Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Tuesday, 19 September 2023

Time: 15:00

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
Saied Pourghazi
Selina Ross
Julie Slavin
David Smith
Val Tierney

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

Date of Issue: 12 September 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, 19 SEPTEMBER 2023

1 STATEMENT BY CHAIR – AUDIO RECORDING

2 APOLOGIES

3 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.

4 RECORDING OF VOTES

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

5 (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 - 16

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

6 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.

7 2023-2024 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 4 (31 JULY 2023) 17 - 54

Submit report by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at period 4 to 31 July 2023 and a projected outturn position to 31 March 2024.

8 CARE AT HOME RE-DESIGN PROJECT OUTPUTS 55 - 172

Submit report by Fiona Taylor, Head of Health and Community Care providing an overview of the outputs of the Care at Home re-design project which was approved by the HSCP Board in 2022 to embark on a review of the service following the Scottish approach to re-design methodology.

9 WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP COMMISSIONING PROCEDURE 173 - 186

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on the commissioning process for externally delivered social care services.

10 NHS GG&C PHARMACY TRANSFORMATION PROJECT 187 - 229

Submit report by Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction, providing an update on progress of the NHS GG&C Pharmacy Transformation Project implementation in relation to West Dunbartonshire HSCP.

11 WEST DUNBARTONSHIRE INTEGRATION JOINT BOARD RECORDS MANAGEMENT PLAN REVIEW UPDATE 231 - 235

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update including details of a recent Progress Update Review (PUR) undertaken and submitted to the Public Records (Scotland) Act Assessment Team with regards to submitting a Records Management Plan to the Keeper of the Records of Scotland.

12 MINUTES OF MEETING FOR NOTING 237 - 274

Submit for information the Minutes of Meeting for Joint Staff Forum (JSF) held on:-

(a) 19 January 2023;
(b) 16 February 2023;
(c) 16 March 2023;
(d) 11 May 2023; and
(e) 15 June 2023.

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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Tuesday, 15 August 2023 at 10.02 a.m.

Present: Rona Sweeney 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; Helen Little, MSK Physiotherapy Manager; Kim McNab, Service Manager – Carers of West Dunbartonshire, Saied Pourghazi, Associate Clinical Director and General Practitioner and Val Tierney, Chief Nurse.

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; 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 Lesley Rousselet.

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 16 May 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 an update was provided by Margaret-Jane Cardno, Head of Strategy and Transportation.

VERBAL UPDATE FROM CHIEF OFFICER

Beth Culshaw, Chief Officer, provided a verbal update on the recent business of the Health and Social Care Partnership. She noted she was looking forward to the meeting today and felt the meeting had a full Agenda which contained a lot of important reports. There was a strong focus on quality improvement as demonstrated in the Clinical Care and Governance report, the Alcohol and Drug Partnership update, the Annual report on MSK Physiotherapy service and also the Performance report. She noted there was a great opportunity for further scrutiny and assurance about the services which HSCP are providing and the strong focus we have on ensuring community benefits.

Ms Culshaw provided an update on some of the discussions held at the last HSCP Board meeting. She noted there had been significant improvement in the issue raised with delays in users receiving their Disabled Blue Badge. The average time for users to receive their Blue Badge when receiving Desktop approval is now under 3 weeks, and for those requiring further assessment it is now just under 12 weeks which is a big improvement to the timescales being reported back in July 2023. She noted they had drafted a short brief regarding this which would be circulated to Members after the meeting. This would also be shared with West Dunbartonshire Audit Committee members as there were concerns raised there with Occupational Therapy waiting times.

Ms Culshaw noted a lot of work was ongoing with the Staff Awards process. Nominations are due by the end of this month to recognise the excellent work by staff this year, Members were asked to please ensure to highlight some of the great work being done.

Lastly, she reminded Members of the Informal session due to take place on Friday, 1 September 2023 at 9.00 a.m. and to attend the meeting in-person where possible. There would be 2 key discussion points at the meeting namely Home Care and

Children and Families. She noted it was a good chance to have a deep dive and ask some questions around processes and ongoing projects and apply scrutiny prior to reports being brought formally to the HSCP Board.

CLINICAL AND CARE GOVERNANCE – ANNUAL REPORT 2022

A report was submitted by Val Tierney, Chief Nurse, providing information on, 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.

After discussion and having heard from Val Tierney, Chief Nurse; 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 and Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions in further explanation and in answer to Members' questions, the Board agreed:-

(1) to note the report; and

(2) to send the report 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.

MSK PHYSIOTHERAPY SERVICE ANNUAL REPORT 2022/23

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

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

(1) to 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 to the report: MSK Waiting Times Trajectory Data 2023/24); and

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

ADP 2022/23 ANNUAL SURVEY REPORT AND WAITING TIMES

A report was submitted 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.

After discussion and having heard Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions, in further explanation and in answer to Members' questions, the Board agreed:-

(1) to note the content of the report;

(2) to consider the updated Financial Plan and approve spending proposals outlined in section 4 of the report;

(3) to approve the Alcohol and Drugs Partnership (ADP) Annual Reporting Survey; and

(4) to note that the West Dunbartonshire Health and Social Care Partnership has met the required target in the most recently published data.

WEST DUNBARTONSHIRE HSCP ANNUAL PERFORMANCE REPORT 2022/23

A report was submitted 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.

After discussion and having heard from Margaret-Jane Cardno, Head of Strategy and Transformation; Fiona Taylor, Head of Health and Community Care; Lesley James, Head of Children's Health Care and Criminal Justice and Chief Social Work Officer and Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction in further explanation and in answer to Members' questions, the Board agreed to 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.

2023/2024 FINANCIAL PERFORMANCE REPORT

A report was submitted 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 31 March 2024.

After discussion and having heard from Julie Slavin, Chief Financial Officer, and Lesley James, Head of Children's Health Care and Criminal Justice and Chief Social

Work 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 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;

(2) to 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%);

(3) to note the projected outturn position of £2.983m overspend (1.50%) for 2022/23 including all planned transfers to/from earmarked reserves;

(4) to note that a recovery plan would require to be put in place to address the projected overspend;

(5) to note the update on the monitoring of savings agreed for 2023/24;

(6) to note the bad debt write off for quarter one;

(7) to note the current reserves balances;

(8) to note the update on the capital position and projected completion timelines; and

(9) to 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.

ADJOURNMENT

The Chair adjourned the meeting for a short recess. The meeting reconvened at 11.59 a.m. with all those listed in the sederunt present.

MEDICATION ASSISTED TREATMENT (MAT) STANDARDS IMPLEMENTATION

A report was submitted 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.

After discussion and having heard from Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction, in further explanation and in answer to Members' questions, the Board agreed to note the content and risks identified in section 4 of this report.

WEST DUNBARTONSHIRE HSCP PROPERTY AND ASSET MANAGEMENT STRATEGY 2023 – 2026

A report was submitted by 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.

After discussion and having heard from Margaret-Jane, Head of Strategy and Transformation and Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction, in further explanation and in answer to Members' questions, the Board agreed:-

(1) to approve the Property and Asset Management Strategy (as detailed in Appendix 1 of the report) 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; and

(2) to note that, should these principles be agreed, further work would be undertaken to develop a comprehensive implementation plan. This would be reported back to the Board for approval and updates provided on an annual basis.

REVIEW OF WEST DUNBARTONSHIRE HSCP STANDING ORDERS

A report was submitted 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.

After discussion and having heard from Margaret-Jane Cardno, Had of Strategy and Transformation in further explanation and in answer to Members' questions, the Board agreed to approve the revised Standing Orders for immediate implementation with the additional amendments as detailed below:-

(1) at section 11 where it indicates responsibility lies with the Chair of the HSCP Board it should state, 'as decided by Chair in consultation with the HSCP Chief Officer.'; and
(2) at section 12 of the Standing Orders, the title should be updated to read 'Press and Public.'

MEMBERSHIP OF THE WD HSCP BOARD

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

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

(1) to note the progress in respect of Membership of the HSCP Board and look forward to welcoming a new Non-Voting Member of the HSCP Board with the role of Unpaid Carer; and

(2) to instruct Officers to provide a further update January 2024 with the potential for a new proposal for Membership with the role of Inclusion and Engagement lead.

FUTURE MEETING SCHEDULE – HSCP BOARD AND AUDIT AND PERFORMANCE COMMITTEE

A report was submitted 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.

After discussion and having heard the Head of Strategy and Transformation in further explanation of the report, the Board agreed:-

(1) to approve the meeting schedule as noted in Appendix 1 of the report; and

(2) to note that all future meetings of both the WD HSCP Board and the HSCP Audit and Performance Committee be Hybrid meetings which would also be live streamed and audio recorded.

The meeting closed at 1.00 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	Sept 2023	Update 3: Briefing will be sent to Members shortly. Update 2: Margaret-Jane Cardno advised there was a resilience group meeting booked for Friday, 18 August and after the meeting she would issue a briefing note to Members advising of the outcome. 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.	**Open**

Item 9 – Annual Performance Report (August 2023)	Margaret-Jane Cardno to organise Comms which could be shared with staff and outside bodies etc. to highlight some successes and the work HSCP are doing. Also to organise a workshop with Elected Members in WDC to highlight some of the work taking place.	MJ Cardno	November 2023		**Open**

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

19 September 2023

Subject: 2023/24 Financial Performance Report as at Period 4 (31 July 2023)

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 4 to 31 July 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 31 July 2023 is reporting an adverse (overspend) position of £0.747m (1.15%);
c) **Note** the projected outturn position of £2.937m overspend (1.48%) for 2023/24 including all planned transfers to/from earmarked reserves;
d) **Note** the progress update on the formation of a recovery plan to address the projected overspend;
e) **Note** the update on the monitoring of savings agreed for 2023/24;
f) **Note** the current reserves balances;
g) **Note** the update on the capital position and projected completion timelines; and
h) **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 £198.334m is now being monitored as detailed within Appendix 1.

4. Main Issues

Summary Position

4.1 The current year to date position as at 31 July is an overspend of £0.747m (1.15%) with an annual projected outturn position being a potential overspend of £2.937m (1.48%). 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 £2.937m (1.48% 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 31 July 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	118,391	36,550	36,406	144	118,849	(458)	(897)	439	0.37%
Social Care	117,157	33,376	34,220	(844)	121,414	(4,257)	(1,018)	(3,239)	-2.76%
Expenditure	**235,548**	**69,926**	**70,626**	**(700)**	**240,263**	**(4,715)**	**(1,915)**	**(2,800)**	-1.19%
Health Care	(4,725)	(1,579)	(1,579)	0	(4,725)	0	0	0	0.00%
Social Care	(32,489)	(3,475)	(3,428)	(47)	(30,437)	(2,052)	(1,915)	(137)	0.42%
Income	**(37,214)**	**(5,054)**	**(5,007)**	**(47)**	**(35,162)**	**(2,052)**	**(1,915)**	**(137)**	0.37%
Health Care	113,666	34,971	34,827	144	114,124	(458)	(897)	439	0.39%
Social Care	84,668	29,901	30,792	(891)	90,977	(6,309)	(2,933)	(3,376)	-3.99%
Net Expenditure	**198,334**	**64,872**	**65,619**	**(747)**	**205,101**	**(6,767)**	**(3,830)**	**(2,937)**	**-1.48%**

Table 2 – Financial Information as at 31 July 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	29,527	8,912	9,652	(740)	31,999	(2,472)	(254)	(2,218)	-7.69%
Health and Community Care	51,331	17,847	18,294	(447)	52,858	(1,527)	(195)	(1,332)	-2.59%
Mental Health, Learning Disability& Addictions	30,139	11,771	11,707	64	30,587	(448)	(638)	190	0.63%
Strategy & Transformation	2,092	624	539	85	1,835	257	0	257	12.28%
Family Health Services	31,260	10,227	10,227	0	31,260	0	0	0	0.00%
GP Prescribing	20,890	6,968	6,968	0	21,115	(225)	(225)	0	0.00%
Hosted Services	8,514	2,877	2,861	16	9,080	(566)	(615)	49	0.58%
Other	24,581	5,646	5,371	275	26,367	(1,786)	(1,903)	117	0.48%
Net Expenditure	**198,334**	**64,872**	**65,619**	**(747)**	**205,101**	**(6,767)**	**(3,830)**	**(2,937)**	**-1.48%**

4.3 Members should note that the projected overspend takes into account the progress on agreed savings programmes and £3.830m 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 the period to 31 July 2023 approximately 69% 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 4.23 – 4.24 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**	**5,442**	**415**	**2,005**
Health Care	**1,243**	**1,243**	**0**	**0**
Social Care	**6,619**	**4,199**	**415**	**2,005**

4.5 Analysis on the projected annual variances in excess of £0.050m are contained within Appendix 5. In general while all services experience continued recruitment and retention challenges some savings generated from vacant posts are minimised by increasing costs incurred in either premium rate overtime or high cost agency staff. Approval processes are being reviewed and enhanced by new online request forms. Continuing from the August Board update, is the impact of continued significant demand for children and families residential and community placements, care at home staffing challenges and external older people's residential placements and increased volumes with some key points highlighted below. If the current trajectory continues within these service areas then the previously reported budget gaps for 2024/25 and 2025/26 will be increased and an illustration of this impact is included within Table 5 and sections 4.25 - 4.28 below.

4.6 Previous financial performance and budget setting reports have provided information on the scale of the financial challenge supporting vulnerable children and families. 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 with the result being that the projected overspend within residential accommodation has increased by £0.324m from that reported to the August HSCP Board. As previously advised the Head of Service for

Children's Health, Care and Justice will bring forward a report to a future meeting, which expands on the members session held on 1 September, on 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.

4.7 On 25 August 2023 COSLA Leaders agreed to the introduction of a Scottish Recommended Allowance (SRA), to be backdated to 1 April 2023, for Foster and Kinship Carers as part of their commitment to The Promise and will mean that every eligible foster and kinship carer will receive at least a standard, national allowance which recognises the valuable support they provide, no matter where they live.

4.8 The following table provides a comparison of allowances currently paid to West Dunbartonshire Foster and Kinship Carers with the Scottish Recommended Allowances.

Table 4 – Weekly Comparison of SRA with Current HSCP Rates

Age Banding	SRA	Current Allowance	Difference	Number of Children Affected	Financial Impact
0 to 4 year-olds	£168.31	£154.60	+ £13.71	54	£41,766
5 to 10 year-olds	£195.81	£175.95	+ £19.86	114	£126,623
11 to 15 year-olds	£195.81	£218.60	Current allowance remains	92	£0
16-years-old and over	£268.41	£266.60	+ £1.81	75	£7,032
TOTAL				**335**	**£175,421**

4.9 Allowances are currently provided by all local authorities. However, this is decided at a local level and so varies across Scotland. The introduction of the SRA provides a recommended allowance that all local authorities must pay as a minimum, although they can also choose to pay more. Where local authorities are already paying above the national minimum allowance, this will continue so that kinship or foster carers currently in receipt of the allowance will not be worse off because of this commitment.

4.10 The introduction of this policy is anticipated to cost the HSCP circa £0.175m based on paying the national minimum allowance where it is higher than current levels. Alongside the policy is a funding announcement of £16m from the Scottish Government to support this, however the allocation of this funding stream is unknown at the time of writing.

4.11 Staffing challenges continue to present themselves within Care at Home services with the projected overspend increasing by circa £0.300m from that reported to the August HSCP Board. This is mainly due to an ongoing increase in premium rate overtime and agency usage in relation to sickness,

staff training and holiday cover. As stated in section 4.5 above approval processes are being enhanced.

4.12 The External care homes budget continues to report financial pressure as the actual number of current residents funded by the HSCP exceed the budgeted placements by 14 nursing places.

Update on Local Authority Pay Award

4.13 As reported to the August HSCP Board the April 2023 pay offer was followed by various ballots which saw significant numbers of Local Authority staff voting to reject the pay deal and being in favour of taking action. A meeting of Council Leaders took place on Friday 25 August 2023 to discuss options for concluding SJC workforce pay negotiations once the outcome of ballots are known. Discussions concluded with an agreement to hold a special meeting of Leaders as soon as possible.

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 4.25 – 4.28.

Update on Prescribing 2022/23

4.15 The introduction of a new prescription scanning system, 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 validation of information have all contributed to reporting delays. Period 4 figures contain significant estimates with only actual data for April 2023 available at this time. Reported figures to end of July 2023 suggest that the year to date position for WDHSCP is an overspend of £0.075m with an annual projected overspend of £0.225m funded by a drawdown of earmarked reserves.

4.16 There is a risk that based on the trends in volume and price experienced in 2022/23 and the period 4 projection, the 5% uplift built into the 2023/24 budget will be insufficient to cover actual costs requiring the use of the prescribing earmarked reserve, as detailed above and adjusted for in the current projected outturn. While the earmarked reserve may be sufficient in 2023/24, with the position being closely monitored, the financial impact will likely extend into 2024/25 as included within Table 5 below.

Bad Debt Write-Off

4.17 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.

4.18 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

4.19 There are no debt write offs to report within this report.

Recovery Plan

4.20 As reported above the annual projected outturn position reported at Period 4 is a potential overspend of £2.937m (1.48%) requiring a recovery plan to be put in place. It should be noted that the financial pressure being projected is not unique to WDHSCP and the HSCP quarter 1 financial returns, in the process of being submitted to the Health and Sport Committee, will highlight the national scale of the financial challenge due to high levels of volatility of demand and costs across health and social care services.

4.21 The Senior Management Team is focussed on a number of areas to bring spend back in line with approved budgets, where possible. Actions will include a full review of current reserves, in particular those created by Scottish Government funding, any one-off in-year savings in excess of management adjustments already agreed and options for savings which will benefit the 2024/25 position on a recurring basis.

4.22 A financial template was issued to all Head of Service on 23 August to aid the submission of options for both 2023/24 recovery planning, and 2024/25 to 2026/27 budget savings/efficiencies. Submissions are required by the end of September 2023 with a review of all options received scheduled to be carried out mid-October to facilitate a further update to the November HSCP Board.

Update on Reserves

4.23 As stated above, the recovery plan will 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.

4.24 Analysis of reserves is detailed in Appendix 6 and identifies that at this time it is anticipated that £3.830m 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. The Scottish Government recognise the current systems pressures and issued a communication on 5 September from the Director of Health and Social Care Finance and Governance regarding ring-fenced reserves delegated from health budgets. They will consider flexibility of the use of these reserves if it could alleviate pressures within the wider system. This will be factored into recovery plans, if appropriate and permission is granted by the Scottish Government.

Budget Gap Analysis 2023/24 – 2025/26

4.25 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.

4.26 Table 5 details the potential financial impact of a number of burdens ranging from social care pay uplifts, the continued impact of pressures within children and families and health and community care 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 @ July 2023	2,937		
Budget Pressures not Reported			
Social Care Pay Inflation increased to 6%	1,000	1,040	1,082
Scottish Recommended Allowance for Foster and Kinship Carers			
Demographic Impact of Children and Families		2,044	2,126
Demographic Impact of Community Health and Care		1,722	1,791
Prescribing uplift to 10% (potential to use earmarked reserve in 2023/24)		1,048	1,100
Revised Budget Gap @ July 2023	**3,937**	**12,292**	**16,038**

4.27 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 £2.937m is also subject to risk as the local authority pay award remains outstanding and could add a further £1m of pressure based on sections 4.13 – 4.15 above. In addition the impact on 2024/25 and 2025/26 taking into account the current trajectory for children and families and health and community care could be an increased budget gap of £12.292m and £16.038m.

4.28 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

4.29 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 2023/24 budget allocation of £84.668m from the council.

4.30 These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.

4.31 The summary projected position for the period to 31 July 2023 is included in Table 6 below and will be reported as part of WDC's financial update position.

Table 6 - Financial Performance projected 31 July 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

4.32 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 There is also a risk that current job evaluation requests for local authority employed residential care home staff and care at home staff will result in a revised job overview document and factor score supporting a re-grading from a grade 3 to a grade 4. The scale of the financial cost will depend on whether all staff will be impacted.

8.3 While inflation has fallen to 6.8% 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.

8.4 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 31 July 2023 (as detailed within Appendix 2) will require the issuing of a direction, see Appendix 8.

Julie Slavin – Chief Financial Officer
Date: 29 August 2023

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Appendices:

Appendix 1 – Budget Reconciliation
Appendix 2 – Monitoring of Savings
Appendix 3 – Revenue Budgetary Control 2022/23 (Overall Summary)
Appendix 4 – Revenue Budgetary Control 2022/23 (Health Care and Social Care Summary)
Appendix 5 – Variance Analysis over £50k
Appendix 6 – Reserves
Appendix 7 – Capital Update
Appendix 8 – Directions

Background Papers: 2023/24 Annual Budget Setting Report – 15 March HSCP Board

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

Localities Affected: All

West Dunbartonshire Health & Social Care Partnership **Appendix 1**

Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 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)
Budget 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
Prescribing Tariff Swap Adustment for 2022/23	(276)		(276)
Budget Adjustment related to Health Pay Award One Off Payment	444		444
Camchp29 Pcip Tr 1 Wdhscp	3,065		3,065
Outstanding Health Funding Assumptions			
Additional 2023/24 Pay Award Uplift Funding	1,415		1,415
Scottish Government Ring Fenced Funding			
Tranche Two PCIP Funding	177		177
Winter Planning (1000 HCSW and MDT Funding)	1,367		1,367
District Nursing Funding	271		271
School Nursing Funding	211		211
ADP Funding	968		968
Action 15 Funding	638		638
Post Diagnostic Support Dementia Funding	63		63
Revised Budget 2023/24	**113,772**	**86,480**	**200,252**
Drawdown from Reserves	**(106)**	**(1,812)**	**(1,918)**
Budget Funded from Partner Organisations	**113,666**	**84,668**	**198,334**

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
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 high risk area.	600
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 high 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 high risk that the population care needs with increasing incidence of dementia requires more funding than is available.	369
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

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					
CAH01	F Taylor	Social Care	Part Year Reduction in Care at Home budget reflecting work of Service Improvement Leads	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. There is a probability that until the redesign is implemented this remains a risk area and the RAG status applied at this time is amber as the overall care at home savings are in excess of the reported forecast variance indicating that savings overall are anticipated to be partially achieved.	70
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.	33
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	While the action required to achieve this efficiency has been completed and in theory would result in this saving being achieved there are offsetting challenges within internal care homes that will result in a medium risk of the saving not being fully achieved as planned.	35

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
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	37
			Total **Health Care** **Social Care**		**2,420** **0** **2,420**

West Dunbartonshire Health & Social Care Partnership **Appendix 3**
Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 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	34,103	11,660	11,815	(155)	34,765	(662)	(195)	(467)	-1.37%	↓
Care at Home	13,935	4,975	5,312	(337)	14,943	(1,008)	0	(1,008)	-7.23%	↓
Physical Disability	2,492	943	913	30	2,403	89	0	89	3.57%	↑
Childrens Residential Care and Community Services	29,526	8,692	9,365	(673)	31,825	(2,299)	(279)	(2,020)	-6.84%	↓
Strategy, Planning and Health Improvement	2,091	625	540	85	1,835	256	0	256	12.24%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	12,327	4,470	4,450	20	12,523	(196)	(256)	60	0.49%	↑
Addictions	3,965	1,495	1,515	(20)	4,245	(280)	(217)	(63)	-1.59%	↓
Learning Disabilities - Residential and Community Services	13,847	5,806	5,741	65	13,819	28	(165)	193	1.39%	↑
Family Health Services (FHS)	31,260	10,227	10,227	0	31,260	0	0	0	0.00%	→
GP Prescribing	20,890	6,968	6,968	0	21,115	(225)	(225)	0	0.00%	→
Hosted Services	8,514	2,877	2,861	16	9,080	(566)	(615)	49	0.58%	↑
Criminal Justice (Including Transitions)	0	219	285	(66)	174	(174)	25	(199)	0.00%	↓
Resource Transfer	17,626	4,025	4,025	0	17,626	0	0	0	0.00%	→
Covid-19	0	0	(231)	231	0	0	0	0	0.00%	→
HSCP Corporate and Other Services	7,758	1,890	1,833	57	9,488	(1,730)	(1,903)	173	2.23%	↑
Net Expenditure	**198,334**	**64,872**	**65,619**	**(747)**	**205,101**	**(6,767)**	**(3,830)**	**(2,937)**	**-1.48%**	↓

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	89,684	27,718	27,756	(38)	91,213	(1,529)	(1,401)	(128)	-0.14%	↓
Property	1,229	298	294	4	1,242	(13)	(35)	22	1.79%	↓
Transport and Plant	1,344	169	172	(3)	1,351	(7)	0	(7)	-0.52%	→
Supplies, Services and Admin	6,485	1,018	1,064	(46)	6,547	(62)	121	(183)	-2.82%	↑
Payments to Other Bodies	81,265	22,144	22,779	(635)	84,192	(2,927)	(375)	(2,552)	-3.14%	↓
Family Health Services	32,034	10,514	10,514	0	32,034	0	0	0	0.00%	→
GP Prescribing	20,891	6,968	6,968	0	21,116	(225)	(225)	0	0.00%	↓
Other	2,617	1,098	1,080	18	2,565	52	0	52	1.99%	→
Gross Expenditure	**235,549**	**69,927**	**70,627**	**(700)**	**240,260**	**(4,711)**	**(1,915)**	**(2,796)**	**-1.19%**	↓
Income	(37,215)	(5,055)	(5,008)	(47)	(35,159)	(2,056)	(1,915)	(141)	0.38%	↓
Net Expenditure	**198,334**	**64,872**	**65,619**	**(747)**	**205,101**	**(6,767)**	**(3,830)**	**(2,937)**	**-1.48%**	↓

West Dunbartonshire Health & Social Care Partnership **Appendix 4**

Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 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	828	266	196	70	618	210	0	210	25.36%	↑
Childrens Services - Community	4,177	1,306	1,298	8	4,152	25	0	25	0.60%	↑
Adult Community Services	11,460	3,589	3,560	29	11,382	78	(10)	88	0.77%	↑
Community Learning Disabilities	744	299	299	0	744	0	0	0	0.00%	→
Addictions	3,010	833	828	5	2,995	15	0	15	0.50%	↑
Mental Health - Adult Community	4,939	1,419	1,412	7	5,073	(134)	(156)	22	0.45%	↑
Mental Health - Elderly Inpatients	3,703	1,362	1,353	9	3,773	(70)	(100)	30	0.81%	↑
Family Health Services (FHS)	31,260	10,227	10,227	0	31,260	0	0	0	0.00%	→
GP Prescribing	20,890	6,968	6,968	0	21,115	(225)	(225)	0	0.00%	→
Other Services	6,515	1,800	1,800	0	6,306	209	209	0	0.00%	→
Resource Transfer	17,626	4,025	4,025	0	17,626	0	0	0	0.00%	→
Hosted Services	8,514	2,877	2,861	16	9,080	(566)	(615)	49	0.58%	↑
Net Expenditure	**113,666**	**34,971**	**34,827**	**144**	**114,124**	**(458)**	**(897)**	**439**	**0.39%**	↑

West Dunbartonshire Health & Social Care Partnership **Appendix 4**
Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 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	358	343	15	1,217	47	0	47	3.72%	↑
Residential Accommodation for Young People	3,062	932	916	16	3,012	50	0	50	1.63%	↑
Children's Community Placements	6,628	2,053	2,197	(144)	7,059	(431)	0	(431)	-6.50%	↓
Children's Residential Schools	6,178	1,918	2,562	(644)	8,111	(1,933)	0	(1,933)	-31.29%	↓
Childcare Operations	5,157	1,329	1,282	47	5,236	(79)	(218)	139	2.70%	↑
Other Services - Young People	4,325	1,155	1,112	43	4,255	70	(61)	131	3.03%	↑
Residential Accommodation for Older People	7,407	2,446	2,470	(24)	7,607	(200)	(128)	(72)	-0.97%	↓
External Residential Accommodation for Elderly	9,104	4,374	4,588	(214)	9,803	(699)	(57)	(642)	-7.05%	↓
Sheltered Housing	1,508	600	580	20	1,447	61	0	61	4.05%	↑
Day Centres Older People	1,317	129	85	44	1,181	136	0	136	10.33%	↑
Meals on Wheels	31	(8)	(10)	2	23	8	0	8	25.81%	↑
Community Alarms	(11)	(407)	(412)	5	(28)	17	0	17	-154.55%	↑
Community Health Operations	3,287	936	956	(20)	3,350	(63)	0	(63)	-1.92%	↓
Residential - Learning Disability	10,942	4,927	4,917	10	11,079	(137)	(165)	28	0.26%	↑
Physical Disability	2,227	869	839	30	2,138	89	0	89	4.00%	↑
Day Centres - Learning Disabilty	2,161	581	526	55	1,996	165	0	165	7.64%	↑
Criminal Justice (Including Transitions)	0	219	285	(66)	174	(174)	25	(199)	0.00%	↓
Mental Health	3,685	1,688	1,685	3	3,677	8	0	8	0.22%	↑
Care at Home	13,935	4,975	5,312	(337)	14,943	(1,008)	0	(1,008)	-7.23%	↓
Addictions Services	955	662	687	(25)	1,250	(295)	(217)	(78)	-8.17%	↓
Equipu	265	74	74	0	265	0	0	0	0.00%	→
Frailty	80	18	0	18	26	54	0	54	67.50%	↑
Carers	1,564	556	556	0	1,764	(200)	(200)	0	0.00%	→
Integrated Change Fund	0	0	0	0	0	0	0	0	0.00%	→
HSCP - Corporate	(403)	(483)	(527)	44	1,392	(1,795)	(1,912)	117	-29.03%	↑
Net Expenditure	**84,668**	**29,901**	**30,792**	**(891)**	**90,977**	**(6,309)**	**(2,933)**	**(3,376)**	**-3.99%**	↓

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 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	828	618	210	25%	↑
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				
Adult Community Services	11,460	11,372	88	1%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to staff vacancies and turnover. At this time the forecast assumes full allocation of funding for district nursing and winter planning funding in relation to MDT's and 1000 HCSW and therefore no requirement to draw down from earmarked reserves.				
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 4 covering 1 April 2023 to 31 July 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					
Residential Accommodation for Young People	3,062	3,012	50	2%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to staff vacancies				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
Children's Community Placements	6,628	7,059	(431)	-6%	↓
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 4 covering 1 April 2023 to 31 July 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	6,178	8,111	(1,933)	-31%	↓
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 £0.789m and £0.373m respectively and incurring costs for unbudgeted secure placements of £0.705m, partially offset by an increase in anticipated asylum seeker income. The £0.789m overspend projected within residential schools is represented by approved savings of £0.198m related to service redesign not being achieved and paying for five more clients than budgeted, due to two delays in moving clients on and three new placements at a projected additional cost of £0.591m. The housing support overspend is due to paying for two 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.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
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				
Childcare Operations	5,157	5,018	139	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 £0.384m with recruitment challenges ongoing. 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	4,194	131	3%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The 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 4 covering 1 April 2023 to 31 July 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	7,407	7,479	(72)	-1%	↓
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 progressing the approved saving to close a house at Crosslet and cap at 70 beds. While this has now been achieved there are high levels of sickness absence and staffing issues requiring the use of agency cover. 2 beds are being utilised as respite beds which does not attract any income, however it is anticipated that the cost of these beds will be funded from the Carers earmarked reserve in 2023/24.				
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				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
External Residential Accommodation for Elderly	9,104	9,746	(642)	-7%	↓
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 14 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 could be covered by earmarked reserves unless other actions are taken to limit occupancy and support people in their own homes for longer with all appropriate support in place..				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Sheltered Housing	1,508	1,447	61	4%	↑
Service Description	Warden Service for Housing run sheltered housing service				
Main Issues / Reason for Variance	The projected underspend is mainly due to housing revenue account income anticipated at 2022/23 levels being higher then anticipated by £0.135m. However this is partially offset by forecast overspends in staffing due to sickness and cover required which are being targeted by use of sessional staff to try to reduce reliance and spend on agency staff and premium rate overtime.				
Mitigating Action	While an underspend is anticipated at this time officers will continue to take action to address absence levels with a view to mitigate any overspend in staffing.				
Anticipated Outcome	An underspend is anticipated at this time, however if officers are unable to mitigate staffing challenges then this may be impacted.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 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	1,181	136	10%	↑
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 4 covering 1 April 2023 to 31 July 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Community Health Operations	3,287	3,350	(63)	-2%	↓
Service Description	Adult services				
Main Issues / Reason for Variance	The projected overspend is mainly due to premium cost agency use within the Hospital Discharge team to cover a number of vacant posts.				
Mitigating Action	The service will require to seek an alternative to the use of premium cost agency staff to try to mitigate the financial impact of covering vacant posts.				
Anticipated Outcome	An overspend is anticipated unless the service reduces the use of premium cost agency staff.				
Physical Disability	2,227	2,138	89	4%	↑
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.				
Day Centres - Learning Disability	2,161	1,996	165	8%	↑
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.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Justice Services	0	199	(199)	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 .				
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.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Care at Home	13,935	14,943	(1,008)	-7%	↓
Service Description	This service provides care at home which includes personal care and minor domestic tasks				
Main Issues / Reason for Variance	The projected overspend has increased by circa £0.300m since period 3 and is mainly due to an ongoing increase in premium rate 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 4 covering 1 April 2023 to 31 July 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	955	1,033	(78)	-8%	↓
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 consideration is given to alternative lower cost placements where appropriate.				
Frailty	80	26	54	68%	↑
Service Description	This service is the new Focussed Intervention Team				
Main Issues / Reason for Variance	The projected favourable variance is due to staffing vacancies				
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 4 covering 1 April 2023 to 31 July 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
HSCP - Corporate	(403)	(521)	118	-29%	↑
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 4 covering 1 April 2023 to 31 July 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	(2,937)	1,364	
Total Unearmarked Reserves	**4,301**	**(2,937)**	**1,364**	
Earmarked Reserves				
Scottish Govt. Policy Initiatives	**9,529**	**(840)**	**8,689**	
Community Justice	192	25	217	Addition relates to anticipated underspend on transitions funding
Carers Funding	1,363	(328)	1,035	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 plus 2 care home beds used for respite.
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	£0.511m to be transferred to East Dunbartonshire for CAMHS.
New Dementia Funding	63	0	63	
Scottish Government Alcohol and Drug Partnership (including various National Drugs Priorities)	984	(196)	788	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	83	631	Addition relates to anticipated underspend on Social Care MDT funding
Winter Planning Funding - 1000 Healthcare Workers	367	0	367	

Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 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**	**(1,595)**	**2,998**	
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	(35)	689	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 4 covering 1 April 2023 to 31 July 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**	**(1,045)**	**3,723**	
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	(153)	81	Retinal Screening Additional Clinics re waiting times and Equipment costs
Prescribing Reserve	972	(225)	747	Drawdown to fund currently anticipated overspend
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**	**(3,830)**	**18,044**	
Total Reserves	**26,175**	**(6,767)**	**19,408**	

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2023/24 Period 4 covering 1 April 2023 to 31 July 2023

Month End Date	**31 July 2023**
Period	**4**

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 4 covering 1 April 2023 to 31 July 2023

Month End Date	**31 July 2023**
Period	**4**

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						
Anticipate the budget to be fully spent in 2023/24						
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 4 covering 1 April 2023 to 31 July 2023

Month End Date	**31 July 2023**
Period	**4**

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	308	0	0%	154	(154)	-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 4 covering 1 April 2023 to 31 July 2023

Month End Date	**31 July 2023**
Period	**4**

Budget Details	**Project Life Financials**					
	Budget	**Spend to Date**		**Forecast Spend**	**Variance**	
	£000	**£000**	**%**	**£000**	**£000**	**%**
ICT Modernisation						
Project Life Financials	564	3	1%	564	0	0%
Current Year Financials	564	3	1%	25	(539)	-96%
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	HSCPB000047JS19092023	
2	Date direction issued by Integration Joint Board	19 September 2023	
3	Report Author	Julie Slavin, Chief Financial Officer	
4	Direction to	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes HSCPB000044JS15082023	
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 £113.666m in line with the Strategic Plan and the budget outlined within this report No debt write off included 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 £232.626m. Allocated as follows: West Dunbartonshire Council - £84.668m NHS Greater Glasgow and Clyde - £113.666m 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 - 21 November 2023	

West Dunbartonshire Health and Social Care Partnership Board

Report by Fiona Taylor, Head of Health and Community Care

19 September 2023

Subject: Care at Home Services Re-design

1. Purpose

1.1 The purpose of this report is to update the HSCP Board on the proposed changes as a result of the re-design of Care at Home services. The Care at Home re-design project was approved by the HSCP Board in 2022 to embark on a review of the service using the principles and ethos set out in the Scottish Approach to Service Design (SAtSD)[1].

1.2 The report details the reasons why the re-design project was initiated, the operational risks, the potential impact of the Reablement service, the recent Care Inspectorate review and the intended outcomes the re-designed Care at Home service will achieve.

2. Recommendations

2.1 It is recommended that the HSCP Board:

a) **Approve** the proposed changes outlined in section 4.29 and detailed in Appendix 4 of this report to allow the proposal(s) to progress to employee and Trade Union consultation.

3. Background

3.1 Care at Home services are pivotal in supporting older adults and people with long term health conditions to live at home safely. The West Dunbartonshire service directly employs 667 employees, who in turn support over 1,422[2] service users. The Service currently undertakes 27,687[3] visits to service users each week.

3.2 Demographic data projects there will be a 22% increase in the number of people expected to use Care at Home services by 2032. Without re-designing the service with this in mind, Care at Home services simply would not cope with such a significant increase in demand.[4]

3.3 The re-design of West Dunbartonshire HSCP Care at Home service considered the following:

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[1] https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/introduction/
[2] Chief Officers Report 24/05/2023
[3] Chief Officers report 22/05/2023
[4] Detail can be found in section 4.19

1. the scope of Care at Home;
2. the need for the workforce to align to the service demand;
3. the change in demand and demographic of service users;
4. the resilience and sustainability of the internal service;
5. the need to ensure the service is provided within the available budget;
6. the impact of the Reablement service scheduled to begin in Autumn 2023;
7. the complexities of delivering care to service users derived from analysis of internal data sources;
8. the National Health and Wellbeing Outcomes;
9. care inspections;
10. ensuring reviews take place every six months as per Care Inspectorate guidance;
11. training for all employees to carry out their job profile;
12. compliance with the requirements of the Health and Care (staffing) (Scotland) Act 2019;
13. providing choice for the service user on how they would like their care to be delivered as per SDS legislation; and
14. signposting and directing families and service users to all offerings which are available to support daily living as an alternative method of care e.g. day service, social support.

3.4 There is a range of evidence to demonstrate that in recent years, service users needs have become increasingly complex, requiring greater care and often needing more than one Home Carer.

3.5 Care at Home services have grown organically over a number of years. The Scottish Approach to Service Design encourages service change to be deliberate and purposeful, as opposed to organic and reactive, informed by data and evidence. It also emphasises service users' voices, both providers and recipients of a services should be at the centre and for sustainability and future proofing to be considered throughout.

3.6 In addition to the factors identified in 3.4, the re-design of Care at Home services has been informed by the impact of the global COVID pandemic, the challenge in retention and recruitment of Home Carers and the recent Care Inspectorate inspection of the service in March 2023.

3.7 Traditionally, Care at Home services involved visiting people within their homes and providing services to support them to live at home. The service was typically Monday to Friday, consisted of very little personal care and a greater proportion of domestic tasks. Over the years, service users' needs have changed considerably.

3.8 Care at Home services are a crucial component of the HSCP and are at the heart of our service delivery. The National Health and Wellbeing

Outcomes apply across all integrated health and social care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities, bringing together responsibility and accountability for their delivery.

3.9 The National Health and Wellbeing Outcomes focus on improving the experiences and quality of services for service users, carers and their families[5].

3.10 Three of the National Health and Wellbeing Outcomes which link to Care at Home services are:

a) 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;
b) People are able to look after and improve their own health and wellbeing and live in good health for longer; and
c) Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.

3.11 "Improving Lives Together", West Dunbartonshire HSCP's Strategic Plan (2023-2026) is strongly aligned to the National Health and Wellbeing Outcomes. The vision set out in Improving Lives Together is for everyone to lead healthy, happy fulfilling lives, and, when they need it, receive care and support that prioritises independence, control, choice and recovery. Improving Lives Together also sets out the HSCP's mission – how the vision will be achieved – by 'improving lives with the people of West Dunbartonshire'. This vision and mission have been key drivers in the re-design of Care at Home and will continue to be central to the ethos of care provision in Care at Home and across the HSCP.

3.12 In line with changing demographics reflected in the Strategic Needs Assessment, the Care at Home service is increasingly supporting individuals with complex needs who require multiple supports each day. For example, those with a diagnosis of dementia, life limiting illnesses, physical disabilities, learning disabilities, and brain injuries. We aim to adapt to each service users individual needs and provide continuity as their conditions progresses.

4. Main Issues

4.1 The scale and scope of the Care at Home re-design project is significant. It affects a number of stakeholders in different ways, not least those who use the service and those who provide the service. Consequently, it was necessary to ensure a robust and well-tested methodology was adopted to guide the re-design work.

[5] National Health and Wellbeing Outcomes framework - gov.scot (www.gov.scot)

4.2 The Scottish Approach to Service Design (SAtSD) methodology ensures any service changes involve users, providers and stakeholders of the service across each of the four broad project phases: discover (understanding the scope and nature of the project); define (define the problems the project/status quo); develop (an alternative to the status quo); deliver (test new ways of working).

4.3 Stakeholder involvement across each of these phases is critical to the project success. The Care at Home re-design has progressed through the first two phases, discover and define, and is moving through the develop stage before moving on to deliver.

4.4 The progress of the project to date is largely due to the participation and collaboration of the stakeholders involved, including employees who deliver and facilitate the service and people who use the service; their input has been critical to developing the proposed changes resulting from the re-design.

4.5 As would be expected with the scale of the proposed changes associated with the re-design, engagement with stakeholders, including employees, Trade Unions and people who use services and their carers, will continue to be critical and will be consulted throughout the develop and delivery phases of the project.

4.6 In line with the four project phases, it is helpful to consider each phase and some of the project activity associated with each to date.

4.7 Discover

4.8 The discover phase helps people develop a shared understanding of a service and begins to help identify what is working well and where improvements ought to be considered. It involves extensively engaging with people who are affected by the issues; what one stakeholder might consider to be working well, another might consider an area for improvement.

4.9 Effective project management requires each and every project to have set objectives and measures in place to ensure any change is implemented as intended. This allows reporting to various governance and oversight structures on project implementation and can be instructive in terms of the requirement for any corrective action(s). The project objectives and measures are detailed in Appendix 5.

4.10 The re-design project involved engagement with employees of the service, human resources and organisational development colleagues, people who use services and their carers. The extensive engagement helped develop a shared understanding of some of the challenges facing the service ahead of moving into the ‘define’ phase.

4.11 Define

4.12 The define phase allows stakeholders to define the problems associated with the service; specific and concise problem definitions are helpful to allow the generation of solutions in the next phase (develop).

4.13 The discovery work helped identify areas which required further consideration in the define phase and included: scheduling, overtime, use of agency employees and service processes.

4.14 Problem ideation sessions, key to any define stage, were facilitated by the project team to provide an opportunity for stakeholders to contribute to defining problems associated with these four key areas. While not restricted to only these four areas, stakeholder contributions tended to link either directly or indirectly to these four areas.

4.15 Feedback from stakeholders was collated, analysed and themed which was instructive in terms of project scope, dependencies and interdependencies, milestones and next steps.

4.16 As can be seen, communication has been key throughout the first two project phases. An engagement plan is provided in Appendix 6, while Appendix 7 describes the feedback received from stakeholders in a “You Said, We Did” style. There is an account of actions taken based on the feedback from stakeholders and where action was unable to be taken, reasons for this are provided.

4.17 In addition to the extensive engagement undertaken as part of the discover and define phases, it was important for the project team to consider quantitative data available from other data sources, including CM2000 (the scheduling tool used by Care at Home) and CareFirst (the Social Care System). Data from both of these sources was analysed to help understand West Dunbartonshire’s demography, and prospective pressures on the service, alongside a better understanding of current demand.

4.18 Table 1 shows the demographic data prediction that there will be a 22% increase in the number of people expected to use Care at Home services by 2032. Without re-designing the service with this in mind, Care at Home services simply would not cope with such an increase in demand.

4.19 Table 1: Care at Home Projections[6]

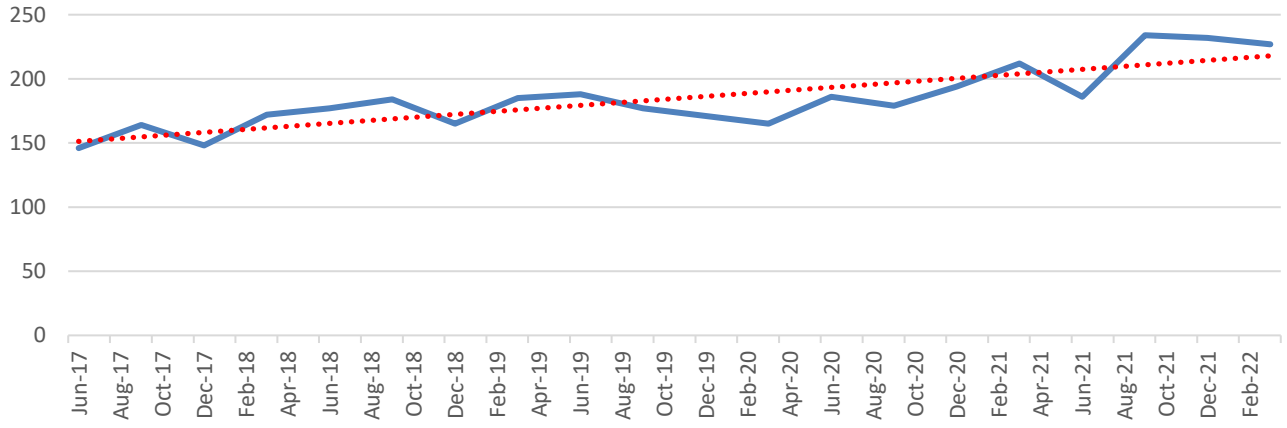
[6] The Total number of service users differs from the services users quoted in page 9 because table 9 is from 2022.

	2022	2025	2027	2030	2032
18-54 years	55	52	52	52	52
55-64 years	120	121	117	105	97
65+ years	1250	1383	1439	1532	1583
Total	**1425**	**1556**	**1608**	**1690**	**1732**

4.20 In terms of service activity, a survey of Organisers revealed a significant number of them (39%) spent a significant proportion of their time (>60%) dedicated to scheduling, a task not intended to be undertaken by Organisers but has, over time, evolved to be the case. Other service activity from CM2000 revealed the care service users required by days and times of the week. In terms of time of day, support was most required in mornings then late evenings, early evening and lunchtime then mid-afternoon and mid-morning with only a small fraction of support required at night time. In delivering this care, the service has evolved to provide more than 70 different work patterns which, in part, explains the disproportionate amount of Organiser time having to be spent on scheduling.

4.21 In relation to the types and complexity of care provided by Care at Home services, Table 1 shows the steady increase in the number of multi-hand visits (i.e. more than one carer) required since 2017 and Table 2 number of hours of enhanced care respectively.

4.22 Table 2: the volume of multi handed visits increasing each year.



4.23 Table 3: The number of Care hours required for enhanced care over 7 days.

Total Number of planned hours[7]	9624
Total Number of Enhanced Hours	3851
% of enhanced hours	40%

[7] 9624 planned hours comes from CM2000 and is planned hours, not actual hours. There is no report within Cm2000 which shows actual hours split via slot. The 10864 hours are actual delivered hours, and is reported on a weekly basis by the HSCP Information team.

4.24 There are a small number of service users who currently receive support for domestic tasks. These include shopping and housecleaning and are chargeable non-personal care services. It is proposed that these tasks will no longer be provided by Care at Home. Instead service users will be directed, via the outcome of a My Life Assessment (MLA), towards appropriate alternative services. There will be no resultant unmet need from this proposal.

4.25 Sustainability is a key driver for change. The service has savings and efficiency targets to be realised that have not been achieved in previous budgets. In 22/23 the service was not able to achieve previously agreed savings of £0.606m and coupled with unfunded pay awards, additional overtime and agency costs this resulted in a net overspend of approximately £1 million. There is an additional £1.452 million efficiencies target for 23/24, of which £0.337m is a one year additional turnover target. The internal workforce budget is £14.9 million and an additional £2.8 million per annum for commissioning externally provided services.

4.26 The projected position in the first quarter of 23/24 is an overspend of £0.732m which is linked to the ongoing use of agency and premium overtime. The September financial performance position is reporting a further increase in this projection to £1.008m. This continuous overspend on agency and overtime relates to covering shifts due to absence and vacancies but is predominantly due to the current shift patterns which do not provide the cover required over 7 days.

4.27 Develop

4.28 The develop phase of the project involves developing and designing solutions to the problems identified through the discovery and define phases. Table 4 shows the high level proposed changes. A full list of the proposed changes alongside the legacy position can be found in appendix 4.

4.29 Table 4: High Level Proposed changes.

User affected by change	Proposed Change
Service User	The service will be moving to a 7 day service from 7.30am to 10pm. The current provision is 7am to 5am.
Service User	The service will only provide personal care tasks to service users.
Service User	The definition of personal care tasks will be provided by COSLA guidance.
Home Carers	All Home Carers will move to a standardised rota.
Home Carers	The correct amount of Home Carers to cover the planned hours of care to deliver the service will be put in place.
Home Carers	The job profile will be submitted via job evaluation.
Organisers	There will be the introduction initially of seven new schedulers;
Organisers	Reduction of organisers from 21.37FTE to 16FTE through natural depletion.
Organisers	All organisers will work one weekend every four weeks.

Organisers	An on call rota will be put in place to ensure there is management cover in out of hours across the seven days.
Organisers	Start time will be 8am, instead of 8:45am.
Organisers	Areas of work will be aligned to Council wards to allow a wider employee's pool with appropriate skills mix.
Organisers	The job profile will be submitted via job evaluation.
Service Managers/Team Leads	The focus of the service manager (to be renamed Team Leads) will be changed from being locality focussed (Dumbarton and the Vale of Leven/Clydebank) to 'front line operations' and business operations'.
Service Managers/Team Leads	An on call rota will be put in place to ensure there is management cover in out of hours across the seven days.
Service Managers/Team Leads	Start time will be 8am, instead of 8:45am.
Service Managers/Team Leads	Community Alarms and Sheltered Housing services will be split between two Team Leads.
Service Managers/Team Leads	An additional Team Lead will be added to the delivery model to support front line operations, bringing the total 3 Team Leads.
Service Managers/Team Leads	The job profile will be submitted via Job evaluation.
Coordinators/Business and Quality Leads	To meet the Councils Strategic Operating Model and the services business needs, two coordinators within the Care at Home delivery model will be removed from the current structure. These two roles will be replaced by the Business and Quality Lead role.
Coordinators/Business and Quality Leads	The Out of hours Co-ordinator will be renamed Out of Hours and Scheduling co-ordinator and directly manage the scheduling team.
Coordinators/Business and Quality Leads	Start time will be 8am, instead of 8:45am.
Coordinators/Business and Quality Leads	The Out of Hours and Scheduling co-ordinator will move to a standardised rota to cover out of hours.
Coordinators/Business and Quality Leads	The job profile will be submitted via Job evaluation.
Assistant Organisers/ Schedulers	The three Assistant Organisers posts will move to the Scheduling team.
Assistant Organisers/ Schedulers	Schedulers will be on a rota seven days a week 7am – 10pm.
Assistant Organisers/ Schedulers	The three Assistant Organisers will be removed from the delivery model.
Assistant Organisers/ Schedulers	The job profile will be submitted via Job evaluation.
Admin Officer/ Clerical Team	Start time will be 8am, instead of 8:45am.
Admin Officer/ Clerical Team	The job profiles will be submitted via Job evaluation.
In House Trainer	An in house trainer will be permanently recruited to the service.
In House Trainer	The job profile will be submitted via Job evaluation.
Integrated Operations Manager (IOM)	Start time will be 8am, instead of 8:45am.
Integrated Operations Manager (IOM)	The job profile will be submitted via Job evaluation.

4.30 The following areas are improvements which were identified as part of the develop phase and are currently underway. The changes were identified by stakeholders and did not require HSCP Board *approval* but are for noting. They include:

- Ensure Care First, data holds up to date information about service users who receive the Care at Home service;

- Ensure Comino[8], document library, is being updated with care plans and risk assessments to allow other practitioners within the HSCP to review documentation;
- Ensure there is documentation for all processes within the Care at Home service;
- Automated reports to manage the service will be in place; and
- Measures to ensure the running of the service is working efficiently and within budget will be instilled into processes.

5. Options appraisal

Options appraisal is part of the development phase whereby various different options are considered by stakeholders as potential solutions. They are then considered from perspectives such as feasibility, risk, viability. Often options can be merged where the weaknesses of one can be offset by the strengths of another. Subsequently, no options appraisal is provided to the HSCP Board but rather the outcome of ongoing options appraisal(s) by stakeholders involved is provided by way of recommendations for re-design.

6. People Implications

Table 5 shows the people implications for office employees, Macmillan Carers and night time carers.

6.1 The grades are assumed because the updated job profiles have not yet gone through the Job Evaluation process.

6.2 Table 5: Office employees, Macmillan Carers and night time carers.

Post	Current No. of Posts (FTE)	Proposed Number of Posts (FTE)	Change	Current Grade	New FTE Total	Previous FTE Total	Difference
IOM	1	1	No Change	10	£70,386	£70,386	£0.00
Team Lead	2	3	Increase	9			
Co-coordinator	3	1	Decrease	7	£47,674	£143,021	-£95,347
Business and Quality Lead	0	2	Increase	7	£95,347	£0	£95,347
Organiser	21.4	16	Decrease	6	£654,126	£873,667	£-219,541
Assistant Organisers	3	0	Decrease	5	£0	£106,796	£-106,796
Admin Team	8.6	8.6	No Change	3	£244,361	£244,361	£0.00
Admin Officer	1	1	No Change	5	£35,599	£35,599	£0.00
Schedulers	0	7	Increase	4	£95,950	£0	£95,950
In House Trainer	1	1	No Change	6	£40,883	£40,883	-£40,883
Macmillan Carer	6 hours a week	0	Decrease	4	£0.00	£8,224	£8,224
Macmillan Carer	34 hours a week	0	Decrease	4	£0.00	£31,983	£31,983

[8] Comino - Employee Intranet (west-dunbarton.gov.uk)

Night time rota Dumbarton	3.6	0	Decrease	3	£0.00	£102,291	£102,291
	48.57	40.6			**£1,468,854**	**£1,780,230**	**£311,375**

6.3 The following tables show the people implications for Home Carers in the re-designed service.

6.4 Table 4: 2023/2024 Two Job profiles/grades

Post	Current No. of Posts (FTE)	Proposed Number of Posts (FTE)	Change	Current Grade (assumed grades)	New FTE Total Cost	Previous FTE Total Cost
Home Carers	323	238	-85	3	£10,517,012	£10,837,449
Home Carers	52	117	66	4		

6.5 Table 5: 2023/2024 One Grade

Post	Current No. of Posts (FTE)	Proposed Number of Posts (FTE)	Change	Current Grade (assumed grade)	New FTE Total cost	Previous FTE Total cost
Home Carers	375	355	-19	4	£11,354,035	£10,837,499

6.6 Pending Job Evaluation for the Home Carers Job profiles, it is recognised that the outcome may be that both profiles are evaluated at the same grade. If one grade is awarded to both profiles then the service would move to all employees on the enhanced profile with a revision of the employee model.

6.7 Taking into consideration the current level of care hours, and modelling to include cover for training, supervision, team meetings, annual leave, sickness, and travel time, the required amount of care hours is approximately 12,500 which equates to 355 FTE. This will be the target for 2023/2024.

6.8 The impact of the new Reablement service, planned to go live in Autumn 2023, will reduce the total number of care hours required to be fulfilled by the mainstream Care at Home service. The Reablement Service is intended to become the 'front door' to the Care at Home service, and will assess those meeting referral criteria from community or hospital for six weeks with the aim of reducing/removing in the longer term the need for Care at Home services.

6.9 There are a number of variables which need to be considered when reviewing any reduction in Home Carers. The following requires to be considered.

- Reviewing the number of external hours;
- Deleting vacancies within the Care at Home establishment; and
- Organisers completing reviews of service users.

6.10 The proposed improvements will provide employees with workforce stability, support recruitment and retention, delivering fair work principles for all employees. The changes to the current operational infrastructure will ensure that service users reviews are completed, that scheduling is managed effectively and employees are skilled and trained.

6.11 The majority of the people implications in this report relate to re-aligning existing employees and financial resources to support the HSCP's strategic aims and meet the needs of our service users. Care at Home is a 365 day a year service, the current employees model cannot cover the care hours required to be delivered to service users and results in costly and inconsistent cover arrangements. The report identifies the need to remodel the Care at Home workforce in the following ways:

- Consider requirements for operational management oversight.
- Remodel the scheduling infrastructure to take advantage of electronic scheduling tools and to improve the interface with Home Carers.
- Re-design the model of frontline Home Carers.

6.12 The overall impact of this model will be to reduce the use of premium rate overtime and most importantly have sufficient employees available to deliver a consistent and high quality service. The impact of any potential employee reduction will be treated in accordance with WDC Switch Policy and Procedure and the Redundancy Procedure and Guidance.

7. Financial and Procurement Implications

7.1 The total efficiencies within this report will be £311,375, excluding any potential frontline carers efficiencies or costs dependent on the outcome of the current job evaluation exercise. This efficiency will contribute to reversing the overspend trend where there is a target saving of £2.459m [9].

Further efficiencies will be identified when all Home Carers move to a standardised rota which will reduce agency and overtime spend, employee costs will be managed within the agreed Care at Home Budget and the changes outlined in Appendix 4 will be implemented. This is due to the variables contained in this report and the impact consultation will have on the figures.

7.2 Within the 2023/24 Care at Home budget, it is estimated that charging service users for domestic and shopping services could generate £324,000. However, currently the service is projected to invoice for £76,335 as only 52 services users currently receive practical care. Service users receiving these services will have a My Life Assessment completed, and if eligible the service user can use their SDS budget to purchase these services from more appropriate suppliers.

[9] Table 13 details the budget and efficiencies target

8. Risk Analysis

8.1 Risks where identified for this project, and further details of these risks can be found in the Care at Home re-design report Appendix 1.

8.2 Some examples of the risks are:

- destablisation of the workforce;
- consultation will take longer than the standard 45 days; and
- if changes are not implemented and efficiencies are not achieved, the eligibility criteria for the service may need to be reviewed or look at other ways to provide the service to service users.

9. Equalities Impact Assessment (EIA)

9.1 An EIA was produced to review the impact before consultation began based on the proposed changes. The reference number is 763. After consultation, a second EIA will be completed based on the changes which will be implemented.

9.2 The full EIA can be found in Appendix 2.

Issue Description	Action Description
Removing providing a Care at Home service after 10pm.	Those who have an identified outcome via the My Life Assessment will receive support for night time. This can be via a supplier, technology, or a direct payment.
Personal Care tasks will only be provided going forward. The care at home service will not provide domestic and shopping tasks.	Those who have an identified outcome via the My Life Assessment will receive for domestic and shopping tasks. If not eligible the service user will be signposted to a supplier.
The aging workforce within Care at Home may not be able to move to the new work pattern.	Each employee for Care at Home will be able to have a discussion with their manager to consider if there is any alteration which can be made to the rota. However, the needs of the service user is a priority. Possible alternative employments may be on the Switch register.
It is recognised there will be an impact on a primarily female work force who may have caring responsibilities.	Each employee for Care at Home will be able to have a discussion with their manager to consider if there is any alteration which can be made to the rota. However, the needs of the service user is a priority. Possible alternative employments may be on the Switch register.

10. Environmental Sustainability

10.1 The environment impact was considered, but the recommendations will not have an impact.

11. Consultation

11.1 Following approval by the HSCP Board, the proposed changes in Appendix 4 will be submitted for consultation with employees and Trade Unions via the established forums and will be in line with statutory requirements and Council Policies.

11.2 A programme of group communication sessions have been scheduled with employees and an online booking system will be shared with all employees to ensure they are able to book a 1:1 with their manager.

11.3 All employees will be asked to provide their feedback on the proposal and feedback will be provided to employees after consultation ends.

11.4 A timeline can be found in Appendix 1.

12. Directions

12.1 It is necessary to issue a direction on the proposal contained within this report. Direction to WDC and NHSGCC. The completed direction can be found in Appendix 3.

Name	Fiona Taylor
Designation	Head of Health & Community Care
Date	07/09/2023

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Appendices:
Appendix 1: Care at Home Re-design Report
Appendix 2: EIA763
Appendix 3: Direction
Appendix 4: Proposed Changes
Appendix 5: Project Objectives and Measures
Appendix 6: Engagement
Appendix 7: you said, we did

Localities Affected: All

West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership

Care at Home Re-design Report

September 2023

Document Management Details

Document Management Category	Details
Title	Care at Home Re-design Report
Writer	Laura Evans
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Date Effective	N/A
Review Date	N/A
Version Number	FINAL
Version Number & Date of superseded version (if applicable)	N/A
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Summary of Substantive Changes (if applicable)	Go to summary of key changes
Summary of Technical changes (if applicable)	N/A
Lead Officer	Fiona Taylor
Consultation and Approval Process	SMT (23/06/2023), Review and Recovery (02/08/2023), Informal session with TU (10/08/2023), SSRG (16/08/2023), IJB Informal Members session (01/09/2023), Informal meetings with employees (06/09/2023), Trades Union Formal Meeting (21/09/2023), IJB (19/09/2023).
Financial consultation	SMT 23/06/2023 Feedback on report (24/07/2023)
Legal consultation	TBC
Audit and Fraud consultation	N/A
Trades Union consultation	10/08/2023
Date of approval at HSCP Board	19/09/2023
Date when the Equalities Impact Assessment was approved	EA763

Contents

1. Introduction

Traditionally, Care at Home services involved visiting people within their homes and providing services to support them to live at home. The service was typically Monday to Friday, consisted of very little personal care and a greater proportion of domestic tasks. Over the years, service need has changed considerably.

Care at Home services are a crucial component of the HSCP and are at the heart of our service delivery. The National Health and Wellbeing Outcomes apply across all Integrated Health and Social Care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery.

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[1] National Health and Wellbeing Outcomes framework - gov.scot (www.gov.scot)

Care at Home services have grown organically over a number of years. The Scottish Approach to Service Design encourages service change to be deliberate and purposeful, as opposed to organic and reactive, informed by data and evidence. It also emphasises service users' voices, both providers and recipients of a services should be at the centre and for sustainability and future proofing to be considered throughout

The re-design of Care at Home services has been informed by the impact the global COVID pandemic, the challenge in retention and recruitment of Home Carers and the recent Care Inspectorate inspection of the service in March 2023.

The above, combined with the accumulative and now well-understood data indicating the evolution of service user need in becoming more complex and requiring increasing amounts and types of personal care, provide an aggregation of evidence of the requirement for the HSCP to undertake a re-design of the Care at Home service.

The re-design of West Dunbartonshire HSCP Care at Home service required to consider the following:

- the scope of Care at Home;
- the need for the workforce to align to the service demand;
- the change in demand and demographic of service users;
- the resilience and sustainability of the internal service;
- the need to ensure the service is provided within the available budget;
- the impact of the Reablement service scheduled to begin in Autumn 2023;
- the complexities of delivering care to service users derived from analysis of internal data sources;
- the National Health and Wellbeing Outcomes;
- care inspections;
- ensuring reviews take place every six months as per Care Inspectorate guidance;
- training for all employees to carry out their job profile;
- compliance with the requirements of the Health and Care (staffing) (Scotland) Act 2019;
- providing choice for the service user on how they would like their care to be delivered as per SDS legislation; and
- signposting and directing families and service users to all offerings which are available to support daily living as an alternative method of care e.g. day service, social support.

The purpose of this report is to update the HSCP Board on the proposed changes as a result of the re-design of Care at Home services. The Care at Home re-design project was approved by the HSCP Board in 2022 to embark on a review of the

service using the principles and ethos set out in Scottish Approach to Service Design (SAtSD).[2]

The report details the reasons why the re-design project was initiated, the operational risks, the potential impact of the Reablement service, the recent Care Inspectorate review and the intended outcomes the redesigned Care at Home service will achieve.

After approval is given at the appropriate governance groups (senior management team, SSRG and HSCP Board), the Care at Home re-design will progress with the necessary people policies and procedures applied, including organisational change.[3] This report will also be shared with employees and Trades Union colleagues in a variety of forums. This will add to the creation of an open and transparent process, ensuring employees are kept fully appraised and are treated in accordance with WDC policy and procedure.

The content of this report is in four sections.

Section 1 – Introduction and Background

Section 2 - Analysis of data to provide outcomes

Section 3 - Organisational changes (requires consultation)

Section 4 – Improvements

[2] https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/introduction/

[3] Organisational Change - Employee Intranet (west-dunbarton.gov.uk)

1.1 Background

The scale and scope of the Care at Home re-design project is significant. It affects a number of stakeholders in different ways, not least those who use the service and those who provide the service. Consequently, it was necessary to ensure a robust and well-tested methodology was adopted to guide the re-design work.

The Scottish Approach to Service Design (SAtSD) methodology ensures any service changes involves users, providers and stakeholders of the service across each of the four broad project phases: discover (understanding the scope and nature of the project); define (define the problems the project/status quo); develop (an alternative to the status quo); deliver (test new ways of working).

Stakeholder involvement across each of these phases is critical to project success. The Care at Home re-design has progressed through the first two phases (discover and define) and is moving through the develop stage before moving on to deliver.

The progress of the project to date is largely due to the participation and collaboration of the stakeholders involved, including employees who deliver and facilitate the service and people who use the service; their input has been critical to developing the proposed changes resulting from the re-design.

As would be expected with the scale of the proposed changes associated with the re-design, engagement with stakeholders, including employees, Trades Union colleagues and people who use services and their carers, will continue to be critical and will be consulted throughout the develop and delivery phases of the project.

In line with the four project phases, it is helpful to consider each phase and some of the project activity associated with each to date.

1.2 Discover

The discovery phase helps people develop a shared understanding of a service and begins to help identify what is working well and where improvements require to be considered. It involves extensively engaging with people who are affected by the issues; what one stakeholder might consider to be working well, another might consider an area for improvement.

Effective project management requires each and every project to have set objectives and measures in place to ensure any change is implemented as intended. This allows reporting to various governance and oversight structures on project implementation and can be instructive in terms of the requirement for any corrective action(s). The project objectives and measures are detailed in Appendix 3.

The re-design project involved engagement with employees of the service, human resources and organisational development colleagues, people who use services and their carers. The extensive engagement helped develop a shared understanding of some of the challenges facing the service ahead of moving into the 'define' phase.

1.3 Table 1: Engagement

Engagement Method	Responses
All employee survey.	All employees (750) within Care at Home were sent this survey. 13% response rate.
Organisers Survey.	All Organisers (18) were sent this survey. There was an 88% response rate.
Ideation sessions	Ideation services are part of the discover and define stage allowing employees to solicit thoughts and ideas on topics such as scheduling, agency, overtime, assessments, reviews, referrals and processes. There were four Ideation sessions, including ten Organisers, two service managers, two co-ordinators, one Care at Home Accountant and one admin supervisor. At these sessions, problem statements were written and ideas were produced on how to respond to these problems.
Seven online and face to face workshops with home carers and Trades Union colleagues.	These workshops were to gain feedback from Home Carers on what they would like to see changed within the service. On average, ten Home Carers attended each workshop. Trades Union colleagues were invited via the Head of service at the JCC to name representatives for each group, and deputies if they were unable to attend. Two Trades Union colleagues attended two of these sessions.
A dedicated mailbox for employees.	The mailbox was for all employees to submit any ideas of change, problems they would like reviewed or any questions they had on the re-design project.
A text re-design telephone number to text questions.	The dedicated telephone number is for Home Carers to submit any questions they have on the re-design project. Employees could text at any time. After an update was provided to employees via text, on average 20 replies would be received.

All 1430 service users were sent a survey via postal mail.	Over 600 responses were provided by service users.
Regular meetings with the Care at Home management team.	This meeting would have occurred every week since January 2022.
Informal carers via Survey Monkey with over 100 responses.	Carers of service users were sent a survey for them to share their opinion and suggestions of improvements.
Monthly project update meetings with all office employees.	Estimated to have engaged with 37 employees. Those who cannot attend have access to the project board reports on MS Teams.
Quarterly project update sessions with home carers.	On average 180 Home Carers would attend each session. The link to the session would be sent to all Home Carers via text allowing them to view at a time that suits. In total three sessions took place.
MS Teams	The engagement feedback has been routinely updated and recorded on the project's Microsoft Teams page and HSCP intranet page, access to which has been provided to office-based Care at Home employees and TU colleagues, with regular prompts provided to colleagues that updates have been made.

1.4 Define

The define phase allows stakeholders to define the problem(s) associated with service; specific and concise problem definitions are helpful to allow the generation of solutions in the next phase (develop).

The discovery work helped identify areas which required further consideration in the define phase and included: scheduling, overtime, use of agency employees and service processes.

Problem ideation sessions, key to any define stage, were facilitated by the project team to provide an opportunity for stakeholders to contribute to defining problems associated with these four key areas. While not restricted to only these four areas, stakeholder contributions tended to link either directly or indirectly to these four areas.

Feedback from stakeholders was collated, analysed and themed which was instructive in terms of project scope, dependencies and interdependencies, milestones and next steps.

As can be seen, communication has been key throughout the first two project phases. Appendix 4 describes the feedback received from stakeholders in a "You

Said, We Did" style where there is an account of actions taken based on the feedback from stakeholders and or where action was unable to be taken, reasons for why this is the case are provided.

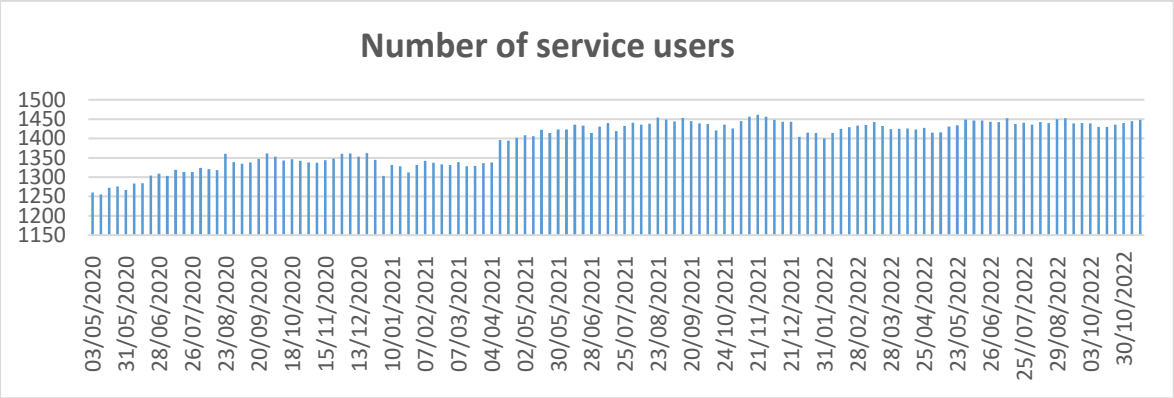
In addition to the extensive engagement undertaken as part of the 'discover and define' phases, it was important for the project team to consider quantitative data available from other data sources, including CM2000 (the scheduling tool used by Care at Home) and CareFirst. Data from both of these sources was analysed to help understand West Dunbartonshire's demography (and prospective pressures on the service) alongside better understanding of current demand.

2. Analysis of data to provide outcomes

Care at Home services are pivotal in supporting older adults and people with long term health conditions to live at home safely. The West Dunbartonshire service directly employs 667 employees who in turn support over 1,422[4] service users. The Service currently undertakes 27,687[5] visits to service users each week.

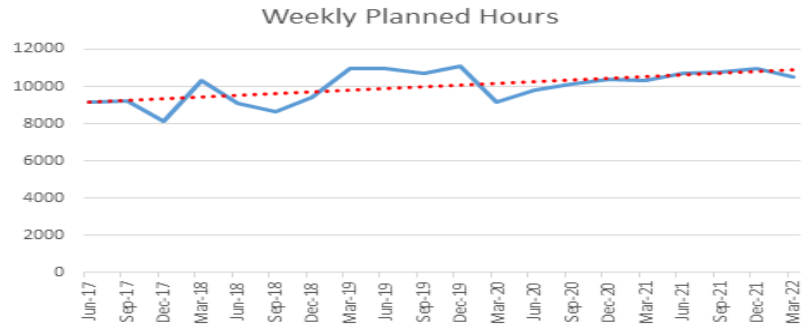
Demographic data projects there will be a 22% increase in the number of people expected to use Care at Home services by 2032. Without re-designing the service with this in mind, Care at Home services simply would not cope with such a significant increase in demand.

2.1 Table 2: Number of service users since May 2020



In line with changing demographics, the care at home service is increasingly supporting individuals with complex needs who require multiple supports each day. For example, those with a diagnosis of dementia, life limiting illnesses, physical disabilities, learning disabilities, and brain injuries. We aim to adapt to each service users individual needs and provide continuity as their conditions progresses.

2.2 Table 3: Weekly planned hours[6]



[4] Chief Officers Report 24/05/2023
[5] Chief Officers report 22/05/2023
[6] sna-aop-june-2022.pdf (wdhscp.org.uk)

The recent adult strategic needs assessment demonstrates the need to review and implement changes within the service to ensure it can meet the demand of projected complex care necessary in the future.

2.3 Table 4: Projected weekly hours

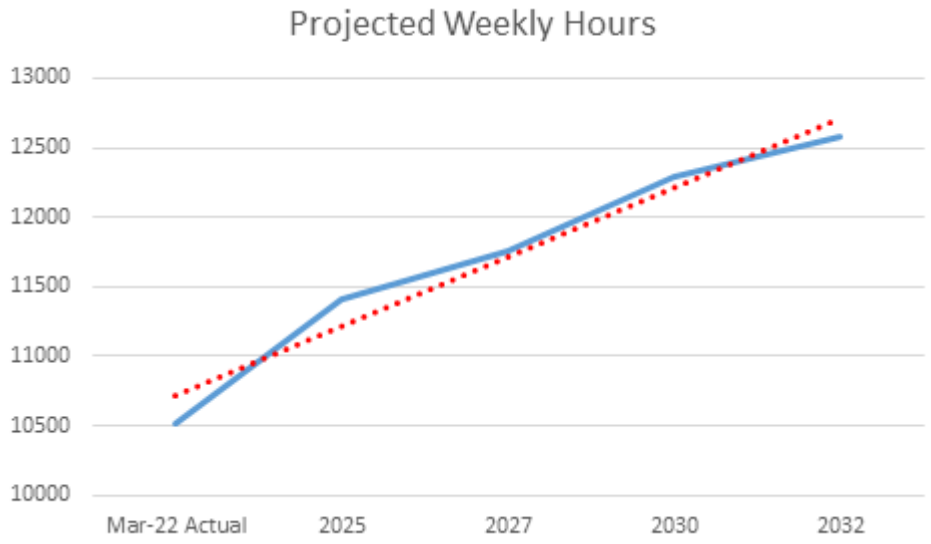


Table 4 shows the projection of care hours for the Care at Home Service. It is vital that FTE availability within the service to cover the amount of care hours required is at a sustainable level.

The current position as evidenced in Section 3.5 of this report, highlights that the FTE of care hours available are in excess of the hours delivered as the distribution of workforce hours and working patterns do not align to the needs of the service users at peak periods.

The project team arranged several meetings with other local authorities to gather statistics on their Care at Home service. Whilst these meetings were useful to find out how other HSCP's deliver their services and hear of any challenges experienced, it should be noted that there is no standardised workforce modelling framework from which to support the delivery of care at home services. Therefore this information has been used to inform discussions but was unable to support the formulation of a standardised methodology for service improvement.

2.4 Themes arising from employees engagement

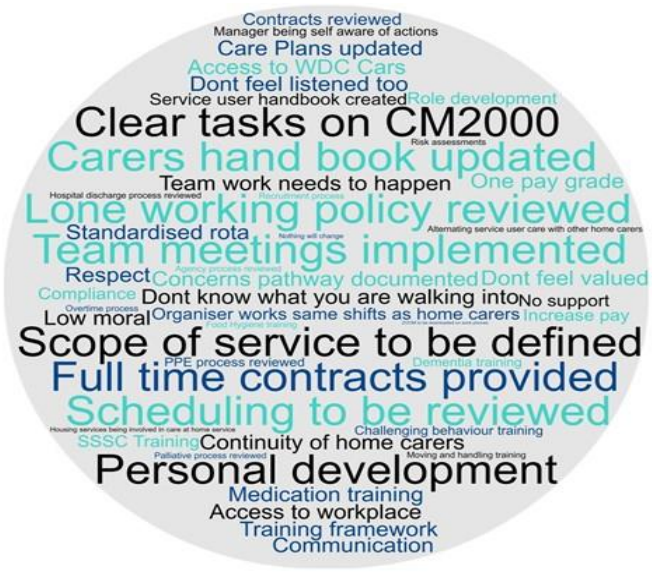
Employee engagement was central to the re-design process and was sought from an early stage in order to ensure an open and transparent process.

Several methods were utilised and Organisers, Coordinators, Service Managers and were encouraged to inform their employees of updates via team meetings. Section 1.3 details the engagement methods used with employees.

The following charts provide an overview of what employees said they would like to see changed within the service.

2.5 Chart 1: Pictorial of Home Carers key themes[7]

Chart 1 shows the output of several face to face sessions, online MS Teams sessions, feedback from text messages and emails to the dedicated mailbox.



All of the feedback provided by Home Carers was added to the project scope and was reviewed. All aspects included in this chart are being worked on, apart from increased pay. Notwithstanding, the Home Carers job role has been updated and will go through job evaluation. This topic is discussed further in the report.

2.6 Organisers Survey[8] and Group Activities

All Organisers were asked if they would like to join a working group. The working groups were:

- Scheduling
- Overtime
- Agency
- Processes/care plans/referrals

[7] This data was collected from January 2022 and May 2022
[8] Details of the questions asked can be found on the intranet.

Each of these working groups worked on problem statements and identified why these areas require to be reviewed and provide ideas on how these could be resolved.

A survey was also sent out to all Organisers and 15 out of 18 responded.[9] The following recommendations were made from this survey and the working groups.

1. Develop a work pattern for Home carers that will meet the needs of the service and those using the service;

2. That all employees contracts and working hours be reviewed to enable the development and implementation of such rotas, in partnership with HR and Trades Union colleagues;

3. That a new and innovative approach be developed in order to attract recruits to Care at Home Teams whilst developing methods to create better links with education establishments and communities;

4. That current internal processes be reviewed and improved to ensure effective and efficient ways of working, for example using CM2000 to its full potential, allocation of overtime, agency use, referral process, improved communication across the team;

5. In order to ensure consistency across the team, the development of a Standardised Operational Procedure for all internal processes; and

6. Use CM2000 to its full potential including the introduction of new modules that will support the Organisers with scheduling, enabling them to carry out the other duties that their role requires.

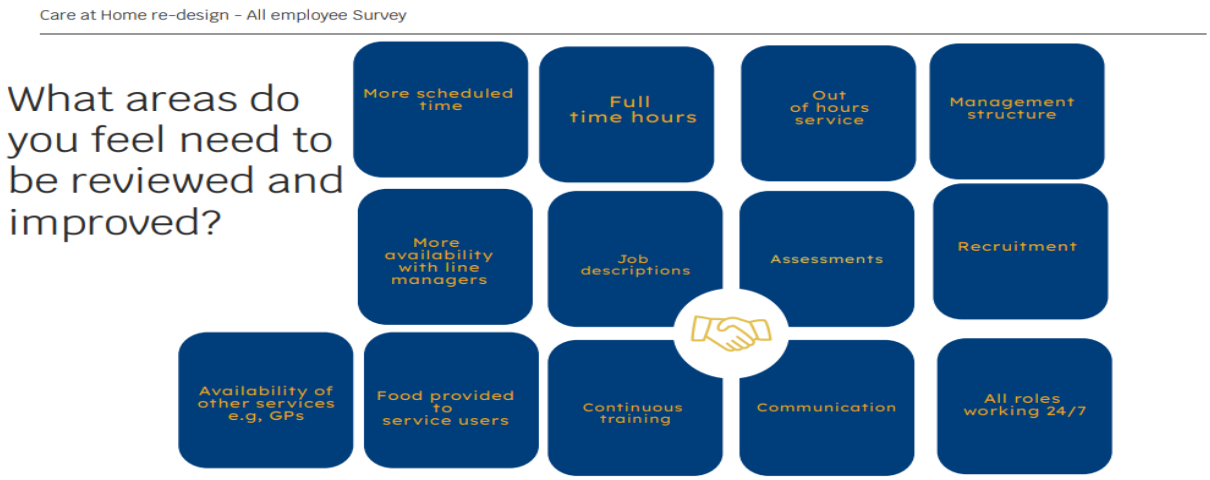
The aims and intentions of starting a re-design of Care at Home are very similar to the feedback provided by the working groups.

[9] This data was collected from January 2022 to May 2022

2.7 All employee employees survey[10]

A survey was sent to all employees within the Care at Home service. Charts 2, 3 and 4 below illustrates the output of the survey and the responses employees provided.

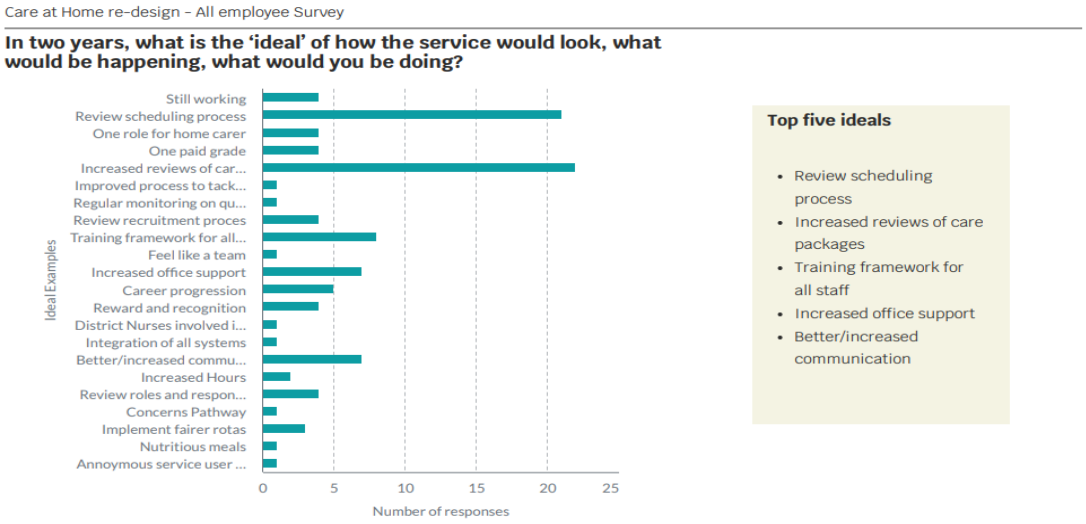
2.7.1 Chart 2: What areas do you feel need to be reviewed and improved?



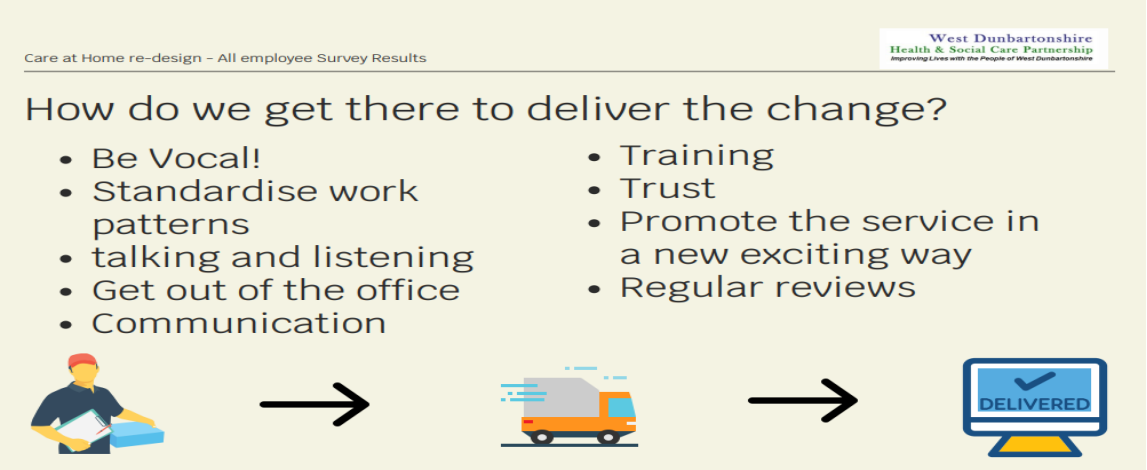
The areas documented in this chart were all considered and added to the project scope. One area was de-scoped, which was all roles working 24/7. It was decided that the service is not required to be open 24/7 based on the care hours required for service users. In addition, after reviewing all of the job profiles, there are some roles which do not require to work a weekend or out of hours. There will be management cover at weekends and out of hours.

[10] This data was collected in May 2022. Details of questions asked can be found on the HSCP intranet page.

2.7.2 Chart 3: In two years, what is the 'ideal' of how the service would look, what would be happening, what would you be doing?



2.7.3 Chart 4: How do we get there to deliver the change?



2.8 Table 5: Weekday and Weekend Scheduled Visits

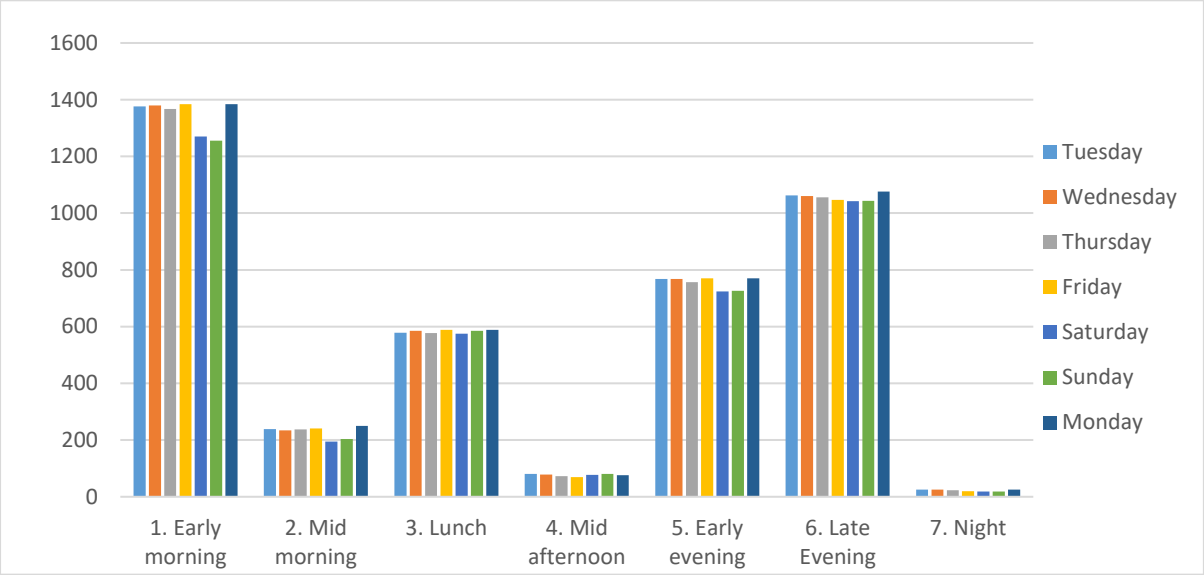
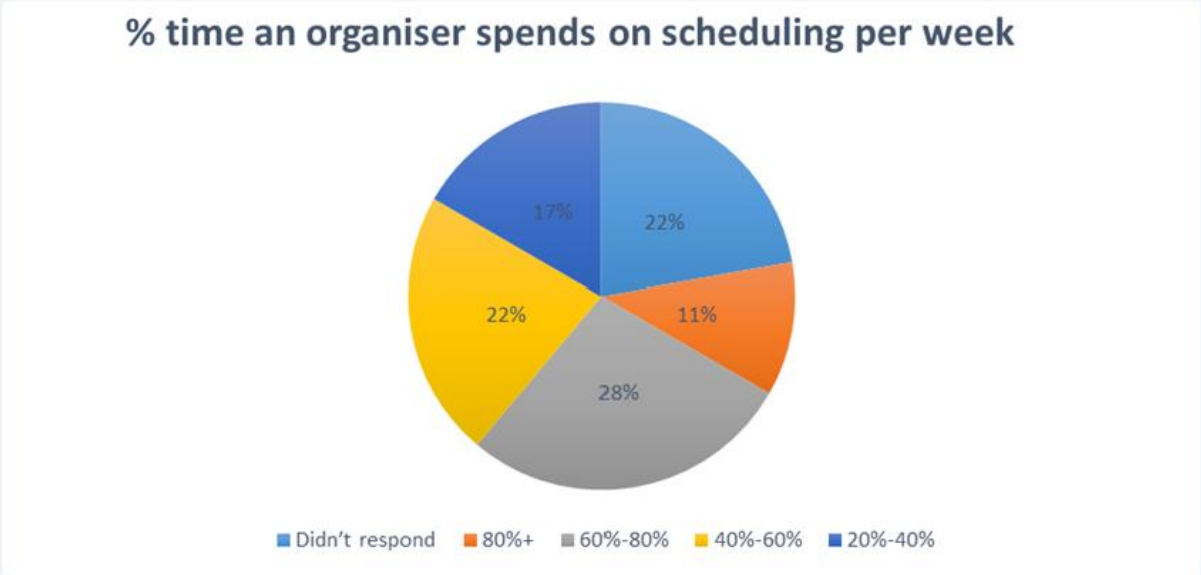


Table 5 captures the current activity across the service, broken down into the number of visits currently scheduled during the week and at the weekend. The activity below shows there are very similar activities across seven days.

Feedback from Home Carers via the employee survey and the online and face to face meetings, indicated that they do not feel fully supported within the current model of delivery. At present, management presence at out of hours, weekends and on public holidays is reduced.

As described above, service delivery does not reduce during the out of hour's period, weekends or public holidays. This demonstrates the need for a future delivery model which provides adequate management support at the times that services are provided.

2.9 Table 6: % time an Organiser spends on scheduling per week



The scheduling of visits on CM2000 has been a significant challenge as this needs to be completed manually in the absence of relevant software. This is exacerbated when employees call in sick and when vacancies occur. Table 6 shows the % time an organiser spends on scheduling per week. This data was gathered as part of an organiser survey where all 18 Organisers were asked this question.

This leads to significant inefficiencies both in terms of the scheduling process and in the way that employee capacity is utilised.

There are complexities that impact on the speed at which visits can be reallocated when rescheduling due to unplanned absences. The main issue is the number of variations in work patterns. Section 2.13 details the issues with the current work patterns and scheduling care visits. Forward planning is also challenging because the work patterns differ, so if there is a change in the tasks required or if there is a change in a care plan this could mean updating a schedule to ensure a visit is covered.

These variances can result in increased use of enhanced overtime to cover specific 'runs'. The time taken to reschedule means the Organiser has less time available to review care packages and meet with their employees in the field. Rescheduling of care visits due to unplanned absences impacts on planned pieces of work such as employees supervision, reviews, audit activities and updating care plans. This is because finding an alternative resource to cover the care visit can be difficult due to the different rotas or the unsociable hours.

2.10 Care Inspectorate, Scheduling and Reviews

All Organisers were asked how much time they spend in a working day on scheduling. Based on the results, 49% of an Organisers workload is spent on scheduling.

There are numerous work patterns which increases the difficulty in identifying an alternative home carer to cover care when there is an unplanned absence or vacant post. In Dumbarton and the Vale of Leven, there are 64 work patterns and within Clydebank there are 73.[11]

One of the sources of data reviewed as part of the discovery phase involved the 2019 Care Inspectorate report. Including this within the discovery phase allowed stakeholders to consider the recommendations as part of the subsequent project phases and to include the recommendations within the scope of the project. A subsequent inspection was undertaken by the Care Inspectorate in 2023. A number of issues identified in 2023 were recurrent from 2019. This means these issues had already been included within the scope of the project. Other findings from the 2023 Inspection lie outwith the scope of the project and a separate action plan has been developed as part of the HSCP's response.

In 2019, the Care Inspectorate Inspection Report[12] for the Care at Home service for WDC stated "The service must ensure that people are provided with care plans that provide full information on their assessed needs and the supports that will be provided".[13] Part of an organiser's role is to ensure care plans are written for all service users to ensure the care provided is adequate, effective and in line with the tasks a home carer provides.

Furthermore, the latest inspection in 2023 listed a requirement that "the provider must ensure that people's care plans are reflective of care and support that is right for them".

It is therefore essential that the service ensures that care plan reviews are a priority and reviewed every six months. This is underpinned by the 2023 Care Inspectorate Inspection requirement "the provider must ensure that care plans are reviewed on a six-monthly basis as a minimum, in line with current legislation". It is mandatory and essential that the service provides assurance to the Care Inspectorate that reviews are being updated on a continuous basis to alleviate concerns.

Supervision and employees appraisals are also part of the Organiser's role. One of the recommendations within the 2019 Care inspection was "the service should implement a system for properly evaluating and recording the quality of employees

[11] Data provided to service improvement leads by service for the problem statement review – approved on the 06/07/2022
[12] Find care (careinspectorate.com)
[13] Find care (careinspectorate.com)

practice at all employees' levels. The findings should link with the service's employee's supervision and appraisal procedures as well as the employees training needs analysis". The Care Inspectorate has now changed this recommendation to a requirement after the 2023 inspection. It is clear that training and supervision needs to be a top priority alongside care plans. The need to schedule time for employees to attend training along with delivering the care needs of an increasingly complex service user group is a key area of consideration when planning the future model.

2.11 Comparison of resources with other local authorities

When comparing resources and employee modelling with each Local Authority, one common thread is having a scheduling or admin team, or in some cases, both. This role provides the assurance of live monitoring across the area and also allows Organisers time to supervise employees in the community and carry out regular reviews.

Whilst this information can be used as a reference, as noted previously, there is no standardised workforce tool from which to model Care at Home services. E.g. number of cares based on number of service users with variations in this across the country.

A further reference requiring consideration across Integration Authorities will be, The Health and Care (Staffing) (Scotland) Act 2019. Work is commencing to support implementation of the Act which the HSCP Board are required to report on their compliance with principles and duties. The main aim being to enable high quality care and improve outcomes for people using services in both health and care by helping to ensure appropriate staffing.

2.12 Table 7: Work Patterns across the Care at Home service

Rota (Home Carers)	Number of Rotas	Sum of Hours/Week	FTE
2 week rota covering 07.00-22.30 (3 shifts per day)	1	34	1
3 morning shifts per week	1	18	0.5
3 week rota	26	840	24
4/3 evening rota	5	98	3
4/3 evening rota + every 2nd S&S 8-2	1	27	1
4/3 evening rota + every 2nd S&S 8-2	1	27	1
4/3 morning rota	12	274	8
4/3 morning rota + Mon 5-10	1	26	1
4/3 morning rota + Thurs 5-10	1	27	1
4/3 Rota	49	1101	32
4/3 Split shift	11	385	11
4/3 Split shift + every 2nd sun AM	1	37	1
5/2 Rota	174	4193	120
5/3 rota	1	27	1
5/4 rota	1	30	1

5/7 rota	1	30	1
Bank	33	33	1
Casual	34	50	2
Evening	4	50	2
Fri, Sat, Sun	1	18	1
Morning	1	24	1
Night Time	8	182	5
TBC	109	2370	68
Vacant post	24	0	0
Weekday	126	3204	92
weekday and weekends	2	70	2
Weekend	32	300	9
Grand Total	**661**	**13480**	**385**

The significant variety of job patterns across the service is unsustainable. Moving to a standardised work pattern for employees, ensuring there is management support out of hours, weekends and public holidays would demonstrate efficiencies and create effective ways of working. This links with feedback from employees and is consistent with the models shared by other local authorities.

Based on feedback from Organisers, Home Carers, and reviewing the timings of when service users require care, a '5 and 2' rota would be a suitable proposal for the service. The table below summarises the range of current rotas.

Currently there are 120 FTE on a '5 and 2' rota. A '5 and 2' rota means an employee works five days one week, and two days the following week, totalling the amount of hours each individual is required to work. For example, rather than it being 35 hours a week, it will be 35 hours across the seven working days. A worked example of a '5 and 2' rota can be found in section 3 of this report.

2.13 Table 8: Care at Home Projections[14]

	2022	2025	2027	2030	2032
18-54 years	55	52	52	52	52
55-64 years	120	121	117	105	97
65+ years	1250	1383	1439	1532	1583
Total	**1425**	**1556**	**1608**	**1690**	**1732**

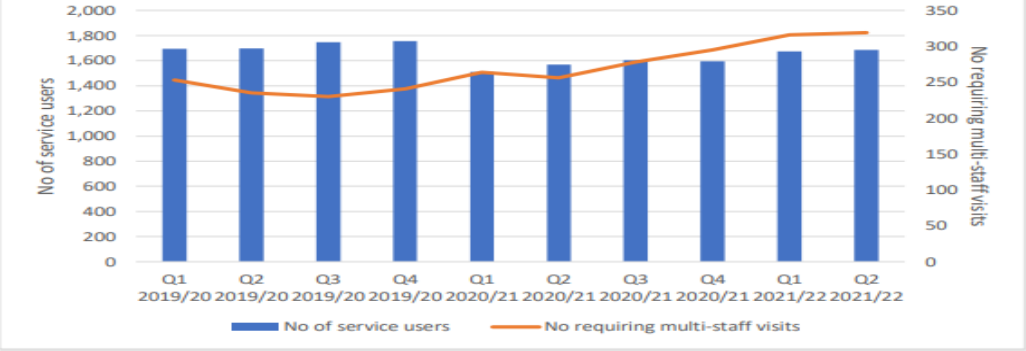
As table 3 and 4 showed, the increasing complexity of Care at Home required for service users is projected to continue, with equal demand forecast 7 days a week.

Table 8[15] provides the Care at Home projections for the service. By 2032 there will be a 22% increase in service users[16]. Although the Reablement Team (starting autumn 2023) will impact on this trajectory these figures are used for modelling purposes. This data is based on current usage and projected increases in the 65+

[14] The Total number of service users differs from the services users quoted in page 9 because table 9 is from 2022.
[15] Information team within the HSCP Strategy and Transformation directorate
[16] based on current usage and projected increases in the 65+ population published by National Records of Scotland

population published by National Records of Scotland. One of the key principles of Reablement is to prevent readmission to hospital, moving into a Care Home unnecessarily and the reduction and/or removal of the need for a social care package.

2.14 Table 9: Care at Home Service Users in Quarter

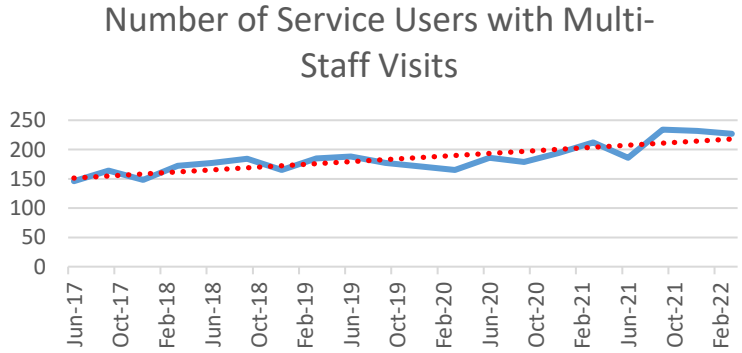


Source: CM2000 (2021)

From the figure above increasing numbers of people requiring more than one carer (multi staff visits) illustrates the increasing frailty and complex needs of people requiring Care at Home services. This trend is likely to continue as the proportion of West Dunbartonshire's older population increases.

The recent Adult Strategic Needs Assessment illustrates the projection of citizens who will require some level of care at home service due to the increasing numbers of frailty and complex needs.

2.16 Table 10: Number of Service Users with Multi Employees Visits



A multi handed visit is where a visit to a service user requires more than one Home Carer. Care hour's means the number of hours which are included in a service users care plan and states how much time has been allocated per visit. Care hours can be covered by HSCP Care at Home service (internal) or through planned agency and external providers (external).

The current complexity of the service can be evidenced by the number of multi visits the service provides on a weekly basis[17].

Table 10 shows the increasing demand for multi visits shows the increasing type of care employees are now required to provide; usually related to safe moving and handling which may indicate enhanced care needs.

2.17 Table 11: Multi Handed visit

Slot	Number of Care hours requiring more than one Home Carer	Number of visits
1. Early morning	1420	570
2. Mid-morning	146	55
3. Lunch	640	321
4. Mid afternoon	110	71
5. Early evening	641	361
6. Late Evening	846	604
7. Night	46	35
Grand Total	3849	2016

Out of 10,864 total hours of care per week, 3,849 hours require more than one Home Carer. This is internal and external care hours.

Table 3 shows that in December 2017 the total number of care hours was 8,000. This was internal and external care hours. Approximately 1,000 of those hours required more than one carer.

2.18 Table 12: Enhanced and Non-enhanced Tasks

Slots	01/01/2023	02/01/2023	03/01/2023	04/01/2023	05/01/2023	06/01/2023	07/01/2023	Grand Total
1. Early morning	179	183	187	185	183	189	182	1286
2. Mid-morning	65	65	65	60	64	62	60	441
3. Lunch	81	83	82	76	81	79	83	564
4. Mid afternoon	27	26	25	25	24	24	27	177
5. Early evening	82	80	79	81	82	81	79	563
6. Late Evening	101	101	103	99	101	101	101	707
7. Night	16	16	16	18	16	16	17	113
Grand Total	**549**	**552**	**556**	**544**	**551**	**553**	**547**	**3823**

[17] Data can be found in Table 9

Table 12 shows the enhanced care required based on the 84 tasks a home carer provides.[18] The descriptors of 'enhanced' and 'non-enhanced' and the tasks within each descriptor have been in place for a number of years. These tasks are being reviewed as part of the new Care at Home support and care plan for service users.

Out of 9,624 planned hours[19], 3,823 are for enhanced care tasks. This complements Table 11 which highlights that multi handed visits predominately require enhanced care tasks to be performed. An example of an enhanced task is catheter care.

The current delivery model has remained relatively static for several years. Currently there are 52FTE Grade 4 employees and 323FTE Grade 3 employees. Based on table 12, the hours required for enhanced tasks would suggest that an increase in enhanced care employees is required. This equates to 33% of care hours required to be delivered are enhanced tasks.

2.19 Personal Care and Domestic Tasks

Care at home provides a number of services to service users. These are:

- Personal Care.
  - Personal Care is a free service;[20]
- Domestic service
  - Cleaning a service user's house and helping with bills and finances. This is a chargeable service;[21]
- Shopping support;
  - Providing shopping to the service user. This is a chargeable service;[22]
- Community Alarms service
  - Provides telecare support in a service user's home. This service is out of scope for this consultation.
- Sheltered Housing
  - Provides accommodation to service users to live independently with care employees who provide on-site support. This service is out of scope for this consultation.

The number of service users currently using domestic and shopping support are:

- 52 service users receive a charge for help with domestic and shopping support.

[18] A list of the 84 tasks can be found in Appendix 5
[19] 9624 planned hours comes from CM2000 and is planned hours, not actual hours. There is no report within Cm2000 which shows actual hours split via slot. The 10864 hours are actual delivered hours, and is reported on a weekly basis by the HSCP Information team.
[20] Expansion of free personal care - gov.scot (www.gov.scot)
[21] Paying for Care - West Dunbartonshire HSCP (wdhscp.org.uk)
[22] Paying for Care - West Dunbartonshire HSCP (wdhscp.org.uk)

- Out of the 84 tasks, 5 tasks equate to domestic, and shopping tasks.

It is proposed that the mainstream Care at Home service provides personal care tasks only. Please note, cleaning after personal care tasks have been completed, is still required.

Even though the tasks for domestic and shopping will not be provided by the Care at Home service, service users, if eligible, can utilise their SDS budget via a My Life Assessment or they can be signposted to an external service. The SDS budget can only be used if assistance with shopping and cleaning is an agreed outcome for the service user

2.20 Table 13: Efficiencies and the Establishment

FY23/24 Internal Employee Budget	FY23/24 Savings already deducted from FY23/24 budget	FY22/23 Internal Employee Budget	FY22/23 Actual spend	FY22/23 Overspend	FY23/24 efficiencies required to reverse the overspend trend and achieve savings
£14.652m	£1.452m	£13.674m	£14.681m	£1.007m	£2.459m

The employee budget is to cover employee costs, overtime at single rate, agency spend, holidays, annual leave, training and sick leave. There is a separate budget for external care.

Sustainability is a key driver for change. The service has savings and efficiency targets to be realised that have not been achieved in previous budgets. In 22/23 the service was not able to achieve previously agreed savings of £0.606m and coupled with unfunded pay awards, additional overtime and agency costs this resulted in a net overspend of approximately £1 million. There is an additional £1.452 million efficiencies target for 23/24, of which £0.337m is a one year additional turnover target, plus the overspend from FY22/23, bringing the total efficiency to £2.459m.

The £2.459m efficiencies can be broken down to:

- Accrued overspend in overtime, and agency;
- Savings from payroll budgets as the total number of employee hours greatly exceeds the care hours delivered. Despite overall demographic increases these are not reflected in planned hours;
- FY22/23 overspend on budget; and

- Agreed efficiencies by Care at Home managers to identify savings to contribute to the HSCP budget gap.

The internal workforce budget is £14.9 million and an additional £2.8 million per annum for commissioning externally provided services.

The projected position in the first quarter of 23/24 is an overspend of £0.732m which is linked to the ongoing use of agency and premium overtime. The September financial performance position is reporting a further increase in this projection to £1.008m. This continuous overspend on agency and overtime relates to covering shifts due to absence and vacancies but is predominantly due to the current shift patterns which do not provide the cover required over 7 days.

Section 2 of the reports details the reasons why the Care at Home service has relied upon Agency and overtime. The proposed changes detailed in section 3 state how the Care at Home service can deliver a service within the budget allocated.

The review and the updates required to ensure the establishment is compliant with the budgeted hours, and removal of all 'bucket' posts is now complete. A 'bucket' post is a post within an establishment that combines several posts together, making it difficult to know which employee is costed in the bucket, or how the posts have been split.

2.21 Strategic Operating Model

There are two aspects to the WDC Strategic Operating Model (SOM).

1. Ensuring employees, based on their role, are managing the correct number of employees. Safe guarding employees wellbeing to make sure they are not managing a team which is over or under subscribed for one manager and;
2. Ensuring there are no more than six levels below the Chief Executive of the Council.

The re-design report proposes a change to the operating model to ensure the Care at Home service is SOM compliant by removing two of the Coordinator. The Co-ordinator roles are currently within the Dumbarton and Clydebank Care at Home structure.

The two roles will be replaced with a new role titled "Business and Quality Lead" and will no longer line manage the Organisers. The new roles will be managed by a Service Manager. Further information on this role can be found in section 3.

There will be no changes made to the other three Co-ordinator posts within the Sheltered Housing, Community Alarms and Out of hour's services. The Community

Alarm and Sheltered Housing services are out of scope for this project and the Out of Hours Co-ordinator post is SOM compliant.

2.22 Develop

The develop phase of the project involves developing and designing solutions to the problems identified through the discovery and define phases. Section 3 of this report provides a full list of the proposed changes alongside the legacy position.

2.23 Conclusion

Since January 2022 the Re-design project team have used a wide range of methods to engage comprehensively with Home Carers and their service users, as well as collating extensive data to understand better how the service functions.

Going forward the service needs to operate within the budget available, aligning the hours worked to the service users' needs and therefore reducing spend on overtime and agency costs , underpinned by improved attendance and CM2000 compliance.

Assessment and review of service users' needs must be embedded within the service, applying both Eligibility Criteria and the principles of Self Directed Support (SDS).

Fundamentally Home Carers need to be available at times when their service users need them, and in turn be supported by effective scheduling and the Care at Home management team.

3 Organisational Proposal

It has become clear that change is needed, and as detailed in section 1 and 2 of this report, this proposal would not have been concluded if it was not for the employees of the Care at Home service. It is acknowledged, as with any organisational change, employees will find this a challenging time and the service will continue to support employees through this and will work with Trades Union colleagues.

3.1 Table 14: Proposed Changes

Number	User affected by change	Current position	Proposed Change	Comment
1.	Service User	Currently the service operates from 7am to 5am.	The service will be moving to a 7 day service from 7.30am to 10pm.	Service users who currently receive night time support will be reviewed via a My Life Assessment (MLA). The MLA is a social work tool which helps service users gain access to services to meet their outcomes to support them in their life. The MLA provides choice and control to the service user, and they can decide how their outcomes can be met by considering their options via Self Directed Support (SDS). If eligible the service user, will be provided an alternative support mechanism for support at night. The service will not be removed from existing service users until an alternative is found.
2.	Service User	Personal care and domestic, shopping tasks are provided to service users via the Care at Home service.	The service will only provide personal care tasks to service users.	Service users who currently receive support for domestic and shopping tasks, will be reviewed via a MLA. If eligible the service user, will be provided an alternative support mechanism for domestic and shopping tasks. The service will not be removed from existing service users until an alternative is found. Domestic and shopping tasks is a chargeable service within HSCP. If via the MLA, the service user is eligible for domestic tasks, there will still be a charge for the service user to pay. In some cases, it may be best to signpost the service user to local community services.
3.	Service User	There isn't a clear definition the service uses currently.	The definition of personal care tasks will be provided by	The Home Carers job profile will be updated to ensure all personal care tasks are included.

			COSLA guidance.23	
4.	Home Carers	There are over 70 work patterns within the service, making covering the care hours for service users difficult.	All Home Carers will move to a standardised rota.	This rota will be '5 over 2' There will be two different shift patterns available over the 3 standard working patterns (17, 21, 35) across a rota of 5 and 2.
5.	Home Carers	Due to the various work patterns, vacancies, increasing use of external care, high use of agency and overtime, the correct number of Home Carers to cover the number of care hours at the right time is not currently in place.	The correct amount of Home Carers to cover the planned hours of care to deliver the service will be put in place.	N/A
6.	Home Carers	The job profile has not been updated since 2018.	The job profile will be submitted via job evaluation.	Two job profiles for Home Carers have been created and will be submitted to job evaluation. The job profiles reflect what is required from a Home Carer to support the current and future needs of the service user. All home carers will be provided with refresher training on the tasks.
7.	Organisers	Currently the Organisers carry out all scheduling.	There will be the introduction initially of seven new schedulers;	Organisers will still oversee scheduling, as the manager of the area, but there will be additional resource who is responsible for this task. The aim is that an organiser would no longer be responsible for scheduling but will have oversight.

[23] COSLA-Social-Care-Charging-Guidance-2022-2023.pdf, Care Support and Rights.dot (scot.nhs.uk) (Page 25, THE COMMUNITY CARE AND HEALTH (SCOTLAND) ACT 2002) and Public Services Reform (Scotland) Act 2010 (legislation.gov.uk)

8.	Organisers	There is currently 21.4FTE Organisers	Reduction of Organisers from 21.4FTE to 16FTE through natural depletion.	The people implication section details how the planned natural depletion will happen.
9.	Organisers	The Organisers don't work out of hours or the weekends. It is in the contract currently that they 'may' but this has never been enforced.	All Organisers will work one weekend every four weeks.	To ensure management cover is in place, Organisers will be required to work 1 weekend every four weeks.
10.	Organisers	There is an out of hour's management rota however, this has never included the Organisers.	An on call rota will be put in place to ensure there is management cover in out of hours across the seven days.	This rota is required to include Organisers as managers of the Home Carers, it is required they cover out of hours. The rota will be defined by a Team Lead.
11.	Organisers	Organiser's contract states they start at 8:45am.	Start time will be 8am, instead of 8:45am.	
12.	Organisers	There are currently 26 areas across Clydebank and Dumbarton.	Areas of work will be aligned to Council wards to allow a wider employee's pool with appropriate skills mix.	By merging the 26 areas to 6 areas, risk in terms of cover for absences (planned and unplanned) will be reduced, increased management support across areas and reducing silo working.
13.	Organisers	N/A	The job profile will be submitted via job evaluation.	N/A

14.	Service Managers/Team Leads	The service manager's work on a locality based nature.	The focus of the service manager (to be renamed Team Leads) will be changed from being locality focussed (Dumbarton and the Vale of Leven/Clyde bank) to 'front line operations' and business operations'.	The name change, is to align with similar roles across HSCP.
15.	Service Managers/Team Leads	The service managers are not included in an on call rota.	An on call rota will be put in place to ensure there is management cover in out of hours across the seven days.	N/A
16.	Service Managers/Team Leads	Service Managers contract states they start at 8:45am.	Start time will be 8am, instead of 8:45am.	N/A
17.	Service Managers/Team Leads	Currently one service manager manages community alarms and sheltered housing.	Community Alarms and Sheltered Housing services will be split between two Team Leads.	To meet the councils Strategic Operating Model, the services are required to be split between the three service managers.
18.	Service Managers/Team Leads	There are currently two permanent service managers and one interim.	An additional Team Lead will be added to the delivery model to support front line operations,	N/A

			bringing the total 3 Team Leads.	
19.	Service Managers/Team Leads	N/A	The job profile will be submitted via Job evaluation.	N/A
20.	Coordinators/Business and Quality Leads	There are currently two coordinators for Clydebank and Dumbarton. The services organisational chart is not SOM compliant.	To meet the Councils Strategic Operating Model and the services business needs, two coordinators within the Care at Home delivery model will be removed from the current structure. These two roles will be replaced by the Business and Quality Lead role.	The Business and Quality Leads will provide a similar role to the coordinator but will not have any employee management responsibilities.
21.	Coordinators/Business and Quality Leads	The role is currently called our of hours co-ordinator.	The Out of hours Co-ordinator will be renamed Out of Hours and Scheduling co-ordinator and directly manage the scheduling team	N/A
22.	Coordinators/Business and Quality Leads	Start time currently is 8:45am.	Start time will be 8am, instead of 8:45am.	N/A
23.	Coordinators/Business and Quality Leads	The role is currently not on a	The Out of Hours and Scheduling	The rota will be defined by the Team Lead.

		standardised rota.	co-ordinator will move to a standardised rota to cover out of hours.	
24.	Coordinators/Business and Quality Leads	N/A	The job profiles will be submitted via Job evaluation	N/A
25.	Assistant Organisers/ Schedulers	There are currently three Assistant Organisers in post.	The three Assistant Organisers will be removed from the delivery model.	The job profiles have never went through job evaluation.
26.	Assistant Organisers/ Schedulers	N/A	Schedulers will be on a rota seven days a week 7am – 10pm.	N/A
27.	Assistant Organisers/ Schedulers	N/A	The three Assistant Organisers posts will move to the Scheduling team.	After comparing the Assistant Organisers unapproved job profile and the scheduler's role, the scheduler's role was robust and fits the needs of the service.
28.	Assistant Organisers/ Schedulers	N/A	The job profile will be submitted via Job evaluation.	N/A
29.	Admin Officer/ Clerical Team	Start time currently is 8:45am.	Start time will be 8am, instead of 8:45am.	N/A
30.	Admin Officer/ Clerical Team	N/A	The job profiles will be submitted via Job evaluation.	N/A
31.	In House Trainer	The in house trainer is a role within the service.	An in house trainer will be permanently	N/A

			recruited to the service.	
32.	In House Trainer	The job profile has never been in place and an organiser job profile was used to recruit the previous post holder.	The job profile will be submitted via Job evaluation.	A job profile has been created and will be submitted via job evaluation.
33.	IOM	Start time currently is 8:45am.	Start time will be 8am, instead of 8:45am.	N/A
34.	IOM	N/A	The job profile will be submitted via Job evaluation.	N/A

3.2 New Ways of Working

The majority of the new model of working shift systems will be rotating shifts i.e. those that change. These can either be forward rotating (where the shift progresses from morning to afternoon/evening shift) or backward rotating (where the shift rotates from evenings to afternoons to mornings) over seven days a week.

Currently start and finish times of some rotas vary significantly across the service. The future modelling to support a sustainable service and address the range of existing rotas and start times will be addressed through the review.

The WD Council is committed to providing the opportunity for employees to achieve a positive work life balance through effective and productive ways of working that meet both business and employee needs.

The operational needs of the service must be taken into account, inclusive of travelling times across Council ward geographies.

An, Equality Impact Assessment, 763, is in place and can be found here.

3.3 Organisational Change: Resourcing the future state

It is anticipated that the early identification of changes will ensure that individual contributions and concerns are articulated at an early stage of this organisational change. It is important to ensure that communication in relation to changes to service affords sufficient time to consult with employees, Trades Union colleagues and address any concerns which they may have in a structured and systematic way.

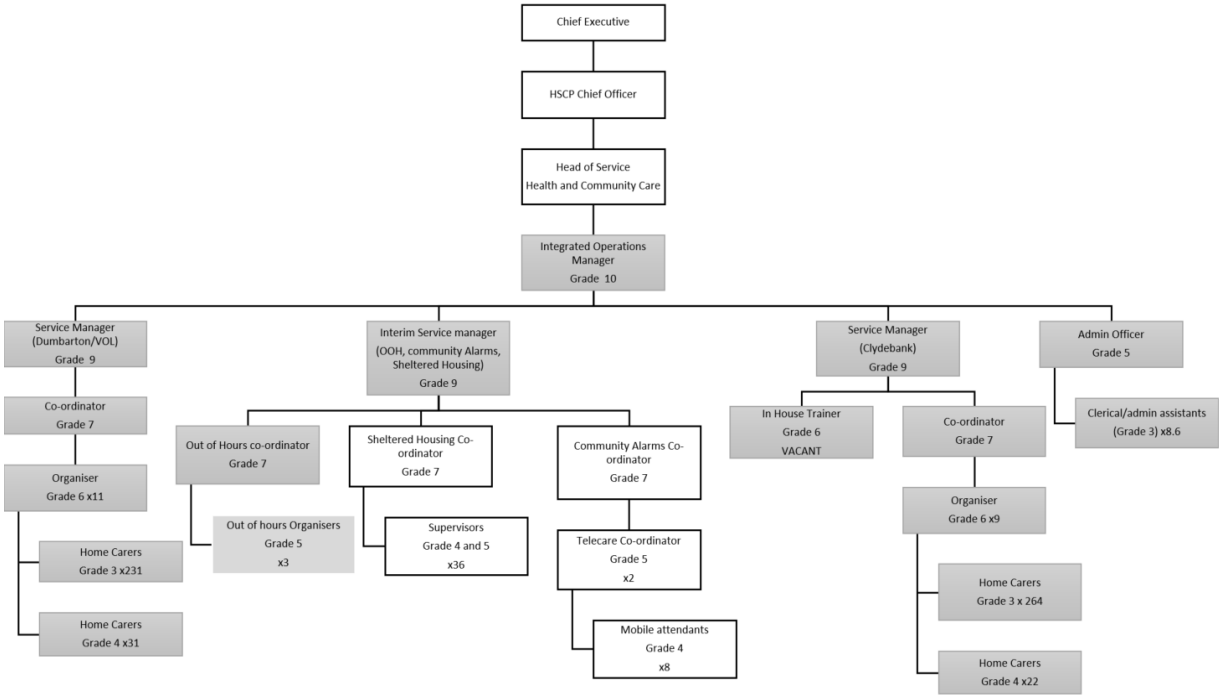
Should there be any employees who do not move to the new work pattern, these employees will be added to the Switch register and can be considered for posts which are available in the new structure. Where it is necessary to interview for posts this will be restricted to employees directly affected by the change. An employee will only be on the Switch register for the notice period within their current contract. In the instance that employees are displaced and are matched to or offered a lower Graded post following the process, these employees will be offered preservation for up to 2 years as described in the Council's Switch Policy.

After consultation, an implementation plan to support this proposal will be developed in accordance with principles outlined in the Switch policy, embedding regular communication and engagement with employees and Trades Union colleagues.

3.4 Current Care at Home Provision

West Dunbartonshire Council (WDC) operates a registered Care at Home service in its two localities. The below organisational chart shows the current delivery model[24]. The job roles in grey are in scope for this re-design project. There are currently seven levels below the Chief Executive, which means the current structure is not SOM compliant.

[24] Valid as of the 24th May 2023



Care is provided between 7am to 5am. A limited out of hour's response is provided in the evenings, weekends and on public holidays. Office employees start work at 8:45am and finish at 4:45pm, 4:30pm on a Friday.

The service is made up of one Integrated Operations Manager and three service managers. Two service managers are responsible for one locality each and have equal responsibility to provide a service to their service users. The third service manager (not currently a permanent position) is responsible for sheltered housing, community alarms and the out of hour's team.

Each locality also has one co-ordinator who supervises the Organisers. The co-ordinators are accountable for recruitment, HR, complaints, reviews and scheduling.

The role of the organiser comprises of responsibility for the following tasks. This is not an exhaustive list, but provides a high level picture of the tasks performed:

- Scheduling Care;
- Supervising employees;
- Care at Home reviews every six months required by the Care Inspectorate;
- Medication assessments;
- Absence management;
- Duty.

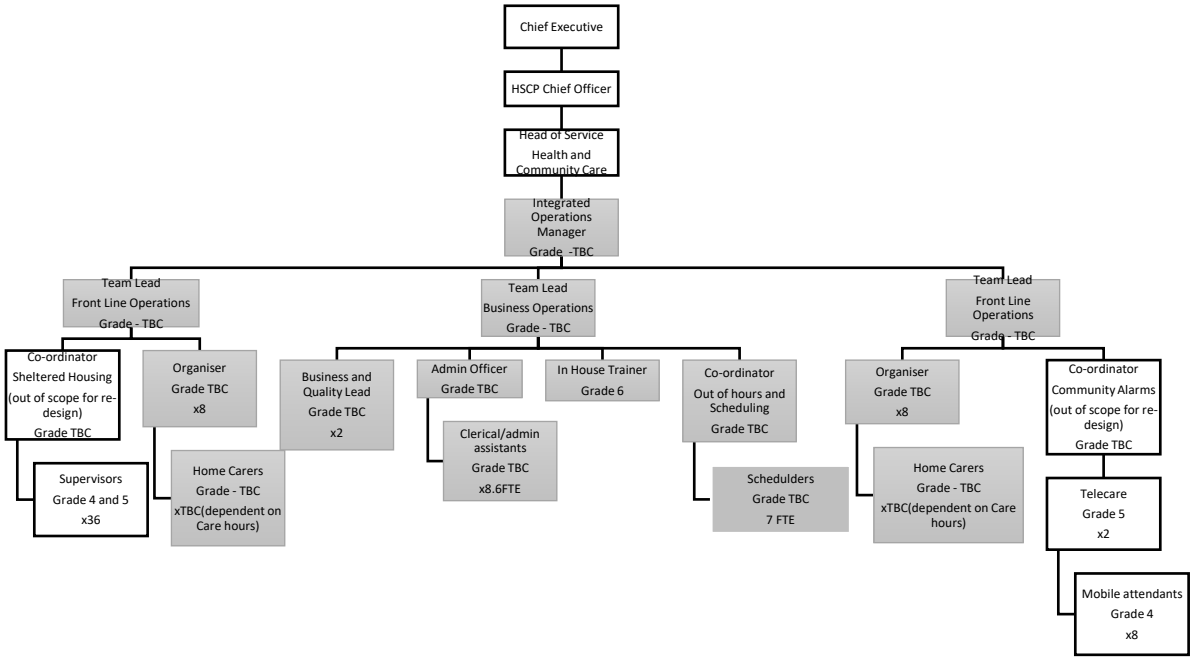
The Care at Home service also has an administration team made up of 9.6 FTE. The tasks the administration team currently have are:

- Minutes of meetings;
- Processing overtime;
- Front line calls;
- Charging service users for non-personal care tasks;
- Providing support at induction training;
- Supplier and agency invoicing; and
- Answering front line calls (on average 2,500 calls per week).

The service currently has 323 FTE at Grade 3 and 52 FTE at Grade 4 home carers across the authority. Table 7 shows the number of work patterns across the authority, which, as noted, is an unmanageable range of rota patterns.

3.5 Future care at Home Provision

The proposed new model of delivery can be seen in the organisational chart below. The job roles in grey are in scope for this re-design. The new structure will be SOM compliant for Care at Home. Community Alarms and Sheltered Housing is out of scope for the project, and currently remains non SOM complaint.



All in scope job profiles will be going through job evaluation.

3.5.1 Integrated Operations Manager

The job profile for the Integrated Operations Manager (IOM) (currently at Grade 10) will be updated to reflect current tasks within the role. The role profile will be considered for job evaluation in line with policy.

The number of hours will remain at 35 hours a week, however the start time for this role will begin at 8am, instead of 8:45am. The working pattern therefore will be Monday to Friday, 8am–4pm.

There will be a requirement for this role to be on an on call rota for escalating issues.

This role is budgeted for within the Care at Home establishment.

The IOM will manage directly the three employees which is SOM compliant.

3.5.2 Team Leads (Service Manager)

The role profile for the Service Manager (currently at Grade 9) will be updated to reflect current tasks within the role. The role profile will be considered for job evaluation in line with policy.

The number of hours will remain at 35 hours a week, however the start time for this role will begin at 8am, instead of 8:45am. The working pattern therefore will be Monday to Friday, 8am– 4pm.

There will be a requirement for this role to be on an on call rota for escalating issues.

The Service Manager Title will be renamed Team Lead, so there is consistency across services within HSCP.

The one ‘interim’ Team Lead post will be made a permanent post within the establishment.

The structure of the tasks carried out operationally by Team Leads will change. This will be a test of change, so changes to the proposed operational structure could change once implemented and tested.

One Team Lead will be in charge of business operations of the service.

Two Team Leads will be responsible for front line operations and will directly manage the Organisers and each role will also take on responsibility for the Sheltered Housing service, Community Alarms service or the Community Alarms service. Which locality Team Leads will manage either of these services will be decided by the IOM and the Team Leads. The front line team Leads will manage nine employees each which is SOM compliant.

The business operations Team Lead will manage the Administrative Officer, Out of Hours and Scheduling Co-ordinator, In House Trainer and the Business and Quality Leads. In total the business operations Team Lead will manage five employees, which is SOM compliant.

All Team Leads will be responsible for clinical and social care governance and strategic projects allocated to them by the IOM.

The proposed three roles are budgeted within the Care at Home establishment.

3.5.2.1 Table 15: High level overview of the responsibilities

Front Line Operations (two x FTE)	Business Operations (1 x FTE)
Ensure all care plans, risks assessments, medication assessments are updated for all service users	Accountable for the day to day scheduling
Ensure the correct details of all employees under this area are recorded within CM2000 and HR systems	Ensure employees absences are recorded on HR systems and direct line manager is aware. Ensure the correct details of all employees under this area are recorded within CM2000 and HR systems
Maintaining systems with the correct service user details if any changes due to reviews.	Maintaining the accuracy of CM2000 and Care First in regards to scheduling and adding new service users
Accountable for service user Case conferences	
Accountable of the quality of care plans and risk assessments	Providing managers with reports
Ensure all required training is undertaken. Ensure employees who are required to attend induction training, attend the training.	Ensuring there is a training framework in place for all employees
Contributing to processes documentation for processes within Care at Home.	Ensure all Processes documentation is up to date, there is a SOP for all processes across all services within Care at Home and the processes are being followed.
Responsible for responding to complaints	Accountable for the Complaints process
Responsible for leading on actions from the Care Inspectorate actions.	Accountable for tracking Inspections output
Ensure all processes for pay are followed correctly	Implementing the Pay process
Accountable for attending any employees reviews, grievances, disciplinary, if direct line responsibility is in place for an employee.	Accountable for minuting, and organising any HR meetings required
Notifying business operations there is a recruitment ask	Accountable for reviewing and implementing the Recruitment process. Responsible for recruiting employees for Care at Home.

Accountable that all employees under their area are provided employees supervision	Accountable that all employees under their area are provided employees supervision
Accountable to ensure the service Community Alarms is operational, meeting its targets, and recruitment.	Answering and recording front line calls
Accountable for the budgetary targets for their area	Accountable for the budgetary targets for their area
Ensuring Home Carers are compliant on CM2000	CM2000 Compliance reporting
Accountable to ensure the Sheltered Housing service is operational and meeting its targets and recruitment.	Accountable to ensure the service Out of Hours is operational, meeting its targets and recruitment.
Service improvements for their area	Service improvements for their area
Responding to Service user feedback	Accountable for ensuring there is a Service User feedback process in place
	Deputise if a front line operations Team Lead is on annual leave

This is not an exhaustive list of tasks, but provides an over view of the tasks each Team Lead will be responsible for.

3.5.3 Coordinators

Currently there are five coordinators across the various services within the Care at Home service. They are allocated across:

- Sheltered housing
- Out of hours
- Dumbarton/Vale of Leven
- Clydebank
- Community alarms

The Care at Home service requires to be SOM compliant and not have any 1 to 1 employee management. As explained in section 2, the Co-ordinator role for Clydebank and Dumbarton/Vale of Leven will be removed from the delivery model. This will mean instead of seven levels from the Chief Executive, it will be six levels and there will be no more 1:1 direct line management.

Two new roles will replace the two Co-ordinator roles.

The services, Community Alarms and Sheltered Housing, are out of scope for this re-design however the Team Lead managing these services could change, as each front line Team Lead will manage either Community Alarms or Sheltered Housing.

The Out of Hour's coordinator will remain in the delivery model but will manage the Scheduling team. It is proposed this role will manage seven employees, which will be SOM compliant.

The Out of Hours Co-ordinator will be renamed Out of Hours and Scheduling Co-ordinator. The post holder will be required to move to a rota. This is being proposed as one weekend every three weekends 2pm – 10pm and alternative each week between early and back shifts.

The role profile for the Co-ordinator (currently at Grade 7) will be updated to reflect current tasks within the role. The job profile has been updated with the input of Co-ordinators, Team Leads, and the IOM. The role profile will be considered for job evaluation in line with policy.

The number of hours will remain at 35 hours a week, however the start time for this role will begin at 8am, instead of 8:45am. The working pattern therefore will be Monday to Friday, 8am– 4pm.

There will be a requirement for the three remaining Co-ordinators to be on an on call rota.

The five posts are budgeted for within the establishment.

3.5.4 Business and Quality Lead

The Business and Quality Lead is a new proposed role which will be introduced into the Care at Home service, with a requirement for 2FTE. The assumption is this role will be at a Grade 7 subject to Job Evaluation.

The job profile for this role will be very similar to the co-ordinator but will not have any direct line management responsibilities. The role will be managed by the Business Operations Team Lead.

The role profile will be considered for job evaluation in line with policy.

The number of hours will be 35 hours a week. The working pattern will be Monday to Friday, 8am– 4pm.

There will be a requirement for this role to be on an on call rota.

There will be no direct line management for these roles.

3.5.5 Organisers

There are currently 21.4FTE Organisers. This FTE includes:

- 16 permanent employees;
- Five fixed term appointments;
- One vacant substantive post;
- Two vacancies due to a retirement and a resignation.

The Care at Home budget includes 18FTE.

The proposed target for the number of Organisers is 16FTE. This FTE includes:

- 16 permanent employees;
- Increase those on 30 hour contracts to 35 contracts (excluding those on reduced hours due to retirement);
- Delete one vacancy;
- Back fill substantive post on a fixed term appointment at 35 hours;
- Recruit a permanent role for 35 hours.

This leaves 21.5 hours remaining. This 21.5 hours will be reduced through natural depletion i.e. retirement, resignations.

The number of care hours and resources required to cover the amount of reviews and employee's supervision will be continuously reviewed.

The Organiser role will no longer be responsible for the day to day up keep of scheduling care visits but will maintain oversight, however they may be required to undertake scheduling duties on an occasional basis.

Currently there are 26 areas across the Care at Home service. Each area has one Organiser and a group of Home Carers. An Organiser may have more than one area. Going forward, instead of areas, the Care at Home service will move to the six Council Wards of West Dunbartonshire. This will mean each Organiser will still have a main area within the Council Ward, but workload will be shared with the other Organisers within that council ward. In addition, Organisers can share workload when it comes to six monthly reviews, initial reviews for referrals and employees management. This will allow a wider pool of employees and skill mix on a roster, which in turn will provide stability and support to service users. This will be a more effective use of resources with a wider workforce mix and resilience to flex depending on service user demand.

The role profile for the Organiser (currently Grade 6) will be updated to reflect current tasks within the role. The role profile will be considered for job evaluation in line with policy.

The current role profile states that Organisers are required to work weekends and evenings to meet the needs of the service. It is proposed, one weekend each month will be required to be worked by each Organiser so they are able to support Home Carers at the weekend to meet with families out with working hours, observe practice and support the out of hours team (if required). The work pattern for this will be 10am – 6pm. When the Organiser is working the weekend, they would receive two days off during the week. The work pattern when the Organiser is working during the week will be 8am – 4pm. The Team Lead will devise the schedule with the Organisers, Schedulers and the Out of Hours and Scheduling Co-ordinator for the service to ensure there is out of hours cover.

Going forward, the Organisers will now report into a Team Lead.

The number of hours will remain at 35 hours a week.

Organisers will also be required to be part of an on call rota, which will allow Schedulers to phone if there is any issues with service users and Home Carers. This on call rota will be in place after 4pm if the Out of Hours and Scheduling Co-ordinator is not working. The on call rota will also include the Business and Quality Leads, the Community Alarms Coordinator and the Sheltered Housing Coordinator.

3.5.6 Out of Hours Organisers/Assistant Organisers

This team is relatively new to the Care at Home structure and there are three funded FTE within the Care at Home establishment.

The job profile is called Assistant Organisers but the role is sometimes called Out of Hours Organiser.

However, the job profile for these roles has never been submitted via job evaluation. After a review of the Out of Hour's Organisers/Assistant Organiser's job profile and the new job post of Scheduler, it is being proposed the existing 3FTE will be added to the Scheduling team and take on the role as a Scheduler.

3.5.7 Administration Team

The administration team is made up of 9.6FTE at Grade 3 and one Grade 5. This will remain. The 9.6FTE is within the establishment and budgeted for.

The start time for this role will begin at 8am, instead of 8:45am. The working pattern therefore will be Monday to Friday, 8am– 4pm.

This team will work across all aspects of the service but will be aligned under the business operations Team Lead.

The Administrator Officer will report into the business operations Team Lead and the Administration team will report into the Administrator Officer. The Administration Officer will manage 8.6FTE which will be SOM compliant.

3.5.8 Schedulers

The Scheduler role is a new role which will be introduced into the service. There is an initial requirement for 7 FTE.[25] The assumption is this role will be at a Grade 4.

The role profile will be considered for job evaluation in line with policy.

The work pattern will be between 7am – 10pm, and will work five days over 7 including bank holidays.

The volume and potential complexity of enquiries that will be received by the schedulers necessitates that supervisory support must be in place during all hours of operation.

The changes will be monitored as the scheduling systems is embedded.

3.5.9 In House Trainer

The budget for the In House Trainer (Grade 6) is presented within the establishment as an organiser post. This has since been updated within the establishment.

The role profile for this post will be created and will be considered for job evaluation in line with policy.

The number of hours will remain at 35 hours a week, however the start time for this role will begin at 8am, instead of 8:45am. The working pattern therefore will be Monday to Friday, 8am– 4pm.

The In House Trainer will report into a Business Operations Team Lead.

[25] The number of FTE was based on reviewing other local authorities' organisational charts and understanding what the role would be doing day to day, and the amount of care hours currently required to be scheduled. The number of schedulers will be monitored.

3.5.10 Home Carers

It is proposed all Home Carers will move to a standardised rota and work public holidays. There are some Home Carers who are not contractually required to work public holidays.

3.5.10.1 Table 16: Contracted hours proposal

Contracted Hours	Work patterns
17.5	7.30am – 12.30pm and/or 5pm - 10pm
21	7.30am - 1.30pm and/or 4pm - 10pm
35	7.30am – 12.30pm & 5pm to 10pm

3.5.10.2 Table 17: Proposed Work Pattern

Week	M	T	W	T	F	S	S
Week 1	ON	ON	OFF	OFF	ON	ON	ON
Week 2	OFF	OFF	ON	ON	OFF	OFF	OFF

Each Home Carer will be asked their preferred option of contracted hours via consultation, these choices will be supported as far as is reasonably practicable.

Whilst the Home Carers preference of hours will be considered, the spread of cover to meet the required level of support of service users is a priority.

Formal flexible working arrangements which are in place will be reviewed with individuals.

Once new work patterns and the proportion split of non-enhanced and enhanced carers[26] are in place there is a requirement to find out how many FTE is required to cover the amount of care hours required within the service.

3.5.10.3 Table 18: Current FTE and Internal Care Hours

Total Home Carers (FTE)	Home Carers Grade 4 (FTE)	Home Carers Grade 3 (FTE)	Current amount of Internal Care hours required to be covered	Downtime Training Supervision + 10%	Annual Leave (17.5%) Sickness (4%) +21.5%	Travel time 5%	Total number of paid Care hours (estimated agency hours, average additional hours and payroll contracted hours)
375	52	323	8864	9750	11,845	12,439	15,965

[26] The outcome of job evaluation may result in one job profile for Home Carers

There are currently 375 FTE to cover 8,864 internal care hours.

The external hours are provided by agency employees and external providers.

With the current volume of overtime and agency use, we are covering the equivalent of 15,965 care hours, in comparison to the actual care hours required of 8,864. Please note, 8,864 is the basic care hours which are required to be covered. Once downtime, training, supervision, annual leave, sickness and travel time is added, this brings the required number of care hours to be covered to 12,439.

The 15,965 care hours includes payroll contracted hours, average additional hours and estimated agency use based on last year's outturn. This is due to not having enough enhanced Home Carers to cover enhanced care, and also employees not being on working patterns that meet the needs of the service. This is at the heart of the re-design.

3.5.10.4 Table 19:2023/2024 Care Hours Projections

Current amount of Internal Care hours required to be covered	Training and Supervision + 10%[27]	Annual leave (17.5%) and sickness (4%) +21.5%	Travel time + 5%	Total amount of Internal Care Hours
8864	9750	11,847	12,439	12,439

Taking into consideration the current level of care hours, and modelling to include cover training, supervision, team meetings, annual leave, sickness, and travel time, the estimated number of care hours required to be covered is approximately 12,439. This will be the target for 2023/2024.

The impact of the new Reablement service, due to begin in 2023, will reduce the total number of care hours required to be fulfilled by the mainstream Care at Home service.[28] This service will be the 'front door' to the Care at Home service (based on inclusion criteria), and will assess those deemed as eligible, from community or hospital, for six weeks with the aim of reducing/removing the need for Care at Home services.

[27] Approved and agreed by SMT
[28] Based on stats from other local authorities who have this service

3.5.10.5 Table 20: Two Grades Modelling 2023/2024

Year	Internal Care Hours	Grade	Current FTE	FTE via modelling	FTE via modelling plus FTE from external hours
2023/2024	4105	Enhanced(TBC)	52	117	117 + TBC
2023/2024	8334	Non-enhanced(TBC)	323	238	238 + TBC
TOTAL			375	355	

Table 20 shows if there is two Grades there will be a maximum overall decrease of 20 FTE.

The 20 FTE will be reduced as the following variables need to be considered:

1. Reviewing the number of external hours, and consider conversion to internal;
2. Deleting vacancies within the Care at Home establishment;
3. Home Carers who decide to go on SWITCH; and
4. Home Carers who decide to leave the organisation via consultation.

The modelling will be reviewed after consultation once feedback from employees and Trades Union colleagues has been provided.

3.5.10.6 Table 21: One Grade Modelling 2023/2024

Year	Internal Care Hours	Grade	Current FTE	FTE via modelling	FTE via modelling plus FTE from external hours
2023/2024	12439	TBC	375	355	21 + TBC

Table 21 shows if there is one Grades there will be a maximum decrease of 20 FTE.

There are a number of variables which need to be considered when reviewing any reduction in Home Carers. The proposed improvements will provide employees with workforce stability, support recruitment and retention, delivering fair work principles for all employees. The changes to the current operational infrastructure will ensure that service user's reviews are completed, that scheduling is managed effectively and employees are skilled and trained. These figures will potentially change after consultation.

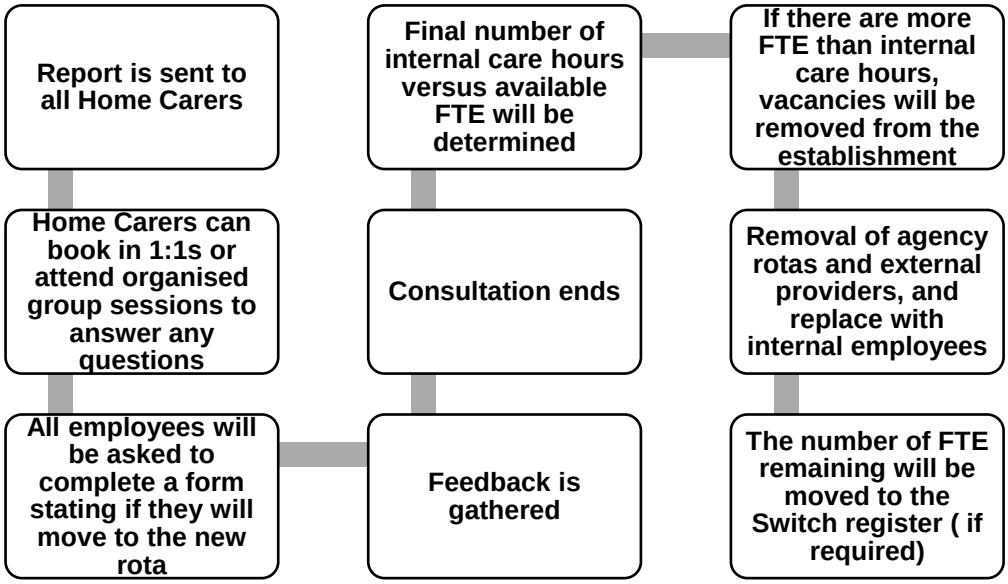
The majority of the people implications in this report relate to re-aligning existing employees and financial resources to support the HSCP's strategic aims. Care at

Home is a 365 day a year service, the current employee's model is insufficient and results in costly and inconsistent cover arrangements. The report however identifies a need to remodel the care at home workforce in the following ways:

- Consider requirements for operational management oversight.
- Remodel the scheduling infrastructure to take advantage of electronic scheduling tools and to improve the interface with carer.
- Re-design the model of frontline carers.

The overall impact of this model will be to reduce the use of premium rate overtime and most importantly have sufficient employees available to deliver a consistent and high quality service. The impact of any potential employee reduction will be treated in accordance with WDC Switch Policy and Procedure and the Redundancy Procedure and Guidance.

3.5.10.7 Table 22: Process to move Home Carers to Standardised Rota



The proposed plan to move all Home Carers to a standard rota will be implemented in a phased approach. Table 22 details the process of moving Home Carers to the standardised rota and ensuring there is enough FTE to cover the amount of care hours required to run the service. The data will be continuously reviewed, and the principles outlined in the Switch Policy will be followed.

3.5.10.8 Home Carer Job profile

The role profile will be considered for job evaluation in line with policy.

Two job profiles (non-enhanced and enhanced) will be presented at job evaluation based on the level of support required by service users.

If both job profiles result in one Grade, then the enhanced job profile will be used going forward.

3.6 On Call Rota

One of the key areas of feedback from employees related to management cover during out of hours, weekends and public holidays across seven days.

The Scheduling team will provide continuous support on the phone to Home Carers, and service users, live monitoring, updating schedules due to absences and escalating issues to management.

The Out of Hours and Scheduling Coordinator (currently Grade 7), will work one weekend every three weeks and will offer support after 4pm.

At times where the Out of Hours and Scheduling Coordinator is not working, there will be a rota in place with management support from either a Business and Quality Lead, the Sheltered Housing, Community Alarms Coordinators and Organisers. The Team Leads and IOM will be contacted on an escalation basis.

A guide will be created which will be available to the Out of Hours Organisers, to help answer any common questions, with any phone calls made to the Coordinator on an emergency basis only.

Common guidance will be:

- How to deal with a situation where the home carer cannot gain access to a service users home; and
- Support for employees if a service user needs have escalated.

3.6.1 Table 23: Example Escalation Pathway

Day of the week	Schedulers (Grade TBC)	Out of Hours and Scheduling Co-ordinator (Grade 7)	Co-ordinator Sheltered Housing/Community Alarm/ Business and Quality Leads (Grade 7)	Organiser (Grade 6)	Team Leads (Grade 9)	IOM (Grade 10)
Monday **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday** **Sunday**	Employees are in rota (Monday – Sunday)	One weekend every three weeks with the 2pm – 10pm Monday – Friday One week early 8am – 4pm Monday – Friday One week Back shift 3pm – 10pm	On call rota when out of hours and Scheduling Coordinator is not working	Each Organiser will be required to work one weekend each month at 10am – 6pm The Organiser will also be part of an on call rota when the Out of hours and Scheduling coordinator is not working	Pool of 3 Team Leads will be on an escalation rota only.	Available if Team Lead requires to escalate(if on leave, Team Lead will be the escalation)

3.7 Areas and Council Wards

Currently there are 26 different Home Care areas across West Dunbartonshire, going forward the areas, will be renamed to align with Council Wards.

3.7.1 Table 24: Current Areas aligned to Council Wards

Area	Area Breakdown	Planned hours (Includes External hours) Hours	Council Wards
Area 1	Old Kilpatrick	386	Clydebank Waterfront
Area 1	Bowling	50	Clydebank Waterfront
Area 1	Mountblow	110	Clydebank Waterfront
Area 2	Drumry	477	Clydebank Central
Area 3	Linnvale	187	Clydebank Central
Area 3	Whitecrook	394	Clydebank Waterfront
Area 4	Faifley	333	Kilpatrick
Area 5	(Duntocher)	467	Kilpatrick
Area 5	(Hardgate)	176	Kilpatrick
Area 6	Dalmuir and Bowling	626	Clydebank Central
Area 7	Hospital Discharge and Second Avenue Sheltered Housing	118	Clydebank Central
Area 8	Parkhall	643	Clydebank Central
Augmented		436	Split between area rather than separate team
Augmented (Carers)		1188	Split between area rather than separate team
Augmented		1175	Split between area rather than separate team
Dalmuir West	Dalmuir West	170	Clydebank Central
DUM Area 3	Dumbarton East, Milton, Silverton	645	Dumbarton

DUM Area 4	Bellsmyre and Townend	562	Leven
DUM Area 5	Castlehill, Westcliffe, Brucehill, West Bridgend, Town Centre, Levengrove, Helenslee	673	Dumbarton
DUM Area 6	Church Court	122	Dumbarton
Hospital Discharge	Continence, Night Team and Augmented	160	Split between area rather than separate team
Radnor MSFs	Radnor Flats	93	Clydebank Central
VOL - Sheltered	Sheltered Housing - Gray Street, Oakbank, The Croft, Bridge Court	530	Leven
VOL Area 1	Renton, Rosshead, Tullichewan, Part of Central Alexandria	557	Leven
VOL Area 2	Levenvale, Balloch, Dalvait, Gartocharn	546	Lomond
VOL Area 3	New Bonhill, Part of Central Alexandria, Jamestown, Old Bonhill, Part of the Vale, Haldane, Strathleven	607	Lomond
TOTAL		11,419[29]	

3.8 Table 25: The indicative numbers of the proposed model of delivery for Care at Home

Post	Previous FTE	Proposed FTE	Difference of FTE	Change	Budgeted for?
Integrated Operations Manager	1	1	0	No Change	Yes
Service Manager/Team Leads	2 permanent 1 Interim	3	1	Change All posts will be made permanent	Yes
Co-ordinator	3	1	-2	Change Reduction of 2FTE	Yes
Business and Quality Lead	0	2	2	Change Increase 2FTE	Yes
Organiser	21.4	16	-3	Change Reduction of 5.37FTE	Yes
Assistant Organisers	3	0	-3	Change Decrease	Yes
Admin Officer	1	1	0	No change	Yes
Clerical/Admin Assistant	8.6	8.6	0	No change	Yes
In House Trainer	1	1	0	No change	No
Schedulers	0	7	7	Change New role in service Increase in 7FTE	Yes
Grade 3 (non-enhanced)	323	TBC	TBC	Cannot be determined until after consultation	Yes
Grade 4 (enhanced)	52	TBC	TBC	Cannot be determined until after consultation	Yes

[29] The amount of planned care hours within this table needs to be updated to ensure it is accurate within the system.

3.9 Table 26: High level Plan

Stage	Action	Target Date	Status
Approval	Identify committees/groups to be consulted/communicated with	13/06/2023	Completed
Approval	Meeting to discuss revisions with Chief Officer and submission of final structure for approval.	15/06/2023	Completed
Approval	Gain SMT approval of consultation paper	22/06/2023	Completed
Approval	Informal meeting with service managers	26/06/2023	Completed
Job Evaluation	Circulate job profiles to managers for comment and amend job profiles as necessary	27/06/2023	Completed
Approval	HR Engagement initiation meeting	27/06/2023	Completed
Approval	Informal meeting with all managers	12/07/2023	Completed
Approval	Recovery and Review Meeting	02/08/2023	Completed
Approval	Special JCC to provide over view of proposed changes to Trades Unions.	10/08/2023	Completed
Approval	SSRG	16/08/2023	Completed
Approval	Integrated Joint Board Members session	01/09/2023	Completed
Approval	Informal session with all employees	06/09/2023	Completed
Job Evaluation	Job Evaluation of Job Profiles	TBC – awaiting dates	Requested Dates
Job Evaluation	Communicate and circulate job evaluation results to Trades unions and employees.	After Job Evaluation	Not started
Approval	Issue day for reports to all Members	12/09/2023	N/A
Approval	Integrated Joint Board	19/09/2023	Organised
Consultation	s188 letter to JTUs Notify TU of proposed restructure	21/09/2023	N/A

Consultation	Consultation Starts	26/09/2023	N/A
Consultation	Group Consultation with employees	26/09/2023 – 31/10/2023	N/A
Consultation	Consultation with Trades Unions	Weekly meeting every Thursday	Meetings scheduled
Consultation	1:1 meeting with managers	16/10/2023 – 24/11/2023	N/A
Consultation	Collate responses from joint meeting with TU reps and individual meetings.	24/11/2023	N/A
Consultation	Consultation ends	24/11/2023	N/A
Consultation	Draft feedback response - noting changes in line with feedback and if not making a change the rationale for this. Amend proposal should be issued with the feedback response.	December 2023	N/A
Consultation	Review EIA in line with any changes	December 2023	Not started
Consultation	Employees briefings to communicate final structure and any changes to T&Cs.	January 2024	Not started
Consultation	Inform employees directly affected by this change	January 2024	Not started
Consultation	Inform employees of switch process(if required)	January 2024	Not started
Moving to Personal care tasks only and night time care	Inform service users directly impacted by this change	January 2024	Not started
Moving to Personal care tasks only and night time care	Review list of tasks provided to service users	January 2024	Not started
Moving to Personal care tasks only and night time care	Develop plan to move services to alternative services	January 2024	Not started
Remove charging for non-personal care tasks	Understand the impact of removing chargeable services from the budget	January 2024	Completed
Remove charging for non-personal care tasks	Remove charging from existing service users	January 2024	Not started
Add schedulers to the organisational chart	Update Establishment	January 2024	Not started

Add schedulers to the organisational chart	Recruit to posts	January 2024	Not started
Implementation of consultation	Undertake matching exercise. Be vigilant about payroll cut offs and impacts for salaries / pensions	January 2024	Not started
Implementation of consultation	Issue matching outcomes and meet with employees who are displaced.	January 2024	Not started
Implementation of consultation	Deal with any matching appeals.	January 2024	Not started
Implementation of consultation	Undertake competitive interviews.	February 2024	Not started
Implementation of consultation	Commence SWITCH process for displaced employees	February 2024	Not started
Implementation of consultation	Update establishment	March 2023	Not started
Additional Team Leads	Recruit to posts	December 2023	Not started

3.10 Communication Plan

The proposals contained within this report reflect a permanent change to the structure of the service.

Given the scale of the changes proposed, in-depth consultation will take place with employees and Trades Union Colleagues. Employees will be consulted both collectively and individually throughout the process to ensure that the best outcomes can be achieved for employees and the service as new posts are established.

3.10.1 Table 27: Communication Plan

What	How	Who	When
Brief Trades Union Colleagues of proposed changes	Health and Community Care Joint Convenors meeting	Fiona Taylor (HoS) Gillian Gall (Head of HR)	10/08/2023
Briefing sessions with employees	Zoom Meeting (Home Carers) MS Teams (office employees) Email (office employees) Text (Home Carers) Intranet (all employees)	Jacqueline Carson (IOM) HR representative	06/09/2023

Notify TU of proposed restructure	Face to Face Meeting	Fiona Taylor Jacqueline Carson	21/09/2023
Consultation begins (no shorter than a 45 day period)	Email (office employees and Tus) Text (Home Carers) Intranet (all employees) External communications	Fiona Taylor Jacqueline Carson	26/09/2023
Workforce Briefings	F2F (group sessions, office employees) Zoom (Home Carers)	Jacqueline Carson HR representative	September/October/November 2023
Trades Union Meetings	Face to Face weekly meetings	Beth Culshaw Fiona Taylor Jacqueline Carson	September – November 2023
Individual Consultation meetings	F2F (all employees)	Managers of employees	October/November 2023
Close of Consultation	Email (office employees) Text (Home Carers) Intranet (all employees) External communications	Jacqueline Carson HR representative	24/11/2023
Outcome of consultation process advised to Trades Union colleagues	F2F	Fiona Taylor (HoS) Gillian Gall (Head of HR)	January 2024
Outcome of consultation process advised to employees	Email (office employees) SMS (Home Carers) Intranet (all employees) Zoom (Home Carers) F2F (Office Employees)	Fiona Taylor (HoS) Gillian Gall (Head of HR)	January 2024
Proposed Implementation Date	Email (office employees) SMS (Home Carers) Intranet (all employees) Zoom (Home Carers) F2F (Office Employees)	Fiona Taylor (HoS) Gillian Gall (head of HR) Jacqueline Carson	April 2024

3.11 Table 28: Employee Implications: Office employee, MacMillan Carers and Night time Home Carers

Post	Current No. of Posts (FTE)	Proposed Number of Posts (FTE)	Change	Current Grade	New FTE Total	Previous FTE Total	Difference	Budgeted for?
IOM	1	1	No Change	10	£70,386	£70,386	£0.00	Yes
Team Lead	2	3	Increase	9				Yes
Co-coordinator	3	1	Decrease	7	£47,674	£143,021	-£95,347	Yes
Business and Quality Lead	0	2	Increase	7	£95,347	£0	£95,347	Yes
Organiser	21.4	16	Decrease	6	£654,126	£873,667	£-219,541	Yes
Assistant Organisers	3	0	Decrease	5	£0	£106,796	£-106,796	Yes
Admin Team	9	8.6	No Change	3	£244,361	£244,361	£0.00	Yes
Admin Officer	1	1	No Change	5	£35,599	£35,599	£0.00	Yes
Schedulers	0	7	Increase	4	£95,950	£0	£95,950	Yes
In House Trainer	1	1	No Change	6	£40,883	£40,883	-£40,882	No
Macmillan Carer	3	0	Decrease	4	£0.00	£8,224	£8,224	Yes
Macmillan Carer	1	0	Decrease	4	£0.00	£31,983	£31,983	Yes
Night time rota Dumbarton	3.6	0	Decrease	3	£0.00	£102,291	£102,291	Yes
Total						**£1,468,854**	**£1,780,230**	**£311,375**

3.11.1 Table 29: Employee Implications: Home Carers - Two Grades

Post	Current No. of Posts (FTE)	Proposed Number of Posts (FTE)	Change	Current Grade	New FTE Total Cost	Previous FTE Total Cost	Difference	Budgeted for?
Home Carers	323	238	-85	3	£10,517,012	£10,837,449	£320,487	Yes
Home Carers	52	117	66	4				Yes

3.11.2 Table 30: Employee Implications: Home Carers - One Grade

Post	Current No. of Posts (FTE)	Proposed Number of Posts (FTE)	Change	Current Grade	New FTE Total cost	Previous FTE Total cost	Difference	Budgeted for?
Home Carers	375	355	-19	4	£11,354,035	£10,837,499	£516,535	Yes

3.11.3 Table 31: Employee Implications: Schedulers

Post	Current No. of Posts (FTE)	Proposed Number of Posts (FTE)	Change	Current Grade	New FTE Total	Previous FTE Total	Difference	Budgeted for?
Schedulers	0	4	Increase	TBC – assuming Grade 4	£127,933	£0	£127,933	Yes

3.12 Financial Implications - Care at Home Internal Budget, Efficiencies and Income

The total efficiencies within this report will be £311,375, excluding any potential frontline carers efficiencies or costs dependent on the outcome of the current job evaluation exercise. This efficiency will contribute to reversing the overspend trend where there is a target saving of £2.459m [30].

Further efficiencies will be identified when all Home Carers move to a standardised rota which will reduce agency and overtime spend, employee costs will be managed within the agreed Care at Home Budget and the changes outlined in section 3.1 will be implemented. This is due to the variables contained in this report and the impact consultation will have on the figures.

Within the 2023/24 Care at Home budget, it is estimated that charging service users for domestic and shopping services could generate £324,000. However, currently the service is projected to invoice for £76,335 as 52 services users currently receive practical care. Service users receiving these services will have a My Life Assessment completed, and if eligible the service user can use their SDS budget to purchase these services from more appropriate suppliers.

[30] Table 13 details the budget and efficiencies target

4 Improvements

The following areas are improvements which were identified as part of the develop phase and are currently underway. The changes were identified by stakeholders and did not require HSCP Board approval but are for noting. They include:

- Ensure Care First, data holds up to date information about service users who receive the Care at Home service;
- Ensure Comino[31], document library, is being updated with care plans and risk assessments to allow other practitioners within the HSCP to review documentation;
- Ensure there is documentation for all processes within the Care at Home service;
- Automated reports to manage the service will be in place; and
- Measures to ensure the running of the service is working efficiently and within budget will be instilled into processes.

4.1 Processes and Updating Systems/Tools

A priority area is to ensure that there are both clear processes in place and clarity of roles to increase effectiveness and reduce the current reactive focus. During the discovery phase of the re-design, it was identified that standardised processes need to be written to support service delivery.

The key processes which require review are care plans and reviews, medication, referrals, recruitment, overtime and agency.

4.2 Training Framework

Feedback received from Care at Home employees across all role profiles highlighted that a training plan across the service would benefit employees within their current role and provide succession planning within the service. The outcomes from both Care Inspectorate reports dated 2019 and 2023 highlighted the development and implementation of training plans and the WDC passport process for all employees.

4.3 CM2000 Updates

The scheduling tool used within the Care at Home service, is CM2000. This tool was first installed in 2014. This tool supports the user with scheduling care visits, real time care monitoring, mobile monitoring, invoice and payroll and financial

[31] Comino - Employee Intranet (west-dunbarton.gov.uk)

management and business intelligence reporting. The features which are predominantly used within the tool are scheduling and mobile monitoring.

Mobile monitoring provides a Home Carer with a mobile and they are able to check for messages from the office, review what visits they should be going to, and clock in and out of scheduled care visits.

Real time care monitoring, invoice and payroll is not currently used. During the pandemic the Access Group which own CM2000 rolled out an update to their customers, known as the 'new world features'. These features provide the service with enhanced capability for the efficient management of the service.

4.4 New world features within CM2000

4.4.1 Table 32: CM2000 Features

This is not an exhaustive list, but provides the reader with a flavour of what features CM2000 provides.

Feature	Description	High level tasks to be completed
Mileage Wizard	Provides automated travel expenses based on care visits. Align with T&S policy and mirror HR21 expenses process	• Compliance to be improved • Training for admin team • Postcodes to be updated using post code picker • Add in mileage time in between visits • Document process
Forms	Provides forms on mobile for home carers, service users, and service users families to view and use. Remove use of physical care diary in service user home, reduce requirement for storing care plans.	• Create and complete following forms (one page profile, risk assessments, care plan, concerns pathway form, daily notes) • Document process • Training for Organisers and home carers
Panic alerts	Sends emergency message to office and or phones emergency service	• Document process
Journal	Details daily visit notes	• Document process • Training
Service user feedback	Provides instant feedback from service user	• Document process • Training
Mac Care	Max Care is a tool within CM2000 which will allow the user to automatically schedule care visits if the correct data is in the system.	• Document process • Training

4.5 Additional areas in project scope

The following areas will be reviewed as part of the re-design project, with ongoing employee engagement to deliver this. A summary of areas which will be reviewed are:

- Review the recruitment process within Care at Home;
- Review how technology can help service users and employees;
- Updating of service scope on the website, intranet, and referral pathways;
- Service user feedback;
- Review the impact of the Reablement team on the mainstream service and determine if any further changes are required;
- Review the impact the standardised rota will have on the mainstream service and if any further changes are required;
- Review the impact the new structure has had, and if any further changes are required; and
- End of life care pathway.

4.6 Risks and assumptions

The following risks have been noted:

- Some employees may decide to leave the service due to proposed changes;
- Consultation will take longer than the standard 45 days;
- Workforce unrest;
- Risk to reputation of HSCP by implementing these changes;
- Implementation of changes are delayed causing distress to service users and employees;
- The correct care cannot be provided to service users and demand outweighs supply; and
- If changes are not implemented and savings are not achieved, the eligibility criteria for the service may need to be reviewed or look at other ways to provide support to service users.

The following assumptions have been noted:

- It is recognised that the data used to inform this work was captured at a point in time.

Appendix 1: Table 33: Dates of Group Communication meetings

Consultation will begin on the 26th September. The dates of the Group Communication meetings are in the below table.

Date	Time	Location	Employees Group	Manager facilitating meeting	HR representative	Other attendees
26/09/2023	10am – 12pm	MS Teams	All Office Employees	Fiona Taylor	Catherine Hughes	Suzann Alexander (admin)
27/09/2023	10am – 12pm	Clydebank Health Centre	Service Managers	Jacqueline Carson	Catherine Hughes	Suzann Alexander (admin)
27/09/2023	1pm – 3pm	Clydebank Health Centre	Co-coordinators	Ann Marie Lennox Jane Gray	Catherine Hughes	Suzann Alexander (admin)
28/09/2023	10am-12pm	Dumbarton Church Street	Organisers	Ann Marie Lennox Jacqueline Carson	Catherine Hughes	Gordon Martin Suzann Alexander (admin)
28/09/2023	1:30pm – 3:30pm	Clydebank Health Centre	Organisers	Jane Gray Jacqueline Carson	Catherine Hughes	Yvonne Allan Suzann Alexander (admin)
29/09/2023	10am – 11:30am	Clydebank Health Centre	Assistant Organisers	Ann Marie Lennox Lisa Auchterlonie	Catherine Hughes	Suzann Alexander (admin)
02/10/2023	1:30 – 2:30pm	ZOOM	All Home Carers	Fiona Taylor Jacqueline Carson	Catherine Hughes	Suzann Alexander (admin) Management Team
03/10/2023	10am – 11am	Clydebank Health Centre	Admin Officer	Jacqueline Carson	Catherine Hughes	Jane Gray (admin)
03/10/2023	11:30am – 12:30pm	Clydebank Health Centre	Clerical and Admin Assistants	Jacqueline Carson	Catherine Hughes	Suzann Alexander (admin)
03/10/2023	1:30 – 2:30pm	ZOOM	All Home Carers	Fiona Taylor Jacqueline Carson	Catherine Hughes	Suzann Alexander (admin) Management Team
04/10/2023	10am – 11am	Dumbarton Church Street	Clerical and Admin Assistants	Jacqueline Carson	Catherine Hughes	Suzann Alexander (admin)
04/10/2023	1:30pm – 2:30pm	ZOOM	All Home Carers	Fiona Taylor Jacqueline Carson	Catherine Hughes	Suzann Alexander (admin)

						Management Team
10/10/2023	11am – 3.30pm	Clydebank Health Centre	All office employees	Jacqueline Carson	Catherine Hughes	Suzann Alexander (admin)
11/10/2023	11am – 3.30pm	Dumbarton Church Street	All office employees	Jacqueline Carson	Catherine Hughes	Suzann Alexander (admin)
12/10/2023	1:30pm – 2:30pm	ZOOM	All Home Carers	Jacqueline Carson	Catherine Hughes	Suzann Alexander (admin)
24/10/2023	1:30pm – 2:30pm	ZOOM	All Home Carers	Jacqueline Carson	Catherine Hughes	Suzann Alexander (admin)
31/10/2023	10:30am – 12pm	MS Teams	All office employees	Jacqueline Carson	Catherine Hughes	Suzann Alexander (admin)

Appendix 2: Table 34: Tasks from CM2000

Listed below are the current tasks within Care at Home. These tasks are being reviewed as part of the review of Home Carers job profile and the review form required to be in place for service users.

Tasks	
1. Administer Medication	2. Dishes
3. Apply non-prescribed cream	4. Empty Bins
5. Apply pain patch to skin	6. Empty Commode
7. Assist down stairs	8. Encourage mobility
9. Assist from Dining Room	10. Encourage to eat
11. Assist into bed	12. Encourage to shower
13. Assist out of bed	14. Evening Service - assistance
15. Assist to bath	16. Food Temp Check (Meals)
17. Assist to dining hall	18. Heat Up Meal Delivery
19. Assist to Dress	20. Housework
21. Assist to eat	22. Incontinent Laundry
23. Assist to Shower	24. Ironing
25. Assist to transfer/ equipment	26. Laundry
27. Assist to Undress	28. Leave fluids
29. Assist to use toilet / commode	30. Leave lunch

31. Assist to Wash	32. Leave out evening meal
33. Assist up stairs	34. Leave snack
35. Assist with finance/ bills	36. Lunch Meal Delivery
37. Assist with Leg Brace	38. Make Bed
39. Assist with mobility	40. Medication assistance
41. Assist with Pain Patch	42. Morning Check Call
43. Assist with Personal Care	44. No practical tasks
45. Assist with Skin Care	46. Oral Hygiene
47. Assist with sling	48. Pain Patch apply/remove
49. Assist with stockings	50. Pension collection
51. Attach night bag	52. Pet care
53. Brunch	54. Pop-In Check
55. Cared for in bed	56. Position Change
57. Catheter Care	58. Prepare breakfast
59. Change Bed	60. Prepare evening meal
61. Change pad	62. Prepare lunch
63. Continence Care	64. Prepare Snack
65. Deliver evening meal	66. Secure Property
67. Deliver lunch	68. Shaving
69. Prescription collection	70. Shopping
71. Promote practical skills	72. Skin Check
73. Prompt Eye Drops	74. Stoma Care
75. Prompt medication	76. Supervise on stairs
77. Prompt Personal Care	78. Supervise Showering
79. Remind to take Meds	80. Wash Feet
81. Remove Pain Patch	82. Weekly bag change
83. Welfare Check	84. Weekly Catheter bag change

Appendix 3: Table 35: Objectives and Measures

Objective	Source	Measure
Ensure the service is delivered within the agreed budget.	Monthly Budget reports - Finance	Spend is within the agreed budget.
Services are sustainable for the future.	Annual performance indicators – Information team	Service is able to support the increase in demand and complexity of care and deliver this in budget.
Focusing on driving care via internal Care at Home service.	Monthly Budget reports - Finance	% of internal care at home hours of care is increased % of planned agency spend is decreased
Reducing the spend on agency.	Monthly Budget reports - Finance	Agency spend is reduced by £650k
Ensure fair working principles are being followed.	Monthly HR reports – HR21	% reduction in employees working over fair working hours
Reducing enhanced overtime spend;	Monthly Budget reports - Finance	Service delivers within the agreed overtime budget
Analyse the impact the Reablement service will have on mainstream Care at Home.	Referrals report – Care First	No. of people referred to Reablement No. of people transferred to mainstream care at home, measured against 2022/2023 referrals (if available). No. of care hours delivered.
Ensuring reviews take place every six months as per Care Inspectorate guidance.	Care at Home management report	6 monthly analysis of the weekly management report will demonstrate that within a 6 month period at least 80% of service users will have been reviewed. This allows for those in hospital or unable to be reviewed due to other reasons.
Training for all employees to carry out their job profile.	CM2000 and Ilearn	100% of employees will have completed required statutory and mandatory training. 100% of employees will have complete role specific training. Records will be available to demonstrate employees training.
Processes which are implemented help avoid hospital admissions and/or avoid or delay care home admissions.	All processes	ACP's to be shared via care plans to ensure all employees are aware of people's wishes and plan of care if condition changes 2 weekly MDT meetings to raise concerns. Urgent and Unscheduled Care measures

Maximise the use of all our community assets including sheltered housing and technology enabled care;	Referral and My Life assessments – Care First	% referrals to TEC % referrals to sheltered housing Monitor SDS options (once new referral pathway is in place)
Provide choice for the service user on how they would like their care to be delivered as per SDS legislation.	My Life assessments – Care First	% of service users with an MLA % of SDS split
Signposting and directing families and service users to all offerings which are available to support daily living as an alternative method of care e.g. day service, social support.	Referral and My Life assessments – Care First	MLA- SDS options. No. of referrals to day Services - broken into HCSP day services and alternative day service providers No. of care hours as above

Appendix 4: Table 36: You Said, We Did

You said	Source	We did
Contracts/job profiles reviewed	Home Carers Employee survey	All job profiles within the service have been updated and will be submitted via Job evaluation process.
Service user handbook, employee handbooks to be updated	Home Carers	This has been included in the scope of the re-design and will be implemented.
Personal/training development	Home Carers	A Training plan for all employees within the service will be included in the scope of the project.
Team meetings/1:1/employees supervision	Home Carers Care Inspection	This will be put in place and making sure the Organisers have the time to implement this for their employees.
Updated medication training/policy	Home Carers	Medication policy and SOP has been created and will be submitted to HSCP board for approval. Training will be provided afterwards.
Management support 7 days a week	Home Carers All employee survey	An out of hour's management rota will be implemented. Organisers will be required to work one weekend every four weeks. An out of hour's coordinator has been recruited to support.
Develop a work pattern for Home carers that will meet the needs of the service and those using the service.	Ideation session – small working group	It is proposed all Home Carers will move to a standardised rota

That a new and innovative approach be developed in order to attract recruits to Care at Home Teams whilst developing methods to create better links with education establishments and communities;	Ideation session – small working group	This is included as a task within the Care at Home project.
That current internal processes be reviewed and improved to ensure effective and efficient ways of working,	Ideation session – small working group	This is included as a task within the Care at Home project. This will include and notwithstanding; referral process, agency, care plans and overtime process.
Use CM2000 to its full potential including the introduction of new modules that will support the Organisers with scheduling, enabling them to carry out the other duties that their role requires.	Ideation session – small working group	Implement Max Care
Care plan updated	Ideation session – small working group	A small working group was created to update and amend the existing care plans.
Reduce the amount of time Organisers spend on Scheduling	Ideation session – small working group Home Carers Organisers survey	Implement a new role called schedulers to support Organisers schedule.
Regular reviews	Service users Home Carers	By implementing schedulers this will allow Organisers more time to meet service users regularly.
Regular Home Carer provides the same care and care is consistent 7 days a week	Home Carers Service users	Home Carers will move to a standardised rota to cover when Care is required and when it is not. Management cover will be in place to support Home Carers.

AssessmentNo	763	**Owner**	levans	
Resource	HSCP		**Service/Establishment**	Joint
	First Name	Surname	**Job title**	
Head Officer	Laura	Evans	Service Improvement Lead	
	(include job titles/organisation)			
Members	• West Dunbartonshire HSCP Senior Management • Jacqueline Carson - Integrated Operations Manager • Jane Gray, Anne Marie Lennox, Louise Crockett - Service managers • Yvonne Allan, Lisa Auchterlonie, Gordon Martin Coordinators • Suzanne Alexander – Admin Officer			
	***(Please note: the word 'policy' is used as shorthand for strategy policy function or financial decision*)**			
Policy Title	Care at Home Re-design			
	The aim, objective, purpose and intended out come of policy			

Aims

- Ensuring the outcomes for Care at Home are met;
- Ensuring the service is delivered within the agreed budget;
- Focusing on driving care using the internal Care at Home service;
- Reducing the amount of agency spend;
- Reducing the amount of spend on enhanced overtime;
- Ensuring reviews take place every six months as per Care Inspectorate guidance;
- Providing choice for the service user on how they would like their care to be delivered as per Self-directed support (SDS) legislation; and
- Signposting and directing families and service users to all offerings which are available to support daily living as an alternative method of care e.g. day service, social support.

Purpose

The purpose of re-design is to meet the aims and objectives of the project but also to follow the Scottish approach to re-design[1] to gain the data required to ensure this service is fit for the future. The evaluation and engagement to date has taken into account both lessons learned and feedback from stakeholders. The project team have been working in close collaboration with employees, managers and key stakeholders since the start of this project, January 2022.

Outcomes

Three of the outcomes which the Care at Home service strives to meet are:

1. 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;
2. People are able to look after and improve their own health and wellbeing and live in good health for longer; and
3. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Project Outcomes

Service User changes

- The service will be moving to a 7 day service from 7.30am to 10pm;
  - Currently the service operates from 7am to 5am.
  - There 113 care hours required between 10pm and 7.30am[2]
  - Service users with an outcome for night time support will be provided care via their SDS package. This could be via technology, continence care or an alternative supplier.
- The service will **only** provide personal care tasks to service users[3].

[1] Introduction - The Scottish Approach to Service Design (SAtSD) - gov.scot (www.gov.scot)
[2] Section 2.8 details the multi handed visits required at night. Data can be provided which shows non multi handed visits to show a very small requirement for night time support.
[3] Section 2.9

	• The definition of personal care tasks will be provided by COSLA guidance;
	• Chargeable services such as domestic tasks and shopping, will no longer be provided as a service via the HSCP Care at Home Service;[4]
	  o Service users with an outcome for domestic and shopping requirements will be able to get support via their SDS package.
	  o There is currently 52 service users receiving this service.
	
	Home Carer Changes
	• All home carers will move to a standardised rota[5];
	  o This rota will be '5 over 2' and will provide Home Carers different options of hours they can choose from.
	• The correct amount of Home Carers to cover the planned hours of care to deliver the service will be put in place;
	• The job profile will be submitted via job evaluation.
	
	Management Employee Changes
	• There will be the introduction initially of seven new schedulers[6];
	• The aim is that an organiser would no longer be responsible for scheduling but will have oversight. This will be monitored as the use of schedulers is a test of change;
	• The out of hours Co-ordinator will be renamed Out of Hours and Scheduling co-ordinator and directly manage the scheduling team;
	• The Out of Hours and Scheduling co-ordinator will move to a standardised rota to cover out of hours;
	  o This is to allow consistency in care visits of home carers, focus the Organisers on staff management and Reviews of service users.
	
	• All organisers will work one weekend every four weeks[7];
	• An on call rota will be put in place to ensure there is management cover in out of hours across the seven days[8];
	  o This is to ensure there is out of hours management support for front line staff and service users
	
	• An additional Team Lead will be added to the delivery model to support front line operations, bringing the total 3 Team Leads;
	  o This is to ensure the service is SOM compliant with WDC delivery models
	
	• Two new posts will be introduced called Business and Quality Lead;
	  o This is to ensure the service is SOM compliant with WDC delivery models and there is dedicated support for business functions within the service i.e. HR, improvements, processes
	
	• To meet the Councils Strategic Operating Model, two coordinators within the Care at Home delivery model will be removed from the structure;
	• The three Assistant Organisers will be removed from the structure;
	• Community Alarms and Sheltered Housing services will be split between two Team Leads;
	
	• All job profiles will be submitted via Job evaluation;
	• Areas of work will be aligned to Council wards to allow a wider employee's pool with appropriate skills mix. This in turn will deliver efficiencies and reduce risk in terms of cover for absences (planned and unplanned); and
	• An in house trainer will be permanently recruited to the service.[9]

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

[4] Section 2.9
[5] Section 2.5
[6] Section 2
[7] Section 1.9
[8] Section 1.9

[9] This role is already costed for. However the role is required to be named in the establishment as an in house trainer and not an organiser.

	A variety of communication methods were utilised to engage and update a range of stakeholders in the development of the project. Examples include: • All employee survey. All employees, circa 750, within Care at Home were sent this survey; • Organisers Survey. All organisers, circa 18 were sent this survey; • Ideation sessions, designed to solicit thoughts and ideas were made available on topics such **as scheduling, agency staff use, overtime, assessments, reviews, referrals and processes.** These sessions included ten organisers, two service managers, two co- ordinators, one Care at Home Accountant and one admin supervisor. At these sessions, problem statements were written and ideas were produced on how to respond to these problems; • Seven online and face to face workshops with home carers and Trade Union colleagues. On average, ten Home Carers attended each workshop; • Monthly project update meetings with all office employees, estimated to have engaged with 37 employees Those who cannot attend have access to the project board reports on MS Teams; • Quarterly project update sessions with home carers. On average 180 Home Carers would attend each session. • A dedicated mailbox for employees to submit questions; • A text telephone number to text questions; • All service 1430 service users were sent a survey via postal mail with over 600 responses; • Unpaid carers via Survey Monkey with over 100 responses. 73% of respondents were female; • Regular meetings with the Care at Home management team. • Leeanne Galasso - HR • Catherine Hughes - HR • Victoria Rogers - Chief Officer - People and Technology • John Duffy Job evaluation • West Dunbartonshire HSCP Senior Management • Jacqueline Carson - Integrated Operations Manager • Jane Gray, Anne Marie Lennox, Louise Crockett - Service managers • Yvonne Allan, Lisa Auchterlonie, Gordon Martin Coordinators • Employees were involved in revising the relevant job profile All of the feedback via the various meetings has been incorporated into the project scope.

Does the proposals involve the procurement of any goods or services?	**No**
If yes please confirm that you have contacted our procurement services to discuss your requirements.	**No**
SCREENING	
You must indicate if there is any relevance to the four areas	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	**Yes**
Relevance to Human Rights (HR)	**Yes**
Relevance to Health Impacts (H)	**Yes**
Relevance to Social Economic Impacts (SE)	**Yes**
Who will be affected by this policy?	
All citizens of West Dunbartonshire who could be prospective users of Care at Home, current users of Care at Home, Care at Home staff and other HSCP staff will be affected by this policy.	
Who will be/has been involved in the consultation process?	

The consultation period for this re-design report wont start until approval via IJB on the 19th September. The below list are people who have been involved in updating and commenting on the re-design report before consultation is planned to begin on the 27th September.

- Leeanne Galasso – HR
- Catherine Hughes – HR
- Victoria Rogers - Chief Officer - People and Technology
- John Duffy Job evaluation
- West Dunbartonshire HSCP Senior Management
- Jacqueline Carson - Integrated Operations Manager
- Jane Gray, Anne Marie Lennox, Louise Crockett - Service managers
- Yvonne Allan, Lisa Auchterlonie, Gordon Martin Coordinators
- Employees were involved in revising the relevant job profile

The following boards are required to approve the EIA and re-design report before consultation

- West Dunbartonshire HSCP Senior Management – 22/06/2023
- Recovery and review meeting – 02/08/2023
- SSRG – 16/08/2023
- IJB members session – 01/09/2023
- IJB – 19/09/2023

During consultation and after consultation, the following stakeholders will be consulted:

- All Care at Home employees
- Trade Unions
- Chief Officers
- Service Users

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.

Protected Characteristic	Needs	Evidence	Impact
Age	There is a clear relationship between long-term health conditions or disability and increasing age. In 2020, the Scottish Health Survey found that the prevalence of any long-term condition increased with age, from 32% among those aged 16-44, to 68% among those aged 75 and over13 The ageing population nationally and within West Dunbartonshire mean that there will be expected increase in demand on care at home services and also given the age composition of the workforce a need to consider how to make care at home work a fulfilling career	The Adult Strategic Needs assessment http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2022/06/national-care-service-adult-social-care-scotland-equality-evidence-review/documents/adult-social-care-scotland-equality-evidence-review/adult-social-care-scotland-equality-evidence-review/govscot%3Adocument/adult-social-care-scotland-equality-evidence-review.pdf	**Service Users - Negative** • A large proportion of the Care at Home service users are over 65. The service will be stopping from 10pm, and there will be no internal night time service made available. This will have an impact on those who require night time support who are either over 65 or have a disability. • Personal Care tasks will only be provided going forward. The care at home service will not provide domestic and shopping tasks. Currently 52 service users use this service and are over 65. • Those with no family/friends, support, knowledge of how to get support for shopping via technology. The skills may not be there for those who are older. **Employees - negative** • 58% of the care at home service are over 50. within Care at Home may not be able to move to the new work pattern. The work pattern will involve weekends and out of hours. This may impact on income. It could also result in the person, being worse off financially. However, Flexible retirement is an option for Home Carers. • Those with caring responsibilities / may not be able to move to the new work pattern. **Positive – employees** • There will be an increase in contracted hours for employees, this could benefit the workforce as they have access to more hours, than they did before this re-design. • Some current employees Mainly those with families have stated they would prefer more hours. **Positive- Service Users** • SDS is going to be rolled out to all service users and will provide choice on how they would like their service delivered.
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. A large proportion of the current service users would be classified as having a disability	The adult Strategic needs assessment - http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf	**Service user – negative** • Personal Care tasks will only be provided going forward. The care at home service will not provide domestic and shopping tasks directly however will signpost to other supports. • There is a high probability those who have been assessed as requiring night time service may require support from Care at home during the night are people with disabilities which may affect their right to independent living particularly if combination of service providers **Service User - Positive** • Look at using assisted technology at night time for example assisted mattress equipment. • No service will be removed until there is a plan in place for an alternative. **Employees Positive** • All WDC employees can complete the disability

	There is limited available local and national data about disability and social care workers, which relies on individual workers to disclose this information. Whilst Scottish Social Services Council (SSSC) data show that at least 2% of the overall social care workforce reported having a disability, this is likely to be an undercount, because disability information was unknown for a further 17% of the social care workforce.		passport which allows the employee make adjustments to their job due to a disability. **Employees – Negative** • Some employees with disabilities may not be able to move to the new work pattern
Gender reassign	There is no national data about gender reassignment and people who access social care. However, given the prevalence of social care needs in the population and across the life course, it is likely that some trans people will require social care support.	The adult Strategic needs assessment http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf	**Positive and negative impact -** included in cross cutting section.
Marriage and Civil Partnership	Those who are married or in a civil partnership may be employed as a Home Carer within HSCP.	HR21	**Positive and negative impact -** included in cross cutting section
Pregnancy and Maternity	There is no national data about pregnancy and maternity and social care. However, there is a substantial cohort of women of child-bearing age who are receiving social care, and many of this group are likely to experience pregnancy and maternity. There are 22,710 women aged 18-64 receiving social care in Scotland. Within the general population, there are around 50 live births per 1,000 women of childbearing age79 in Scotland.	No impact recognized	No impact recognized
Race	Research by the ALLIANCE and Self Directed Support Scotland (SDSS), which explored people's experience of Self-directed Support and social care in Scotland, highlighted barriers to support for Black and minority ethnic people,	No impact recognized	No impact recognized

	including: access to information and advice; and cultural awareness and understanding. This was particularly the case for Black and minority ethnic women, and the report suggests that this could be associated with women having less fluency in English in some communities		
Religion and Belief	Working shifts could impact to attend religious services There is no national data on religion or belief for people who access social care, although NRS analysis of population data suggests that Scotland is becoming more ethnically and religiously diverse.	Impact group meeting 26/08/2023	**Employees – Positive** Employees can request adjustments to their rota if suitable to the service.
Sex	Life expectancy is lower than the Scottish average for both men and women within WDC. it is recognised there will be an impact on a primarily female work force who may have caring responsibilities. Research by the ALLIANCE and Self Directed Support Scotland (SDSS), which explored people's experience of Self-directed Support and social care in Scotland. found some variation in men and women's experiences. For participants in this study, women had generally received less information about Self-directed Support options and budgets than men, and were less content with the quality of information that they received	HR21 The adult Strategic needs assessment - http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf	**Negative employees** • The workforce is predominantly female. There could be an impact if the worker cannot move to the new work pattern there could be a reduced income to the household. **Employees – Positive** • There will be an increase in hours for employees, this could benefit the workforce as they have access to more hours, than they did before this re-design. • This will improve recruitment options for the future
Sexual Orientation	LGBT+ identities are associated with poorer health and wellbeing and	The adult Strategic needs assessment - http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf	**Positive and negative impact -** included in cross cutting section.
Human Rights	Right to equality FREDA' principles:	Human Rights Act	**Positive and negative impact -** included in cross cutting section.

	Fairness Respect Equality Dignity Autonomy The right for respect for private and family life, dignity and autonomy protected by the HRA (Article 8 of the European Convention on Human Rights) autonomy protected by Article 8 of the ECHR and by Article 19 of the Convention on the Rights of Persons with Disabilities		
Health	The longstanding impacts of poverty, poor employment and multiple deprivation have led to a less healthy population in West Dunbartonshire.	The adult Strategic needs assessment - http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf	**Positive and negative impact -** included in cross cutting section.
Social and Economic Impact	Overall, substantially higher proportions of people in the most deprived areas in Scotland receive home care support; 26% of people receiving home care lived in the most deprived areas, compared to 13.9% in the least deprived. However, this varies by age; 36.2% of those aged 16-64 receiving home care lived in the most deprived areas, compared to 7.5% in the least deprived, while there was little difference in the age 85 and over age group	No impact recognized	No impact recognized
Cross Cutting	Impacts on all protected characteristics and external impacts.	The adult Strategic needs assessment - http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf	**Positive – service user** • Employees will be on a standardized Rota, which will meet the times services users require a service with consistent Home Carers. That may well particularly benefit clients with dementia and mental health disabilities - people who would benefit from consistent relationships. • Processes are being developed to ensure the service is managing the budget correctly. • New review paperwork is being implemented to ensure the reviews are person centered. • People will be positively impacted by increased signposted to services via SDS options and service user assessment. Research by the ALLIANCE and Self Directed Support Scotland (SDSS) highlighted particular barriers to accessing information about Self-directed Support for older people, and suggested actions to address these barriers, including:

			increasing professional knowledge and awareness; streamlining and signposting; and ensuring people can access information in a range of formats. • The vast majority of people reported to have a community alarm or telecare are aged 65 and over, with the highest rates in the oldest age groups. For people aged 65-74, the community alarm/telecare rate per 1,000 population is 30, rising to 112 for the 75-84 age group, and 315 for those aged 85 and over23. Additionally, people in the older age groups are more likely to have both a community alarm or telecare and home care. • There will be a focus on reviews and having regular contact with service users and Home Carers to update care plans. • The referral process is being reviewed which will impact on the customer journey of receiving a service. The impact will allow staff to understand their roles and responsibilities within the process and ensure referrals to Care at Home are appropriate. • All service users will be required to have a eligibility assessment in place so the service can focus on those who need it. • The reviews will allow for better informed of individual needs/outcomes, improved quality of service and person centered approach. **Positive - Employees** • Organisers will be given more time to schedule, by adding four schedulers to the team. This will allow organisers to go out and meet service users regularly. • There will be an increase in hours for employees, this could benefit the workforce as they have access to more hours, than they did before this re-design. Analysis of SSSC data shows that there were 58,450 adult social care workers under the age of 44 in 2020, and at least 80% of the overall adult social care workforce were women. In addition, almost half of the adult social care workforce (47%) are on part time contracts and around 5.5% are on zero hours contracts, which may impact on maternity pay. • Increase in demand for the Community Alarm team which could mean more jobs. **Negative – service users** • No night time service will be provided due to a lesser demand of service and the service not being able to deliver a service within budget. • Personal Care tasks will be provided going forward. The care at home service will not provide domestic and shopping tasks. **Negative – Employees** • Some Home Carers may not be able to move to the new work pattern. The work pattern will involve weekends and out of hours. This may impact on income and may require assistance from HSCP as a service user. • It could also result in the person, being worse off

			financially.

Issue Description	Action Description	Actioner Name	Due Date
Removing providing a Care at Home service after 10pm.	Those who have an identified outcome via the My Life Assessment will receive support for night time. This can be via a supplier, technology, or a direct payment.	Jacqueline.Carson@west-dunbarton.gov.uk	18-Jul-2023
Personal Care tasks will only be provided going forward. The care at home service will not provide domestic and shopping tasks.	Those who have an identified outcome via the My Life Assessment will receive for domestic and shopping tasks. If not eligible the service user will be signposted to a supplier..	Jacqueline.Carson@west-dunbarton.gov.uk	18-Jul-2023
The aging workforce within Care at Home may not be able to move to the new work pattern.	Each employee for Care at Home will be able to have a discussion with their manager to consider if there is any alteration which can be made to the rota. However, the needs of the service user is a priority. Possible alternative employments may be on the Switch register.	Jacqueline.Carson@west-dunbarton.gov.uk	18-Jul-2023
It is recognised there will be an impact on a primarily female work force who may have caring responsibilities.	Each employee for Care at Home will be able to have a discussion with their manager to consider if there is any alteration which can be made to the rota. However, the needs of the service user is a priority. Possible alternative employments may be on the Switch register.	Jacqueline.Carson@west-dunbarton.gov.uk	18-Jul-2023

Policy has a negative impact on an equality group,but is still to be implemented, please provide justification for this.
The re-design report requires employers to provide feedback, and to allow for 45 days consultation. After feedback has been provided, the real impact will be known to employees, service users, and citizens of WD.
Will the impact of the policy be monitored and reported on an ongoing bases?
Operationally the implementation re-design (if approved after consultation) and an Assessment of its effectiveness will be monitored via the HSCP Project Management Board and Care at Home project board. Strategically its governance and any issues raised by protected characteristics will be managed via the HSCP Board, Project Management office
Q7 What is you recommendation for this policy?
Commence engagement on redesign with employees and ensure that female employees and service users who have nighttime needs are fully informed in the consultation.
Please provide a meaningful summary of how you have reached the Recommendation: the recommendation is part of the consultation process within WDC.

Appendix: Direction from Health and Social Care Partnership Board

Item 8
Appendix 3

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 (19th September 2023) FOR ACTION
Attachment: West Dunbartonshire Care at Home Redesign 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	HSCPB000046FT19092023
2	Date direction issued by Integration Joint Board	19th September 2023
3	Report Author	Fiona Taylor Head of Health and Community Care West Dunbartonshire Health and Social Care Partnership
4	Direction to:	West Dunbartonshire Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Care at Home services. The functions covered by this direction pertain to the provision of social care.

7	Full text and detail of direction	a) **Approve** the proposed changes outlined in section 4.29 of the cover report and detailed in Appendix 4 of this report to allow the proposal(s) to progress to employee and Trade Union consultation. **Appendix 4: Proposed Changes** The following Table outlines the proposed changes based on engagement with users of the service.

Number	User affected by change	Current position	Proposed Change	Comment
1.	Service User	Currently the service operates from 7am to 5am.	The service will be moving to a 7 day service from 7.30am to 10pm.	Service users who currently receive night time support will be reviewed via a My Life Assessment (MLA). The MLA is a social work tool which helps service users gain access to services to meet their outcomes to support them in their life. The MLA provides choice and control to the service user, and they can decide how their outcomes can be met by considering their options via Self Directed Support (SDS). If eligible the service user, will be provided an alternative support mechanism for support at

					night. The service will not be removed from existing service users until an alternative is found.	
		2.	Service User	Personal care and domestic, shopping tasks are provided to service users via the Care at Home service.	The service will only provide personal care tasks to service users.	Service users who currently receive support for domestic and shopping tasks, will be reviewed via a MLA. If eligible the service user, will be provided an alternative support mechanism for domestic and shopping tasks. The service will not be removed from existing service users until an alternative is found. Domestic and shopping tasks is a chargeable service within HSCP. If via the MLA, the service user is eligible for domestic tasks, there will still be a charge for the service user to pay. In some cases, it may be best to signpost the service user to local community services.

3.	Service User	There isn't a clear definition the service uses currently.	The definition of personal care tasks will be provided by COSLA guidance.1	The Home Carers job profile will be updated to ensure all personal care tasks are included.
4.	Home Carers	There are over 70 work patterns within the service, making covering the care hours for service users difficult.	All Home Carers will move to a standardised rota.	This rota will be '5 over 2' There will be two different shift patterns available over the 3 standard working patterns (17, 21, 35) across a rota of 5 and 2.
5.	Home Carers	Due to the various work patterns, vacancies, increasing use of external care, high use of agency and overtime, the correct number of Home Carers to cover the number of care hours at the right time is not currently in place.	The correct amount of Home Carers to cover the planned hours of care to deliver the service will be put in place.	N/A
6.	Home Carers	The job profile has not been updated since 2018.	The job profile will be submitted via job evaluation.	Two job profiles for Home Carers have been created and will be submitted to job evaluation. The job profiles reflect what is

[1] COSLA-Social-Care-Charging-Guidance-2022-2023.pdf, Care Support and Rights.dot (scot.nhs.uk) (Page 25, THE COMMUNITY CARE AND HEALTH (SCOTLAND) ACT 2002) and Public Services Reform (Scotland) Act 2010 (legislation.gov.uk)

					required from a Home Carer to support the current and future needs of the service user. All home carers will be provided with refresher training on the tasks.	
		7.	Organisers	Currently the organisers carry out all scheduling.	There will be the introduction initially of seven new schedulers;	Organisers will still oversee scheduling, as the manager of the area, but there will be additional resource who is responsible for this task. The aim is that an organiser would no longer be responsible for scheduling but will have oversight.	
		8.	Organisers	There is currently 21.4FTE Organisers.	Reduction of organisers from 21.4FTE to 16FTE through natural depletion.	In the re-design report within the section for people implications details how the planned natural depletion will happen.	
		9.	Organisers	The Organisers don't work out of hours or the weekends. It is in the contract currently that they 'may' but this has never	All organisers will work one weekend every four weeks.	To ensure management cover is in place, organisers will be required to work 1 weekend every four weeks.	

	been enforced.		
10. Organisers	There is an out of hour's management rota however, this has never included the organisers.	An on call rota will be put in place to ensure there is management cover in out of hours across the seven days.	This rota is required to include Organisers as managers of the Home Carers, it is required they cover out of hours.
11. Organisers	Organiser's contract states they start at 8:45am.	Start time will be 8am, instead of 8:45am.	Home Carers will start at 7am, alongside the new role, schedulers.
12. Organisers	There are currently 26 areas across Clydebank and Dumbarton.	Areas of work will be aligned to Council wards to allow a wider employee's pool with appropriate skills mix.	By merging the 26 areas to 6 areas, risk in terms of cover for absences (planned and unplanned) will be reduced, increased management support across areas and reducing silo working.
13. Organisers	N/A	The job profile will be submitted via job evaluation.	N/A
14. Service Managers/Team Leads	The service manager's work on a locality based nature.	The focus of the service manager (to be renamed Team Leads) will be changed from being locality focussed (Dumbarton and the Vale of Leven/Clydebank) to 'front line operations' and business operations'.	The name change, is to align with similar roles across HSCP.
15. Service Managers/Team Leads	The service managers are not included	An on call rota will be put in place to ensure there is management	N/A

		in an on call rota.	cover in out of hours across the seven days.	
16.	Service Managers/Team Leads	Service Managers contract states they start at 8:45am.	Start time will be 8am, instead of 8:45am.	N/A
17.	Service Managers/Team Leads	Currently one service manager manages community alarms and sheltered housing.	Community Alarms and Sheltered Housing services will be split between two Team Leads.	To meet the councils Strategic Operating Model, the services are required to be split between the three service managers.
18.	Service Managers/Team Leads	There are currently two permanent service managers and one interim.	An additional Team Lead will be added to the delivery model to support front line operations, bringing the total 3 Team Leads.	N/A
19.	Service Managers/Team Leads	N/A	The job profile will be submitted via Job evaluation.	N/A
20.	Coordinators/Business and Quality Leads	There is currently two coordinators for Clydebank and Dumbarton. The services organisational chart is not SOM compliant.	To meet the Councils Strategic Operating Model and the services business needs, two coordinators within the Care at Home delivery model will be removed from the current structure. These two roles will be replaced by the Business and Quality Lead role.	The Business and Quality Leads will provide a similar role to the coordinator but will not have any employee management responsibilities.
21.	Coordinators/Business and Quality Leads	The role is currently called our of hours co-ordinator.	The Out of hours Co-ordinator will be renamed Out of Hours and Scheduling co-	N/A

				ordinator and directly manage the scheduling team	
22.	Coordinators/Business and Quality Leads	Start time currently is 8:45am.	Start time will be 8am, instead of 8:45am.	N/A	
23.	Coordinators/Business and Quality Leads	The role is currently not on a standardised rota.	The Out of Hours and Scheduling co-ordinator will move to a standardised rota to cover out of hours.	The rota will be defined by the Team Lead.	
24.	Coordinators/Business and Quality Leads	N/A	The job profiles will be submitted via Job evaluation	N/A	
25.	Assistant Organisers/ Schedulers	There are currently three Assistant organisers in post.	The three Assistant Organisers will be removed from the delivery model.	The job profile has not previously been presented for job evaluation.	
26.	Assistant Organisers/ Schedulers	N/A	Schedulers will be on a rota seven days a week 7am – 10pm.	N/A	
27.	Assistant Organisers/ Schedulers	N/A	The three Assistant Organisers posts will move to the Scheduling team.	After comparing the Assistant organisers unapproved job profile and the scheduler's role, the scheduler's role was robust and fits the needs of the service.	
28.	Assistant Organisers/ Schedulers	N/A	The job profile will be submitted via Job evaluation.	N/A	
29.	Admin Officer/ Clerical Team	Start time currently is 8:45am.	Start time will be 8am, instead of 8:45am.	N/A	
30.	Admin Officer/ Clerical Team	N/A	The job profiles will be submitted via Job evaluation.	N/A	

		31.	In House Trainer	The in house trainer is a role within the service.	An in house trainer will be permanently recruited to the service.	N/A
		32.	In House Trainer	The job profile has never been in place and an organiser job profile was used to recruit the previous post holder.	The job profile will be submitted via Job evaluation.	A job profile has been created and will be submitted via job evaluation.
		33.	IOM	Start time currently is 8:45am.	Start time will be 8am, instead of 8:45am.	N/A
		34.	IOM	N/A	The job profile will be submitted via Job evaluation.	N/A

8	Specification of those impacted by the change	Services users of Care at Home, employees of Care at Home.
9	Budget allocated by Integration Joint Board to carry out direction	No budget is required

10 Desired outcomes detail of what the direction is intended to achieve

Objective	Source	Measure
Ensure the service is delivered within the agreed budget.	Monthly Budget reports - Finance	Spend is within the agreed budget.
Services are sustainable for the future.	Annual performance indicators – Information team	Service is able to support the increase in demand and complexity of care and deliver this in budget.
Focusing on driving care via internal Care at Home service.	Monthly Budget reports - Finance	% of internal care at home hours of care is increased. % of planned agency spend is decreased
Reducing the spend on agency.	Monthly Budget reports - Finance	Agency spend is reduced by £650k.
Ensure fair working principles are being followed.	Monthly HR reports – HR21	% reduction in employees working over fair working hours.
Reducing enhanced overtime spend;	Monthly Budget reports - Finance	Service delivers within the agreed overtime budget.

		Analyse the impact the Reablement service will have on mainstream Care at Home.	Referrals report – Care First	No. Of people referred to Reablement. No. of people transferred to mainstream care at home, measured against 2022/2023 referrals.
		Ensuring reviews take place every six months as per Care Inspectorate guidance.	Care at Home management report	6 monthly analysis of the weekly management report will demonstrate that within a 6 month period at least 80% of service users will have been reviewed. This allows for those in hospital or unable to be reviewed due to other reasons.
		Training for all employees to carry out their job profile.	CM2000 and Ilearn	100% of employees will have completed required statutory and mandatory training. 100% of employees will have complete role specific training. Records will be available to demonstrate employees training.
		Processes which are implemented help avoid hospital admissions and/or avoid or delay care home admissions.	All processes	ACP's to be shared via care plans to ensure all employees are aware of people's wishes and plan of care if condition changes. 2 weekly MDT meetings to raise concerns. Urgent and Unscheduled Care measures.
		Maximise the use of all our community assets including sheltered housing and technology enabled care.	Referral and My Life assessments – Care First	% referrals to TEC. % referrals to sheltered housing. Monitor SDS options (once new referral pathway is in place).
		Provide choice for the service user on how they would like their care to be delivered as per SDS legislation.	My Life assessments – Care First	% of service users with an MLA. % of SDS split.
		Signposting and directing families and service users to all offerings which are available to support daily living as an alternative method of care e.g. day service, social support.	Referral and My Life assessments – Care First	MLA- SDS options. No. of referrals to day Services - broken into HCSP day services and alternative day service providers. No. of care hours as above.
11	Strategic Milestones	Consultation begins		September 2023
		Consultation ends		November 2023
		Implementation of consultation		December – March 2024

12	Overall Delivery timescales	March 2024
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.
14	Date direction will be reviewed	September 2024

Appendix 4: Proposed Changes

The following Table outlines the proposed changes based on engagement with users of the service.

Number	User affected by change	Current position	Proposed Change	Comment
1.	Service User	Currently the service operates from 7am to 5am.	The service will be moving to a 7 day service from 7.30am to 10pm.	Service users who currently receive night time support will be reviewed via a My Life Assessment (MLA). The MLA is a social work tool which helps service users gain access to services to meet their outcomes to support them in their life. The MLA provides choice and control to the service user, and they can decide how their outcomes can be met by considering their options via Self Directed Support (SDS). If eligible the service user, will be provided an alternative support mechanism for support at night. The service will not be removed from existing service users until an alternative is found.
2.	Service User	Personal care and domestic, shopping tasks are provided to service users via the Care at Home service.	The service will only provide personal care tasks to service users.	Service users who currently receive support for domestic and shopping tasks, will be reviewed via a MLA. If eligible the service user, will be provided an alternative support mechanism for domestic and shopping tasks. The service will not be removed from existing service users until an alternative is found. Domestic and shopping tasks is a chargeable service within HSCP. If via the MLA, the service user is eligible for domestic tasks, there will still be a charge for the service user to pay. In some cases, it may be best to signpost the service user to local community

				services.
3.	Service User	There isn't a clear definition the service uses currently.	The definition of personal care tasks will be provided by COSLA guidance.[1]	The Home Carers job profile will be updated to ensure all personal care tasks are included.
4.	Home Carers	There are over 70 work patterns within the service, making covering the care hours for service users difficult.	All Home Carers will move to a standardised rota.	This rota will be '5 over 2' There will be two different shift patterns available over the 3 standard working patterns (17, 21, 35) across a rota of 5 and 2.
5.	Home Carers	Due to the various work patterns, vacancies, increasing use of external care, high use of agency and overtime, the correct number of Home Carers to cover the number of care hours at the right time is not currently in place.	The correct amount of Home Carers to cover the planned hours of care to deliver the service will be put in place.	N/A
6.	Home Carers	The job profile has not been updated since 2018.	The job profile will be submitted via job evaluation.	Two job profiles for Home Carers have been created and will be submitted to job evaluation. The job profiles reflect what is required from a Home Carer to support the current and future needs of the service user. All home carers will be provided with refresher training on the tasks.

[1] COSLA-Social-Care-Charging-Guidance-2022-2023.pdf, Care Support and Rights.dot (scot.nhs.uk) (Page 25, THE COMMUNITY CARE AND HEALTH (SCOTLAND) ACT 2002) and Public Services Reform (Scotland) Act 2010 (legislation.gov.uk)

7.	Organisers	Currently the organisers carry out all scheduling.	There will be the introduction initially of seven new schedulers;	Organisers will still oversee scheduling, as the manager of the area, but there will be additional resource who is responsible for this task. The aim is that an organiser would no longer be responsible for scheduling but will have oversight.
8.	Organisers	There is currently 21.4FTE Organisers.	Reduction of organisers from 21.4FTE to 16FTE through natural depletion.	In the re-design report within the section for people implications details how the planned natural depletion will happen.
9.	Organisers	The Organisers don't work out of hours or the weekends. It is in the contract currently that they 'may' but this has never been enforced.	All organisers will work one weekend every four weeks.	To ensure management cover is in place, organisers will be required to work 1 weekend every four weeks.
10.	Organisers	There is an out of hour's management rota however, this has never included the organisers.	An on call rota will be put in place to ensure there is management cover in out of hours across the seven days.	This rota is required to include Organisers as managers of the Home Carers, it is required they cover out of hours.
11.	Organisers	Organiser's contract states they start at 8:45am.	Start time will be 8am, instead of 8:45am.	Home Carers will start at 7am, alongside the new role, schedulers.
12.	Organisers	There are currently 26 areas across Clydebank and Dumbarton.	Areas of work will be aligned to Council wards to allow a wider	By merging the 26 areas to 6 areas, risk in terms of cover for absences (planned and unplanned) will be reduced, increased management support across areas and reducing silo working.

			employee's pool with appropriate skills mix.	
13.	Organisers	N/A	The job profile will be submitted via job evaluation.	N/A
14.	Service Managers/Team Leads	The service manager's work on a locality based nature.	The focus of the service manager (to be renamed Team Leads) will be changed from being locality focussed (Dumbarton and the Vale of Leven/Clydebank) to 'front line operations' and business operations'.	The name change, is to align with similar roles across HSCP.
15.	Service Managers/Team Leads	The service managers are not included in an on call rota.	An on call rota will be put in place to ensure there is management cover in out of hours across the seven days.	N/A
16.	Service Managers/Team Leads	Service Managers contract states they start at 8:45am.	Start time will be 8am, instead of 8:45am.	N/A
17.	Service Managers/Team Leads	Currently one service manager manages community alarms and sheltered housing.	Community Alarms and Sheltered Housing services will be split between two Team Leads.	To meet the councils Strategic Operating Model, the services are required to be split between the three service managers.

18.	Service Managers/Team Leads	There are currently two permanent service managers and one interim.	An additional Team Lead will be added to the delivery model to support front line operations, bringing the total 3 Team Leads.	N/A
19.	Service Managers/Team Leads	N/A	The job profile will be submitted via Job evaluation.	N/A
20.	Coordinators/Business and Quality Leads	There is currently two coordinators for Clydebank and Dumbarton. The services organisational chart is not SOM compliant.	To meet the Councils Strategic Operating Model and the services business needs, two coordinators within the Care at Home delivery model will be removed from the current structure. These two roles will be replaced by the Business and Quality Lead role.	The Business and Quality Leads will provide a similar role to the coordinator but will not have any employee management responsibilities.
21.	Coordinators/Business and Quality Leads	The role is currently called our of hours co-ordinator.	The Out of hours Co-ordinator will be renamed Out of Hours and Scheduling co-ordinator and directly manage the scheduling team	N/A

22.	Coordinators/Business and Quality Leads	Start time currently is 8:45am.	Start time will be 8am, instead of 8:45am.	N/A
23.	Coordinators/Business and Quality Leads	The role is currently not on a standardised rota.	The Out of Hours and Scheduling co-ordinator will move to a standardised rota to cover out of hours.	The rota will be defined by the Team Lead.
24.	Coordinators/Business and Quality Leads	N/A	The job profiles will be submitted via Job evaluation	N/A
25.	Assistant Organisers/ Schedulers	There are currently three Assistant organisers in post.	The three Assistant Organisers will be removed from the delivery model.	The job profile has not previously been presented for job evaluation.
26.	Assistant Organisers/ Schedulers	N/A	Schedulers will be on a rota seven days a week 7am – 10pm.	N/A
27.	Assistant Organisers/ Schedulers	N/A	The three Assistant Organisers posts will move to the Scheduling team.	After comparing the Assistant organisers unapproved job profile and the scheduler's role, the scheduler's role was robust and fits the needs of the service.
28.	Assistant Organisers/ Schedulers	N/A	The job profile will be submitted via Job evaluation.	N/A

29.	Admin Officer/ Clerical Team	Start time currently is 8:45am.	Start time will be 8am, instead of 8:45am.	N/A
30.	Admin Officer/ Clerical Team	N/A	The job profiles will be submitted via Job evaluation.	N/A
31.	In House Trainer	The in house trainer is a role within the service.	An in house trainer will be permanently recruited to the service.	N/A
32.	In House Trainer	The job profile has never been in place and an organiser job profile was used to recruit the previous post holder.	The job profile will be submitted via Job evaluation.	A job profile has been created and will be submitted via job evaluation.
33.	IOM	Start time currently is 8:45am.	Start time will be 8am, instead of 8:45am.	N/A
34.	IOM	N/A	The job profile will be submitted via Job evaluation.	N/A

Appendix 5: Project Objectives and Measures

Objective	Source	Measure
Ensure the service is delivered within the agreed budget.	Monthly Budget reports - Finance	Spend is within the agreed budget.
Services are sustainable for the future.	Annual performance indicators – Information team	Service is able to support the increase in demand and complexity of care and deliver this in budget.
Focusing on driving care via internal Care at Home service.	Monthly Budget reports - Finance	% of internal care at home hours of care is increased. % of planned agency spend is decreased
Reducing the spend on agency.	Monthly Budget reports - Finance	Agency spend is reduced by £650k.
Ensure fair working principles are being followed.	Monthly HR reports – HR21	% reduction in employees working over fair working hours.
Reducing enhanced overtime spend;	Monthly Budget reports - Finance	Service delivers within the agreed overtime budget.
Analyse the impact the Reablement service will have on mainstream Care at Home.	Referrals report – Care First	No. Of people referred to Reablement. No. of people transferred to mainstream care at home, measured against 2022/2023 referrals.
Ensuring reviews take place every six months as per Care Inspectorate guidance.	Care at Home management report	6 monthly analysis of the weekly management report will demonstrate that within a 6 month period at least 80% of service users will have been reviewed. This allows for those in hospital or unable to be reviewed due to other reasons.
Training for all employees to carry out their job profile.	CM2000 and Ilearn	100% of employees will have completed required statutory and mandatory training. 100% of employees will have complete role specific training. Records will be available to demonstrate employees training.
Processes which are implemented help	All processes	ACP's to be shared via care plans to ensure all employees are aware of people's wishes and plan of

avoid hospital admissions and/or avoid or delay care home admissions.		care if condition changes. 2 weekly MDT meetings to raise concerns. Urgent and Unscheduled Care measures.
Maximise the use of all our community assets including sheltered housing and technology enabled care.	Referral and My Life assessments – Care First	% referrals to TEC. % referrals to sheltered housing. Monitor SDS options (once new referral pathway is in place).
Provide choice for the service user on how they would like their care to be delivered as per SDS legislation.	My Life assessments – Care First	% of service users with an MLA. % of SDS split.
Signposting and directing families and service users to all offerings which are available to support daily living as an alternative method of care e.g. day service, social support.	Referral and My Life assessments – Care First	MLA- SDS options. No. of referrals to day Services - broken into HCSP day services and alternative day service providers. No. of care hours as above.

Appendix 6: Engagement

Engagement Method	Responses
All employee survey.	All employees (750) within Care at Home were sent this survey. 13% response rate.
Organisers Survey.	All organisers (18) were sent this survey. There was an 88% response rate.
Ideation sessions	Ideation services are part of the discover and define stage allowing employees to solicit thoughts and ideas on topics such as scheduling, agency, overtime, assessments, reviews, referrals and processes. There were four Ideation sessions, including ten organisers, two service managers, two co-ordinators, one Care at Home Accountant and one admin supervisor. At these sessions, problem statements were written and ideas were produced on how to respond to these problems.
Seven online and face to face workshops with home carers and Trade Union colleagues.	These workshops were to gain feedback from Home Carers on what they would like to see changed within the service. On average, ten Home Carers attended each workshop. TU colleagues were invited via the Head of Service at the JCC to name representatives for each group, and deputies if they were unable to attend. Two Trade Union members attended some of these sessions.
A dedicated mailbox for employees.	The mailbox was for all employees to submit any ideas of change, problems they would like reviewed or any questions they had on the re-design project.
A text re-design telephone number to text questions.	The dedicated telephone number is for Home Carers to submit any questions they have on the re-design project. Employees could text at any time. After an update was provided to employees via text, on average 20 replies would be received.
All 1430 service users were sent a survey via postal mail.	Over 600 responses were provided by service users.
Regular meetings with the Care at Home team.	This meeting would have occurred every week since January 2022.
Informal carers via Survey Monkey with over 100 responses.	Carers of service users were sent a survey for them to share their opinion and suggestions of improvements.

Monthly project update meetings with all office employees.	Estimated to have engaged with 37 employees. Those who cannot attend have access to the project board reports on MS Teams.
Quarterly project update sessions with home carers.	On average 180 Home Carers would attend each session. The link to the session would be sent to all Home Carers via text allowing them to view at a time that suits. In total three sessions took place.
Access to project information within MS Teams	All office employees, and Trade Union colleagues have access to project information

Appendix 7: You said, we did

You said	Source	We did
Contracts/job profiles reviewed/One pay grade	Home Carers Employee survey	All job profiles within the service have been updated and will be submitted via Job evaluation process.
Service user handbook, employee handbooks to be updated	Home Carers	This has been included in the scope of the re-design and will be implemented.
Personal/training development	Home Carers	A Training plan for all employees within the service will be included in the scope of the project.
Team meetings/1:1/employees supervision	Home Carers Care Inspection	This will be put in place and making sure the Organisers have the time to implement this for their employees.
Updated medication training/policy	Home Carers	Medication policy and SOP has been created and will be submitted to HSCP Board for approval in September 2023. Training will be provided afterwards.
Management support 7 days a week	Home Carers All employee survey	An out of hour's management rota will be implemented. Organisers will be required to work one weekend every four weeks. An out of hour's coordinator has been recruited to support.
Develop a work pattern for Home carers that will meet the needs of the service and those using the service.	Ideation session – small working group	It is proposed all Home Carers will move to a standardised rota.
That a new and innovative approach be developed in order to attract recruits to Care at Home Teams whilst developing methods to create better links with education establishments	Ideation session – small working group	This is included as a task within the Care at Home project.

and communities;		
That current internal processes be reviewed and improved to ensure effective and efficient ways of working,	Ideation session – small working group	This is included as a task within the Care at Home project. This will include and notwithstanding; referral process, agency, care plans and overtime process.
Use CM2000 to its full potential including the introduction of new modules that will support the organisers with scheduling, enabling them to carry out the other duties that their role requires.	Ideation session – small working group	Implement Max Care.
Care plan updated	Ideation session – small working group	A small working group was created to update and amend the existing care plans.
Reduce the amount of time Organisers spend on Scheduling	Ideation session – small working group Home Carers Organisers survey	Implement a new role called schedulers to support Organisers schedule.
Regular reviews	Service users Home Carers	By implementing schedulers this will allow Organisers more time to meet service users regularly.
Regular Home Carer provides the same care and care is consistent 7 days a week	Home Carers Service users	Home Carers will move to a standardised rota to cover when Care is required and when it is not. Management cover will be in place to support Home Carers.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

19 September 2023

Subject: West Dunbartonshire Health and Social Care Partnership - Commissioning Process

1 Purpose

1.1 The purpose of this report is to update the HSCP Board on the commissioning process for externally delivered social care services.

1.2 In March 2023 the IJB approved their strategic plan, Improving Lives Together 2023 – 2026. In order to support the vision noted in the strategic plan we have developed the commissioning process to align with this approach.

1.3 Commissioning can be complex as there are multiple stakeholders and departments involved which require careful consideration and coordination. This new process aims to address issues of duplication and improve the overall efficiency of the commissioning process.

2 Recommendations

2.1 It is recommended that the HSCP Board note the process as outlined in Appendix I and its links to the Quality Assurance Framework which will be brought to a future Board.

3 Background

3.1 West Dunbartonshire Health and Social Care Partnership's (HSCP) approach to commissioning has been largely transactional. From consulting with multiple colleagues and taking account of the implementation of Ethical Commissioning it was felt that developing the commissioning process would be appropriate. This would support the HSCP to engage meaningfully with internal and external stakeholders such as staff, providers, residents of West Dunbartonshire who receive social care services and their carers. The development of a collaborative and inclusive approach to commissioning is in line with the HSCP's strategic plan.

3.2 The document highlights any changes or updates in relation to the commissioning process which should impact positively on compliant spend monitoring, budget adherence following the future implementation of the Quality Assurance Framework.

3.3 At the time of writing WD HSCP is in the process of recruiting a full time Contracts and Commissioning Officer, this role is currently being covered by the Contracts, Commissioning and Quality Assurance Manager.

4 Main Issues

4.1 WD HSCP is committed to moving away from transactional based commissioning to a more outcomes focused collaborative commissioning underpinned by ethical commissioning standards.

4.2 Standardising our approach to commissioning supports the future implementation of the Service Improvement and Quality Assurance Frameworks which are in line with WD HSCPs strategic plan and will be brought to a future Board.

5 Options Appraisal

5.1 An options appraisal is not required for this report.

6 People Implications

6.1 There are no personnel implications associated with this report.

7 Financial Implications

7.1 There are no financial implications with this report.

8 Risk Analysis

8.1 Best Value is a statutory duty from the Local Government (Scotland) Act 2003 and is defined as continuous improvement in the performance of an organisations function. Best Value applies to Integration Joint Board's (IJB's) and the WD HSCP Board in demonstrating Best Value in all its partnership agreements. The commissioning process assists the HSCP Board in demonstrating how it is meeting its Best Value duties and how it is driving continuous improvement across the HSCP.

9 Equalities Impact Assessment

9.1 An Equalities Impact Assessment is not required at this time.

10 Environmental Sustainability

10.1 A Strategic Environmental Assessment (SEA) is not required at this time, however Environmental Sustainability was taken into account when developing the commissioning process.

11 Consultation

11.1 The report has been prepared by the Head of Strategy and Planning for West Dunbartonshire HSCP after due consideration with relevant senior officers in the HSCP.

12 Strategic Assessment

12.1 The establishment of a commissioning process is in line with HSCP's Strategic Plan. The implementation of this process supports the delivery of three discrete actions within the Strategic Delivery Plan as agreed by the HSCP Board in March 2023.

13 Directions

13.1 Directions are required for this report for both West Dunbartonshire Council and NHS GG&C. See Appendix 2.

Margaret-Jane Cardno

Head of Strategy and Transformation

1 August 2023

Person to Contact: Neil McKechnie, Contracts, Commissioning and Quality Assurance Manager.
West Dunbartonshire HSCP
Email: neil.mckechnie@west-dunbarton.gov.uk

Appendices: Appendix 1 – Commissioning Process

Appendix 2 – Directions

West Dunbartonshire Health and Social Care Partnership

Appendix 1 - Commissioning Process

Document Title:	Commissioning Process	Owner:	Margaret Jane Cardno
Version No.	V1	Superseded Version:	N/A
Date Effective:		Review Date:	April 2025

Contents Page

1. Introduction and Background

West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to continuous improvement across all areas in which it works. There has been a recognisable and long term gap concerning how the HSCP commissions external social care services.

Commissioning is a complex process which involves the coordination of multiple departments and stakeholders. Without a defined process, it is easy for stakeholders to be missed out, departments to be included when it is too late and service user engagement (where appropriate) omitted.

This can create tensions between departments and can cause delays in service implementation. Ultimately, this can have a negative impact on those who use and rely on social care services.

In order to address the gap in commissioning the HSCP recruited a Contracts, Commissioning and Quality Assurance Manager and formed the Contracts, Commissioning and Quality Assurance team.

This team has been formed since December 2022 and incorporates the following teams:

- Care Contracts
- Quality Assurance
- Self-Directed Support
- Contracts and Commissioning

Having the team in place means that we are now able to implement a commissioning process which addresses the concerns raised by senior officers within the HSCP as well as providing HSCP and Council colleagues with clarity around the process including clear lines of responsibility and accountability.

2. Purpose

The purpose is to have a standardised way to approach the commissioning of an external social care service in a way which is in line with both procurement regulations and the Council's Financial Standing Orders.

This process underpins the HSCP's move away from transactional based commissioning to a more outcomes focused and collaborative method of commissioning external social care services.

Furthermore, the adoption of this process supports the HSCP's alignment to Ethical Commissioning Standards as directed by Scottish Government.

3. Commissioning Process

The commissioning process outlined below will come into effect when a commissioned social care service requires to be renewed as it approaches its contract end date, where something substantive changes within an existing social care service which requires a re-design/change to service level agreement (service specification) or where there is a requirement to develop a new social care service.

Stage 1 – Service Requirement

- Contracts, Commissioning and Quality Team contact Operational colleagues to advise of a renewal requirement (future position, once the services register is set up).
- Operational colleagues contact the Contracts, Commissioning and Quality Assurance Manager to discuss their requirements (this is the current position).
- Contracts, Commissioning and Quality Assurance Manager confirms that the commissioning process is appropriate.
- Contracts, Commissioning and Quality Assurance Manager and Operational colleagues confirms budget envelope with Finance colleagues.
- Once budget envelope is agreed with Finance colleagues, stage two can commence.

Stage 2 – Service Planning

- Contracts, Commissioning and Quality Assurance Manager organises initial meeting. Representatives from the following service areas would attend:
    - Operations (Service Area)
    - Corporate Procurement Unit
    - Finance
    - Quality Assurance
    - Legal
    - Service Improvement (if the Operational area is going through a full re-design)
    - Housing (if the service requires accommodation)
- The initial service planning meeting will be chaired by the Contracts, Commissioning and Quality Assurance Manager, who will discuss and agree each attendees' role and responsibilities during the commissioning process.

- A timeline will be agreed, along with a meeting programme will be agreed at this meeting.
- Corporate Procurement Unit will confirm what procurement process is required to be followed.
- Contracts, Commissioning and Quality Assurance Team will complete the Procurement Request Form.
- Attendees will be informed at this stage as to who will be required to attend on a recurring basis.
- Contracts, Commissioning and Quality Assurance Manager will notify the Head of Service of the timelines and procurement route.

Stage 3 – Service Level Agreement Development

- Contracts, Commissioning and Quality Assurance Manager arranges a series of commissioning meetings to develop a service level agreement with relevant departments and stakeholders (as noted above, in Stage two – Service Planning).
- Contracts, Commissioning and Quality Assurance Manage ensures that the Service Level Agreement is developed in line with the Service Improvement and Quality Assurance Frameworks.
- Contracts, Commissioning and Quality Assurance Manager provides final Service Level Agreement to the Head of Service for approval.
- Contracts, Commissioning and Quality Assurance Manager provides final Service Level Agreement to the Corporate Procurement Unit in order to complete the Contract Strategy.
- Contracts, Commissioning and Quality Assurance Manager provides final Service Level Agreement to Legal, in order for them to incorporate into the overall contract.
- Contracts, Commissioning and Quality Assurance Manager will provide updates to the relevant Head of Service on progress against time line.

Stage 4 - Tendering

- This stage is relevant where a Direct Award has not been selected.
- Contract, Commissioning and Quality Assurance Manager holds a Tendering meeting with the following departments:
    - Operations
    - Finance
    - Corporate Procurement Unit
    - Legal
- Meeting to discuss the tendering materials, develops appropriate questions and scoring matrix, evaluation criteria and to ensure a provider event (where appropriate) is planned.
- A separate timeline is developed and agreed for this, incorporating appropriate response times and evaluation time.
- The tendering process is then followed, as set out by the Corporate Procurement Unit.
- Upon the outcome, Procurement colleagues make a recommendation to the group and submit a report to the Tendering Committee for approval.

Stage 5 – Appointing the Provider

- This stage is relevant where a Direct Award or full Tender process has been completed.
- Contracts, Commissioning and Quality Assurance Manager notifies Legal that the contracts are ready to be issued to the selected provider.
- Legal issue contracts to the Contracts, Commissioning and Quality Assurance Manager.
- Contracts, Commissioning and Quality Assurance Manager issues contract and associated award letter to the provider.
- Contracts, Commissioning and Quality Assurance Manager provides signed copies of the contract to Procurement and Legal.
- Signed copy of contract is saved centrally by the Contracts, Commissioning and Quality Assurance team.
- Service and Provider details are added to the services register by the Contracts, Commissioning and Quality Assurance team.

- Contracts, Commissioning and Quality Assurance team add provider to Agresso where required.

Stage 6 – Service Implementation

- Once contracts have been issued, Contracts, Commissioning and Quality Assurance Manager sets up an implementation meeting involving the following:
    - Operations
    - Quality Assurance
    - Service Improvement (if the Operational area is going through a full re-design)
    - Housing (if the service requires accommodation)
    - Provider
- A final implementation plan (including timeline) will be agreed and the responsibility for the service commencing at the agreed time will sit with Operations. Contracts, Commissioning and Quality Assurance, will support the implementation where it is appropriate to do so.
- Quality assurance, review and monitoring information will be confirmed (as per the Service Level Agreement) at this stage.

At the end of stage six, the process is complete and the Contracts, Commissioning and Quality Assurance team provide standard support in line standard operating procedures.

The process owner is the Contracts, Commissioning and Quality Assurance Manager, however it is acknowledged that they may delegate any of their actions to a member of the Contracts, Commissioning and Quality Assurance team as may be appropriate.

4. Equalities

The HSCP and partners will ensure that any activities undertaken under this process will be done so whilst taking into consideration the equalities duties that the HSCP is responsible for ensuring underpins all of its work. i.e. HSCP is required to give due regard to the three key requirements of the general duty as defined in the Equality Act 2010 throughout its day-to-day business by:

- Eliminating discrimination, harassment and victimisation;
- 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.

Anyone carrying out work under this process must have due regard to the nine protected characteristics (Race, Disability, Age, Sex, Sexual Orientation, Gender Reassignment, Pregnancy and Maternity, Marriage, Civil Partnership and Religion) and pay due diligence to these as work under this process is progressed.

In addition to the statutory requirements of the Equality Act 2010, HSCP should have due regard for the duties laid out in the Fairer Scotland Duty Guidance.

This guidance was updated in October 2021 a HSCP needs to ensure that it maximises its efforts to reduce the inequalities of outcome, caused by socioeconomic disadvantage, in any strategic decision-making or policy development.

The HSCP can ensure equity is considered in all areas of its strategic and policy development work if it considers both these key areas.

5. Process Review

This process will be reviewed in line with any changes to national Procurement Regulations, West Dunbartonshire Council's Financial Standard Orders and Scottish Government Directives regarding ethical commissioning and/or the development of a National Care Service.

Notwithstanding, the process will be reviewed in April 2025 which will allow sufficient time for the process noted in clause three to be embedded within the HSCP and any learning to be collated and applied by way of improvement, in line with the future implementation of the Quality Assurance Framework.

Further information on this process can be obtained by contacting the Contracts, Commissioning and Quality Assurance Team.

Appendix D : Direction from Health and Social Care Partnership Board.

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

From: Chief Office HSCP
To: Chief Executive(s) WDC and/or NHSGCC
CC: HSCP Chief Finance Officer, HSCPB Chair and Vice-Chair
Subject: For Action: Direction(s) from HSCPB 19th September 2023
Attachment: Commissioning Process for HSCP Services
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	HSCPB000048MJC19092023
2	Date direction issued by Integration Joint Board	Tuesday 19th September 2023
3	Report Author	Neil McKechnie Contracts, Commissioning & Quality Assurance Manager
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 health and social care commissioned services.
7	Full text and detail of direction	The Contracts, Commissioning and Quality Assurance team shall continue to improve the way in which the HSCP commission health and social care services by implementing the commissioning process which was considered by the IJB on the 19th of September 2023.
8	Specification of those impacted by the change	HSCP and NHS GGC staff, service users and providers.
9	Budget allocated by Integration Joint Board to carry out direction	N/A

10	Desired outcomes detail of what the direction is intended to achieve	This direction is to support the HSCP in delivering the vision detailed in the IJB's Strategic Plan – Improving Lives Together 2023-26. To ensure the HSCP meaningfully engages with internal and external stakeholders such as staff, providers, residents of West Dunbartonshire who receive health and social care services and their carers. To support the HSCP in implementing a commissioning process which takes account of Ethical Commissioning.	
11	Strategic Milestones	Issue IJB a paper on a revised Commissioning Process for consideration	September IJB
		Pre-implementation of Commissioning Process Communication	w/c 9th of October (subject to IJB approval of Commissioning Process)
12	Overall Delivery timescales	Commissioning Process implementation role out from 1st November.	
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	April 2025.	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Service for Mental Health, Learning Disability & Addictions

19 September 2023

Subject: NHS GG&C Pharmacy Transformation Project

1. Purpose

1.1 To provide an update on progress NHSGG&C Pharmacy Transformation Project implementation in relation to West Dunbartonshire HSCP.

2. Recommendations

2.1 It is recommended Members note this update.

3. Background

3.1 The Scottish Government allocated specific funding for four years (2021/22 to 2024/25) to be targeted towards Mental Health Pharmacy as part of the Mental Health Recovery and Renewal Fund. Services are under pressure due to reduced medical staffing and increased patient activity. It is anticipated that Pharmacist's input will improve the quality of prescribing, improve patient outcomes and release medical capacity.

3.2 This tests of change is being delivered by a band 7 mental health Clinical Pharmacist, two days per week, working within Goldenhill Community Mental Health Team (CMHT) in Clydebank, alongside other sites across NHS GG&C. The Scottish Government Mental Health Pharmacy Recovery Funding provide the bulk of the funding, supported by a contribution from our core service budget.

4. Main Issues

4.1 Test of changes requires the Pharmacist to establish:

- Integration and participation in multi-disciplinary working.
- Pharmacist-led, newly prescribed medications clinic.
- Medication review process.
- Patient medication enquiry service.
- Medication advice to G.Ps.

- Pharmacist and Physical Health Care Nurse review, that support physical health care of people with complex mental illness.

- Attention Deficit Hyperactivity Disorder (ADHD) clinic.

- Build staff skills and knowledge.

- Carer education.

- A data strategy and evaluation will follow to measure the success of each individual intervention in terms of patient care and service outcomes.

Progress to Date

4.2 The Pharmacist has established themselves within the team and has delivered on all the expected roles. Examples include:

- Post-ADHD diagnosis interventions traditionally involved medical staff seeing the patient at least every six months for stable patients, and more frequently for those who were newly prescribed. However, the role of the pharmacist now includes carrying out a titration and switch service for patients, which necessitates a minimum of monthly appointments until the person is stable. Following that, a six-monthly review is conducted. Medical staff are now expected to perform an initial assessment and subsequently conduct an annual review.

- New G.P referrals for medication reviews are completed by pharmacist instead of medical staff.

- The support provided for physical health care reviews is freeing up both junior doctor and Consultant time.

- Patients and carers now have direct access to a specialist mental health pharmacist.

- Staff, including nursing and occupational therapy, report that they can access direct pharmacy advice, supporting skill-building, which used to the responsibility of medical staff alone.

  Early indications are that overall the pharmacist presence in the team has resulted in improved efficiency and expanded access to specialised services,

4.3 Next steps

4.31 Pharmacist is expected to complete an independent prescribing course that will enable non-medical prescribing of medication. The expectation is that this will further increase capacity of medical colleagues.

4.32 A data strategy and formal evaluation will be completed to measure the success of each individual intervention in terms of delivering improved patient care, increased medical capacity, and successful integration of the pharmacist within Adult CMHT. This is expected to be delivered by the end December 2024.

5. Options Appraisal

5.1 Not required.

6. People Implications

6.1 Mental Health Practitioners, patients and their carers.

7. Financial and Procurement Implications

7.1 Funding is not currently recurring.

8. Risk Analysis

8.1

- Failure to achieve long-term funding within the existing budget, or from an external funding source, is a threat to sustainability of post.
- Recruitment to the post, if established in long term.
- Robust data collection process is required.

9. Equalities Impact Assessment (EIA)

9.1 Any subsequent changes in services will require EQIA but not at this stage.

10. Environmental Sustainability

10.1 No direct environmental impact.

11. Consultation

11.1 NHS GG&C Pharmacy Transformation Projects Steering Group will deliver staff and patient consultation as part of the quality improvement process.

12. Strategic Assessment

12.1 This work is in line with the HSCPs 5 key strategic priorities: early intervention; access; resilience; assets and inequalities.

13. Directions

13.1 No directions required.

Name: Sylvia Chatfield
Designation: Head of Mental Health, Learning Disabilities and Addictions
Date: 8 September 2023

Person to Contact: Sylvia Chatfield
Email: sylvia.chatfield@ggc.scot.nhs.uk

Appendices:

Appendix 1: Pharmacy Mental Health Transformational Change Project Project Plan

Appendix 2: Goldenhill CMHT Pharmacy Test of Change Project Plan

Background Papers: None

NHS Greater Glasgow & Clyde

Mental Health Pharmacy Services

Pharmacy Mental Health Transformational Change Project

Project Plan

Document Version Control

Date	Editor	Rationale
26/05/23	V McGarry	First draft

Background

The Scottish Government allocated specific funding for four years (2021/22 to 2024/25) to be targeted towards Mental Health Pharmacy as part of the Mental Health Recovery and Renewal Fund. Services are under pressure due to reduced medical staffing and increased patient activity. It is anticipated that pharmacist input will improve the quality of prescribing, improve patient outcomes and release medical capacity.

A number of proposals came from the NHSGGC mental health complex and, as all had merit, the respective services contributed a portion of core budget to supplement the central fund to ensure all of the proposals could progress.

A brief summary of the proposed pharmacy roles is indicated below:

Project/Service	Outline
ADRS	Split post between in patient ADRS wards and community services providing specialist care and oversight of MAT standards.
Adult CMHTs	Introducing pharmacists to several Adult CMHTs (Auchinlea, East Renfrewshire, Goldenhill, Charleston, Riverside, and Inverclyde) to test roles both common and unique within each CMHT. The range of activities will include management of ADHD, pharmacy led clinics, integration into the MDT.
CAMHS	Medication reviews, New antidepressant and anxiolytic treatment pathway (for low / medium risk patients initially)
Forensics	Polypharmacy clinics, chronic disease clinics, high risk medicines follow up, and a patient led drop in service.
Older Adults CMHT	Pharmacist led clinics and MDT engagement, including pharmacist led physical health clinic and cognitive enhancer clinic.
Learning disability *	Testing the application of pharmacy input to improve the effectiveness and safety of medicines e.g. through STOMP medication optimization reviews.

* At May 2023, projects in Inverclyde (Adults and Older People CMHTs) and Learning Disability projects are paused.

Aims and Objectives

The main aims of the project is to:

- Improve patient care
- Release medical capacity
- Integrate pharmacy practice

Funding and resources

The tests of change will be delivered by band 7 mental health clinical pharmacist independent prescribers, recruited from within the existing mental health clinical pharmacy team. The Scottish Government Mental Health Pharmacy Recovery Funding will provide the bulk of the funding supported by a contribution from core service budgets.

Project phases

1. Scoping

The initial stage of the projects (2 – 3 months) will involve getting to know the teams, the clinical activities, processes and patient cohorts. Training in the appropriate systems e.g. EMIS will take place during this phase as appropriate. This will involve the pharmacist spending time with each service / team.

2. Design

Having undertaken appropriate scoping, the projects will enter a design phase (1 – 2 months). This will involve the identification of a number of potential interventions for the pharmacist to test. Improvement methodology will be adopted and driver diagrams and change ideas developed for each of the interventions to be tested. Some pre-test ground work will also be undertaken in preparation for the formal tests of change. Systems to capture activity data and measure impact will be developed.

3. Testing

The interventions will be tested and adapted using QI approaches with continuous data collection to assess impact.

4. Evaluation

A data strategy and evaluation will follow to measure the success of each individual intervention in terms of patient care and service outcomes.

5. Normalisation

Successful interventions will become mainstream activity within the CMHT with the pharmacist becoming a fully integrated member of the multi-disciplinary team.

Timelines

The sub-projects will have different starting dates however the indicative timeline for the overarching project is as follows:

	2023	2023-2024				2024-2025			
	To Mar	Apr-Jun	Jun-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jun-Sep	Oct-Dec	Jan-Mar
Scoping									
Design									
Implementation									
Interim evaluation									
Final Evaluation									
Normalisation / Project Closure									

Proposed pharmacist roles within the CMHT

Following scoping by those sub-projects that have commenced, the following activities/roles have been identified:

Pharmacist Role	Auchinlea (Adult CMHT1)	East Renfrewshire (Adult CMHT2)	Goldenhill (Adult CMHT3)	Charleston (Adult CMHT4)	Riverside (Adult CMHT5)	Shawmill (OPCMHT)	Forensic Mental Health CMHT	ADRS	CAMHS
INTEGRATION									
Participation with / integration into MDTs	X	X	X	X	X	X	X		
CLINICS									
Pharmacist-led ADHD clinic		X		X	X				
Joint nurse and pharmacist adult ADHD clinic	X								
Remodelling and screening of Physical Healthcare Clinic				X		X			
Joint nurse and pharmacist new medicines clinic	X								
Pharmacist led new medicines clinic			X	X	X	X			
Pharmacist input to the lithium clinic	X								
Pharmacist led lithium clinic, in conjunction with HCSW physical health care clinic				X		X			
Joint pharmacist and HCSW cognitive enhancer clinic						X			
Medicine review clinic		X							
Input into the medication monitoring clinic		X							
Patient-led drop-in services							X		
MEDICATION / MONITORING									
Remodelling and review of High Dose Antipsychotic Therapy monitoring				X					
Medication reviews and histories			X	X		X			
Complex medication reviews									
High risk medicines reviews							X		
Polypharmacy reviews							X		
Medication reviews of patients transferred from General Adult Psychiatry						X			
Pharmacy / Physical healthcare nurse reviews (e.g. HDAT, Clozapine and annual physical healthcare review			X						

results)									
ENQUIRY / ADVICE									
Medication enquiry service – answering ad hoc queries from within and out with the CMHT	X	X	X	X	X	X	X		
Manage GP referrals that seek medication advice		X	X	X	X	X			
Post discharge support service		X		X	X	X			
TRAINING / AWARENESS									
Staff and/or Carer Education Sessions		X	X	X	X	X			

Service requirements and constraints

- Access to medical support
  - The pharmacists must have access on a daily basis to duty medical support as necessary.
  - The pharmacist must have access to a dedicated consultant for clinical supervision at agreed intervals.
- Training
  - The pharmacist will undertake appropriate training to safely undertake their role within the CMHT. Implementation of some services may be delayed until necessary training can be undertaken.
- Leave cover
  - There is no capacity within the wider pharmacy service to provide cover for the pharmacists during periods of leave. Annual leave will be planned (as much as is feasible) to give appropriate notice to minimise the impact on care within the service.
- Workload and capacity
  - As this is a test of change workload and capacity of the pharmacist will have to be carefully planned to allow appropriate data gathering, learning and evaluation and to avoid overloading the pharmacist.

Data & Evaluation

There are a number of elements to the evaluation of this project and the data needed to support that. At a high level an evaluation against the project aims will be required i.e.

- Improve patient care
- Release medical capacity
- Integrate pharmacy practice

In addition data for each of the activities being tested will need to be gathered. The data required will have both quantitative and qualitative aspects. Some activity data will be captured from EMIS especially in relation to input to clinics. Other data may need to be captured separately e.g. some but not all of the medication enquiries. The impact on patient care will probably need both quantitative and qualitative approaches as will some aspects of the impact on medical capacity and the integration into the services.

NHS Greater Glasgow & Clyde

Mental Health Pharmacy Services

Auchinlea CMHT Pharmacy Test of Change

Project Plan

August 2022

Background

Mental Health Pharmacy Services were approached by Katy Smith, Service Manager North Glasgow Mental Health, to discuss how pharmacy might help deliver care within Auchinlea Adult Community Mental Health Team (CMHT). The CMHT was under pressure due to reduced medical staffing and increased patient activity. Following those discussions it was agreed that the CMHT would provide funding to support the release of an experienced mental health pharmacist independent prescriber up to four days a week to test out various activities to determine the impact a pharmacist can have on both patient care and service delivery within a CMHT. This would be part of a widespread quality improvement project looking at the total working of the CMHTs. It is anticipated that pharmacist input will improve the quality of prescribing, improve patient outcomes and release medical capacity within the CMHT. Subsequently it was agreed that this project would be included amongst the tests of change associated with the Scottish Government Mental Health Pharmacy Recovery Funding.

There are three main aims of this project

- Improve patient care
- Release medical capacity
- Integrate pharmacy practice into the CMHT.

Funding and resources

The test of change will be delivered by a band 7 mental health clinical pharmacist independent prescriber recruited from within the existing mental health clinical pharmacy team. The Scottish Government Mental Health Pharmacy Recovery Funding will provide 0.8 wte of this funding topped up by 0.2wte provided by local mental health services. This will provide the backfill necessary to release the existing team member.

Project phases

6. Scoping

The initial stage of the project (2 – 3 months) will involve getting to know the team, the clinical activities, processes and patient cohorts. Training in the appropriate systems e.g. EMIS will take place during this phase as appropriate. This will involve the pharmacist spending one day per week at the CMHT. This period is now complete but took longer than anticipated due to recruitment delays. Input will increase to 4 days per week by the end of September.

7. Design

Having undertaken appropriate scoping the project will enter a design phase (1 – 2 months). This will involve the identification of a number of potential interventions for the pharmacist to test. Improvement methodology will be adopted and driver diagrams and change ideas developed for each of the interventions to be tested. Some pre-test ground work will also be undertaken in preparation for the formal tests of change.

8. Testing

The interventions will be tested and adapted using QI approaches with continuous data collection to assess impact.

9. Evaluation

A data strategy and evaluation will follow to measure the success of each individual intervention in terms of patient care and service outcomes.

10. Normalisation

Successful interventions will become mainstream activity within the CMHT with the pharmacist becoming a fully integrated member of the multi-disciplinary team.

Proposed pharmacist roles within the CMHT

Following the scoping period the following activities/roles have been identified for testing

- Participation and integration into MDTs

This will be an essential component that supports effective engagement within the CMHT, building effective relationships and providing support to the care of individual patients.

- Pharmacist input to the lithium clinic

Auchinlea CMHT runs a nurse led lithium clinic every second Monday. The pharmacist will work with the nursing team to introduce a modified version of the service offered by the Bipolar Hub.

- Development of a joint nurse and pharmacist new medicines clinic

This service will support the needs of patients starting on new medicines or switching treatments. It will offer physical health monitoring, patient education, assessment of response, side effect management and ultimately a prescribing role switching treatment for those patients who fail to respond to or who cannot tolerate the new medicines initially prescribed.

- Development of a joint nurse and pharmacist adult ADHD clinic

This service will provide treatment to adults with a confirmed diagnosis of ADHD. Appropriate drug treatment will be initiated and response and side effects reviewed. Diagnosis will be undertaken by the centralised GGC service. Initially the service will manage uncomplicated cases but as experience grows the scope may be extended to include complex cases too.

- Medication enquiry service – answering ad hoc queries from within and outwith the CMHT.

The pharmacist will receive and prioritise medication enquiries from within the CMHT and from outwith e.g. from GPs and patients.

Service requirements and constraints

- Access to medical support

The pharmacist must have access on a daily basis to duty medical support as necessary.

The pharmacist must have access to a dedicated consultant for clinical supervision at agreed intervals.

- Training

The pharmacist will undertake appropriate training to safely undertake their role within the CMHT. Implementation of some services may be delayed until necessary training can be undertaken.

- Leave cover

There is no capacity within the wider pharmacy service to provide cover for the CMHT pharmacist during periods of leave. Annual leave will be planned (as much as is feasible) to give appropriate notice to minimise the impact on care within the CMHT.

- Workload and capacity

As this is a test of change workload and capacity of the pharmacist will have to be carefully planned to allow appropriate data gathering, learning and evaluation and to avoid overloading the pharmacist.

Design phase

The proposed roles within lithium clinic, new medicines clinic and adult ADHD service have the requirement to design, test and modify new approaches to care. Driver diagrams will be developed for each and appropriate changes ideas identified and tested using the model for improvement. Systems to capture activity data and measure impact will be developed.

Timelines

Activity	Aug22	Sep22	Oct22	Nov22	Dec22	Jan23	Feb23	Mar23	Apr23	May23-Dec23
Scoping	**Completed**									
MDT	**X**									
Lithium clinic	**X**									
New meds clinic	**X**									
Adult ADHD	**X**									
Enquiries	**X**									
Evaluation	**X**									

The timelines above are indicative but should be achievable.

Data & Evaluation

There are a number of elements to the evaluation of this project and the data needed to support that. At a high level an evaluation against the project aims will be required i.e.

- Improve patient care
- Release medical capacity
- Integrate pharmacy practice into the CMHT.

In addition data for each of the activities being tested will need to be gathered. The data required will have both quantitative and qualitative aspects. Some activity data will be captured from EMIS especially in relation to input to clinics. Other data may need to be captured separately e.g. some but not all of the medication enquiries. The impact on patient care will probably need both quantitative and qualitative approaches as will some aspects of the impact on medical capacity and the integration into the CMHT.

NHS Greater Glasgow & Clyde

Mental Health Pharmacy Services

Charleston CMHT Pharmacy Test of Change

Project Plan

Jan 2023

Background

Following the influx of Scottish Government *Mental Health Pharmacy Recovery Funding*, the Paisley Community Mental Health Team (CMHT), based at the Charleston Centre, successfully applied for and were allocated funding for a pharmacist to join their team.

The CMHT applied for funding with a view to testing the pharmacist's role within the team, in anticipation that input would transform the roles and working within an adult CMHT. This would be part of a widespread quality improvement project looking at the total working of the CMHTs, across all subspecialties within psychiatry. It is anticipated that pharmacist input will improve the quality of prescribing, improve patient outcomes, decrease the workload of CMHT colleagues, and improve patient and staff education.

There are three main aims of this project

- Improve patient care
- Release medical/nursing capacity
- Integrate pharmacy practice into the CMHT

Funding and resources

The test of change will be delivered by a band 7 mental health clinical pharmacist, who is newly recruited into mental health services in NHS GG&C. This pharmacist was integrated into the pharmacy team within Leverndale hospital to gain an understanding of mental health prescribing and guidelines. The pharmacist has works on the inpatient wards linked with the Paisley CMHT. The pharmacist is also working towards their independent prescribing qualification.

The Scottish Government Mental Health Pharmacy Recovery Funding will provide the CMHT with a 0.8 wte pharmacist, which includes the pharmacist attending their inpatient MDTs at Leverndale. The remainder of the pharmacist working week will be spent at Leverndale hospital, completing roles within the wards and dispensary.

Project phases

11. Scoping

The initial stage of the project (2 – 3 months) will involve getting to know the team, the clinical activities, processes and patient cohorts. Training in the appropriate systems e.g. EMIS will take place during this phase as appropriate. This will involve the pharmacist spending one day per week at the CMHT. There is the hope that in the build up to Christmas the pharmacist can increase their working hours within the CMHT, with them being fully released in the New Year, however this time line depends on development within the team and demand for service.

12. Design

Having undertaken appropriate scoping the project will enter a design phase (1 – 2 months). This will involve the identification of a number of potential interventions for the pharmacist to test.

Improvement methodology will be adopted and driver diagrams and change ideas developed for each of the interventions to be tested. Some pre-test ground work will also be undertaken in preparation for the formal tests of change.

13. Testing

The interventions will be tested and adapted using QI approaches with continuous data collection to assess impact, this will include undertaking periodic PDSA cycles.

14. Evaluation

A data strategy and evaluation will follow to measure the success of each individual intervention in terms of patient care and service outcomes. Formal assessments will be undertaken incrementally.

Normalisation

Successful interventions will become mainstream activity within the CMHT with the pharmacist becoming a fully integrated member of the multi-disciplinary team.

Proposed pharmacist roles within the CMHT

Following the scoping period the following activities/roles have been identified for testing

1. Participation and integration into MDTs
   This will be an essential component that supports effective engagement within the CMHT, building effective relationships and providing support to the care of individual patients.

2. Pharmacist led ADHD clinic

   This is currently run by a psychiatrist and CPN. The psychiatrist and CPN will continue to perform ADHD assessment clinics. The prescribing of treatment will be initiated by the psychiatrist. The pharmacist will perform the physical healthcare monitoring and follow up clinics once the patient is established on treatment. The pharmacist will liaise with the psychiatrist if changes to medication are to be suggested. Once the pharmacist has completed the independent prescribing course, she will be able to action these changes after discussion with the psychiatrist.

3. Remodelling and screening of Physical Healthcare Clinic
   The CMHT runs a physical healthcare clinic, where the bloods, physical observations and side-effects of those prescribed any antipsychotic, lithium, valproate and carbamazepine, are taken by Healthcare Support Workers. These bloods were formerly tasked to medical staff, but now they will be tasked to the pharmacist, and only if there are significant abnormalities will they then be escalated to a medic. This clinic is proposed to run on a Friday at Charleston centre or remotely in Dykebar hospital.

4. Remodelling and review of High Dose Antipsychotic Therapy monitoring
   HDAT monitoring is currently run by a healthcare support worker within the CMHT. Due to high workload this is noted to not be fully up to date. The pharmacist will receive a list of all patients who require high dose antipsychotic monitoring and review these appropriately. Appropriate monitoring (i.e. bloods, physical healthcare monitoring) will be arranged and reviewed.

5. Pharmacist led lithium clinic, in conjunction with HCSW physical health care clinic

As part of the bloods taken by HCSWs for the CMHT's PHC, the pharmacist will run a lithium clinic for all patients prescribed lithium, regardless of diagnosis. The pharmacist will work with the HCSWs to introduce a modified version of the service offered by the Bipolar Hub.

6. Development of a pharmacist led new medicines clinic

   This service will support the needs of patients starting on new medicines or switching treatments. It will offer physical health monitoring, patient education, assessment of response, side effect management and ultimately a prescribing/advisory role in switching treatment for those patients who fail to respond to or who cannot tolerate the new medicines initially prescribed.

7. Medication enquiry service – answering ad hoc queries from within and out with the CMHT.
   The pharmacist will receive and prioritise medication enquiries from within the CMHT and from out with e.g. from GPs and patients. These will be referred to the pharmacist via CPN's, the duty nurses and duty doctor or will be highlighted at the daily feedback meetings.

8. Post discharge support service
   A follow-up of patients who need support with medication compliance, monitoring of side-effects, education and supervision, to aid in their support and engagement with their treatment plan post-discharge. This can involve telephone reviews, arrange dosette boxes etc.

9. Managing GP referrals that are seeking medication advice
   Liaising with GPs regarding management of non-complex clinical issues, following a referral from primary care, where the focus is medication advice/queries.

10. Medication reviews and histories
    Formal medication reviews of complex patients whose condition has not responded to trials of various other medications.

11. Staff and/or Carer Education Sessions
    Conducting periodical staff and carer training/education sessions on psychotropic medication.

Service requirements and constraints

- Access to medical support

The pharmacist must have access on a daily basis to duty medical support as necessary, as well as support from NTL.

The pharmacist must have access to a dedicated consultant for clinical supervision at agreed intervals.

- Training

The pharmacist will undertake appropriate training to safely undertake their role within the CMHT. Implementation of some services may be delayed until necessary training can be undertaken.

The pharmacist is also due to undertake their prescribing qualification from September 2023. The course takes 10 months to complete and involves undertaking one residential week, as well as accumulating 90hrs of prescribing learning and practice. It is expected that the pharmacist be supported to undertake this, as it will be to the benefit of their future practice within the CMHT.

- Leave cover

There is no capacity within the wider pharmacy service to provide cover for the CMHT pharmacist during periods of leave. Annual leave will be planned (as much as is feasible) to give appropriate notice to minimise the impact on care within the CMHT

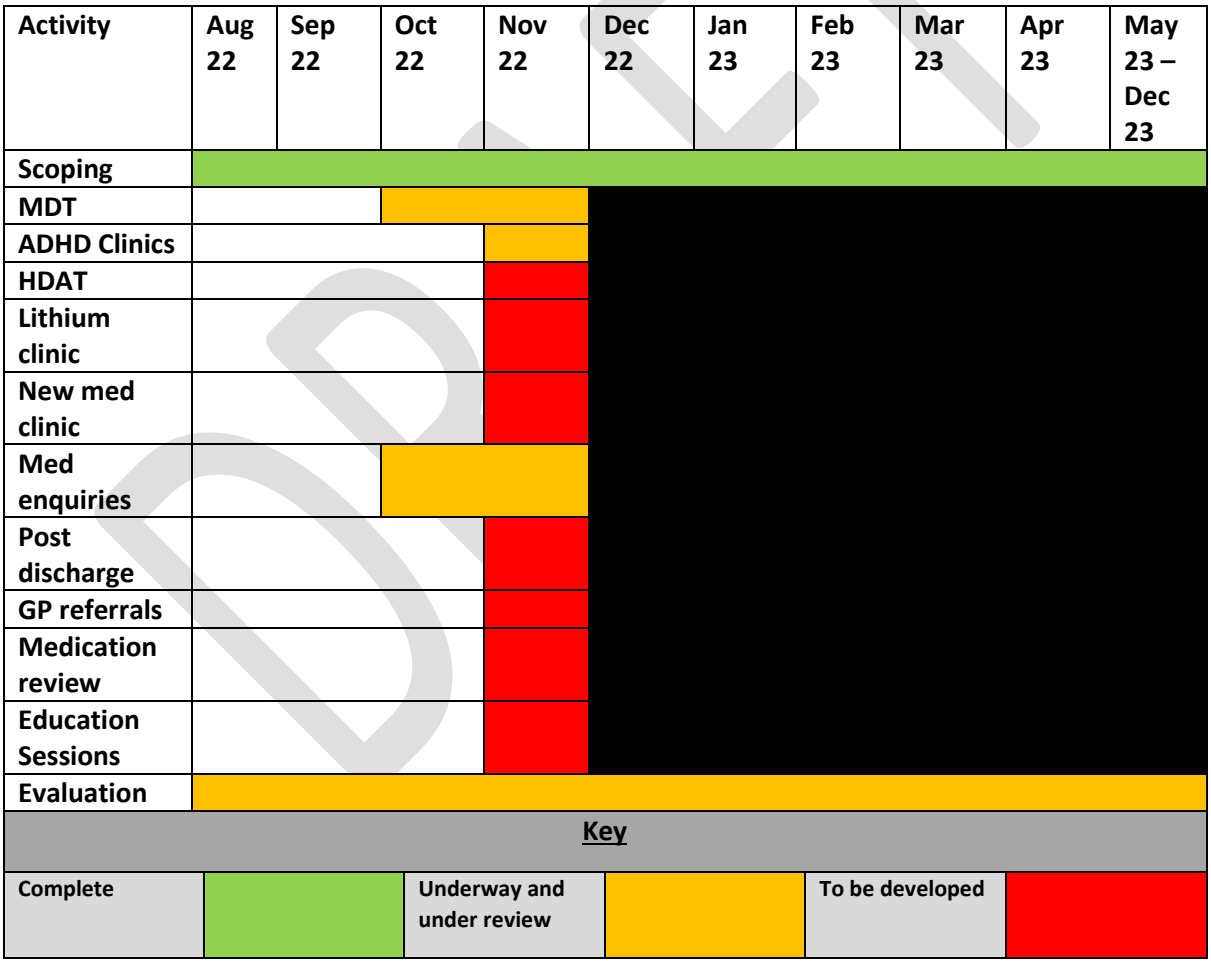
- Workload and capacity

As this is a test of change workload and capacity of the pharmacist will have to be carefully planned to allow appropriate data gathering, learning and evaluation and to avoid overloading the pharmacist.

Design phase

The proposed roles within lithium clinic, new medicines clinic and adult ADHD service have the requirement to design, test and modify new approaches to care. Driver diagrams will be developed for each and appropriate changes ideas identified and tested using the model for improvement. Systems to capture activity data and measure impact will be developed.

Timelines



The timelines above are indicative but should be achievable.

Data & Evaluation

There are a number of elements to the evaluation of this project and the data needed to support that. At a high level an evaluation against the project aims will be required i.e.

- Improve patient care
- Release medical capacity
- Integrate pharmacy practice into the CMHT.

In addition data for each of the activities being tested will need to be gathered. The data required will have both quantitative and qualitative aspects. Some activity data will be captured from EMIS especially in relation to input to clinics. Other data may need to be captured separately e.g. some but not all of the medication enquiries. The impact on patient care will probably need both quantitative and qualitative approaches as will some aspects of the impact on medical capacity and the integration into the CMHT.

NHS Greater Glasgow & Clyde

Mental Health Pharmacy Services

East Renfrewshire Adult CMHT Pharmacy Test of Change

Project Plan

May 2023

Background

As a result of challenges with medical recruitment and increasing referral rates, services within East Renfrewshire have provided 2 years of funding to support the recruitment of a band 7 pharmacist. This post will explore and test the role of a pharmacist within the CMHT.

This will be linked to a wider quality improvement project looking at the total working of the CMHTs, across all subspecialties within psychiatry. It is anticipated that pharmacist input will improve the quality of prescribing, improve patient outcomes, decrease the workload of CMHT colleagues, and improve patient and staff education.

There are three main aims of this project

- Improve patient care
- Release medical/nursing capacity
- Integrate pharmacy practice into the CMHT

Funding and resources

The test of change will be delivered by a band 7 mental health clinical pharmacist, who is newly recruited into mental health services in NHS GG&C. This pharmacist will be based within the clinical pharmacy team at Leverndale Hospital to support their clinical development and to give access to peer and professional support. The post will provide input to the CMHT 4 days a week and to ward 4A at Leverndale on the remaining day. This will provide a link between both services which should improve care transitions.

Project phases

15. Scoping

After an initial induction period (4 weeks), the initial stage of the project (1 – 2 months) will involve getting to know the team, the clinical activities, processes and patient cohorts. Training in the appropriate systems e.g. EMIS will take place during this phase as appropriate. This will involve the pharmacist spending one day per week at the CMHT initially increasing to the full 4 day commitment over a 4 week period.

16. Design

Having undertaken appropriate scoping the project will enter a design phase (1 – 2 months). This will involve the identification of a number of potential interventions for the pharmacist to test. Improvement methodology will be adopted and driver diagrams and change ideas developed for each of the interventions to be tested. Some pre-test ground work will also be undertaken in preparation for the formal tests of change.

17. Testing

The interventions will be tested and adapted using QI approaches with continuous data collection to assess impact, this will include undertaking periodic PDSA cycles.

18. Evaluation

A data strategy and evaluation will follow to measure the success of each individual intervention in terms of patient care and service outcomes. Formal assessments will be undertaken incrementally.

Normalisation

Successful interventions will become mainstream activity within the CMHT with the pharmacist becoming a fully integrated member of the multi-disciplinary team.

Proposed pharmacist roles within the CMHT

During the scoping period the following activities/roles will be considered as roles for testing

12. Participation and integration into MDTs and daily huddle
    This will be an essential component that supports effective engagement within the CMHT, building effective relationships and providing support to the care of individual patients.

13. Pharmacist led ADHD clinic
    The prescribing of treatment will be initiated by the psychiatrist. The pharmacist will perform the physical healthcare monitoring and follow up clinics once the patient is established on treatment. The pharmacist will liaise with the psychiatrist if changes to medication are to be suggested. Once the pharmacist has completed the independent prescribing course, she will be able to action these changes after discussion with the psychiatrist.

14. Medicine review clinic
    The pharmacist led clinic will see patients with regard to specific medicine needs e.g. side effect review, early assessment and review of a new treatment or dose change, patient education, medicine switches etc.

15. Input to the Medication monitoring clinic
    The CMHT runs clinics which monitors patients on clozapine, lithium, valproate, high dose antipsychotics etc. There is potential for the pharmacist to assume some of the input previously undertaken by medical staff in supporting these clinics.

16. Complex medication reviews
    Supporting the care of complex patients by reviewing previous treatment and recommending treatment options

17. Medication enquiry service – answering ad hoc queries from within and out with the CMHT.
    The pharmacist will receive and prioritise medication enquiries from within the CMHT and from out with e.g. from GPs and patients. These will be referred to the pharmacist via CPN's, the duty nurses and duty doctor or will be highlighted at the daily feedback meetings.

18. Post discharge support service
    A follow-up of patients who need support with medication compliance, monitoring of side-effects, education and supervision, to aid in their support and engagement with their treatment plan post-discharge. This can involve telephone reviews, arranging compliance devices etc.

19. Managing GP referrals that are seeking medication advice
    Liaising with GPs regarding management of non-complex clinical issues, following a referral from primary care, where the focus is medication advice/queries.

20. Staff and/or Carer Education Sessions
    Conducting periodical staff and carer training/education sessions on psychotropic medication.

Service requirements and constraints

- Access to medical support

The pharmacist must have access on a daily basis to duty medical support as necessary, as well as support from NTL.

The pharmacist must have access to a dedicated consultant for clinical supervision at agreed intervals.

- Training

The pharmacist will undertake appropriate training to safely undertake their role within the CMHT. Implementation of some services may be delayed until necessary training can be undertaken.

The pharmacist is also due to undertake their prescribing qualification from September 2023. The course takes 10 months to complete and involves undertaking one residential week, as well as accumulating 90hrs of prescribing learning and practice. It is expected that the pharmacist be supported to undertake this, as it will be to the benefit of their future practice within the CMHT.

- Leave cover

There is no capacity within the wider pharmacy service to provide cover for the CMHT pharmacist during periods of leave. Annual leave will be planned (as much as is feasible) to give appropriate notice to minimise the impact on care within the CMHT

- Workload and capacity

As this is a test of change workload and capacity of the pharmacist will have to be carefully planned to allow appropriate data gathering, learning and evaluation and to avoid overloading the pharmacist.

- Standardised processes/forms etc with other projects

Design phase

The proposed roles within lithium clinic, new medicines clinic and adult ADHD service have the requirement to design, test and modify new approaches to care. Driver diagrams will be developed for each and appropriate changes ideas identified and tested using the model for improvement. Systems to capture activity data and measure impact will be developed.

Timelines

Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

	23	23	23	23	23	23	23	23	23	24 – Dec 24
Scoping										
MDT/Huddle										
ADHD Clinics										
Meds review clinic										
Medicines monitoring clinic										
Med enquiries										
Post discharge										
GP referrals										
Medication review										
Education Sessions	**Ad hoc as needed**									
Evaluation										

Key					
Complete		**Underway and under review**		**To be developed**	

The timelines above are indicative but should be achievable.

Data & Evaluation

There are a number of elements to the evaluation of this project and the data needed to support that. At a high level an evaluation against the project aims will be required i.e.

- Improve patient care
- Release medical capacity
- Integrate pharmacy practice into the CMHT.

In addition data for each of the activities being tested will need to be gathered. The data required will have both quantitative and qualitative aspects. Some activity data will be captured from EMIS especially in relation to input to clinics. Other data may need to be captured separately e.g. some but not all of the medication enquiries. The impact on patient care will probably need both quantitative and qualitative approaches as will some aspects of the impact on medical capacity and the integration into the CMHT.

Forensic CMHT Pharmacy Test of Change

Project Plan

Jan 2023

Background

Until recently, pharmacy services within the Forensic Directorate have been limited with little to no input into low secure services and the Forensic Community Mental Health Team (FCMHT). With additional funding from The Scottish Government, we have been able to recruit a full time band 7 pharmacist who will provide pharmacy cover for both of these areas. The implementation of a pharmacist into the FCMHT will be part of a widespread quality improvement project looking at the total working of the CMHTs. The aim of these projects is to improve the quality of prescribing, improve patient outcomes and release medical capacity within the CMHT.

Funding and resources

The test of change will be delivered by a band 7 mental health clinical pharmacist independent prescriber. 0.8 wte will be funded by pharmacy services, with the other 0.2 wte funded by forensic services. The pharmacist will split their time between low secure services (approx. 0.7 wte) and the FCMHT (approx. 0.3 wte).

Project phases

1. Scoping

   The initial stage of the project will involve getting to know the team, the clinical activities, processes and patient cohorts. This is expected to take 2-3 months. Training in the appropriate systems e.g. EMIS will take place during this phase as appropriate. The pharmacist will spend time with the CMHTs, identifying possible areas of improvement. This stage is currently underway, with the pharmacist now attending MDTs with each of the FCMHTs

2. Design

   This stage of the project will involve the identification of potential interventions for the pharmacist to test within the FCMHT. Services delivered will be designed around the needs of the FCMHT and will aim to best utilise the skills of the pharmacist.

3. Testing

   Interventions into the FCMHT will be tested through continuous data collection, from both the MDT and patients. Adaptations will be made as necessary

4. Evaluation

Evaluation of patient care and service outcomes will take place following implementation of services.

5. Normalisation

The pharmacist will become a fully integrated member of the FCMHT. Patient care will be improved and medical capacity released

Proposed pharmacist roles within the CMHT

A steering group will be created to discuss where the skills of the pharmacist can best be utilised. Areas that could be considered include:

- Review of high risk medicines
  - E.g. clozapine, lithium and/or high dose antipsychotic prescribing
  - This would include ensuring monitoring is up-to-date, side effects are appropriately managed and treatment is appropriately reviewed
- Polypharmacy reviews
  - When there are concerns about medication and side effect burden
  - Can also assist with improving compliance e.g. assessment for compliance aids, checking inhaler techniques.
  - Onward referral to dietician, physiotherapist, GP etc. as required
- Patient-led drop in services
  - Providing patients with regular opportunity to discuss any medicines related questions/concerns they have
- Medication enquiry service
  - Receiving and prioritising medication enquiries from within the CMHT and outwith e.g. from GPs and patients

Service requirements and constraints

- Access to medical support

The pharmacist much have a dedicated consultant who will act as clinical supervisor. They must also have access to medical support as necessary when conducting their work within the FCMHT.

- Training

The pharmacist will undertake appropriate training to safely undertake their role within the FCMHT. Implementation of services may be delayed until necessary training can be undertaken

- Leave cover

There is no capacity within the wider pharmacy service to provide cover for the CMHT pharmacist during periods of leave. Annual leave will be planned (as much as feasible) to give appropriate notice to minimise the impact on care within the FCMHT

- Workload and capacity

As this is a test of change, workload and capacity of the pharmacist will have to be carefully planned to allow appropriate data gathering, learning and evaluation and to avoid overloading the pharmacist.

Data and evaluation

There are a number of elements to the evaluation of this project and the data needed to support that. At a high level an evaluation against the project aims will be required i.e.

- Improve patient care
- Release medical capacity
- Integrate pharmacy practice into the FCMHT

In addition data for each of the activities being tested will need to be gathered. The data required with have both quantitative and qualitative aspects. Some activity data will be captured from EMIS especially in relation to input to clinics. Other data may need to be captured separately e.g. some but not all of the medication enquiries. The impact on patient care will probably need both quantitative and qualitative approaches as will some aspects of the impact on medical capacity and integration into the FCMHT.

NHS Greater Glasgow & Clyde

Mental Health Pharmacy Services

Goldenhill CMHT Pharmacy Test of Change

Project Plan

Feb 2023

Background

Following the influx of Scottish Government *Mental Health Pharmacy Recovery Funding*, Goldenhill Community Mental Health Team (CMHT) successfully applied for and were allocated funding for a pharmacist to join their team.

Goldenhill applied for the project with a view to evaluating the pharmacist's input, with the hope it could transform the roles and working within an adult CMHT (CMHT). This would be part of a widespread quality improvement project looking at the total working of the CMHTs, across all subspecialties within psychiatry. It is anticipated that pharmacist input will improve the quality of prescribing, improve patient outcomes, decrease the workload of CMHT colleagues, and improve patient and staff education.

There are three main aims of this project

- Improve patient care
- Release medical/nursing capacity
- Integrate pharmacy practice into the CMHT

Funding and resources

The test of change will be delivered by a band 7 mental health clinical pharmacist, who was recruited from the existing mental health pharmacy team based at Gartnavel Royal Hospital (GRH). This pharmacist works in the inpatient ward- Henderson, at Gartnavel Royal Hospital and is training to be an independent prescriber.

The Scottish Government Mental Health Pharmacy Recovery Funding will provide Goldenhill CMHT with a 0.4 wte pharmacist. The remainder of the pharmacist working week will be spent at GRH, completing roles within the wards and dispensary.

Project phases

19. Scoping

The initial stage of the project (1 to 2 months) will involve getting to know the team, the clinical activities, processes and patient cohorts. Training in the appropriate systems e.g. EMIS will take place during this phase as appropriate. To start with 1 day of outpatient clinic and this will be alternated on the type of clinic.

20. Design

Having undertaken appropriate scoping the project will enter a design phase (1 – 2 months). This will involve the identification of a number of potential interventions for the pharmacist to test. Improvement methodology will be adopted and driver diagrams and change ideas developed for each of the interventions to be tested. Some pre-test ground work will also be undertaken in preparation for the formal tests of change.

21. Testing

The interventions will be tested and adapted using QI approaches with continuous data collection to assess impact, this will include undertaking periodic PDSA cycles.

22. Evaluation

A data strategy and evaluation will follow to measure the success of each individual intervention in terms of patient care and service outcomes. Formal assessments will be undertaken incrementally.

Normalisation

Successful interventions will become mainstream activity within the CMHT with the pharmacist becoming a fully integrated member of the multi-disciplinary team.

Proposed pharmacist roles within the CMHT

Following the scoping period the following activities/roles have been identified for testing

- Participation and integration into MDTs
    - This will be an essential component that supports effective engagement within the CMHT, building effective relationships and providing support to the care of individual patients.
- Staff and/or Carer Education Sessions
    - Conducting periodical staff and carer training/education sessions on psychotropic medication.

<u>CLINICS</u>

- Development of a pharmacist lead new medicines clinic
    - This service will support the needs of patients starting on new medicines or switching treatments. It will offer physical health monitoring, patient education, assessment of response, side effect management and ultimately a prescribing/advisory role in switching treatment for those patients who fail to respond to or who cannot tolerate the new medicines initially prescribed.
- Development of a pharmacist ADHD clinic
    - Treatment and physical health monitoring of ADHD patients through a devised protocol.
- Implementation of pharmacy involvement with physical healthcare nurse (e.g. HDAT, Clozapine and annual physical healthcare review results)

<u>ENQUIRIES</u>

- Medication enquiry service – answering ad hoc queries from within and out with the CMHT.
    - The pharmacist will receive and prioritise medication enquiries from within the CMHT and from out with e.g. from GPs, CPNs and patients.

- Managing GP referrals that are seeking medication advice

    - The weekly team allocation meeting will discuss referrals from the GP regarding medications and they will be sent to the pharmacist when appropriate.

MEDICATION REVIEWS (For the future)

- Medication reviews of patient transferred from General Adult Psychiatry

    - Reviewing the medications of newly transferred adult patients, who have their care transferred to Goldenhill from an Adult CMHT. This will involve reviewing doses, compliance, side-effects etc.

- Medication reviews and histories of current inpatients/outpatients

    - Medication reviews of complex patients whose condition has not responded to trials of various other medications.

Service requirements and constraints

- Access to medical support

The pharmacist must have access on a daily basis to duty medical support as necessary, as well as support from NTL.

The pharmacist must have access to a dedicated consultant for clinical supervision at agreed intervals.

- Training

The pharmacist will undertake appropriate training to safely undertake their role within the CMHT. Implementation of some services may be delayed until necessary training can be undertaken.

The pharmacist is also due to undertake their prescribing qualification from September 2022. The course takes 7 to 9 months to complete and involves undertaking one residential week (which has been completed), as well as accumulating 90hrs of prescribing learning and practice. It is expected that the pharmacist be supported to undertake this, as it will be to the benefit of their future practice within the CMHT.

- Leave cover

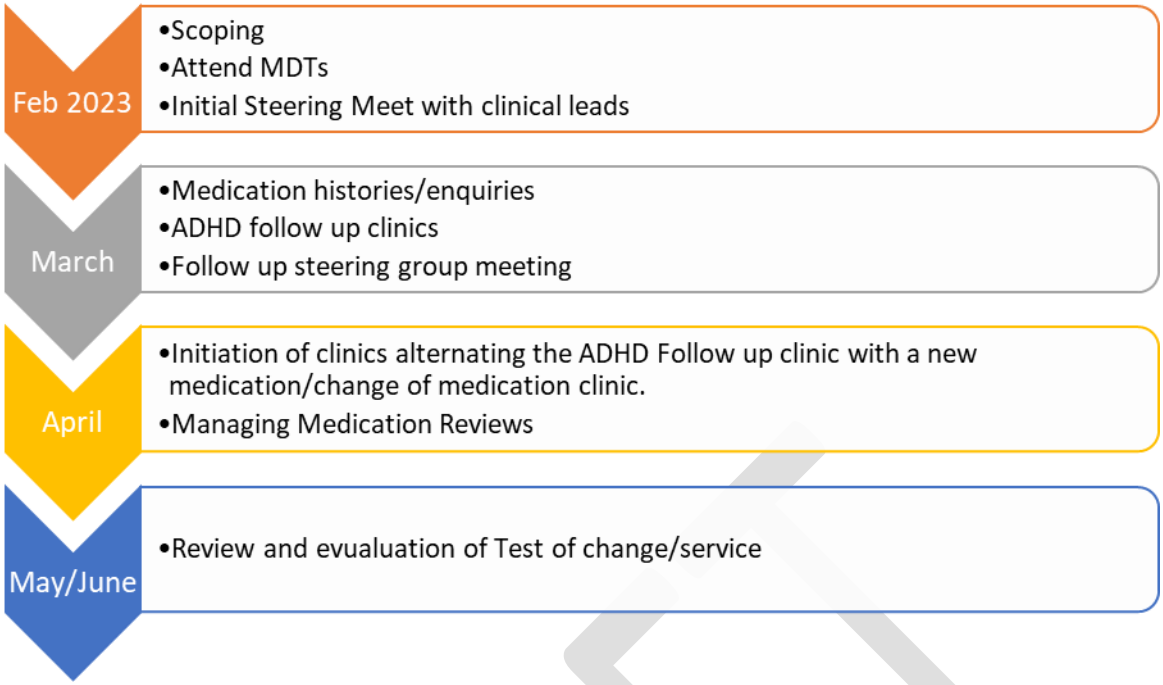
There is no capacity within the wider pharmacy service to provide cover for the CMHT pharmacist during periods of leave. Annual leave will be planned (as much as is feasible) to give appropriate notice to minimise the impact on care within the CMHT.

- Workload and capacity

As this is a test of change workload and capacity of the pharmacist will have to be carefully planned to allow appropriate data gathering, learning and evaluation and to avoid overloading the pharmacist.

Design Phase

Timeline 2023



Current timetable - Feb 2023 (subject to change)

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
AM	GRH	GRH	GRH	Goldenhill CMHT – Clinic (Alternate clinics)	Goldenhill CMHT – Clinic/Physical Health input
PM	GRH	GRH	GRH	Goldenhill CMHT – Admin/Answering Adhoc Queries	Goldenhill CMHT – Admin/Medication queries or histories

Data & Evaluation

There are a number of elements to the evaluation of this project and the data needed to support that. At a high level an evaluation against the project aims will be required i.e.

- Improve patient care
- Release medical capacity and release physical health care nurse capacity
- Integrate pharmacy practice into the CMHT.

In addition data for each of the activities being tested will need to be gathered. The data required will have both quantitative and qualitative aspects. Some activity data will be captured from EMIS especially in relation to input to clinics. Other data may need to be captured separately e.g. some but not all of the medication enquiries. The impact on patient care will probably need both quantitative and qualitative approaches as will some aspects of the impact on medical capacity and the integration into the CMHT.

Riverside CMHT Pharmacy Test of Change

Project Plan

Jan 2023

Background

Following the influx of Scottish Government *Mental Health Pharmacy Recovery Funding*, Riverside Community Mental Health Team (CMHT) successfully applied for and were allocated funding for a pharmacist to join their team.

Riverside applied for the project with a view to the pharmacist's input, with the hope could transform the roles and working within an adult CMHT (CMHT). This would be part of a widespread quality improvement project looking at the total working of the CMHTs, across all subspecialties within psychiatry. It is anticipated that pharmacist input will improve the quality of prescribing, improve patient outcomes, decrease the workload of CMHT colleagues, and improve patient and staff education.

There are three main aims of this project

- Improve patient care
- Release medical/nursing capacity
- Integrate pharmacy practice into the CMHT

Funding and resources

The test of change will be delivered by a band 7 mental health clinical pharmacist, who was recruited from the existing mental health pharmacy team based at Gartnavel Royal Hospital (GRH). This pharmacist works in the inpatient ward- McNair, at Gartnavel Royal Hospital and is an independent prescriber.

The Scottish Government Mental Health Pharmacy Recovery Funding will provide Riverside CMHT with a 0.8 wte pharmacist, which includes the pharmacist attending their inpatient MDTs at GRH. The remainder of the pharmacist working week will be spent at GRH, completing roles within the wards and dispensary.

Project phases

23. Scoping

The initial stage of the project (2 – 3 months) will involve getting to know the team, the clinical activities, processes and patient cohorts. Training in the appropriate systems e.g. EMIS will take place during this phase as appropriate. This will involve the pharmacist spending one-two days per week at the CMHT. There is the hope that in the build up to Christmas the pharmacist can increase their working hours at Riverside, with them being fully released in the New Year.

24. Design

Having undertaken appropriate scoping the project will enter a design phase (1 – 2 months). This will involve the identification of a number of potential interventions for the pharmacist to test.

Improvement methodology will be adopted and driver diagrams and change ideas developed for each of the interventions to be tested. Some pre-test ground work will also be undertaken in preparation for the formal tests of change.

25. Testing

The interventions will be tested and adapted using QI approaches with continuous data collection to assess impact, this will include undertaking periodic PDSA cycles.

26. Evaluation

A data strategy and evaluation will follow to measure the success of each individual intervention in terms of patient care and service outcomes. Formal assessments will be undertaken incrementally.

Normalisation

Successful interventions will become mainstream activity within the CMHT with the pharmacist becoming a fully integrated member of the multi-disciplinary team.

Proposed pharmacist roles within the CMHT

Following the scoping period the following activities/roles have been identified for testing

- Participation and integration into MDTs
    - This will be an essential component that supports effective engagement within the CMHT, building effective relationships and providing support to the care of individual patients.
- Post discharge support service
    - A follow-up of patients who need support with medication compliance, education and supervision, to aid in their support and engagement with their treatment plan post-discharge. This can involve telephone reviews, arrange dosette boxes etc.
- Staff and/or Carer Education Sessions
    - Conducting periodical staff and carer training/education sessions on psychotropic medication.

<u>CLINICS</u>

- Development of a pharmacist lead new medicines clinic
    - This service will support the needs of patients starting on new medicines or switching treatments. It will offer physical health monitoring, patient education, assessment of response, side effect management and ultimately a prescribing/advisory role in switching treatment for those patients who fail to respond to or who cannot tolerate the new medicines initially prescribed.
- Development of a pharmacist ADHD clinic
    - Treatment and physical health monitoring of ADHD patients' through a devised protocol.
- Implementation of pharmacy involvement within nurse led depot/clozapine clinics

ENQUIRIES

- Medication enquiry service – answering ad hoc queries from within and out with the CMHT.
    - The pharmacist will receive and prioritise medication enquiries from within the CMHT and from out with e.g. from GPs, CPNs and patients.
- Managing GP referrals that are seeking medication advice
    - Liaising with GPs regarding management of non-complex clinical issues, following a referral from primary care, where the focus is medication advice/queries.

MEDICATION REVIEWS

- Medication reviews of patient transferred from General Adult Psychiatry
    - Reviewing the medications of newly transferred adult patients, who have their care transferred to Riverside from an Adult CMHT. This will involve reviewing doses, compliance, side-effects etc.
- Medication reviews and histories of current inpatients/outpatients
    - Medication reviews of complex patients whose condition has not responded to trials of various other medications.

Service requirements and constraints

- Access to medical support

The pharmacist must have access on a daily basis to duty medical support as necessary, as well as support from NTL.

The pharmacist must have access to a dedicated consultant for clinical supervision at agreed intervals.

- Training

The pharmacist will undertake appropriate training to safely undertake their role within the CMHT. Implementation of some services may be delayed until necessary training can be undertaken.

The pharmacist is also due to undertake their prescribing qualification from January. The course takes 15 months to complete and involves undertaking two residential weeks, as well as accumulating 90hrs of prescribing learning and practice. It is expected that the pharmacist be supported to undertake this, as it will be to the benefit of their future practice within the CMHT.

- Leave cover

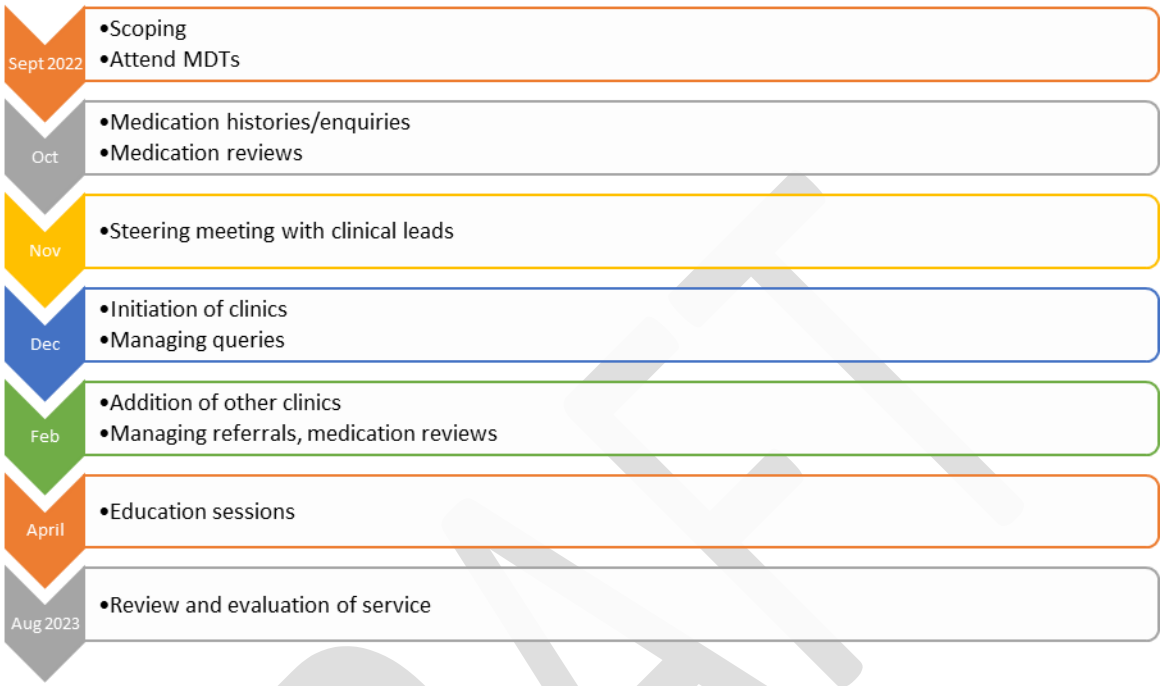
There is no capacity within the wider pharmacy service to provide cover for the CMHT pharmacist during periods of leave. Annual leave will be planned (as much as is feasible) to give appropriate notice to minimise the impact on care within the CMHT.

- Workload and capacity

As this is a test of change workload and capacity of the pharmacist will have to be carefully planned to allow appropriate data gathering, learning and evaluation and to avoid overloading the pharmacist.

Design Phase

Timeline 2022



Current timetable - Nov 2022 (subject to change)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Riverside MDT	McNair MDT	McNair MDT	GRH	Riverside MDT
PM	Riverside	McNair MDT	GRH	GRH	Riverside

Data & Evaluation

There are a number of elements to the evaluation of this project and the data needed to support that. At a high level an evaluation against the project aims will be required i.e.

- Improve patient care
- Release medical capacity
- Integrate pharmacy practice into the CMHT.

In addition data for each of the activities being tested will need to be gathered. The data required will have both quantitative and qualitative aspects. Some activity data will be captured from EMIS especially in relation to input to clinics. Other data may need to be captured separately e.g. some but not all of the medication enquiries. The impact on patient care will probably need both quantitative and qualitative approaches as will some aspects of the impact on medical capacity and the integration into the CMHT.

NHS Greater Glasgow & Clyde

Mental Health Pharmacy Services

Shawmill CMHT Pharmacy Test of Change

Project Plan

Jan 2023

Background

Following the influx of Scottish Government *Mental Health Pharmacy Recovery Funding*, Shawmill Community Mental Health Team (CMHT) successfully applied for and were allocated funding for a pharmacist to join their team.

Shawmill applied for the project with a view to the pharmacist's input, with the hope could transform the roles and working within an older adult CMHT (OPCMHT). This would be part of a widespread quality improvement project looking at the total working of the CMHTs, across all subspecialties within psychiatry. It is anticipated that pharmacist input will improve the quality of prescribing, improve patient outcomes, decrease the workload of CMHT colleagues, and improve patient and staff education.

There are three main aims of this project

- Improve patient care
- Release medical/nursing capacity
- Integrate pharmacy practice into the CMHT

Funding and resources

The test of change will be delivered by a band 7 mental health clinical pharmacist, who was recruited from the existing mental health pharmacy team based at Leverndale Hospital. This pharmacist was already working with members of the Shawmill medical staff who covered inpatients. The pharmacist is also working towards their independent prescribing qualification.

The Scottish Government Mental Health Pharmacy Recovery Funding will provide Shawmill CMHT with a 0.8 wte pharmacist, which includes the pharmacist attending their inpatient MDTs at Leverndale. The remainder of the pharmacist working week will be spent at Leverndale hospital, completing roles within the wards and dispensary.

Project phases

27. Scoping

The initial stage of the project (2 – 3 months) will involve getting to know the team, the clinical activities, processes and patient cohorts. Training in the appropriate systems e.g. EMIS will take place during this phase as appropriate. This will involve the pharmacist spending one day per week at the CMHT. There is the hope that in the build up to Christmas the pharmacist can increase their working hours at Shawmill, with them being fully released in the New Year, however this time line depends on the vacancy for their previous role being filled.

28. Design

Having undertaken appropriate scoping the project will enter a design phase (1 – 2 months). This will involve the identification of a number of potential interventions for the pharmacist to test. Improvement methodology will be adopted and driver diagrams and change ideas developed for

each of the interventions to be tested. Some pre-test ground work will also be undertaken in preparation for the formal tests of change.

29. Testing

The interventions will be tested and adapted using QI approaches with continuous data collection to assess impact, this will include undertaking periodic PDSA cycles.

30. Evaluation

A data strategy and evaluation will follow to measure the success of each individual intervention in terms of patient care and service outcomes. Formal assessments will be undertaken incrementally.

Normalisation

Successful interventions will become mainstream activity within the CMHT with the pharmacist becoming a fully integrated member of the multi-disciplinary team.

Proposed pharmacist roles within the CMHT

Following the scoping period the following activities/roles have been identified for testing

- Participation and integration into MDTs

  This will be an essential component that supports effective engagement within the OPCMHT, building effective relationships and providing support to the care of individual patients.

- Remodelling and screening of Physical Healthcare Clinic
  Shawmill runs a physical healthcare clinic, where the bloods, physical observations and side-effects of those prescribed any antipsychotic, lithium, valproate and carbamazepine, are taken by Healthcare Support Workers. These bloods were formerly tasked to medical staff, but now they will be tasked to the pharmacist, and only if there are significant abnormalities will they then be escalated to a medic.

- Pharmacist lead lithium clinic, in conjunction with HCSW physical health care clinic

  As part of the bloods taken by HCSWs for Shawmill's PHC, the pharmacist will run a lithium clinic for all patients prescribed lithium, regardless of diagnosis. The pharmacist will work with the HCSWs to introduce a modified version of the service offered by the Bipolar Hub.

- Development of a pharmacist lead new medicines clinic

  This service will support the needs of patients starting on new medicines or switching treatments. It will offer physical health monitoring, patient education, assessment of response, side effect management and ultimately a prescribing/advisory role in switching treatment for those patients who fail to respond to or who cannot tolerate the new medicines initially prescribed.

- Development of a joint pharmacist and HCSW cognitive enhancer clinic

  This service will provide treatment to patients with a dementia where a cognitive enhancer is clinically indicated. Appropriate drug treatment will be initiated and response and side effects reviewed, with HCSW undertaking the required physical observations. The pharmacist will assess the tolerance and efficacy of treatment, and manage the dose titrations accordingly. Switching from the former model, where nursing and medical staff were involved.

- Medication enquiry service – answering ad hoc queries from within and out with the CMHT.
  The pharmacist will receive and prioritise medication enquiries from within the CMHT and from out with e.g. from GPs and patients.

- Post discharge support service
  A follow-up of patients who need support with medication compliance, education and supervision, to aid in their support and engagement with their treatment plan post-discharge. This can involve telephone reviews, arrange dosette boxes etc.

- Managing GP referrals that are seeking medication advice
  Liaising with GPs regarding management of non-complex clinical issues, following a referral from primary care, where the focus is medication advice/queries.

- Medication reviews of patient transferred from General Adult Psychiatry
  Reviewing the medications of newly transferred adult patients, who have their care transferred to Shawmill from an Adult CMHT. This will involve reviewing doses, compliance, side-effects etc.

- Medication reviews and histories
  Formal medication reviews of complex patients whose condition has not responded to trials of various other medications.

- Staff and/or Carer Education Sessions
  Conducting periodical staff and carer training/education sessions on psychotropic medication.

Service requirements and constraints

- Access to medical support

The pharmacist must have access on a daily basis to duty medical support as necessary, as well as support from NTL.

The pharmacist must have access to a dedicated consultant for clinical supervision at agreed intervals.

- Training

The pharmacist will undertake appropriate training to safely undertake their role within the OPCMHT. Implementation of some services may be delayed until necessary training can be undertaken.

The pharmacist is also due to undertake their prescribing qualification from January. The course takes 15 months to complete and involves undertaking two residential weeks, as well as accumulating 90hrs of prescribing learning and practice. It is expected that the pharmacist be supported to undertake this, as it will be to the benefit of their future practice within the CMHT.

- Leave cover

There is no capacity within the wider pharmacy service to provide cover for the CMHT pharmacist during periods of leave. Annual leave will be planned (as much as is feasible) to give appropriate notice to minimise the impact on care within the CMHT.

- Workload and capacity

As this is a test of change workload and capacity of the pharmacist will have to be carefully planned to allow appropriate data gathering, learning and evaluation and to avoid overloading the pharmacist.

Design phase

The proposed roles within lithium clinic, new medicines clinic and adult ADHD service have the requirement to design, test and modify new approaches to care. Driver diagrams will be developed for each and appropriate changes ideas identified and tested using the model for improvement. Systems to capture activity data and measure impact will be developed.

Timelines

Activity	Aug22	Sep22	Oct22	Nov22	Dec22	Jan23	Feb23	Mar23	Apr23	May23-Dec23
Scoping	X									
MDT		X								
PHC Bloods		X								
Lithium clinic		X								
New meds clinic		X								
CogE Service					X					
Enquiries		X								
Post-dx support		X								
Adult Transfers		X								
GP Referrals		X								
Education Sessions				X						
Medication Reviews		X								
Evaluation										X

Key					
Complete		Underway and under review		To be developed	

The timelines above are indicative but should be achievable.

Data & Evaluation

There are a number of elements to the evaluation of this project and the data needed to support that. At a high level an evaluation against the project aims will be required i.e.

- Improve patient care
- Release medical capacity
- Integrate pharmacy practice into the CMHT.

In addition data for each of the activities being tested will need to be gathered. The data required will have both quantitative and qualitative aspects. Some activity data will be captured from EMIS especially in relation to input to clinics. Other data may need to be captured separately e.g. some but not all of the medication enquiries. The impact on patient care will probably need both quantitative and qualitative approaches as will some aspects of the impact on medical capacity and the integration into the CMHT.

Goldenhill CMHT Pharmacy Test of Change

Project Plan

Background

Following the influx of Scottish Government *Mental Health Pharmacy Recovery Funding*, Goldenhill Community Mental Health Team (CMHT) successfully applied for and were allocated funding for a pharmacist to join their team.

Goldenhill applied for the project with a view to evaluating the pharmacist's input, with the hope it could transform the roles and working within an adult CMHT (CMHT). This would be part of a widespread quality improvement project looking at the total working of the CMHTs, across all subspecialties within psychiatry. It is anticipated that pharmacist input will improve the quality of prescribing, improve patient outcomes, decrease the workload of CMHT colleagues, and improve patient and staff education.

There are three main aims of this project

- Improve patient care
- Release medical/nursing capacity
- Integrate pharmacy practice into the CMHT

Funding and resources

The test of change will be delivered by a band 7 mental health clinical pharmacist, who was recruited from the existing mental health pharmacy team based at Gartnavel Royal Hospital (GRH). This pharmacist works in the inpatient ward- Henderson, at Gartnavel Royal Hospital and is training to be an independent prescriber.

The Scottish Government Mental Health Pharmacy Recovery Funding will provide Goldenhill CMHT with a 0.4 wte pharmacist. The remainder of the pharmacist working week will be spent at GRH, completing roles within the wards and dispensary.

Project phases

1. Scoping

The initial stage of the project (1 to 2 months) will involve getting to know the team, the clinical activities, processes and patient cohorts. Training in the appropriate systems e.g. EMIS will take place during this phase as appropriate. To start with 1 day of outpatient clinic and this will be alternated on the type of clinic.

2. Design

Having undertaken appropriate scoping the project will enter a design phase (1 – 2 months). This will involve the identification of a number of potential interventions for the pharmacist to test. Improvement methodology will be adopted and driver diagrams and change ideas developed for each of the interventions to be tested. Some pre-test ground work will also be undertaken in preparation for the formal tests of change.

3. Testing

The interventions will be tested and adapted using QI approaches with continuous data collection to assess impact, this will include undertaking periodic PDSA cycles.

4. Evaluation

A data strategy and evaluation will follow to measure the success of each individual intervention in terms of patient care and service outcomes. Formal assessments will be undertaken incrementally.

Normalisation

Successful interventions will become mainstream activity within the CMHT with the pharmacist becoming a fully integrated member of the multi-disciplinary team.

Proposed pharmacist roles within the CMHT

Following the scoping period the following activities/roles have been identified for testing

- Participation and integration into MDTs
    - This will be an essential component that supports effective engagement within the CMHT, building effective relationships and providing support to the care of individual patients.
- Staff and/or Carer Education Sessions
    - Conducting periodical staff and carer training/education sessions on psychotropic medication.

<u>CLINICS</u>

- Development of a pharmacist lead new medicines clinic
    - This service will support the needs of patients starting on new medicines or switching treatments. It will offer physical health monitoring, patient education, assessment of response, side effect management and ultimately a prescribing/advisory role in switching treatment for those patients who fail to respond to or who cannot tolerate the new medicines initially prescribed.
- Development of a pharmacist ADHD clinic
    - Treatment and physical health monitoring of ADHD patients through a devised protocol.
- Implementation of pharmacy involvement with physical healthcare nurse (e.g. HDAT, Clozapine and annual physical healthcare review results)

<u>ENQUIRIES</u>

- Medication enquiry service – answering ad hoc queries from within and out with the CMHT.
    - The pharmacist will receive and prioritise medication enquiries from within the CMHT and from out with e.g. from GPs, CPNs and patients.

- Managing GP referrals that are seeking medication advice

  - The weekly team allocation meeting will discuss referrals from the GP regarding medications and they will be sent to the pharmacist when appropriate.

MEDICATION REVIEWS (For the future)

- Medication reviews of patient transferred from General Adult Psychiatry
  - Reviewing the medications of newly transferred adult patients, who have their care transferred to Goldenhill from an Adult CMHT. This will involve reviewing doses, compliance, side-effects etc.
- Medication reviews and histories of current inpatients/outpatients
  - Medication reviews of complex patients whose condition has not responded to trials of various other medications.

Service requirements and constraints

- Access to medical support

The pharmacist must have access on a daily basis to duty medical support as necessary, as well as support from NTL.

The pharmacist must have access to a dedicated consultant for clinical supervision at agreed intervals.

- Training

The pharmacist will undertake appropriate training to safely undertake their role within the CMHT. Implementation of some services may be delayed until necessary training can be undertaken.

The pharmacist is also due to undertake their prescribing qualification from September 2022. The course takes 7 to 9 months to complete and involves undertaking one residential week (which has been completed), as well as accumulating 90hrs of prescribing learning and practice. It is expected that the pharmacist be supported to undertake this, as it will be to the benefit of their future practice within the CMHT.

- Leave cover

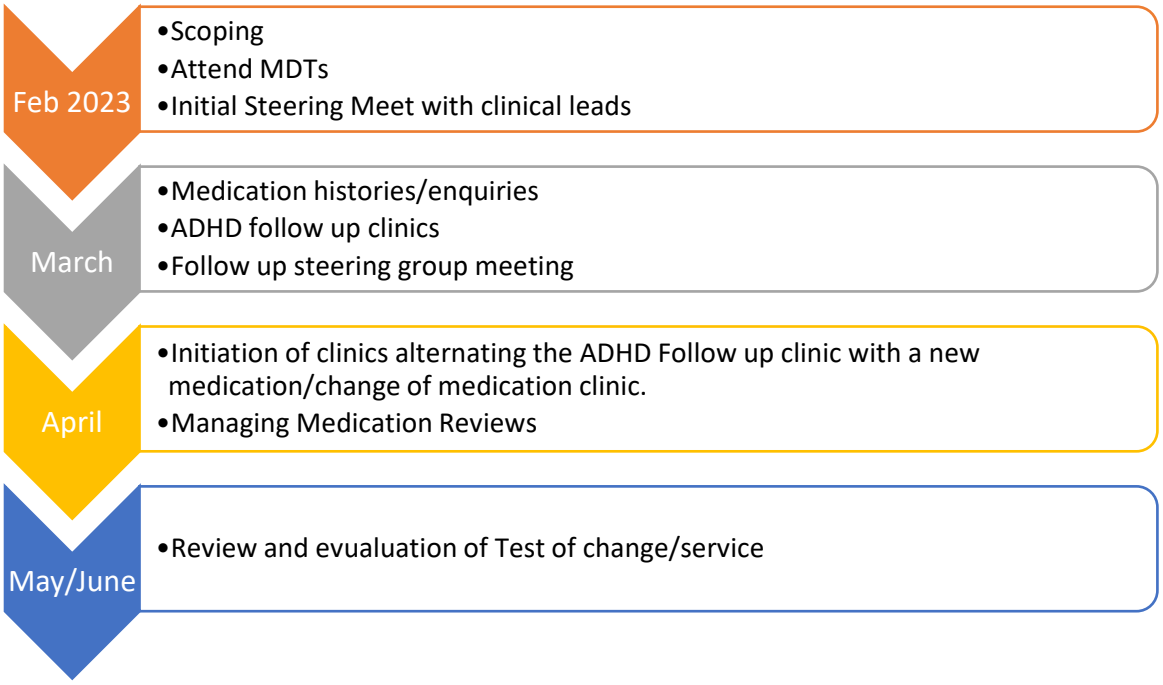
There is no capacity within the wider pharmacy service to provide cover for the CMHT pharmacist during periods of leave. Annual leave will be planned (as much as is feasible) to give appropriate notice to minimise the impact on care within the CMHT.

- Workload and capacity

As this is a test of change workload and capacity of the pharmacist will have to be carefully planned to allow appropriate data gathering, learning and evaluation and to avoid overloading the pharmacist.

Design Phase

Timeline 2023



Current timetable - Feb 2023 (subject to change)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GRH	GRH	GRH	Goldenhill CMHT – Clinic (Alternate clinics)	Goldenhill CMHT – Clinic/Physical Health input
PM	GRH	GRH	GRH	Goldenhill CMHT – Admin/Answering Adhoc Queries	Goldenhill CMHT – Admin/Medication queries or histories

Data & Evaluation

There are a number of elements to the evaluation of this project and the data needed to support that. At a high level an evaluation against the project aims will be required i.e.

- Improve patient care
- Release medical capacity and release physical health care nurse capacity
- Integrate pharmacy practice into the CMHT.

In addition data for each of the activities being tested will need to be gathered. The data required will have both quantitative and qualitative aspects. Some activity data will be captured from EMIS especially in relation to input to clinics. Other data may need to be captured separately e.g. some but not all of the medication enquiries. The impact on patient care will probably need both quantitative

and qualitative approaches as will some aspects of the impact on medical capacity and the integration into the CMHT.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

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

19 September 2023

Subject: West Dunbartonshire Integration Joint Board Records Management Plan Review Update

1. Purpose

1.1 Integration Joint Boards are required to submit a Records Management Plan to the Keeper of the Records of Scotland. The Records Management Plan sets out how West Dunbartonshire Integration Joint Board records will be created and managed in line with national policy. This is a responsibility which all public bodies must fulfil. The HSCP Board approved the Records Management Plan on the 27 June 2022. This report provides an update including details of a recent Progress Update Review (PUR) undertaken and submitted to the Public Records (Scotland) Act Assessment Team.

2. Recommendations

2.1 The HSCP Board is asked to note the detail given in the Progress Update Review in relation to the Records Management Plan.

3. Background

Legislation

3.1 The Integration Joint Board is obliged to submit and maintain a Records Management Plan as defined in and in accordance with Part 1 of the Public Records (Scotland) Act 2011. The Act requires named public authorities to submit a plan to be agreed by the Keeper of the Records of Scotland.

Every authority to which this Part applies must:

a) Prepare a plan (a "Records Management Plan") setting out proper arrangements for the management of the authority's public records,
b) Submit the plan to the Keeper for agreement, and
c) Ensure that it's public records are managed in accordance with the plan as agreed with the Keeper.

3.2 An authority's Records Management Plan must:

a) Identify the individual who is responsible for management of the authority's public records, and
b) (if different) identify the individual who is responsible for ensuring compliance with the plan;

c) Include provision about the procedures to be followed in managing the authority's public records, maintaining the security of information contained in the authority's public records, and the archiving and destruction or other disposal of the authority's public records.

Contents of the Records Management Plan and Memorandum of Understanding

3.3 NHS Greater Glasgow and Clyde and West Dunbartonshire Council already have agreed Record Management Plans in place. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014.

3.4 Following draft submissions and consultation, West Dunbartonshire Integration Joint Board's Records Management Plan and its supporting evidence was reviewed and assessed by the Keeper of the Records who agreed on 8 April 2022 that they set out proper arrangements for the management of the Integration Joint Board's public records. Their assessment report has been published on the National Records of Scotland website.

3.5 The Records Management Plan was agreed on certain conditions with certain elements termed an 'improvement plan'. These conditions are, business classification and archiving and transfer. Both of these elements fall under West Dunbartonshire Council's Records Management Plan and we will work closely with West Dunbartonshire Council to ensure Integration Joint Board records are included within the Council's plan.

3.6 Records Management Plan sets out the arrangements for the management of the Integration Joint Board's records and the relationship with West Dunbartonshire Council's Records Management Plan.

3.7 As the Integration Joint Board does not hold any personal information about either patients/clients or staff, the Record Management Plan relates to the Integration Joint Board committees (Integration Joint Board, Audit and Performance Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the Strategic Plan. All of this information is already in the public domain via the Health and Social Care Partnership area on West Dunbartonshire Council's website:

http://www.wdhscp.org.uk/about-us/

http://www.wdhscp.org.uk/about-us/public-reporting/

3.8 West Dunbartonshire Council's Business Classification Scheme is used to organise the Integration Joint Board's records, as all Integration Joint Board records are currently managed and stored by West Dunbartonshire Council. In terms of evidence that the Integration Joint Board meets the requirements of each element of the Record Management Plan, the link to West

Dunbartonshire Council's Records Management Plans are used where appropriate. This follows the advice given by National Records of Scotland, who provided guidance and support throughout the drafting of the Record Management Plan.

3.9 National Records of Scotland issued an invite to provide a Progress Update Review (PUR) on agreed records management provisions. The PUR mechanism is intended to help demonstrate continuing compliance with the Public Records (Scotland) Act requirement to keep Records Management Plans under review and provides an opportunity to highlight and share any updates around records management services and to receive feedback and advice on those.

3.10 Those areas of the Records Management Plan that were agreed on an improvement plan basis, namely Business Classification and Archiving and Transfer, were the areas where an update was requested. In addition an update was requested for any other area where a change had taken place.

3.11 Within the Business Classification section the update provided was that the implementation of Microsoft 365 is continuing, and Records Management / Information Governance is still within the scope of the project, with progress having been since the initial submission that engagement with a Records Management Consultant has been undertaken.

3.12 In response to the Archiving and Transfer request, detail was given around discussions with the West Dunbartonshire Archivist which indicated a potential solution for the binding of HSCP minutes which would match the approach taken to WDC Committee meetings. This will be taken forward with Democratic Services colleagues to establish whether this approach would be suitable. In addition enquiries will be made to ascertain what the position is for the archival of documents on CMIS.

3.13 An update was also provided on the West Dunbartonshire Records Management Policy as that document was updated in November 2022. The updated policy and associated guidance was provided as part of the PUR.

3.14 The PUR was submitted to Public Records of Scotland on Friday 28 July 2023, in line with the deadline provided for submission.

3.15 The Keeper's Assessment Team will consider the submission with the aim to supply a draft response within three months, allowing some consultation to take place before the PUR report is finalised and published.

4. Main Issues

4.1 Information underpins the Integration Joint Board's over-arching strategic objective and helps it meet its strategic outcomes.

Its information supports it to:

a) Demonstrate accountability
b) Provide evidence of actions and decisions
c) Assist with the smooth running of business
d) Help build organisational knowledge

4.2 Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records with help with IJB with:

a) Better decisions based on complete information
b) Smarter and smoother work practices
c) Consistent and collaborative workgroup practices
d) Better resource management
e) Support for research and development
f) Preservation of vital and historical records

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 recommendation within this report.

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 The Integration Joint Board is expected to be fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally. Compliance with the Public Records (Scotland) Act 2011 is required as any breach of this act could incur penalties.

9. Equalities Impact Assessment (EIA)

9.1 An EIA is not required as the recommendation to note the report does not impact on anyone with protected characteristics.

10. Environmental Sustainability

10.1 A Strategic Environmental Sustainability (SEA) is not required for this report.

11. Consultation

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

12. Strategic Assessment

12.1 The recommendation within this report supports the good governance approach detailed within the Strategic Plan 2023-2026.

13. Directions

13.1 The HSCP Board are not required to issue a direction in respect of the recommendation within this report.

Name	Margaret-Jane Cardno
Designation	Head of Strategy and Transformation
Date	19 September 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 Margaret-Jane.Cardno@west-dunbarton.gov.uk
Appendices:	None
Background Papers:	IJB Papers 27 June 2022

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

Date: **Thursday 19 January 2023, 2pm – 3.30pm**

Venue: **Microsoft Teams**

DRAFT MINUTE

Present: Diana McCrone (chair); Beth Culshaw; Sylvia Chatfield; David Scott; David Smith; Julie Slavin; Fiona Taylor; Moira Wilson; Michelle McAloon; Leeanne Galasso; Lesley James, Margaret-Jane Cardno; Shirley Furie; Paul Carey, Deborah Duffy, Chris Rossi, Gillian Gall, Richard Kennedy, Peter O'Neill.

Apologies: Val Tierney, Margaret Wood, Helen Little, Ann Cameron-Burns.

In Attendance: Vivienne Warner (minutes).

Item	Description	Action

1. Welcome, Introductions, Apologies

Chair welcomed everyone to the meeting and in particular welcomed Gillian Gall following her return to WD as Head of HR.

Some attendees noted that they had issues being able to join the meeting.

2. Standing Agenda Items

a) Minutes of Last Meeting

Minutes of the last meeting agreed as an accurate record.

P O'Neill raised point 2 (National Care Service) on the rolling action list. He felt there was a lack of communication around it. MJ Cardno advised there had been one formal request for input and that TUs have put in comments through the minutes of the JSF which goes to IJB. Unison and joint trade unions had previously advised they wanted a model similar to NHS but this is not what the Scottish Government (SG) are proposing. The Bill doesn't take profit out of the care system – it takes services out of councils and the NHS. This is an attack on publicly owned and delivered services and not the National Care Services we need. The Joint Trade Unions are looking to withdraw the Bill and consult on plans for a real NCS similar to the NHS model. MJ Cardno explained that as there was so much uncertainty they had agreed to draft a communication for staff. This has been done and is

sitting with B Culshaw; she apologised if this has not been circulated. MJ Cardno to follow up with B Culshaw.

There are a number of factors leading to staff feeling demotivated and the uncertainty is contributing to concerns. The second officers response that went in was very technical and in respect of Mental Health Services. MJ Cardno is happy to share again. MJC

Due to tight timescales and no flexibility, there was no ability to take to IJB, however it was clear that it was an officer response. MJC

MJ Cardno gave commitment to share slides from a large session once received.

D McCrone noted difficulties around quick responses that were required. TUs are asking SG to scrap the bill. MJ Cardno remarked that this is not our story to tell: Up to us to take an officer's view. TUs would have had the paper as it was circulated widely and had the opportunity to respond.

Looking to consult and plan for a real National Care Service and not what they are being offered. This is a staff view on it. MJ Cardno mentioned that in terms of the consultation paper it would have gone to Joint TUs. They could respond separately. Purpose of the communication was to give reassurance to staff re what's happening and how it affects them. B Culshaw informed the group that in terms of National Care Service there is not a lot of information available and there is more discussions to be had and debated.

Agreed that this would be taken off table.

b) Rolling Action List

1. Finance – Budget Settlement

Advised that once the budget settlement was sorted there would be separate discussion with staff side. SG has issued a letter to Local Government advising that additional funding is still to come to HSCPs re Scottish Living Wage but they have not communicated how much. Looking at this this week.

Action: Additional JSF to be set once budget settlement is announced. HS

2. National Care Service

Discussed above.

3. Circulate Recruitment and Attraction Plan agreed by NHS

Still to be done by M McAloon. MM

4. Service buses accessing Clydebank Health Centre

L Kerr linked in with SPT; no changes. Close.

5. Develop communication for staffing groups in relation to National Care Service.

Discussed above.

6. Vacancies within Home Care

Snapshot number is at 26 with induction currently taking place for 10 new staff.

7. HR Report to be reviewed with consideration of what further information can be included

All to be given story boards from Area Partnership Forum but unsure if this has filtered down to WD. Discussed at staff side. G Gall advised it is in place and has been established for a few months. Reflecting the Council side so need to see if it is achievable.

Action: G Gall will take forward with M McAloon and L Galasso. GG/MM /LG

D Smith had asked that in future they would include information on grievances and vacancies and for this to be sent in advance. This was to assist the recruitment and retention group. G Gall advised that she will check as the information doesn't sit with local HR teams. G Gall will come back with further information. MJ Cardno noted that we need to have a conversation regarding how we report grievances as she has a small team and individual staff members could be identified. She agreed to pick this up with G Gall off table. G Gall stated that this would not be reported per service. MJC/ GG

8. Strategic Delivery Plan

MJ Cardno advised that the current plan is well advanced and hope to publish by end of March. You said – we did.

c) Chief Officer Update

B Culshaw noted the pressures across all of the Health system with increased attendance at hospital sites leading to increased and additional demands on social care.

Covid figures have gone through their peak and we are now seeing a significant reduction. Still exceptionally busy with Covid in wards and Care Homes. B Culshaw acknowledged how well everyone responded to the issues by continuing to work extremely hard. The overall impact was relatively light due to good vaccination uptake and we have managed to keep going due to efforts of teams.

There have been challenges around Delayed Discharge however teams have made real improvements. The longer someone remains in hospital, the more likely they are to be deconditioned.

Last week SG made some additional funding available for Care Homes to help discharges. Our delays are not the result of funding. We need to keep people moving through the system, and avoid admission to hospital.

High level of uptake of vaccination by staff; we have encouraged staff by putting on extra sessions. We have completed latest round of vaccinations for Care Home residents and the housebound. Difficult to break figures down locally.

We work closely with families to give their loved ones their home of choice, however some of the Care Homes are struggling with staffing.

D McCrone advised that Mental Health are struggling due to wards being closed due to Covid and shortages of staff available.

d) HR Update
i) Report
L Galasso and M McAloon reviewed the report which was circulated.

WDC
Seeing an increase in absence across all areas in November & December. HR will continue to work with managers to support them with the process.

Leavers
Increased to 13 which are mostly resignations, with a couple of age retirals. D Smith requested the number of work related stress referrals. L Galasso will share following the meeting. LG

Absence
Highest it has been. Top 5 reasons for absence are minor illness, personal stress and musculo-skeletal.

KSF/PDP
Compliance has increased however still under the target of 80%. M Wilson is happy to come to meetings to support managers.

Statutory Mandatory
All above 90% except fire safety – important to get this rate up. Data will be circulated to managers.

Leavers NHS
9 Leavers in December: includes 1 death in service, 1 voluntary resignation, I age retirement,

ii) Workforce Plan Update

M McAloon advised that there was no further update, however we are planning for the annual review. We have received feedback from SG. What was not incorporated will go into annual review.

PH for Coronation

NHS have had a DL through from SG advising that Monday 8 May will be a Public Holiday. There has been a paper taken to Council proposing to have the Public Holiday for WDC staff the same as for the funeral for the Queen & the Golden Jubilee – still to be confirmed for the Council. G Gall offered to circulate the DL.

iii) iMatter Update

M Wilson advised that managers/staff should always be working on the action plans.

Key dates:

Manager/Team Review	13th Feb - 3rd April
Team Changes to be made by	10th April
Team Confirmation	24th April - 19th May
Questionnaire	22nd May - 12th June
Action Planning	26th June - 21st August

M Wilson plans to engage with managers before, during and after the iMatter questionnaire is issued and to provide support sessions which will be a mix of online and "in person".

e) Service Updates

I. Finance

J Slavin presented “Local Mobilisation Plan: Covid Response” earlier this week and spoke to it at the meeting.

- Earmarked reserves are mostly related to Covid.
- Received letter from SG that they will start to claw this money back (£9.213m). We will submit a further update to them next week and will take into account any other Covid related costs. Some fixed term posts will extend into March.
- Working on P9 figures which will be taken to the Board. Predictions to be refined due to pay increase.
- It was a local decision that WDC won’t pass any funding to the HSCP to cover the staff pay increase, we will therefore have to fund this from reserves / existing budgets. Shortfall of £2.7m. Overspend of approximately £2m.
- Health Care – SG pay award is being imposed however we haven’t had any notification how much health boards will receive. Hope it will be fully covered so will impact on the gap.
- Prescribing gap is £20m – pressure from all sides. Significant increase in costs for medicines, transport and exchange rates. Prescribing will be a 10% pressure.

- Any overspend will have to be met from reserves so will impact on the following year.
- 2% uplift to budget for NHS.
- Social Care – expectation that LA would provide HSCPs with flat cash settlement – rolled forward to 23/24. Over £5m in pressure.
- Children's residential budget discussed.
- Scottish Living Wage – expecting some funding but waiting to see what our total will be (approx. £1.6m).
- Social Care gap of £5.7m estimated. Still a lot of work to do for final position to come to the Board.
- Consolidated gap of over £7m.
- Savings options will be considered. Details that have not been shared as yet.
- See what savings can come from packages of care.
- 90% of controllable budget is staffing in NHS.
- We intend to have a session to discuss further once we are aware of what we are taking forward.
- Need to find 2 years of pay award for WDC staff. Their pay settlement was higher than expected. Leaves us in an overspend position for this year as WDC did not pass on funding.
- Peter O'Neill asked about use of Covid funding however this came via Health. SG will take back via health budget. May get back a share for health pay award.

II. Mental Health, Addictions and Learning Disabilities
III. Health and Community Care
IV. Children's Health, Care and Justice
V. Strategy & Transformation
VI. MSK

Unfortunately due to shortage of time the above updates could not be made.

3. Trade Union Updates

- High Priority Fire Action Items

Joint TUs attended Corporate H&S and noted a significant number of high priority fire items. They have been reduced to 96 with high 80s from HSCP. What work is being done to reduce this risk?

FT responded that she had a meeting with sheltered housing staff and other relevant people including Jim Devaney. There was some action planning to clear off actions and should get reassurance by end Jan that these are completed. B Culshaw advised that these are monitored through PRMG. It was clarified that there were 80 reported and only 7 related to the HSCP. It is

important we do all we can to mitigate the risk. D Smith felt should go to a H&S Meeting to reduce to 0.

- Care at Home Cover (Management Departures)

D Scott raised concerns that with the imminent departure of Lynne McKnight and Richard Heard, what action plans will be put in place? F Taylor reassured the meeting that there is a lot of activity underway to support the service to ensure a safe delivery of the service. Recruitment is underway. F Taylor agreed to clarify the total number of vacancies and agreed to keep D Smith updated re the recruitment. FT

- Tagging of Cars for Care at Home

Joint TU request raised by members. This is a tag which is put in the pool car so that carers have to swipe in when they get into the car and swipe again at the end of their shift.

D Duffy spoke about strike action by school teaching staff causing issues with parents who have no childcare; G Gall will pick up off line. Paul Carey noted that members are struggling therefore looking for feedback to all. GG

Pay offer in NHS not accept by all Unions. No specific strikes noted.

D Scott asked if this meeting is going back to face to face or hybrid. B Culshaw will discuss with G Gall. BC/GG

4. National Care Service

Discussed above.

5. Any Other Business

Three key items for Area Partnership Forum:

- National Care Service.
- Financial concerns.
- Importance of Fire training.

6. Date of Future Meetings

16th February 2023
16th March 2023, 11 a.m.
14th April 2023
18th May 2023
15th June 2023
20th July 2023
17th August 2023
21st September 2023
19th October 2023
16th November 2023
21st December 2023

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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

Date: **Thursday 16th February 2023, 2 p.m. – 3.30 p.m.**

Venue: **Hybrid**

MINUTE

Present: Peter O'Neill (chair); Beth Culshaw; Diana McCrone; Ann Cameron-Burns; David Scott; David Smith; Fiona Taylor; Gillian Gall; Helen Little; Lauren MacKenzie; Margaret Wood; Margaret-Jane Cardno; Michelle McAloon; Moira Wilson; Richy Kennedy, Sylvia Chatfield.

Apologies: Allan Wallace; Andrew McCready; Debbie Duffy; Julie Slavin; Leeanne Galasso; Lesley James; Susan Walker.

In Attendance: Hazel Slattery (minutes).

Item	Description	Action
1.	**Welcome, Introductions, Apologies** Chair welcomed everyone to the meeting.	
2.	**Standing Agenda Items** a) Minutes of Last Meeting P O'Neill raised that the minutes from the last meeting were inaccurate around the joint trade unions contribution to National Care Service which was not accurately recorded within the minute. P O'Neill highlighted that the majority of the trade unions are looking to scrap the Bill and consult on plans similar to the NHS model. P O'Neill asked if minutes could be sent out two weeks prior to the meeting as previously agreed. B Culshaw apologised for the lateness of the minutes. Members were asked to take until Monday to review the minutes and to agree before the next meeting. D Smith declared the workload and pressure on the trade unions at this time, meant a commitment to turnaround could not be provided. The request of members was to provide comments with the next two weeks. b) Rolling Action List B Culshaw advised that the Council are due to set budget on 1st March 2023. The SMT are working on developing proposals and a session will be arranged for JSF members prior to the IJB on 15th March 2023.	**BC**

National Care Service

Communication to all staff will be circulated through Chief Officer by 20th February 2023. MJ Cardno attended workshop on co-production, slides have not been distributed; however a briefing has been shared with all JSF members. **BC**

Trade unions have received a lot of information on National Care Service, Unison feel that the Bill should be withdrawn. Unite feel that trade unions should withdraw from the National Care Service. P O'Neill indicated that there was a lot of trade unions saying that the Bill is not fit for purpose. MJ Cardno reflected that trade union, CoSLA and NHS Chief Executive position have been made clear but the flow of information isn't clear. Along with a lack of substantive feedback as Bill is going through parliament.

Recruitment and Attraction Plan

G Gall confirmed that this has not yet been agreed, will be circulated once been to Area Partnership Forum. **GG**

Vacancies in Home Care

Interviews have taken place for interim posts, successful applicants have been appointed for the interim posts.

HR Report

Storyboards for NHS are being developed, L Galasso, M McAloon and G Gall to do a comparison and bring HR information in a different format to the next meeting of the JSF. **GG, LG, MM**

Strategic Delivery Plan

The Strategic Plan is due to go to IJB on 15th March 2023. D McCrone asked if the strategic planning group will be seeing sight of this. MJ Cardno advised it is on the agenda for next week.

c) Chief Officer Update

Starting to see an ease in levels of pressure relating to Covid-19 and flu, pressures are reducing across services. Small numbers of people are being affected. All care homes are open, some with controls in place. Crosslet had inspection before Christmas, Grade 5's have been awarded, B Culshaw congratulated the team.

Pressure around delayed discharges, concerns have been raised by trade unions meetings. Teams continue to work to reduce this, particularly bearing in mind deconditioning impact on patients.

d) HR Update

i) Report

Report circulated prior to the meeting. NHS and WDC absence have decreased. Top reasons for absence across NHS were anxiety/ depression, other musculoskeletal; cold, cough, flu; Covid-19 related, gastro intestinal; WDC reasons were minor illness; personal stress, musculoskeletal, acute medical conditions and recurring medical conditions.

NHS eKSF
Performance sitting at 50.94%. Data shows there are currently 416 reviews out of date. Work is ongoing to support leads to undertake reviews.

Statutory and Mandatory Performance
All compliance rates are above 90% with the exception of fire safety. Fire safety modules are required to be completed annually.

NHS had 13 leavers during January 2023, reasons include; personal financial reasons, other, retirement age, retirement for another reason, voluntary resignation, voluntary resignation (promotion).

WDC had 16 leavers during January 2023 reasons include; dismissal – ill health, resignation retiral – age, retiral on option.

G Gall added that a new format of report will be brought to next meeting incorporating additional information requested by trade unions.

ii) NHS Annual Leave Circular
G Gall drew attention to the variations that have been in place over the past couple of years around annual leave. The recent circular highlights the variation for existing leave year. Key message around circular was to ensure statutory leave had been taken, flexibility with carry over for service reason and date by which carry over leave must be used.

iii) iMatter Update
M Wilson will be in touch with teams.

e) Service Updates
I. Mental Health, Addictions and Learning Disabilities
S Chatfield advised that posts are being filled as quickly as possible. Date for IOM managers interviews for Mental Health and Addictions are set for beginning of March. Adult Support and Protection development day is taking place on Monday. S Chatfield is meeting with teams to ensure that staff have the opportunity to discuss challenges and any issues.

D Smith asked in relation to posts, if any applicants are social work qualified applicants, S Chatfield advised that a range of professionals have applied for the post.

D Smith advised that that trade unions have raised before that there is lack of social work qualified managers within the management structure of the HSCP team. S Chatfield confirmed her own social work officer status and the awareness of a balance of health and social work qualified staff and will not recruit if this balance is not met.

Members were reminded to be respectful of tone and manner when speaking to each other.

D Smith felt that this question was not being answered and was unclear why the question would not be answered and would find it difficult to continue with the meeting if the question is not answered. G Gall advised that the question had been answered. D Smith asked for clarification, if any potential candidate being interviewed held a social work qualification, S Chatfield added that yes a range of professionals have applied for the post.

D McCrone asked about the use of inpatient mental health beds by adult acute psychiatric patients. S Chatfield advised that the Clinical Directors have this under review. There has been no further discussion about the winter pressure plan.

II. Health and Community Care
F Taylor welcomed the inspection report for Crosslet. An IOM post for Integrated Adult Services (Hazel Kelly's post) is out for advert at the moment, F Taylor reassured members that regular team meetings with staff in this area are taking place. Hospital discharge team interviews for senior social work and social workers are taking place next week.

Care at Home have appointed an Interim IOM and also two Service Manager interim posts; one to replace Richard Heard and an additional post with operational responsibilities but also to support the redesign process to allow it to progress quickly. Supporting data to inform the redesign is being collated. A proposal paper will then be presented to SMT and then to staff and JTU in line with consultation and the Council organisational change management policy where Council are included.

D Smith appreciated the huge tasks of service redesign, the joint trade unions are concerned about bringing in an IOM to help with redesign, Service Improvement Leads were brought in to assist with service redesign, and Victoria Rogers confirmed that the HSCP require to use the WDC Change Management Process. Trade unions feel that the WDC process is not being followed and referred to the 4D model being applied.

B Culshaw asked for members to be mindful of tone when speaking to each other as previously requested. MJ Cardno confirmed that the he 4D model which D Smith refers to underpins the policy and does not supersede the Change Management Policy. M Wood added that the convenors have not met with the Service Improvement Leads and have concerns that an IOM will be assisting with this process; and have serious concerns over how this redesign is taking place. D Scott added that he has raised at the WD HSCP Joint Health and Safety Committee the mental health of care at home staff. MJ Cardno welcomed convenors to have a meeting off table to discuss the redesign.

D Scott asked who will be backfilling the internal posts which will leave a gap within current service. F Taylor advised that discussions to consider the next steps, recognising that appointments may have an impact on service.

D Scott asked in relation to job evaluation for details on the evening carer role. F Taylor advised that she has had no sight of an evening carer role.

M Wood asked for confirmation of current job evaluation process for Care at Home and Residential Staff. John Duffy has advised that residential care staff job evaluation has not yet been received. M Wood further advised that both of these job re-evaluations were submitted at the same time to negate any issues with staff moving from residential care to home care following any regrading. **GG, FT, LG**

B Culshaw reconfirmed the offer of a session to talk through concerns around redesign and job description reviews. **GG/ FT**

III. Children's Health, Care and Justice

L James was attending the Community Planning Meeting therefore could not attend today. Members were asked to raise any issues via email.

IV. Strategy & Transformation

MJ Cardno had no emerging issues to bring to the group.

V. MSK

H Little welcomed Lauren MacKenzie, CSP representative as a new member to the meeting. Waiting times are declining. Absence has increased, long term absences are causing capacity issues within the service. A recruitment drive has taken place including the utilisation of staff videos; 53 applications for the band 5 post have been received. Band 6 recruitment is due to take place. Capital bid has been approved to make changes within the Vale of Leven building. **JS, BC**

VI. Finance

A dedicated finance session will be arranged after 1st March 2023, once WDC have set the budget for the coming year and in advance of 15th March 2023.

3. Trade Union Updates

Joint Trade Unions emailed B Culshaw at the beginning of week in relation to the running of the Joint Staff Forum, including minutes, frequency, agenda, attendance of deputies and meeting organisation. P O'Neill spoke through each of these points.

- Minutes – JTU request that minutes are sent to all members within two weeks of the meeting, there are no requirements for joint chairs to see minutes prior to members.

  B Culshaw advised that this would be a change to the previously terms of reference for the Joint Staff Forum. It was agreed that minutes would be shared and agreed at the pre-meeting with co chairs.

  Only agreed minutes will be shared with the Area Partnership Forum and IJB.

- Frequency – JTU suggest that pre-Covid-19 arrangements take place. D McCrone advised that other HSCP areas met 6 weekly as advised by the Area Partnership Forum. G Gall will coordinate with joint trade unions to review terms of reference and bring a proposal for revised terms of reference and new schedule to the next meeting.

- Agenda – pre meetings to take place with co-chairs two weeks prior to each JSF.

- Deputies – trade unions would like deputies to be in attendance at meeting if Head of Service cannot.

- Meeting organisation – trade unions propose to move meetings to face to face or hybrid where possible.

4. Any Other Business

D Scott asked in relation to an email mentioning tone of emails received recently and referred to by another Chief Officer, he asked for further understanding of tone. G Gall asked for D Scott to discuss with her off table to understand the specifics of any emails with concerning tone.

a) Home Care Review

Covered in item above.

b) Three key elements for Area Partnership Forum

Areas for inclusion;

- Difficulties of what we are dealing with;
- Support staff to complete fire training;
- Improved communication, consultation and collaboration.

5. Date of Next Meeting

Thursday 16th March 2023

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

Date: **Thursday 16 March 2023, 11 a.m. – 1 p.m.**

Venue: **Hybrid Meeting**

MINUTE

Present: Beth Culshaw (chair); Andrew McCready; Ann Cameron Burns; David Scott; David Smith; Diana McCrone; Fiona Taylor; Gillian Gall; Ian Stevenson; Leeanne Galasso; Lesley James; Margaret Wood; Margaret-Jane Cardno; Michelle McAloon; Moira Wilson; Susan Walker; Sylvia Chatfield.

Apologies: Helen Little; Julie Slavin; Peter O'Neill; Richy Kennedy.

In Attendance: Hazel Slattery (minutes).

Item	Description	Action
1.	**Welcome, Introductions, Apologies** Chair welcomed everyone to the meeting.	
2.	**Internal Communication and Employee Engagement Strategy – Liam Spence** Liam Spence, Head of Staff Experience was welcomed to the meeting. L Spence spoke members through the Internal Communication and Employee Engagement Strategy including strategic priorities; strategic overview and context; effectiveness of internal communication and engagement; communication and employee engagement; local and national frameworks and employee feedback. He reflected on the good practice and good communication mechanisms already established and sought feedback on how best to localise. The forum were advised of the Equality and Diversity conference on 20th June and to await invitations to the event. D McCrone asked about 'Speak Up Campaign' locally. G Gall confirmed there was posters on notice boards in a variety of bases across HSCP. M Wood added that staff do not feel engaged, do not receive communications. B Culshaw thanked L Spence for attending forum and agreed that this was the right time to revisit locally.	

3. Standing Agenda Items

a) Minutes of Last Meeting

Minutes agreed as an accurate record

b) Rolling Action List

Care at Home Redesign Meeting – F Taylor advised that email sent to trade unions on 02/03/2023 to discuss issues and develop a position to take forward together. A date has been agreed.

Terms of Reference for JSF will be brought to next meeting.

Tone of emails discussion – trade unions felt that as long we move forward in a productive manner we can move on. B Culshaw asked D Scott to have further with discussion with G Gall.

Face to face/hybrid meetings – hybrid meetings have been arranged. G Gall will forward dates. Meeting with have hybrid option on MST. New diary invitations will be circulated.

Recruitment and Attraction Plan is yet to be approved by Area Partnership Form, once approved will be circulated. D McCrone asked why the plan required to be approved by APF, advised that it is a Health Board Plan. Local group will start to meet again now that G Gall is in post. Invites will be circulated for the next meeting. Representatives from trade unions are D Smith, S Furie and A McCready.

c) Chief Officer Update

IJB took place yesterday, two key issues discussed were the strategic plan for next three years and budget for the next year. Full budget paper is available on website; communication is being drafted for staff, this will be circulated by the end of the week. G Gall circulated 3 appendices shared at the IJB for information.

D McCrone added that staff feel they should have been consulted first before management adjustments were put forward. G Gall advised that we did have an extraordinary JSF where information was shared and was a positive conversation at that time. B Culshaw added that to the WDC approach in relation to budget setting this year, WDC made decisions before these could then be taken to the IJB for agreement. S Walker feels that we are working backwards, full staff side discussion should take place before information is released into the public domain. A Cameron Burns echoed this concern.

In reference to the ABI Team, conversations took place with staff members last week, colleagues from health and local

authority were both in attendance. G Gall reassured members that this has minimal impact on staff. S Chatfield added that conversation with Health Board have been ongoing.

S Chatfield explained the issue is that the Glasgow based multi-disciplinary service only covers up to the Clydebank, meaning that those in Dumbarton and Alexandria do not have access to this service. In addition, the neuro psychologist does not have any peer allied health professional support and is quite isolated. There has been no agreement that the post will move to being Glasgow based. The neuro psychologist is keen to move into a multi disciplinary team, she is currently working on a paper to present this proposal. It has been agreed in principle to look at merging some of the service rather than having an isolated service.

S Walker asked for further reassurance going forward. D McCrone added that communication around this is confusing. D McCrone thought that the proposal was to merge the ABI with Physical Disability Team. Whereas the paper indicates a full service review of multi-disciplinary services.

B Culshaw reminded colleagues that any issues should be taken through line manager in the first instance. Local JCC meetings, JSF, JCF and APF also take place which provide mechanisms to take issues forward if not resolved at a local level. M Wood asked for members to recognise that sometimes local meetings do not happen, these issues are then escalated to JSF.

B Culshaw asked each of the Head of Services to take members through each of the proposals for their service area.

d) HR Update

i) Report

Report circulated prior to the meeting. L Galasso provided update in relation to WDC, 1.72 working days were lost, which is a decrease compared to this time last year. Long term absence continues to cause concern; 70% of absences are long term. The top three reasons for absences are minor illness, personal stress and acute medical conditions.

NHS absence increased from January 2023, absence also increased compared to this time last year. The top reasons for absence were anxiety/ stress/ depression/ other psychiatric illnesses; other musculoskeletal problems and viral.

Leavers

During the reporting period 20 staff have left WDC HSCP; 8 gave no reason; 10 resignation; 2 retirals. Three members of NHS staff left the HSCP in February 2023. Reasons given were end of fixed term contract; new employment with NHS Scotland and other.

S Walker commented that within the slides circulated there are quite few absences noted as unknown. S Walker asked if exit interviews were taking place across the Council. L Galasso advised that exit questionnaires are completed, an exit interview is offered if the person does not want to meet with line manager, a meeting can be arranged with HR any areas of concerns are taking forward with teams.

G Gall confirmed that managers are encouraged to update SSTS with reasons for absence once known.

NHS eKSF
KSF compliance in total is at 46.94%. West Dunbartonshire performance is at 51.64%, well below the GGC target of 80%. Data shows that 414 reviews are out of date.

A McCready asked why other HSCP's data is provided in the report, he feels that this is not relevant. G Gall felt that was not an area of concern, however this information will be removed going forward.

Statutory and Mandatory Performance
Compliance rates exceed 80% in all modules. Compliance rates for this month have slightly decreased. Fire Safety has increased, extra effort is needed to ensure this rate does not fall further. Managers will be provided with named lists of staff whose training is out of date.

ii) iMatter Update
M Wilson will be in touch with teams.

e) Service Updates
I. Mental Health, Addictions and Learning Disabilities
S Chatfield advised that the redesign/merge of Community Connect and Work Connect to a rehabilitation supported employability and transitions community hub and closure of Cafe Connect have been proposed. This would see a resign of existing service over a two year period with a reduction of two FTE in the first year, the detail of this is still to be fully scoped. A full assessment on the impact of any change for workforce will be progressed through dedicated practical support from HR, Finance and Service Improvement Officer.

Removing funding to Y Sort It for the Wrecked and Wasted campaign due to funding already received from Council sources. The range of initiatives underway to address misuse by young people has superseded this campaign.

Removing rental funding for Alternatives has been agreed, Alternatives receive core funding with additional funding for rent. It is proposed that the allowance for rent is removed.

It has also been proposed to review the Social Care Mental Health Staffing Model, the Acquired Brain Injury Team and the adult Care Service would be amalgamated into the one team.

II. Health and Community Care

F Taylor advised members that funding for external support for Scottish Care Independent Sector Lead will be removed. There are good working relationships with all Care Homes with regular meetings with Care Home Managers taking place, these networks share good practice and identify areas of concerns. Going forward these meetings will be supported by Head of Service and HSCP Commissioning Team.

The removal of overnight service from Care at Home has been proposed, this work is currently allotted to work alongside the Overnight District Nursing Service. The District Nurse service been enhanced via Scottish Government Winter Monies funding for Health Care Support Workers to support this service. Staff engagement and redeployment to alternative Care at Home or consideration of vacant Residential Care posts will take place in line with Council policy.

Bed occupancy levels in Queens Quay will be increased. Occupancy will be paused in Crosslet House. Neither home has yet opened to full capacity due to recruitment challenges, but recent recruitment drives have been more successful. A 12 month period of monitoring and review will take place.

M Wood raised at the last meeting the proposal was to reduce agency spend and efficiencies in CM2000. CM2000 would help with efficiencies. M Wood further asked what will be put in place to reduce the number of staff seeking overtime hours from agencies. F Taylor advised that work is ongoing with HR to offer additional hours and review contracts for those who do not work full time.

III. Children's Health, Care and Justice

L James advised that Children's Health and Care would be shifting the balance of care as part of a 5 year Children's Services strategy. The strategy aims to deliver improved outcomes for children aligned to The Promise by reducing the long term use of care and in particular residential care whilst safely retaining children in local communities. Work streams to deliver the strategy have been identified as supported accommodation for care leavers; best practice in child protection; commissioning child centred services; fostering for the future and family support services. M Wood welcomed children being accommodated in their own area.

IV. Strategy & Transformation

MJ Cardno advised that proposals put forward were the removal of the vacant Health Improvement Manager post, Review of Assisted Transport Policy and deletion of vacant press officer post.

Removal of Health Improvement Manger – post holder retired last September, MJ Cardno has had good discussions with Health Improvement Team who are working together to look at a plan to mitigate against this. Work is taking place with the team to develop career opportunities. Discussions have taken place with the Team to find an appropriate solution going forward.

A Cameron-Burns voiced her concern about this proposal. A Cameron-Burns asked how we going to take information out to the public; how are we going to educate the public and provide public health messages without this team. Health Improvement Team are a preventative team. MJ Cardno advised that the team are not overly concerned about sharing public messages they are move concerned about how to keep strategic availability and influence across GG&C.

The Transport Policy will provide an equitable, consistent and transparent approach and will support choice, independence and control alongside planning of care. Eligibility criteria will be introduced. A framework is being put in place. Once the policy is implemented, training and guidance will be provided to staff to support service users with the roll out of Transport Policy.

Deletion of press officer – press enquiries will be picked up by the Corporate Communications Team across West Dunbartonshire Council and NHS Greater Glasgow & Clyde.

V. MSK

H Little was not in attendance, therefore no update was available.

VI. Finance

J Slavin was not in attendance, however B Culshaw and Head of Services all provided input on financial implications.

4. Trade Union Updates

A Cameron-Burns has concerns that meetings are not taking place with managers, A Cameron-Burns asked if managers could meet with trade unions timeously.

D McCrone advised that the Health Secretary has offered the NHS Unions a pay deal for 2023/24, Unison have balloted members about whether or not they will accept the offer. Results are due on Friday. A McCready said Unite have also had a ballot, this closes on Monday. The results from both Unions will be publicised soon.

5. Any Other Business

National Care Service – MJ Cardno advised that there has been no communication from Scottish Government. The Standing Group Committee have said that the Bill should not continue in its current form, candidates for the First Minister have indicated that they want to review National Care Service. Meanwhile, Scottish Government are progressing with the 5 themes, however MJ Cardno has not seen any evidence of this as on officer, but is aware that engagement is under way with service users.

Items for Area Partnership Forum;

- Financial management adjustments;
- Better communication;
- National Care Service.

6. Date of Next Meeting

Next meeting will take place on 27th April 2023. Hybrid option will be provided.

Meetings will then take place 6 weekly, new schedule of dates and diary invitations will be circulated.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Monthly Covid-19 Meeting of Joint Staff Forum

Date: Thursday 11th May 2023, 2pm – 3.30pm

Venue: Hybrid Meeting / Clydebank Health Centre

MINUTE

Present: Beth Culshaw (Chair); Andrew McCready; Ann Cameron Burns; Fiona Taylor; Shirley Furie; Gillian Gall; Leeanne Galasso; Lesley James; Helen Little; Margaret Jane Cardno; Andrew McCready; Julie Slavin; Sarah Smith

Apologies: Sylvia Chatfield; David Smith; David Scott; Michelle McAloon Diana McCrone; Peter O'Neil

Attending: Joyce Habo (Minutes)

Item	Description	Action
1.	Welcome, Introductions, Apologies	Chair
	Chair welcomed everyone to the meeting.	
2.	Primary Care Strategy	
	Agreement to carry forward as Deborah Allan is unable to join today's meeting.	
3.	Standing Agenda Items	Chair
	Due to limited attendance it was agreed the previous minutes could be approved at the next meeting when everyone had an opportunity to review. Beth confirmed this would delay the minute going to IJB.	
	a) Rolling Action List Care at Home redesign; ongoing discussions. TOR: Gillian to circulate papers.	Chair
	b) Chief Officer Update	
	Next IJB 15/05, at the last meeting the budget was set and agreed, we are currently implementing these savings proposals and starting the development of savings proposals for next year.	
	Papers going to IJB include a proposal from Lesley around Chief Social Work Officer's Office and a Prescribing paper which is a significant financial risk.	
	Revised Supervision Policy for both Adult and Child Care staff; Updated Risk Register; Duty of Candour; Directions; Annual Performance Report. All of the above papers are now available to view on the Website.	

Recent visits to Clydebank Health Centre and Queens Quay Care Home by both the Cabinet Secretary and Caroline Lamb, who were very impressed with both facilities.

There were a range of activities to celebrate the Coronation, Beth attended a garden party at Crosslet and the staff made a huge effort to ensure this was a memorable afternoon for all.

NHS GGC staff awards took place and was well attended, the overall winners were Diabetic Retinal Services.

Vaccinations are underway across Care Homes.

Covid is continuing to impact on staff attendance at work.

c) HR Update

Gillian

Figures until the end of March are available and a verbal update will be provided re: April figures.

On the health side performance e.g. KSF/PDP is at 55.28% which is an improvement month on month but below the national target. Local trajectories are underway and action plans will be implemented. Time is required for dedicated career conversations with staff members.

Statutory/Mandatory training compliance is above 91% and fire safety has improved, these notifications are flagged to managers.

Attendance is on a downward trend to 5.31% between short and long term absence.

Some teams are participating in the walking challenge.

Golden Jubilee event is fully booked: Workforce Equalities.

Leeanne

Attendance in April was 9.82% which is an improvement. Three main absence areas are; minor illness, personal stress, acute medical. They're working across service to support staff off long term to provide return to work support.

ii. iMatter Update

Gillian confirmed the survey will 'go live' on 22nd May and has a closing date of 12th June. Pre-paid envelopes will also be available. Beth requesting that all attendees encourage staff to participate.

d) Service Updates

i. Mental Health, Addictions and LD SC

Consultation is underway in LD and across ABI team, one to one meetings with staff members (mainly LA) have taken place and there is ongoing dialogue. No Current vacancies and HR are assisting with absence. Managers and staff are attending the new Adult Resource Group where all community service packages are discussed and authorised.

ii. Health & Community Care FT

JCC meeting took place last week and there was a lot of discussion, re: care at home redesign. TU colleagues are feeling passionate about staff engagement, therefore we agreed on what the output would be. Agreement to continue to answer any questions via email to ensure dialogue continues.

Two recent care inspectorate visits at Care at Home and Sheltered Housing, 3 requirements for each, weekly meetings to drive forward the requirement/areas for improvement and an action plan is in place and planned regular meetings with CI.

iii. Children's Health, Care and CJ LJ

Lesley drew the group's attention to the publication of the Joint Inspection re: Services for Children at Risk of Harm. There has been additional pressure on staff that inspections bring, not only HSCP services, but health, education, Police and Third sector. A lot of work has taken place and there has been recognition of the improvements and direction of travel going forward, this is credit to the staff who supported this.

Regular JCC meetings take place, phase 1 of the planned relocation has taken place and the initial feedback from staff and TU staff is they have settled well and it is an improvement to the previous location. Phase 2 will begin and there are plans for Hartfield to be refurbished to enable family friendly space for contact.

SCS Hosting; handover date to EDun is 1st June and there has been active consultation with TU's. There are no material changes except for 1 service manager. A new Head of Service has been appointed for this GGC wide role. Young people will be supported in the same way in communities/schools.

Two reports for IJB; Supervision Policy which reaffirms the importance around requirement of supervision of staff who requested a standardised policy and template which sets out expectations.

The other is re: monies from ScotGov and the proposal to spend it on a principal SW Officer post, to fulfil CSWO support which will be helpful to strengthen oversight. It also covers a reviewing team for adult services, to ensure quality oversight and standards

Recent trauma session for leaders took place as part of a programme re: trauma informed practitioners, national speakers attended and there was positive feedback given, there will be a series of sessions throughout the year.

iv. Strategy & Transformation

Margaret Jane noted structural movement in her services as a result of the budget changes in March. This will affect the transactional team and commissioning with change of line management for a number of staff members, a review is required as the health improvement manager will not be replaced. TU colleagues at Unison responded, but a rep is required from the health side prior to consultation - Andrew McCready put himself forward. MJC

v. MSK

Currently working on the annual report, lots of input from staff including the introduction of clinical notes. HL

Objective assessment is being reviewed and adverse childhood experience/aces lived

experience / Thistle Foundation are being reviewed to ensure the service becomes more trauma informed.
Recently completed a recruitment video for physio staff.
MSK Conference – 25 places have been pre-booked 25 for staff via the reserves budget.

Ongoing issues of premises in Vale, some space has come back from minor injuries. Meeting is taking place with Acute colleagues on 12/05 regarding premises.

vi. Finance
Working on end of year closure of accounts, draft outturn report to the Board is within the IJB papers. Figures in draft report are not hugely different to what was project in February. Ledgers are closed in health but social care. As we did not receive a share of the pay award, we had to offset where we could and will draw down from general reserve to cover deficient. The finance team are concentrating on the current financial year. JS

Andrew queried whether collectively CFO's will request extra monies via ScotGov. Julie advised a letter was issued this week, they did request an extension from ScotGov re: funding for the health pay uplift given this was funded for 22/23.

The National care home contract is still a significant risk for us as ScotGov have advised no funding will be received for this.

No further funding is available for Prescribing and the contract with Community Pharmacy Scotland.

4. Trade Union Updates

Pilot Project was on the agenda – David Scott is not in attendance.
Lesley advised this should go to JCC in the first instance before JSF.

5. Terms of Reference

Due to limited attendance, this item will be carried forward as frequency of meetings was to be discussed. Andrew suggested a check on how often other HSCP areas meet, Gillian agreed to confirm this.

6. National Care Service
Margaret Jane advised a stakeholder group meeting took place and she provided a brief to Diane and Peter. The bill itself has now been delayed and an emerging tone is the delay was to allow further consultation and co-production, a parliamentary committee gave feedback re finance arrangements and the finance model, likely to get further feedback after recess.

Co-design sessions will begin in the summer along with regional co-design forums and activities starting in June, not confirmed where they will be held, those with lived experience will facilitate with staff.

Presentation in relation to fair work, focussed on adult social care, civil servants were complimentary re NCS, focussing on T&C's, SSSC, PVG, paternity pay, sickness pay. Any others will be impacted by finance, looking at sectorial bargaining, the ambition is to replicate those arrangements for the whole sector and they're scoping all options.

A delivery manager is in place to take this forward and a cohort of 50 organisations to test what a framework might look like, TU membership was not particularly high across the sector. Concerns were raised re commissioning services and government colleagues were asked to align the fair work with ethical procurement.

Andrew/Diana advised they were waiting feedback, they attended a conference where there were lots of concerns raised about NCS and requested the paper was shared with JSF. Action MJC.

7. Any Other Business

a) Three key elements for Area Partnership Forum – 4 were agreed.

NCS Update
Care inspectorate visits given recent activity
Consultation re service changes as result of budget changes
MSK conference on wellbeing

Date of Next Meeting
15th June 2023 – Denny Room, Church Street

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: **Monthly Meeting of Joint Staff Forum**

Date: **Thursday 15th June 2023, 2 p.m.**

Venue: **Hybrid, Denny Room, Ground Floor, Church Street, Dumbarton, G82 1QL**

DRAFT MINUTE

Present: Diana McCrone (chair), Sylvia Chatfield, Michelle McAloon, Morag Weir; Gillian Gall; Margaret Wood; David Scott; David Smith; Lesley James; Julie Slavin; Margaret-Jane Cardno; Leeanne Galasso.

Apologies: Helen Little; Fiona Taylor; Margaret McCarthy; Beth Culshaw; Andrew McCready.

In Attendance: Hazel Slattery (minutes).

Item	Description	Action
1.	**Welcome, Introductions, Apologies** Chair welcomed everyone to the meeting.	
2.	**Standing Agenda Items** a) Minutes of Last Meeting Minutes of meeting held on 16th March 2023 agreed as an accurate record. Minute of the meeting held on 11th May 2023, D McCrone name to be removed from the bottom of page 4. Minutes agreed as accurate. Three areas for the Area Partnership Forum could not be submitted until minutes were agreed. b) Rolling Action List No update to the action plan. c) Chief Officer Update L James advised that the Audit and Performance is taking place next week, annual report on MSK will be provided along with the annual performance report, audit plan progress report; a wide range of financial reports will be provided along with the internal audit strategy and plan; CPP Joint Inspection of Children at Risk of Harm; Inspection of Adoption and Fostering; quarterly reports in relation to older people care	

home inspection reports. MJ Cardno confirmed that it was agreed that reports go to Audit and Performance before going to the IJB. Financial reports will be agreed at Audit and Performance for publishing in July, these will then go to IJB in August.

d) HR Update

i) Report

HR report provided prior to the meeting. L Galasso advised that WDC absence for the period for May was 1.90 working days lost which is a decrease from the same period last year, absence has increased from last month. The top 3 reasons for absence recorded were minor illness, stress – personal and acute medical conditions.

In the period there were 17 leavers, majority were resignations within community health and care. L Galasso has reviewed the exit interview data, there is nothing within that information that is a cause for concern at this point. This information is available on console for Heads of Service and Chief Officers to review.

D Smith asked in relation to longer term absence (71.2%) in if any particular area is carrying this load and what is being done to help distribute this work. L Galasso advised this is wide spread across the HSCP, managers are responding to needs in each of the service areas to ensure safe operating models.

D Smith asked for clarity on the numbers of absence within Learning Disabilities and Mental Health, L Galasso confirmed that in April absence recorded as 8.21% which increased to 11.03% in May 2023.

L Galasso advised that Digital Leaders week takes place next. Investment is in a range of supports ensuring families can access help where and when they need. This will transform the way family support is delivered and ensures person-centred holistic support is available to help those in need. Hubs will be set up across Clydebank, Dumbarton and Vale of Leven areas.

WDC has a long term health conditions support group led by Stephen Daly with a small membership of employees who have their work challenged by living with a long term condition.

NHS absence statistics were provided in the HR Report circulated prior to the meeting.

ii) iMatter Update

G Gall advised that iMatter, overall return rate was reporting as 59%, although it is expected to increase to 60%, there is an improved return rate compared to last year. Action planning will now commence. D McCrone added that she thought paper copies were not being provided, G Gall advised that we are trying to reduce the number of paper copies however 114 paper copies were provided, only 12 have been recorded as returned so far, paper copies take longer to come back into the service and will inform final reporting.

e) Service Updates

I. Mental Health, Addictions and Learning Disabilities

S Chatfield advised that two services are under consideration due to savings, Café Connect and ABI Service. Café Connect have had their final meeting, to date 3 members of staff have completed skills profile, S Chatfield noted that this has been a very difficult situation. Once skills profiles have been completed the process will move to next stage which is SWITCH. Voluntary redundancy and severance figures will be provided.

ABI Service have also had their final meeting. No major outcomes.

There continue to be issues around the staffing of the Pavillion Café including rota, management and culture. The Learning Development Community Service have had a development session with three registered services, which has received good feedback. Quarterly meetings will take place to ensure they are up to date.

Community Connections had an unannounced inspection, they were graded 5 in all areas, which is fantastic.

Three service areas are affected by office moves; consultation is underway with staff. Learning Disabilities will be moving to Clydebank Health Centre. Addiction Services will be moving to Goldenhill Resource Centre, Mental Health staff are included in this consultation. Meeting dates are being organised with the services separately. D McCrone asked if staff side will be invited, S Chatfield confirmed staff side will be invited to attend.

S Chatfield was delighted to inform members that she has now appointed the new Integrated Operations Manager – Mental Health, who has a social work background. Addiction Services

have received good feedback on work being carried out across the service. The Team Leader post has also been filled.

D Smith asked in relation to the Pavillion Café, staff have reported that the seasonal posts would usually have started in April, however these posts have yet to be advertised; members are also asking if the skills profile work can be carried out immediately in order to support the Pavillion Café. S Chatfield advised that staff are being supported to complete skills profiles before going through the Switch process. The Pavillion Café is a separate issue, permission has now been granted to proceed with seasonal vacancies, however this has been halted due to the Switch process. S Chatfield is looking to find a solution as quickly as possible.

D Smith asked in relation to vacancies (seasonal jobs) meaning that those on Switch process are still going to be the in the same position in a couple of months. S Chatfield advised that we are working through these complicated issues. L Galasso added that in terms of vacancies, an agreed process is in place, Café Connect employees are working through this with support, it is hoped that this will be completed by the end of next week.

M Wood confirmed that there is no lack of understanding on the process but there seems to be a lack of understanding of how the staff are feeling, other catering experienced staff could be used to help the situation at the moment. M Wood asked if a meeting could be held with herself, L Galasso, S Chatfield and employees to discuss feelings. This was agreed.

II. Health and Community Care
Unfortunately F Taylor was unable to attend. Hospital discharge staff continue to be supported. F Taylor and S Chatfield are working with Scottish Government around AWI, social workers are being supported through ARG and weekly multi-disciplinary meetings re quality assessment and moving people home.

D Smith asked in relation to Hospital Discharge Team, members are reporting that staff returning to work are not receiving the support on return. An action plan was put in place last October, however actions have not moved forward. F Taylor has been advised that members have indicated that they want to put in a collective grievance. D Smith has asked member to reconsider while working alongside the employer, members have reconsidered and have submitted a collective Stress Risk Assessment. S Chatfield expressed her

sympathies working in this field, as it is a fast paced environment, staff will be emailed with the option of potentially moving to a community team depending of needs and skills. Supervision and support meetings are being provided to staff/alongside a consistent message being provided to staff at ARG and weekly multi-disciplinary meetings. Work is underway to change the culture of moving people from hospital to home rather than hospital into care homes. D Smith advised that the current issues are long term absence review meetings and well-being support meetings not taking place.

M Wood asked when we are going reach saturation point for support in the community, S Chatfield advised that home care is being freed up from packages who do not need it, and making it available to those who do, rather than using care at home. The Re-enablement Team will also reduce the need on home care. M Wood advised that carers are at full capacity and not yet advertising for staff. G Gall advised that a recent recruitment was successful and will follow up with service to confirm the existing position with employing home carers.

Home Care Review is still in progress. One meeting has taken place. A further subsequent series of meetings will be set up. Currently working towards presenting report to September meeting of the IJB. Colleagues will have the opportunity to be sighted and provide comments on the reports. D Smith asked why this was not going to August meeting, members were told this was going to be reported in May initially, G Gall advised that due to the holiday period, the next IJB meeting in August was not realistic given the engagement prior to submission, therefore will be working towards September date.

M Wood asked about the overnight carers team. G Gall advised that a meeting is taking place on 27th June. D Scott advised that members are struggling to understand how this report managed to get through IJB as the staff side were not sighted prior to the meeting. S Chatfield advised that it was in the savings report provided in May 2023.

III. Children's Health, Care and Justice Services
Supervision Policy agreed at IJB in May 2023, this is a significant and important aspect of support to social workers in reaction to quality assurance and their role and how it is carried out. L James is looking to enhance consistency of supervision and recording standards. L James has commissioned training for social work managers and team leaders to ensure a consistent approach. D Smith asked who would be eligible for the supervision training, L James advised

that it would be open for all social workers however initial training would be priority for managers and team leaders. It is hoped that further training will be arranged.

Bail service has been set up, training will be provided to all social workers across all services, around the Caledonian Project, there has been a delay in the roll out of the project which tackles domestic abuse. West Dunbartonshire are delighted to have the project here. Mandated proposals from courts will refer to this project.

Justice are experiencing staffing pressures due to long term absences, the long standing agency worker is moving on. We are currently recruiting to this post and looking at recruiting another agency member of staff.

L James has started discussion with Organisational Development and University West of Scotland looking at trainee pathways to grow our own, it is hoped that a proposal will be prepared by the end of the year.

Children's Services have 20% vacancies which continues to cause pressures across the service; L James is looking at how we can alleviate this. Rolling recruitment advert continues. There are 3 agency staff in post at the moment. Additional agencies have been added to the Scotland Excel Framework. D McCrone advised that Inverclyde have come to an agreement to pay some student fees in agreement that the student will take up employment with Inverclyde. S Chatfield advised that there are 6 student social workers across the HSCP. One of the issues we have is that we do not have practice teachers in children's social work to support student social workers.

IV. Strategy & Transformation

MJ Cardno advised that one of her manager posts was given up as savings which has prompted a restructure in her team. A meeting has taken place with A McCready and Susan Shannon who have provided suggestions, a paper has been presented to SMT, SMT have asked for further detail to be added which will be discussed with B Culshaw and J Slavin next week.

V. MSK

No pertinent updates.

VI. Finance

J Slavin advised that papers are going to Audit and Performance Committee around the year end process, CIPFA regulations should have been put in place last year, however due to COvid-19 this was put back; a number of actions are being undertaken to ensure adherence to this code for public service bodies.

Draft Annual accounts will be provided to the Committee, this will then be passed to auditors. New Auditors are being used this year. Discussions are underway around progress. Figures have not changed significantly since the Board report. This is the first year the HSCP have overspent in a few years, reserves have been used to offset some of this, overspend is partly due to Covid-19 monies taken back by Scottish Government.

In terms of 2023/24 period 3 reports will be available by the end of the month, Finance team have provided a number of spreadsheets on how budget information is presented so that each service area can scrutinise and understand budgets.

We need to achieve all the savings proposed and minimise financial pressures across the HSCP, overtime will be scrutinised, ensuring this goes through correct governance procedures. Overtime reports are being refreshed, along with the use of overtime reports. Debt management is being looked at across the HSCP, ensuring recovery of debt is in line with current guidance.

Pressures are emerging for 2023/24 including the National Care Home Contract, commissioned service will also cause increased pressures on services. Inflation for commissioned service to this extent have not been predicted in budget forecasts.

D McCrone added that Glasgow are seeing a loss of NHS staff due to the rise in prescription charges, J Slavin advised that all HSCPs are feeling the pressure of this, in terms of the budget for 23/24 locally we have budgeted for 5%, reserves have been allocated to help with this pressure. None of the savings that the HSCP put forward have an impact on staff jobs.

3. Terms of Reference

G Gall circulated amended terms of reference prior to the meeting. D McCrone asked for this to taken to the next meeting.

4. Trade Union Updates

D McCrone advised that P O'Neill will be moving on; a chair person from the council staff side will be required and will not be appointed until JTU have had a meeting.

Scottish Fire and Rescue Services have advised that they are changing the way they respond to alarms as of 1st July 2023. NHS have provided guidance via Core Brief. Changes to SFRS workplace alarms are being looked at with colleagues from WDC Health and Safety colleagues, this will have an impact on responsible offices. All changes will be communicated to staff.

Trade Unions have real concerns over the reduction of Scottish Fire and Rescue attending alarms. Scottish Fire Service have not yet provided guidance. Training will be required for a number of staff. Fire Scotland have said that training will not be available from 1st July.

5. National Care Service

MJ Cardno advised that the National Care Service Group have issued a series of engagement events. They are continuing to consult on the 5 themes. Minutes of last meeting have been shared. The Bill has been significantly delayed which could take us into 2024; however, the message is that the Minister is hoping to consider the Bill in October of this year.

6. Any Other Business

a) Three Key Areas for Area Partnership Forum

- Supervision Policy;
- Employment of Integrated Operations Manager in Mental Health;
- Ongoing recruitment challenges of social workers.

7. Papers for Information

a) JCF – 8th June 2023

Papers circulated prior to the meeting.

8. Date of Next Meeting

27th July 2023, Clydebank Health Centre
14th September 2023
26th October 2023
7th December 2023

All meetings will start at 2 p.m.