version placed a degree of responsibility on the other Members present.

4.9 Recording of Proceedings: As previously mentioned this section has been updated to modernize the Standing Orders in respect of hybrid and online meetings.

4.10 Admission of Press and Public: This section has been quite extensively changed in order to ensure the IJB operated in a transparent and inclusive manner, whilst respecting the need for confidentiality in some instances. The current model of voting and non voting Members to some degree creates a two tier system within the Board, for example non voting Members are unable to raise notices of motion. The inclusion of a section on petitions and requests to speak, for items not on the meeting agenda, creates a formal framework which makes the Board more accessible and affords an opportunity for greater engagement in the democratic process. This is in line with some of the ambitions in relation to the development of Local Care Boards and enables the West Dunbartonshire HSCP Board to get ahead of these developments.

4.11 Minutes: This section has been strengthened to clarify that the minute is presented to ensure accuracy and agreement that they are a correct record. It clarifies that unlike other, perhaps less formal, meetings this does not present an opportunity for Members to introduce new items for discussion.

4.12 Equalities: This is a proposed new addition to Standing Orders. As part of the HSCP Boards Mainstreaming Equalities duties this is intended to strengthen the Boards commitment to equalities and will supplement, not replace, the use of EIAs and Officers duties to bring to the Boards attention any decision that involves equalities duties. In order to

strengthen this further HSCP Officers are in discussion with the Council legal team in respect of the introduction of a formal resolution on equalities at the start of each IJB. Again this is a specific action in the HSCPs Mainstreaming Equalities action plan.

5. Options Appraisal

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

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

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

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

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

11. Consultation

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

12. Strategic Assessment

12.1 The HSCP Board Strategic Plan 2023 – 2026 “Improving Lives Together” highlights a number of enabling priorities, good governance is

a recurring theme. Robust Standing Orders support the HSCP Board to undertake its duties in respect of the delivery of the Strategic Plan in a way which secures Best Value and ensures the reputation of the HSCP Board is safeguarded when exercising its duties.

13. Directions

13.1 A Direction is required in respect of the recommendation in this report and will be issued by the Chief Officer, on behalf of the Board, to the Chief Executive of West Dunbartonshire Council. The full transcript of the Direction can be found at Appendix II of this report.

Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
Date:	24 July 2023

Person to Contact:	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
Telephone:	07786 747 952
Email:	Margaret-jane.cardno@west-dunbarton.gov.uk
Appendices:	West Dunbartonshire HSCP Board Standing Orders May 2023 (Appendix 1) Direction Reference Number HSCPB000038MJC16052023 (Appendix 2) EIA (Appendix 3)
Background Papers:	Original Governance Documents 1 July 2015

WEST DUNBARTONSHIRE HEALTH AND SOCIAL PARTNERSHIP
INTEGRATION JOINT BOARD (IJB)
STANDING ORDERS
15 AUGUST 2023

Contents

1 General

1.1 These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall regulate the procedure and business of the Integration Joint Board and all meetings of the Integration Joint Board or of a Committee or Sub-Committee of the Integration Joint Board must be conducted in accordance with these Standing Orders.

1.2 In these Standing Orders “the Integration Joint Board (IJB)” shall mean the West Dunbartonshire Health and Social Care Partnership Board

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

1.3 In these Standing Orders "the Chair" means the Chair of the Integration Joint Board and, in relation to the proceedings of any Committee or Sub-Committee of the Integration Joint Board, means the Chair of that Committee or Sub-Committee.

1.4 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if it is in conflict with these Standing Orders.

2 General Powers

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

3 Membership

3.1 Voting membership of the Integration Joint Board shall comprise three councillors nominated by the Council and three persons nominated by the Health Board, at least two of whom must be non-executive directors.

3.2 Non-voting membership of the Integration Joint Board shall comprise:

(a) the Chief Social Work Officer of the Local Authority;

(b) the Chief Officer of the Integration Joint Board;

(c) the Proper Officer of the Integration Joint Board appointed under Section 95 of the Local Government (Scotland) Act 1973;

(d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with regulations made under Section 17P of the National Health Service (Scotland) Act 1978;

(e) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;

(f) a registered medical practitioner employed by the Health Board and not providing primary medical services;

(g) at least one member from staff of the constituent authorities engaged in the provision of services provided under integration functions;

(h) at least one member from third sector bodies carrying out activities related to health or social care in the area of the local authority;

(i) at least one member from service users residing in the area of the local authority;

(j) at least one member from persons providing unpaid care in the area of the local authority; and

(k) such additional members as the Integration Joint Board sees fit. Any such additional member may not be a councillor or a non-executive director of the Health Board.

3.3 The members appointed under paragraphs (d) to (f) must be determined by the Health Board. This will be reviewed every three years. The members appointed under paragraphs (d) to (f) shall serve for a period of three years. At the end of a term of office, a member may be reappointed for a further term of office.

3.4 The members appointed under paragraphs (g) to (k) shall serve for a period of three years. At the end of a term of office, a member may be reappointed for a further term of office. Should the organisation represented by these members no longer function effectively during that period of tenure the voting members have the right to replace that member with a more appropriate representative.

3.5 The Elected Members nominated by the Council as members of the Integration Joint Board shall serve for a period of three years. The Council retains the discretion to replace its nominated members on the Integration Joint Board.

3.6 The persons nominated by the Health Board as members of the Integration Joint Board shall serve for a period of three years. The Health Board retains the discretion to replace its nominated members on the Integration Joint Board.

3.7 A member of the Integration Joint Board mentioned in Standing Order 3.2 (a) to (c) shall remain a member for as long as they hold the office in respect of which they were appointed.

3.8 At the end of a term of office, a member, whether voting or non voting, may be reappointed for a further term of office.

3.9 A member of the Integration Joint Board, other than those members mentioned in Standing Order 3.2 (a) to (c), may resign their membership at any time by giving notice in writing to the Integration Joint Board. If a voting member gives notice of their resignation, the Integration Joint Board must inform the constituent authority which nominated that member.

3.10 If a member has not attended three consecutive ordinary meetings of the Integration Joint Board, and their absence was not due to illness or other reasonable cause, the Integration Joint Board may remove the member from office by giving the member one month's notice in writing.

3.11 If a member acts in a way which brings the Integration Joint Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Joint Board, the Integration Joint Board may remove the member from office with effect from such date as the Integration Joint Board may specify in writing.

3.12 If a member of the Integration Joint Board is disqualified under Article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office, they are to be removed from office immediately.

3.13 If a member who is a Councillor appointed on the nomination of the local authority ceases, for any reason, to be a Councillor during a term of office, they are to be removed from office with effect from the day that they cease to be a Councillor.

3.14 If a member who is a voting member appointed on the nomination of the Health Board ceases, for any reason, to be a non-executive director or member of the Health Board during a term of office, they are to be removed from office with effect from the day that they cease to be a non-executive director or member of the Health Board.

3.15 Without prejudice to Standing Orders 3.8 to 3.12, a constituent authority may remove a member which it nominated by giving one month's notice in writing to the member and the Integration Joint Board.

3.16 The Integrated Joint Board may pay reasonable travel and other expenses of Members where incurred by them in connection with their Membership of the IJB.

4 Chair and Vice-Chair

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

4.2 The constituent authorities shall alternate which of them is to appoint the Chair and Vice-Chair in respect of each successive period of two years.

4.3 The first Chair shall be nominated by the Council and the first Vice-Chair shall be nominated by the Health Board.

4.4 A constituent authority may change the person appointed by that authority as a Chair or Vice-Chair during the two year term of office.

4.5 The local authority may appoint as Chair or Vice-Chair only a councillor nominated by it as a member of the Integration Joint Board.

4.6 The Health Board may appoint as Chair or Vice-Chair only a non-executive director nominated by it as a member of the Integration Joint Board.

4.7 At each meeting of the Integration Joint Board the Chair, if present, shall preside. If the Chair is absent from any meeting, the Vice-Chair, if present, shall preside. If both the Chair and the Vice-Chair are absent, a voting member shall be appointed as Chair by the other voting members present for that meeting.

4.8 Powers, Authority and Duties of the Chair (or Vice-Chair if the Chair is absent). The Chair shall amongst other things:

(a) preserve order and ensure that every member has a fair hearing;

(b) decide on matters of relevancy, competency and order, and whether to have a recess during the meeting, having taken into account any advice offered by the Chief Officer of the Integration Joint Board or other relevant officer in attendance at the meeting;

(c) determine the order in which speakers can be heard;

(d) ensure that due and sufficient opportunity is given to members who wish to speak to express their views on any subject under discussion;

(e) if requested by any member, ask the mover of a motion, or an amendment, to state its terms;

(f) maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved.

4.9 The decision of the Chair on all matters within his/her jurisdiction shall be final.

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

5 Meetings

5.1 The first meeting of the Integration Joint Board shall be convened at a time and place determined by the Chair. Thereafter, the Integration Joint Board shall meet at such place and such frequency as may be agreed by the Integration Joint Board.

5.2 The Chair may convene a special meeting if it appears to him/her that there is an item of urgent business to be considered. Such meetings will be held at a time, date and place determined by the Chair. If the office of Chair is vacant or if the Chair is unable to act for any reason, the Vice-Chair may call such a meeting.

5.3 The Chair may cancel or reschedule any meeting because of a lack of business or in exceptional circumstances. This will be notified as soon as practicable by e-mail to Members and on the HSCP website.

5.4 A request for a meeting of the Integration Joint Board to be called may be made in the form of a requisition specifying the business proposed to be transacted at the meeting and signed by at least two thirds of the voting members, presented to the Chair.

5.5 If such a request is made and the Chair refuses to call a meeting, or does not call a meeting within seven days after the making of the request, the members who signed the requisition may call a meeting. The business which may be transacted at such a meeting shall be limited to the business specified in the requisition.

5.6 A member who is unable to be present for a meeting of the Integration Joint Board or a Committee or Sub-Committee for the Integration Joint Board, at the venue identified in the notice calling the meeting shall be able to take part remotely in any way which allows their participation.

6 Notice of Meetings

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

6.2 Members may opt, by way of a written request addressed to the Chief Officer, to have notice of meetings sent or delivered to an alternative address. Such a request will be complied with until it is rescinded in writing.

6.3 A failure to serve notice of a meeting on a member shall not affect the validity of anything done at that meeting.

6.4 In the case of a meeting of the Integration Joint Board called by members, the notice shall be signed by the members who requisitioned the meeting.

6.5 At all Ordinary or Special Meetings of the Integration Joint Board no business other than that on the agenda shall be considered except where by reason of special circumstances, which shall be specified in the Minutes, the Chair is of the opinion that the item should be considered at the meeting as a matter of urgency. The item must be provided in writing to the Committee Officer unless due to the nature of the item the Chair determines otherwise.

7 Quorum

7.1 No business shall be transacted at a meeting of the Integration Joint Board unless at least one half of the voting members are present and at least one voting representative of each of the parties to the Partnership is present.

7.2 If after ten minutes from the scheduled time of commencement of any meeting of the Integration Joint Board, or if during any meeting of the Integration Joint Board, there is no quorum, the meeting shall not take place or shall be terminated, as the case may be.

8 Codes of Conduct and Conflicts of Interest

8.1 Members of the Integration Joint Board shall comply with the Model Code of Conduct for Members of Devolved Public Bodies and the Guidance relating to that Code of Conduct, both of which are deemed to be incorporated into these Standing Orders. All members who are not already bound by its terms shall be obliged, before taking up membership, to agree in writing to be bound by the terms of the Model Code of Conduct for Members of Devolved Public Bodies.

8.2 A member must disclose any direct or indirect pecuniary or other interest which the member considers should be disclosed in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the Integration Joint Board, before taking part in any discussion on that item.

8.3 Where an interest is disclosed under sub-paragraph (1), the member disclosing the interest is to decide whether, in the circumstances, it is appropriate for that member to take part in discussion of or voting on the item of business.

8.4 The Standards Officer shall keep and maintain a register, which shall be open to public examination, in which all Members shall record their interests, gifts and hospitality offered by virtue of their Membership of the IJB. The Standards Officer shall be the Officer so designated by the Standards Commission, following a nomination by the IJB.

9 Adjournment of Meetings

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

10 Disclosure of Information

10.1 No member or officer shall disclose to any person any information which falls into the following categories:

10.2 Confidential information within the meaning of Section 50A(2) of the Local Government (Scotland) Act 1973.

10.3 Any document or part of any document marked “not for publication by virtue of [the appropriate paragraph] of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973”, unless and until the document has been made available to the public or press under Section 50B of the said 1973 Act.

10.4 Any information regarding proceedings of the Integration Joint Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Joint Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

10.5 Without prejudice to the foregoing, no member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a member where such disclosure would be to the advantage of the member or of anyone known to him/her or would be to the disadvantage of the Integration Joint Board.

11 Recording of Proceedings

11.1 Meetings of the IJB will be recorded and published on the HSCP website. Otherwise, no person or body shall be permitted, without the prior written approval of the Integration Joint Board, to audio record, photograph, video, film or use any other form of electronic, digital or computerised sound or visual recording system during any Meeting.

11.2 All Members attending the Meeting must be notified and agree to the recording in accordance with above Standing Order:

12 Admission of Press and Public

12.1 The IJB seeks to encourage and welcome public participation at its Meetings. The following arrangements are designed to enhance and regulate public participation at Meetings.

12.2 Every Meeting of the IJB and its Committees (including Sub-Committees) will be open to the public, except in the special circumstances set out below. The Chief Officer shall be responsible for giving public notice of the date, time and place of each meeting of the Integration Joint Board not less than five days before the date of each meeting.

12.3 The public must be excluded from a Meeting when an item of business is being considered if it is likely, because of the business itself or what might be said at the Meeting, that confidential information would be given to members of the public.

12.4 The IJB, its Committees (including Sub-Committees) may decide, by passing a resolution at the beginning of any Meeting, to exclude the public when it is considering an item of business if it is likely, because of the business itself or what might be said at the Meeting, that exempt information would be given to members of the public. The resolution to exclude the public will make clear the proceedings or which part of the proceedings of the Meeting it applies to and state the description of the exempt information.

12.5 Information as to the proceedings at any meeting from which the public are excluded shall not be given to representatives of the press or to any other person unless such information is provided by the Chair or by a person authorised by the Chair in a press statement, or in the publicly available minute for that item.

12.6 Every meeting of the Integration Joint Board, its Committees (including Sub-Committees) shall be open to the public but these provisions shall be without prejudice to paragraph 12.4 and the Integration Joint Board's powers of exclusion in order to suppress or prevent disorderly conduct or

other misbehaviour at a meeting. The Integration Joint Board may exclude or eject from a meeting a member or members of the press or public whose presence or conduct is impeding the work or proceedings of the Integration Joint Board. If a member of the public interrupts any Meeting, the Chair may warn the person. If they continue the interruption the Chair may order that they immediately leave the Meeting.

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

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

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

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

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

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

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

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

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

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

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

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

15 Suspension, Deletion or Amendment of Standing Orders

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

16 Motions, Amendment and Debate

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

(a) A motion or amendment which has been seconded may only be withdrawn or altered in substance by the mover and only if the seconder agrees.

(b) No motion or amendment shall be spoken upon, except by the mover, until it has been seconded.

(c) When there is more than one amendment to the motion, then, unless the
Chair decides otherwise in order to avoid inconsistency in voting, the last amendment shall be put against the amendment immediately preceding. The amendment which is carried shall be put against the next preceding amendment. This process will continue until there is only one amendment remaining. A vote will then be taken between the motion and the remaining amendment, and whichever is carried will be the decision of the Meeting.

(d) The Chair will put all motions or amendments to the meeting only after an open debate has taken place.

(e) A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.

17 Voting

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

17.2 Only the three members nominated by the Council and the three members nominated by the Health Board shall be entitled to vote.

17.3 Every question at a meeting shall be determined by a majority of votes of the members present and who are entitled to vote on the question. In the case of an equality of votes the Chair shall not have a second or casting vote.

17.4 Where there is an equality of votes, the status quo shall prevail. Standing Order 14 shall not preclude reconsideration of any such item within a six month period.

17.5 If the voting members do not agree on a means of resolving a dispute at a meeting of the Integration Joint Board, the formal dispute resolution mechanism specified in the Integration Scheme may be used.

18 Proxies

18.1 If a voting member is unable to attend a meeting of the Integration Joint Board, the constituent authority which nominated the member is to use its best endeavours to arrange for a suitably experienced proxy, who is either a councillor or, as the case may be, a member of the Health Board, to attend the meeting in place of the voting member.

18.2 If a member who is not a voting member is unable to attend a meeting of the Integration Joint Board, that member may arrange for a suitably experienced proxy to attend the meeting.

18.3 A proxy attending a meeting of the Integration Joint Board in place of a voting member may vote on decisions put to that meeting.

18.4 If the Chair or Vice-Chair is unable to attend a meeting of the Integration Joint Board, any proxy attending the meeting in place of the Chair or Vice-Chair may not preside over that meeting.

19 Temporary Vacancies in Voting Membership

19.1 Where there is a temporary vacancy in the voting membership of the Integration Joint Board, the vote which would be exercisable by a member

appointed to fill that vacancy may be exercised jointly by the other members nominated by the constituent authority which has the vacancy.

19.2 Where the Chair is to be appointed by a constituent authority but where due to two temporary vacancies the number of members nominated by that constituent authority is one, or a constituent authority has been unable to nominate any members, the Chair must be temporarily appointed by the other constituent authority.

20 Effect of Vacancy in Membership

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

21 Minutes

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

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

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

22 Committees and Working Groups

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

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

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

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

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

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

23 Equalities

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

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

Appendix II: Direction from Health and Social Care Partnership Board

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

From: Chief Officer, HSCP
To: Chief Executive, West Dunbartonshire Council
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: Direction from HSCP Board 15 August 2023 FOR ACTION
Attachment: Review of HSCP Board Standing Orders

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000038MJC16052023
2	Date direction issued by Integration Joint Board	15 August 2023
3	Report Author	Margaret-Jane Cardno, Head of Strategy and Transformation
4	Direction to:	West Dunbartonshire Council only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes: On the 1 July 2015 the HSCP Board approved a report entitled “Standing Orders and Code of Conduct”. A directions log was not maintained at that time so no reference number is available.
6	Functions covered by direction	The governance of HSCP Board is supported by West Dunbartonshire Councils regulatory services.
7	Full text and detail of direction	Immediate implementation of the HSCP Standing Orders August 2023
8	Specification of those impacted by the change	IJB Members and officers will be impacted by the changes. Full training in the revised standing orders will be provided.
9	Budget allocated by Integration Joint Board to carry out direction	There are no financial resource implications
10	Desired outcomes detail of what the direction is intended to achieve	The Direction is intended to ensure that outstanding audit actions are implemented and that the HSCP Board operate under modern and effective governance arrangements.

11	Strategic Milestones	Immediate Implementation of Standing Orders _	15 August 2023
		Governance Training	28 September 2023
		Update Audit Plan	15 August 2023
12	Overall Delivery timescales	As above.	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.	
14	Date direction will be reviewed	February 2024	

Equality Impact Assessment record layout for information

Owner:	Margaret-Jane Cardno, Head of Strategy and Transformation, West Dunbartonshire HSCP

Resource:		**Service/Establishment:**	West Dunbartonshire HSCP

	First Name	Surname	Job Title
Head Officer:	Margaret-Jane	Cardno	Head of Strategy and Transformation

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

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

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

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

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

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

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

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

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

Age	Accessibility and age are closely linked across all age ranges. This may be linked to mobility challenges for example physical impairment or the cost of travel, or it may be linked to inability to attend due to work or other commitments such as caring.	Evidence shows that barriers to participation across all age groups include travelling independently, socialising and costs.	The impact of the review of standing orders is positive on this group. The revised document include a provision for the payment of expenses, it modernises the Board meeting approach to formalise the use of technology and remote participation and it also makes provision for members of the public to formally engage with the Board and influence the democratic process. Finally the document incorporates a clear section on equalities in order to support the Board to meet its duties in respect of mainstreaming equalities.

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

Gender Reassign			
Marriage & Civil Partnership	N/A	N/A	No impact.
Pregnancy & Maternity	N/A	N/A	No impact.
	Needs	**Evidence**	**Impact**
Race	N/A	N/A	No impact.
Religion & Belief	N/A	N/A	No impact.

	Needs	**Evidence**	**Impact**
Sex	N/A	N/A	No impact.

Sexual Orientation	N/A	N/A	No impact.

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

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

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

Please provide a meaningful summary of how you have reached the recommendation
As outlined above the impacts are overwhelmingly positive and no risks have been identified in respect of implementation.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

15 August 2023

Subject: Membership of the HSCP Board

1. Purpose

1.1 This purpose of this report is to update the HSCP Board on issues pertaining to Board Membership.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Note the progress in respect of Membership of the HSCP Board; and

2.2 Instruct Officers to provide a further update January 2024.

3. Background

3.1 On 27 June 2022 the HSCP Board considered a report from the Head of Strategy and Transformation pertaining to Board Membership and, amongst other things, agreed the following {extract from minute}:

3.2 to instruct officers to establish a process to identify four alternative service user representatives as non-voting members; two representing communities of geography and two representing relevant communities of interest;

3.3 to instruct officers to review the profile and tenure of non-voting members as part of the review of the Scheme of Integration;

3.4 to add an additional requirement for an Unpaid Carer representative to sit as a non-voting member of the Board, one who is not currently a representative on any other category.

3.5 This report seeks to provide an update to the HSCP Board in respect of progress in relation to these decisions.

4. Main Issues

Service User Representatives

4.1 In the intervening period the focus of the work of the Strategy and Transformation team has been the production and publication of the Strategic Plan. This has led to pragmatic decisions being taken in

respect of the focus of engagement activity.

4.2 The production of the Strategic Plan does highlight more effectively communities of interest which should be targeted as a priority in respect of which sector may be most appropriately represented as non-voting members on the HSCP Board.

4.3 Service users and the Third Sector continue to have a strong voice on the HSCP Board.

4.4 The HSCP continue to carry a vacancy in relation to an Engagement and Participation Officer, it is therefore unlikely given how resource intensive this work is, that this matter will be concluded before the end of the financial year. It is therefore recommended that the HSCP Board instruct officers to provide a further update in January 2024 to assure themselves that progress is being made.

Scheme of Integration

4.5 A considerable amount of work has been undertaken to review and update the Scheme of Integration. This has been done at a Greater Glasgow and Clyde level to ensure alignment, as far as is reasonably practicable, between all six Health and Social Care Partnerships.

4.6 The review of the Scheme of Integration must follow a legislative process which includes a formal period of public consultation. It is the ambition that reports will be presented to Integration Joint Boards; the Health Board and Councils initially to agree that the period of consultation will begin and subsequently to approve any amendments to the Scheme before the end of this financial year.

4.7 It should be noted that the role of the HSCP Board is to comment on any proposed amendments. The decision to agree the Scheme of Integration sits with the Council and the Health Board.

Additional Unpaid Carer Representative

4.8 HSCP Board members have previously received a comprehensive update on this work. A briefing note was provided on the 15 May 2023 and can be found as Appendix I of this report.

4.9 In the intervening period an additional unpaid carers representative has been identified. Expressions of interest were received in line with the advice in the previous briefing note and the applicant invited for interview. They have subsequently been successful and suitable references have been received.

4.10 Officers are currently working with the candidate to support their attendance at the HSCP Board and this induction process will be implemented prior to the representative attending their first HSCP Board in September 2023.

4.11 In order that they can be confident in their ability to express a view on behalf of the sector the candidate will be supported to link directly with the Carers of West Dunbartonshire Consultation Group. In practice the ambition is that this group will be convened to align with the publication of HSCP Board papers in order that views can be sought pre HSCP Board and expressed accordingly.

5. Options Appraisal

5.1 An options appraisal is not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 There is a risk that no service user representatives can be identified and the Board operates without the legitimate voice of service users. In order to mitigate against this risk the HSCP Board have previously agreed that the current non-voting members are invited to remain on the HSCP Board until the process of identifying replacement service user representatives is concluded.

9. Equalities Impact Assessment (EIA)

9.1 As the process for identifying additional non-voting members is developed an Equalities Impact Assessment will be undertaken to ensure those with protected characteristics are not adversely impacted.

10. Environmental Sustainability

10.1 A Strategic Environmental Assessment (SEA) is not required for this report.

11. Consultation

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

12. Strategic Assessment

12.1 The recommendations within this report supports the establishment of robust governance and decision making structures which therefore impacts on all of the HSCP Boards strategic priorities.

13 Directions

13.1 No Directions are required in respect of this report.

Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
Date:	18 July 2023

Person to Contact:	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
Email:	Margaret-jane.cardno@west-dunbarton.gov.uk

Appendices:	Appendix 1: Briefing Note: Additional Volunteer Carers' Rep for HSCP Board

West Dunbartonshire Health and Social Care Partnership (HSCP) Board
Briefing Note: Additional Volunteer Carers' Rep for HSCP Board

Situation: The West Dunbartonshire Health and Social Care Partnership (WDHSCP) has a requirement to include an Unpaid Carer representative as a non-voting member on the Board. However, the current recruitment process has not yielded suitable candidates, with a couple of Expressions of Interest (EoI's) and only one application received which did not meet the essential criteria.

Background: During the WDHSCP Board meeting on 27th June 2022, members agreed to add an additional requirement for an Unpaid Carer representative to sit as a non-voting member of the HSCP Board who is not currently a representative on any other category.

The Unpaid Carer Liaison Officer (UCLO) consulted with relevant organizations, including West Dunbartonshire CVS (WDCVS), Coalition of Carers in Scotland (COCIS), and Carers of West Dunbartonshire (CWD). An agreement was reached with CWD to host a volunteer as the carers' representative. The UCLO and CWD used resources from COCIS website to develop the role description and design an advertisement.

Promotion to Date:

- Poster designed by CWD. In addition a poster with a QR code to HSCP web page was sent to the Primary Care Development Lead to be utilised in health care settings.
- An email was sent to HSCP communications/press officer, WDCVS, Y Sort-IT and CWD, requesting they share information about a volunteer position on the IJB as a Carers' rep.
- The advert and links to WDHSCP webpage were circulated through CWD social media and partners were asked to share it further. The closing date for applications was set as midnight on Sunday 26th March, but no applications were received except for one expression of interest. As a result, the closing date was extended.
- HSCP communications/press officer posted the link on the WDC social media platforms (Facebook and Twitter), website, and intranet, with a plan to do a follow-up post closer to the deadline.
- Self-Directed Support (SDS) lead shared with SDS circle and sent the link and poster to the "Big Disability Group".

Assessment: The current promotional efforts, including posters, email communication, social media, and partner outreach, have not generated sufficient interest or suitable

candidates for the position. Only one application was received, which did not meet the essential criteria.

Recommendation: To improve the recruitment process and increase awareness among potential candidates, the next steps have been to focus on targeted outreach to the carers registered with CWD. This has been achieved by sending SMS text messages systematically based on post code information, ensuring that everyone receives accessible information. This approach will allow carers to access the information at their leisure and facilitate a timely response from those interested.

The specific carer groups to be contacted are as follows: WB 24/04/2023 - G81 & G60 carers, WB 01/05/2023 - G82 carers, and WB 08/05/2023 - G83 carers. By implementing this approach, the recruitment process can be advanced effectively while ensuring wider representation of carers on the Board.

Update: The use of CWD's SMS text message system has resulted in the generation of several EoI's and a further application. A final deadline has been set for the 26th May 2023, at which point CWD and the UCLO will assess any further applications against the essential criteria.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

15 August 2023

Subject: Future Meeting Schedule HSCP Board and Audit and Performance Committee

1. Purpose

1.1 The purpose of this report is to present the Integration Joint Board (IJB) known locally as the Health and Social Care Partnership (HSCP) Board with a meeting schedule for meetings of both the IJB and the Audit and Performance Committee for the calendar years 2024 and 2025.

2. Recommendations

2.1 It is recommended that the HSCP Board:

2.1.1 Approve the meeting schedule as noted in Appendix I of this report.

2.1.2 Approve that future meetings of both the IJB and Audit and Performance Committee be Hybrid meetings which will also be live streamed by audio.

3. Background

3.1 Standing Orders state that the Integration Joint Board (IJB) shall meet at such place and such frequency as may be agreed by the Integrated Joint Board.

3.2 The HSCP Board meeting of 20 February 2019 approved to extend the number of meetings to six per calendar year from the previously agreed four. The report also highlighted that there may be a further request for realignment of dates to allow for the approval of the audited annual accounts.

4. Main Issues

4.1 The meeting schedule, as outlined in Appendix I of this report, has been developed to align financial reporting requirements and provide officers with a planned schedule to report on performance, service delivery and programs of work, enabling the HSCP Board and the Audit and Performance Committee to effectively fulfil its monitoring and scrutiny role.

4.2 There is a close correlation between the Audit and Performance Committee and the HSCP Board with many reports requiring scrutiny by the Audit and Performance Committee prior to their approval by the HSCP Board. An alignment of meeting dates with statutory reporting timescales ensures that: (a) Members receive the highest quality information in a timely manner; and (b) that the Board meet regulatory timeframes in terms of the scrutiny and subsequent submission of statutory reports. This is particularly important in June and September in order to agree the Annual Performance Report, unaudited accounts and final accounts.

4.3 The schedule introduces four informal Members development sessions per year in January, April, August and October. These planned sessions will be complimented with additional informal briefings to guide and support members through emerging issues and complex topics as required.

Meeting Format and Location

4.4 On the 24 June 2021, West Dunbartonshire HSCP Board considered a report entitled "COVID-19 Recovery and Renewal Plan – Keep Building Better: A Journey of Continuous Improvement", and agreed to introduce a hybrid approach to future HSCP Board meetings.

4.5 In order to facilitate this decision all future meetings of the HSCP Board and Audit and Performance Committee will be held in Civic Space, Church Street, Dumbarton. This is currently the only venue which hosts the technology required to enable this very positive development.

4.6 On the 12 June 2022 the HSCP Board agreed to approve that future meetings of both the HSCP Board and Audit and Performance Committee be Hybrid meetings which will also be live streamed by audio. This decision aligns with section 10.1 of the HSCP Board Standing Orders which states "No sound, film, video tape, digital or photographic recording of the proceedings of any meeting shall be made without the prior written approval of the Integration Joint Board."

4.7 Further work is required to modernise Standing Orders in line with hybrid Board and Committee Meetings, this work is being undertaken by Officers in line with a review of the Scheme of Integration and The Scheme of Officer Delegation, and will be reported to the HSCP Board at an appropriate time.

4.8 Meetings are to be held in the afternoon to avoid a clash with other Board meetings and the proposed dates have been agreed with the Chair and the Vice Chair of the HSCP Board.

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 as a result of the recommendation within this report.

7. Financial and Procurement Implications

7.1 There are no financial and procurement implications arising as a result of the recommendation within this report. The required equipment for hybrid meetings and audio-casting is already in place and there are no licensing implications.

8. Risk Analysis

8.1 There are no risks associated with the recommendation within this report.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 A Strategic Environmental Assessment (SEA) is not required for this report.

11. Consultation

11.1 The Senior Management Team, Chief Financial Officer, Monitoring Solicitor, Head of HR, West Dunbartonshire Councils Manager of Democratic and Registration Services and the Chairs of both the Audit and Performance Committee and the HSCP Board have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 The HSCP Board Strategic Plan 2023 – 2026 “Improving Lives Together” highlights a number of enabling priorities, good governance is a recurring theme. Transparency in relation to the future meeting schedule of the IJB and the Audit and Performance committee supports effective decision making, promotes transparency and helps to ensure that the reputation of the HSCP Board is safeguarded when exercising its duties.

13. Directions

13.1 The HSCP Board are not required to issue a Direction in relation to the

recommendations within this report.

Margaret –Jane Cardno
Head of Strategy and Transformation
22 June 2023

Person to Contact:	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership 16 Church Street Dumbarton G82 1QL *(Working From Home)*
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Appendices:	Appendix 1: Future Meeting Schedule HSCP Board and Audit and Performance Committee

Appendix I
Proposed Meeting Schedule

2023 (Agreed)				
	Meeting Date	**Pre-Agenda Date**	**Date For Final Report To Be With Committee Services**	**Issue day for reports to all Members**
Audit and Performance and IJB	19 September 2023	05 September 2023	11 September 2023	12 September 2023
Informal Session	17 October 2023	N/A	N/A	N/A
Audit and Performance	14 November 2023	31 October 2023	06 November 2023	07 November 2023
HSCP Board	21 November 2023	31 October 2023	13 November 2023	14 November 2023
2024				
	Meeting Date	**Pre-Agenda Date**	**Date For Final Report To Be With Committee Services**	**Issue day for reports to all Members**
Informal Session	30 January 2024	N/A	N/A	N/A
IJB	20 February 2024	06 February 2024	12 February 2024	13 February 2024
Audit and Performance	19 March 2024	05 March 2024	11 March 2024	12 March 2024
IJB	28 March 2024	14 March 2024	20 March 2024	21 March 2024
Informal Session	30 April 2024	N/A	N/A	N/A
Audit and Performance and IJB	25 June 2024	11 June 2024	17 June 2024	18 June 2024
Informal Session	13 August 2024	N/A	N/A	N/A
IJB	20 August 2024	06 August 2024	12 August 2024	13 August 2024
Audit and Performance and IJB	24 September 2024	10 September 2024	16 September 2024	17 September 2024
Informal Session	29 October 2024	N/A	N/A	N/A
Audit and Performance	10 December 2024	26 November 2024	02 December 2024	03 December 2024
IJB	17 December 2024	03 December 2024	09 December 2024	10 December 2024

2025				
	Meeting Date	**Pre-Agenda Date**	**Date For Final Report To Be With Committee Services**	**Issue day for reports to all Members**
Informal Session	28 January 2025	N/A	N/A	N/A
IJB	18 February 2025	04 February 2025	10 February 2025	11 February 2025
Audit and Performance	18 March 2025	04 March 2025	10 March 2025	11 March 2025
IJB	28 March 2025	14 March 2025	20 March 2025	21 March 2025
Informal Session	22 April 2025	N/A	N/A	N/A
Audit and Performance and IJB	25 June 2025	11 June 2025	17 June 2025	18 June 2025
Informal Session	12 August 2025	N/A	N/A	N/A
IJB	19 August 2025	05 August 2025	11 August 2025	12 August 2025
Audit and Performance and IJB	30 September 2025	16 September 2025	22 September 2025	23 September 2025
Informal Session	21 October 2025	N/A	N/A	N/A
Audit and Performance	02 December 2025	18 November 2025	24 November 2025	25 November 2025
IJB	09 December 2025	25 November 2025	01 December 2025	02 December 2025